

Psychiatric Care and Society

What is "Psychiatry? Psychiatry – "the branch of medicine dealing with the diagnosis and treatment of mental disorders" - Princeton Psychiatry Care defined by Private Practice UK: "An umbrella term for a variety of treatments concerning mental illnesses and addictions" Psychiatrists specialise in doctor patient relationship – a lot more than any other physician

Some of the disorders dealt by psychiatrists: Alcohol addiction Bipolar disorder Depression Eating Disorders Learning disabilities

Alcohol Addiction: The Institute of Medicine Of National Academy of Science estimates that alcoholism costs society in US around \$40 to \$60 billion annually This figure accounts for health and medical care, motor vehicle accidents, violent crime and social programs responding to alcoholic problems.

Affect of alcohol and drugs on society:

Neglecting responsibilities: work, home, school etc Putting yourself and others in danger eg drinking and driving or operating machinery Causing rifts in relationships/marriage Using to relax

Bipolar disorder: Bipolar disorder involves periods of excitability (mania) alternating with periods of depression. The "mood swings" between mania and depression can be very abrupt. Bipolar disorder affects men and women equally. It usually appears between ages 15 - 25. The exact cause is unknown, but it occurs more often in relatives of people with bipolar disorder.

Symptoms and affects: Agitation or irritation Inflated self-esteem Reckless behaviour Difficulty concentrating and making decisions Feeling of worthlessness Suicidal thoughts: There is a high risk of suicide with bipolar disorder and patients might start abusing alcohol or drugs which worsens the situation

Depression: A mental state characterized by a pessimistic sense of inadequacy and a despondent lack of activity – wordnetweb. Depression for normal people means a week of two of sadness sometimes because of a reason sometimes without. A disorder however is prolonged and last sometimes throughout an individual's life.

Symptoms: Feeling of unhappiness Feeling completely tired and drained Find it hard to make decisions Loss of appetite and weight Loss of self confidence Avoiding people including your partner and relatives Thoughts of committing suicide

Eating Disorders: Anorexia: caused by obsessive fear of gaining weight. Can lead to further problems such as bone loss malnutrition and skin problem. Risk of Death increases! Bulimia: self induced vomiting after a meal/ excessive exercise. More likely in women. Dehydration, inflammation of oesophagus, electrolyte imbalance

Compulsive over eating COE: individual feels out of control. Eat when they are not hungry leading to weight gain and obesity. Leads to high cholesterol, diabetes, heart disease hypertension and depression.

Pica: compulsive craving for eating, chewing or licking non food items or foods that contain no nutrition. Things like chalk paper, glue, plastics (pen) paint chips, baking soda, rust, ice and cigarette ashes.

Learning disability: Four main classifications: Input: information perceived through the senses – visual and auditory. Integration: the input is categorised and placed into sequence. Storage: problems may occur with short term or long term memory. Output: through words or gestures.

Psychiatric treatment: Mental and physical examination: to check for other illnesses such as thyroid dysfunction or brain tumours. Interviews with the patient and associates If the patient is on psychiatric medication then the treatment involves ongoing therapeutic drug monitoring

TWO categories of treatment: inpatient and out patient Inpatient: In the past patients were hospitalised for 6 months or more with some patients staying in the hospital for many years. Now, the hospital stay is around one or two weeks with only a small number receiving long term hospitalisation In the hospital patients are assessed monitored and medicated by a team which involves physicians nurse, psychologists, psychotherapists, social workers and occupational therapists

Out patient: Involves periodic visits to a clinician for consultation, the appointment lasting 30 to 60 minutes. Consultation involves interviewing the patient to assess the condition – whether the patient needs psychotherapy or not and review medication The frequency of consultation varies amongst patients depending on the severity of the patient's condition

Changing role of Psychiatrists: Until recently, it was part of a psychiatrist's role to perform psychotherapy and "talk" with the patient. Now, however, the psychiatrist are limiting their practices to psychopharmacology. They do not get funded to have long sessions with patients. Psychotherapy is then performed by a psychologist or social worker. In community psychiatry, the psychiatrists assume a role of a leader and merely delegate and supervise teams of health professional and junior doctors who are responsible for the psychotherapy