

General Overview of Psychiatry

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On being a patient

n The difficulties to be patient:

- It is difficult to be a patient. But a good doctor can make it less so.
 - ✓ Doctors' knowledge and compassion can help.
 - ✓ Resistance to treatment is often. Intelligent persuasion can help.

On being a patient

n The feeling of the patient:

- When first given a psychiatric diagnosis, patients were both relieved and frightened
 - ✓ Relieved since they have been in pain for a quite while.
 - ✓ Frightened since they don't know the meaning of the diagnosis and treatment.

On being a patient

n The feeling of the patient:

– For example:

- ✓ If they can return to they once were;
- ✓ treatment work or not;
- ✓ cost;
- ✓ potentially unpleasant side-effects;
- ✓ the reactions of their family members, friends, colleagues, and employer.
- ✓ If the pains will become a permanent part of their lives.

On being a patient

n The “importance” of a doctor:

- Patients might complain on several grounds:
 - ✓ Doctors spend too little time to explain their illness and treatment
 - ✓ Doctors are reluctant to consult with family members
 - ✓ Doctors are patronizing and do not adequately listen.
 - ✓ Do not encourage questions of the patient.
 - ✓ Do not discuss alternative treatment
 - ✓ Do not forewarn about the side-effects.

On being a patient

n The “importance” of a doctor:

- Most of these complaints are avoidable
 - ✓ Illnesses robbed patients hope and belief in themselves and future. Doctors needs to provide the hope by explain.
 - ✓ No medication alone can substitute good doctors' expertise and kindness.
 - ✓ Doctors needs to listen, answering questions in therapeutic climate

On being a patient

n The “importance” of a doctor:

- Most of these complaints are avoidable
 - ✓ Minimize non-compliance by asking medication concerns, frequent follow-up, patient support groups, education.
 - ✓ Modern psychopharmacology grown up rapidly. Still the relationship between patient and doctor remain central in the treatment.

The history of psychiatry (as a medical specialty)

Introduction

- Two hundred years ago, there were practically no psychiatrists.
- In the first decade of the nineteenth century, many of the books dealing with psychiatric themes were still written by medical doctors, such as Reil (who built the word psychiatry). He had few contacts with mental patients.

The history of psychiatry (as a medical specialty)

Introduction

- Kraepelin: 100 years ago, mentioned some psychosis such as : dementia praecox, hebephrenia, catatonia, manic and depression, based on his clinic observation.
- It was then psychiatry gradually become a part of medicine

The history of psychiatry (as a medical specialty)

Pinel and the birth of psychiatry as a branch of medicine

- Pinel constitutes a turning point.
- He is known worldwide as the physician who 'liberated the insane from their chains'
- Pinel, translated Cullen's books into French, and published scientific papers on various subjects.
- The improvement of the conditions of the insane was not an isolated French phenomenon.

The history of psychiatry (as a medical specialty)

- Pinel published the *Medico-philosophical Treatise on Mental Alienation*. simple nosological system, aetiological factors
- Pinel develop humanitarian reforms: insanity was a disease and the patient affected by it remained a human being, despite the loss of his reason.
- Pinel is the founder of psychiatry as a medical discipline.

The history of psychiatry (as a medical specialty)

n Psychiatry as a profession: Esquirol and the clinical approach

- Esquirol, who is pupil of Pinel, became the earliest psychiatric specialist.
- All his activities were dedicated to the study and treatment of mental disorders and the teaching of psychiatry.

The history of psychiatry (as a medical specialty)

n Psychiatry as a profession: Esquirol and the clinical approach

- His book *On Mental Diseases* published in 1838
- For Esquirol, careful objective observation and analysis of the symptoms and the behavior of the patients was fundamental.
- 'no crime if committed in a state of dementia'

The history of psychiatry (as a medical specialty)

n Psychiatry as a profession: Esquirol and the clinical approach

- The asylum system became the central element of psychiatric care
- The study of mental illness was predominantly restricted to the more severe forms of disorder.
- The descriptive approach adopted in the present nosological systems(both *DSM* and *ICD*) whose proclaimed purpose is to emphasize the medical character of psychiatry is a return to Esquirol's principles.

The history of psychiatry (as a medical specialty)

n The biological and the psychological model

- Pinel and Esquirol expressed biomedical model.
- In 1821 Bayle, described the typical clinical symptoms and lesions of the brain.
- Kraepelin in the 1904: Psychiatry took charge of hysteria, hypochondriasis, neurasthenia, and the related phobic, obsessional, and anxious disorders, which constituted the new neuroses.

The history of psychiatry (as a medical specialty)

n From the beginning of the twentieth century to the Second World War

- Kraepelin's monumental synthesis established around 1900 a nosological system
- Bleuler(1911)'s description of schizophrenia
- Kurt Schneider: first classic symptoms

The history of psychiatry (as a medical specialty)

n The expansion of psychiatry after 1945

- Psychodynamic wave
- Social wave
 - ✓ A multidisciplinary team of psychiatrists, nurses, clinical psychologists, social workers, and occupational therapists responsible for mental health
- Biological wave
 - ✓ Psychotropic drugs: barbiturate, chlorpromazine

The history of psychiatry (as a medical specialty)

n Crisis in psychiatry?

- bio-psychosocial model
- An indication of the loss of prestige of psychiatry in the medical profession is the alarming decrease of the proportion of American medical students choosing a psychiatric residency

Public attitudes and the problem of stigma

- n The term stigma derives from the Greek and refers to bodily signs designed to expose something unusual and bad about the moral status of the signify.
- n Most of us learn our expectations and stereotypes of mental illness behaviour during early childhood
- n The political abuse of psychiatry
- n The lack of objective, stable, and consistent markers of mental illness
- n asylums

Psychiatry as a worldwide public health problem

n Disease burden:

– Low income population:

✓ depression, heart and lung diseases, sexually transmitted diseases, and other behaviour-related diseases

– Global burden of disease (GBD):

✓ disability-adjusted life-year (DALY)

Psychiatry as a worldwide public health problem

n Disease burden:

- The burden of mental illness:

- ✓ mental health problems make up **8.1 per cent** of the total GBD,

- An additional **34 per cent** of the GBD is due to disorders related behavior,

- ✓ such as violence, smoking and drinking, AIDS and other sexually transmitted diseases, motor vehicle and other unintentional injuries, and gastrointestinal diseases that stem from failure to follow sanitary practices.

Psychiatry as a worldwide public health problem

n Promising solutions:

We have unequivocal evidence for the effectiveness of pharmacological, psychosocial, and **combined treatments** in depression and anxiety disorders, as well as for specific interventions to prevent certain developmental disorders (iodinization of salt, environmental lead abatement, immunizations, perinatal care, and so on)

Psychiatry as a worldwide public health problem

n Promising solutions:

- Primary health care must be reengineered to improve the treatment of mental disorders.
- Mental health legislation
- Rational drug policies
- A small cadre of well-trained mental health professionals
- Early detection
- Prevention of mental retardation
- Support for research

Psychiatric ethics: codes, concepts, and clinical practice skills

n Codes

- Codes of practice, both high-level ethical codes and practice-based guidelines, although somewhat marginalized by academic bioethics, have become a prominent feature of medical practice since the 1980s.
- Some codes have been a direct response to scandals. But codes also have positive functions.
- Protecting and promoting the profession
- Self-regulation
- Promoting ethical practice

Psychiatric ethics: codes, concepts, and clinical practice skills

n Concepts

- The neglect of diagnosis in psychiatric ethical codes is a direct result of their derivation from medical codes
- In criminal law, similarly, the insanity defence, that someone who has committed an offence is not morally responsible for their actions, that they are 'mad not bad', is based on a diagnosis of mental disorder

Psychiatric ethics: codes, concepts, and clinical practice skills

n Concepts

- Some of the worst abuses of psychiatry
- Major advances in neuroscience:
neuroimaging, antipsychotic medications,
and genetics
- DSM-IV rightly emphasizes that mental
disorders should not be diagnosed *solely* by
reference to social norms

Psychiatric ethics: codes, concepts, and clinical practice skills

n Practice skills

- Practice skills are the skills required for the successful application of medical knowledge in day-to-day practice.
- The practice skills model combines **ethics**, **law**, and **communication**, as three disciplines essential to good practice skills, in a problem-solving approach to clinical training.

Psychiatric ethics: codes, concepts, and clinical practice skills

n The best known principles in medical ethics

- **Autonomy**—respecting patients' wishes and freedom of choice
- **Beneficence**—acting in patients' best interests
- **Non-maleficence**—avoiding harm
- **Justice**—treating equal problems equally

