INTRODUCTION TO PSYCHIATRY

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ASSESSMENT OF THE MENTAL STATUS
INTRODUCTION

- The **mental status examination** in the USA or **mental state examination** in the rest of the world, abbreviated **MSE**, is an important part of the clinical assessment process in psychiatric practice.
- It is a structured way of observing and describing a patient's current state of mind, under the domains of:
  - Appearance,
  - Attitude,
  - Behavior,
  - Mood and affect,
  - Speech,
  - Thought process,
  - Thought content,
  - Perception,
  - Cognition,
  - Insight and
  - Judgment
Clinicians assess the physical aspects such as the appearance of a patient, including apparent:
- age,
- height,
- weight,
- and manner of dress and grooming.

Colorful or bizarre clothing might suggest mania, while unkempt, dirty clothes might suggest schizophrenia or depression.
ATTITUDE

• Attitude, also known as rapport refers to the patient's approach to the interview process and the interaction with the examiner.
• The patient's attitude may be described for example as
  • cooperative,
  • uncooperative,
  • hostile,
  • guarded,
  • suspicious or
  • regressed.
• The most subjective element of the mental status examination,
BEHAVIOR

• Abnormalities of behavior, also called abnormalities of activity, include observations of specific abnormal movements, as well as more general observations of the patient's level of activity and arousal, and observations of the patient's eye contact and gait.

• Abnormal movements
  • Tremor or dystonia
  • Tics in
  • Catatonia
  • Stereotypes
  • Mannerisms
  • Psychomotor agitation
  • Akathisia
MOOD AND AFFECT

• **Mood** is described using the patient's own words, and can also be described in summary terms such as
  - neutral,
  - euthymic,
  - dysphoric,
  - euphoric,
  - angry,
  - anxious or
  - apathetic

• **Affect** is described by labelling the apparent emotion conveyed by the person's nonverbal behavior (anxious, sad etc.), and also by using the parameters of appropriateness, intensity, range, reactivity and mobility
  - They can be congruent or incongruent
This heading is concerned with the production of speech rather than the content of speech, which is addressed under thought form and thought content.

Paralinguistic features such as the:
- loudness,
- rhythm,
- prosody,
- intonation,
- pitch,
- phonation,
- articulation,
- quantity,
- rate,
- spontaneity and latency of speech.
THOUGHT PROCESS

- Refers to the quantity, tempo (rate of flow) and form (or logical coherence) of thought.
THOUGHT CONTENT

• A description of thought content would describe a patient's delusions, overvalued ideas, obsessions, phobias and preoccupations.

• Abnormalities of thought content are established by exploring individual's thoughts in an open-ended conversational manner with regard to their
  • intensity,
  • salience,
  • the emotions associated with the thoughts,
  • the extent to which the thoughts are experienced as one's own and under one's control,
  • and the degree of belief or conviction associated with the thoughts.
PERCEPTIONS

- A perception in this context is any sensory experience, and the three broad types of perceptual disturbance are hallucinations, and illusions.
- A hallucination is defined as a sensory perception in the absence of any external stimulus, and is experienced in external or objective space (i.e. experienced by the subject as real).
- An illusion is defined as a false sensory perception in the presence of an external stimulus, in other words a distortion of a sensory experience, and may be recognized as such by the subject.
HALLUCINATION AND ILLUSION
Cognition

- Covers the patient's level of
  - alertness,
  - orientation,
  - attention,
  - memory,
  - visuospatial functioning,
  - language
  - functions and
  - executive functions
INSIGHT

• The person's understanding of his or her mental illness is evaluated by exploring his or her explanatory account of the problem, and understanding of the treatment options.

• In this context, insight can be said to have three components:
  • recognition that one has a mental illness,
  • compliance with treatment,
  • and the ability to re-label unusual mental events (such as delusions and hallucinations) as pathological
JUDGMENT

• Judgment refers to the patient's capacity to make sound, reasoned and responsible decisions.
• Inquire about how the patient has responded or would respond to real-life challenges and contingencies.
• Assessment would take into account the individual's executive system capacity in terms of:
  • impulsiveness,
  • social cognition,
  • self-awareness and planning ability.
PSYCHIATRIC CONDITIONS
WHAT IS ABNORMAL BEHAVIOR?

Behavior that is:

- Statistically unusual
- Considered strange or undesirable by most people
- A source of unhappiness

There are biological, psychological (personal standards), & socio-cultural factors involved in defining abnormal behavior.
Normality is Often Confused with Reality.

Reality is That Which is Perceived by the Senses.

Normal Behavior Agrees with or Conforms to the Society’s Accepted Patterns of Customs, Rules, Laws, Fears, and Taboos.
MODERN MODELS OF ABNORMAL BEHAVIOR

The Psychoanalytic Model
Abnormal behaviors are the result of unconscious conflicts.

The Biological Model
All abnormal behaviors have a biological or physiological basis.

The Cognitive-Behavioral Model
Abnormal behaviors are the result of learning maladaptive behaviors.

The Diathesis-Stress Model.
Abnormal behavior is a biological predisposition & the disorder is seen under stress.

The Systems Approach Model
Abnormal behaviors are produced from life-style stressors & expectations combined with biological predispositions.
**CLASSIFYING ABNORMAL BEHAVIORS**

**DSM-IV-TR**

*Handbook of disorders used by therapists.*

*It provides descriptions, not causes or treatments.*

<table>
<thead>
<tr>
<th>Axis</th>
<th>Type of Information</th>
<th>Brief Description</th>
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<tbody>
<tr>
<td>Axis I</td>
<td>Clinical disorders</td>
<td>Mental disorders that impair functioning or cause distress, including anxiety</td>
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<tr>
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<td>disorders, mood disorders, dissociative and somatoform disorders, schizophrenia,</td>
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<td>eating disorders, sleep disorders, and disorders usually first diagnosed in</td>
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<td>infancy, childhood, or adolescence</td>
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<td>Other conditions that may</td>
<td>Problems that may warrant attention, but do not represent diagnosable</td>
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<td>be a focus of clinical</td>
<td>mental disorders, such as academic, vocational, or social problems affecting</td>
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<td>attention</td>
<td>daily functioning</td>
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<td>Axis II</td>
<td>Personality disorders</td>
<td>A class of mental disorders characterized by excessively rigid, enduring, and</td>
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<td>maladaptive ways of relating to others and adjusting to external demands</td>
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<td>Mental retardation</td>
<td>A generalized delay or impairment in the development of intellectual and</td>
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<td>adaptive skills or abilities</td>
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<td>Axis III</td>
<td>General medical conditions</td>
<td>Illnesses and other medical conditions that may be important to the understanding</td>
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<td>or treatment of the person’s psychological disorder</td>
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<td>Axis IV</td>
<td>Psychosocial and environmental</td>
<td>Problems in the person’s social or physical environment that may affect the</td>
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<td>problems</td>
<td>diagnosis, treatment, and outcome of mental disorders</td>
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<tr>
<td>Axis V</td>
<td>Global assessment of functioning</td>
<td>Overall judgment of the person's level of functioning in meeting the responsibilities of daily life</td>
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Depression

- Depressed mood, motor retardation, uneasiness & apprehension, intense dejection, self-depreciation, self-condemnation, guilt which can become delusional.

Types of Depression

- Clinical or endogenous depression
- Psychological or exogenous depression

Major Depression vs. Dysthymia

Major depression is an intense sadness that lasts for months.

Dysthymia is a less intense sadness with little relief for at least 2 years.
Suicide

30,000 people per year in the U.S.A. commit suicide. 
More women attempt suicide, but more men commit it. 
Men take more active means. 
Stress is often involved in suicides. 
Leaving home, college, career, broken romance, unemployment, financial strain are major reasons. 
The person tends to be overwhelmed with hopelessness.
THE MOOD DISORDERS

◆ Mania
  The opposite of depression.
  Overtalkativeness, heightened motor activity, flight of ideas, extreme elation.
  2 types of mania:
  Hypomania – a mild form of mania
  Acute mania – boastfulness, expansive, unrealistic, ambitious, boisterousness & violent.

◆ The Causes of Mood Disorders
  Biological cause
  Genetics & biochemistry
  Psychological cause
  Cognitive distortions of the environment
  Social cause
  Interpersonal problems
Anxiety is a condition in which intense feelings of fear & dread are long standing or disruptive.

5 types of anxiety disorders
- Phobias
- Generalized Anxiety Disorder (GAD)
- Panic Disorder (PD)
- Obsessive-Compulsive Disorder (OCD)
- Posttraumatic Stress Disorder (PTSD)
Out-of-proportion fears associated with circumstances & objects.

Most common phobias:
- Social phobias
  Fears associated with social situations (e.g. agoraphobia)
- Object phobias
  Fears associated with dogs, cats, spiders, etc.
- Event phobias
  Fears associated with something happening (e.g. fear of being struck by lightning, being hit by a meteor or asteroid, stepping on the cracks in a sidewalk, etc.)
PANIC DISORDERS

Recurring attacks of panic, periods of intense fear, & feelings of impending doom or death accompanied by physiological symptoms all occurring without cause.

Often seen with a phobic response.
Feelings of dizziness, problems with breathing, sweating, & trembling.
After an attack, the fear of another panic attack sets in.
**OTHER ANXIETY DISORDERS**

- **Generalized Anxiety Disorder**
  Prolonged, unfocused, intense fear response.
  Not attached to any object or event

- **Obsessive-Compulsive Disorder**
  Persistent, intrusion of unwanted thoughts, urges, or actions that are unable to stop.
OTHER ANXIETY DISORDERS

Posttraumatic Stress Disorder

An anxiety disorder in which a person who has experienced a traumatic or life-threatening event has symptoms such as psychic numbing, reliving of the trauma, & increased physiological arousal.
CAUSES OF ANXIETY DISORDERS

 Depends on the point of view

1. Learned
   Either directly or vicariously
   Locus of control seen outside.
2. Biological
   Genetic predispositions.
3. Psychological
   Internal conflicts produce anxiety.
   Follow this with extensive use of the defense mechanisms.
**Psychosomatic Disorders**
Psychological factors produce real physical disorders.
Stress is strongly indicated.

**Somatoform Disorders**
Physical symptoms persist without any identifiable physical cause.
*Conversion Disorders*
*Hypochondriasis*
*Body Dysmorphic Disorder*
DISSOCIATIVE DISORDERS

Some aspect of the personality seems to be separated from the rest.

- **Dissociative Amnesia**
  A loss of memory with no organic cause.
  Usually after a stressful event.
  Usually accompanied by a Dissociative Fugue.

- **Dissociative Identity Disorder**
  Multiple Personality Disorder
  Several distinct personalities in the same person.

- **Depersonalization Disorder**
  Feelings of being changed or different in a strange way.
SEXUAL & GENDER-IDENTITY DISORDERS

- **Sexual Dysfunction**
  - **Erectile Disorder**
    The inability to achieve or maintain an erection
    Physical or Psychological causes
  - **Female Sexual Arousal Disorder**
    The inability to become excited or achieve orgasm
    About 1/3 have genetic construct, others are psychological
SEXUAL DISORDERS

Paraphilias

Exhibitionism
Exposure of one’s genitals to an unsuspecting stranger.

Voyeurism
Observing a stranger naked, etc.

Fetishism
Sexual arousal from nonliving objects.

Transvestic Fetishism
Dressing in clothing of the opposite sex.
Sadism & Masochism
Arousal from dominating or being dominated.

Frotteurism
Touching or rubbing against a non-consenting person.

Necrophilia
Obsession with dead bodies.

Klismaphilia
Sexual excitement from enemas.

Coprophilia
Arousal through feces.

Zoophilia
Sexual activity with animals.
GENDER-IDENTITY DISORDER

- The desire to become or the insistence one is the opposite sex.
  Trans-sexuals & certain transvestites
  In children it is seen as boys playing with girls toys and girls playing with boys toys.
PERSONALITY DISORDERS

- Inflexible, maladaptive ways of thinking & behaving learned in early life which cause distress & conflict with others.
- These behaviors impair personal or social functioning & are a source of distress to the individual or to other people.
- Included in these disorders are:
  - Schizotypal Personality Disorder
  - Schizoid Personality Disorder
  - Paranoid Personality Disorder
  - Dependent Personality Disorder
  - Avoidant Personality Disorder
  - Narcissistic Personality Disorder
  - Borderline Personality Disorder
  - Antisocial Personality Disorder
  - Obsessive-Compulsive Personality Disorder
  - Passive-Aggressive Personality Disorder
These disorders are characterized by odd or eccentric behaviors or traits.

- **Schizoid Personality Disorder**
  Characterized by the inability to form social relationships
  Withdrawn with a lack of feelings toward others.

- **Schizotypal Personality Disorder**
  Uncomfortable in interpersonal relationships, & suffering from cognitive & perceptual distortions & eccentric behavior.
  May wear inappropriate, strangely out-of-date or mismatched clothes.

- **Paranoid Personality Disorder**
  Inappropriately suspicious of others & their motives.
  Guarded, secretive, devious, scheming, argumentative, & often superstitious.
Characterized by dramatic, emotional or erratic behavior. They have very unstable interpersonal relationships, self-image and moods.

**Borderline Personality Disorder**

Very unstable in self-image, mood, & relationships.
Manipulative, self-destructive impulses when trying to control or strengthen personal relationships.

**Histrionic Personality Disorder**

Overly dramatic behavior, self-centered, & craving attention.
Clusters 2 Disorders

**Antisocial Personality Disorder**
Continually violates the rights of others, prone to impulsive behavior, & feeling no guilt for any harm.
Unethical, exploitative, violent, criminal behavior.

**Narcissistic Personality Disorder**
Over-inflated sense of self-importance.
Must be the center of attention, lacking any real empathy for others.
CLUSTER 3
DISORDERS

Characterized by anxious or fearful behavior.

Avoidant personality Disorder
Hypersensitive to potential rejection by others, causing social withdrawal despite a desire for social relationships.
Has social anxiety & is timid, anxious, & fearful of relationships.

Obsessive-Compulsive Personality Disorder
Preoccupation with rules, schedules, & trivial details, & unable to express emotional warmth.
Preoccupied with orderliness & perfectionism.
CLUSTER 3
DISORDERS

**Dependent Personality Disorder**

The inability to make decisions or to act independently.
Fails to take responsibility for one’s own life, instead relies on others to make their decisions.
Can’t tolerate being alone.
Has a fear of abandonment.

**Passive-Aggressive Personality Disorder**

Unassertive, indirect resistance to demands, as in forgetting, procrastinating, being late, and being indifferent.
Mental Disorders that interfere greatly with life.

Common Symptoms:

- Cognitive Distortions
- Hallucinations
- Delusions
- Behavioral and Social Disturbances
- Language Problems
- Emotional Disturbances
A complex chronic disorder characterized by hallucinations, delusions, disturbances in speech, as well as other symptoms.

It is divided into 5 distinct types:

- Disorganized
- Catatonic
- Paranoid
- Undifferentiated
- Residual
TYPES OF SCHIZOPHRENIA

**Disorganized Type**

Originally called hebephrenic

There is an absence of and shallow emotions with bizarre & silly, child-like behaviors, poorly developed delusions, regressive behavior & verbal incoherence.

**Catatonic Type**

Unusual patterns of motor activity (e.g. rigid postures or extreme excitedness), will be either mute or extremely talkative chattering incoherently.
TYPES OF SCHIZOPHRENIA

**Paranoid Type**
Preoccupied with one or more sets of bizarre delusions (of grandeur or persecution), often based on the “out to get me” attitude. Is extremely suspicious. Nothing makes sense.

**Residual**
Originally called simple schizophrenia. Characterized by withdrawal, minimal emotional responding, absence of motivation.
**Undifferentiated Type**

Has many symptoms (e.g. delusions, hallucinations, and incoherence) but doesn’t fit neatly into any specific category.
ADHD

A psychological disorder in which children are unable to concentrate their attention on any task for more than a few minutes.

Inattention, impulsiveness, hyperactive behavior

A CNS arousal problem.

Underarousal

Affects Dopamine use in the Basal Ganglia and Prefrontal Cortex

Psychostimulants are used to manage the behavior.

They increase the child’s ability to focus attention.

There are only short-term benefits.

Non-stimulant drugs are now being used.
Autism
A condition arising in infancy, in which the child is motivated to avoid stimulation, including social interaction.
They have poor social skills & emotional responding.
They dislike changes in their routine, perform monotonous actions, & ignore stimuli other than that which they are attending to.
They remain distant & withdrawn.

Dyslexia
The inability to identify or write correctly letters & words or to read with understanding.
Generally considered a learning disorder.
When a child is below achievement in school learning as would be expected for his intelligence, a learning disorder is suspected.