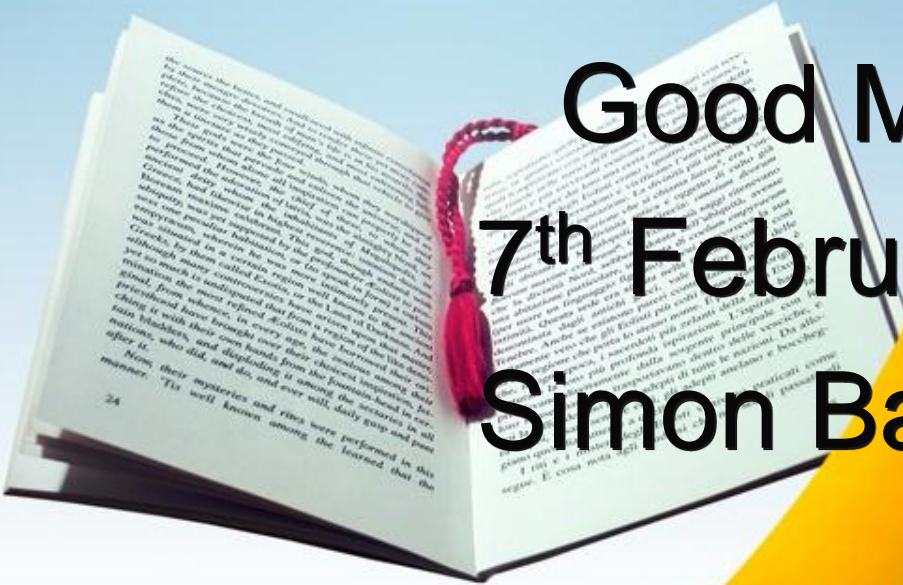




# Psychiatry



**Good Morning  
7<sup>th</sup> February 2011  
Simon Bainbridge**

# 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 brought you here?



# Psychiatric History Taking

- From your Presenting Complaint you make your Axis I diagnosis

! DSM is multiaxial

- You formulate your mental state in conjunction with presenting complaint
- 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

