Psychiatry

- Structure of the next two hours (ish) of your lives
- Quick general introduction (5mins)
- Psychiatric History taking (45mins)
- Break for 10mins
- Mental State examination (45mins)
Psychiatry

• What is it?
• Why do I like love it?
• What do we do and how do we do it?
• Why might some of you love it, some of you hate it?
Psychiatric History Taking

- What is the difference between an open ended question and a close ended question?
- Within psychiatric history taking there is a balance in obtaining the information you require, letting the patient talk and building rapport
- Not easy, but as with everything it comes with practice, practice and more practice
Psychiatric History Taking

• How do we start a great history?
  ✓ A confident introduction!

♫ ‘I don't know why you say goodbye when I say hello’ (Magical Mystery Tour 1967)

✓ A confident introduction is the best way to start building rapport

• Must be a mix of formal and informal
Psychiatric History Taking

- So you’ve nailed the introduction, what’s next?
- Presenting Compliant
- Recognised from other bits of medicine?
- What do we want to find out?
- Why do we want to find it out?
Psychiatric History Taking

✓ What are the patients problems and how long have they been going on?
✓ Why has the patient presented here and now?
  • You MUST start open ended
  • Why are you here?
  • What bought you here?
Psychiatric History Taking

• From your Presenting Compliant you make your Axis I diagnosis
  DSM is multiaxial
• You formulate your mental state in conjunction with presenting compliant
• There are a number of questions that you want to ask but also you need to let the patient talk to help formulate your mental state
Psychiatric History Taking

• Past Psychiatric History
• Why is it important and what do we need to find out?
  ✓ Nice to know about previous diagnosis and previous treatments
  ✓ Mental Health Act and depot medication
  ✓ The most important thing is to gain an idea of risk to self
Psychiatric History Taking

- Past Medical History
- Why is this important?

✓ Gives you possible organic aetiologies but also alerts you to possible cautions with medications

! What do tricyclic antidepressants and antipsychotics do to your heart?

! What do benzodiazepines do to your breathing?
Psychiatric History Taking

- Family History
- Why is it important and what do you need to cover?
  - Genetics and illness travelling through families
  - Alerts to genetic physical illness and cautions with medications
Psychiatric History Taking

- Forensic History
- Why is this very, very important?
  - Gives an idea of risk to others
  - Also can provide clues to the personality and ways of coping with stress
- ie fighting, drink driving, drugs charges
- I put it in here as it enables you to tailor your personal history which you enquire about next
Psychiatric History Taking

• Personal History
  ! Can be difficult to fit in within a short period of time
• Need to cover from birth, through childhood, young adult, adult, old adult, pensioner
• You learn ways to relate to people from your childhood and you learn coping strategies early adulthood
• Gimme names of some baaaaaad people (and what were their childhoods like?)
Psychiatric History Taking

! Sexual Abuse
! Absolute minefield, tread very carefully
! If it is disclosed, you need to find out if this is the first time anyone has been told
! If so, end the interview and say you are going to speak with your consultant
! If not, do not ask intimate questions, just get the basics
! There is a real danger of you upsetting the patient by being too intrusive
Psychiatric History Taking

- Social History
- This is often poorly done but is a chance to really shine
- Biopsychosocial model anyone?
- Social stressors increase the risk of relapse
- You need to find out about their accommodation, income, drugs and alcohol
Psychiatric History Taking

• Also need to find out about who they live with and their supports outside hospital.

😊 Lonely people are admitted more often and for longer

❗ Big bonus points!!!!

• The laws have recently changed regarding benzodiazepines and driving

• Is it worth asking about whether they drive and have their own car?
Psychiatric History Taking

• Coming to the end now!!!!
• Premorbid Personality
• Difficult to assess but useful to know
• ‘My glass is half full’ versus half empty
• Gives you an idea of what you should be aiming for (i.e what is ‘normal’ for this person)
• Current Medications (inc physical ones)
• Allergies
Psychiatric History Taking

- Finally no psychiatric history is complete without a collateral history
- Number of sources?
  - Family, past hospital notes (psych and non psych), GP records, probation officer, accommodation supervisor, keyworker