

# PSYCHIATRY 101

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# Mental Disorders or Diseases

- Are mental disorders real entities?
  - Objective
  - Subjective concepts
  - Labeling for social purposes

# ARTIFICIAL DICHOTOMIES

- The mind and the body
- Health and illness
- Hospital and community services
- The self and others
- Biological and psychological treatments

# MENTAL DISORDER

- CLINICALLY SIGNIFICANT BEHAVIORAL OR PSYCHOLOGICAL SYNDROME OR PATTERN
- CAUSES DISTRESS OR DYSFUNCTION
- NOT MERELY EXPECTED OR CULTURALLY SANCTIONED RESPONSE TO A PARTICULAR EVENT
- CONSIDERED A MANIFESTATION OF A BEHAVIORAL, PSYCHOLOGICAL OR BIOLOGICAL DYSFUNCTION IN THE PERSON

# 5 AXIS OF CLASSIFICATION

- Axis 1: Clinical Syndromes
- Axis 2: Personality Disorders
- Axis 3: Medical Illnesses
- Axis 4: Stressors
- Axis 5: GAF or  
Global Assessment of Functioning
  - Highest level of functioning in the past year

# CLASSIFICATION SYSTEM

## CLINICAL SYNDROMES

- Disorders usually first diagnosed in Infancy, Childhood or Adolescence
- Psychiatric Disorders due to a medical condition
  - no longer called Organic Brain Syndromes

# CLASSIFICATION SYSTEM

## CLINICAL SYNDROMES

- Disorders usually first diagnosed in Infancy, Childhood or Adolescence
  - Mental retardation, learning disabilities
  - Language and speech disorders
  - ADD and ADHD
  - Conduct disorders

# CLASSIFICATION SYSTEM

## CLINICAL SYNDROMES

- Psychiatric Disorders caused by a medical condition
  - Brain disease -- no longer called Organic Brain Syndromes
  - Metabolic disorders
  - other

# CLASSIFICATION SYSTEM

## CLINICAL SYNDROMES

- Substance use, abuse and addiction
- Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Other – dissociative, sleeping, sexual, eating etc

# SUBSTANCE-RELATED DISORDERS

- Type of drug
  - Use disorders
    - Intoxication
    - Delirium
    - Psychotic/hallucinatory disorder
    - Dementia syndrome
  - Abuse
  - Addiction

# SUBSTANCES

drugs of abuse, medications and toxins

- Alcohol
- Amphetamines
- Caffeine
- Cannabis
- Hallucinogens
- Inhalants
- Nicotine
- Opioids
- Sedatives,  
hypnotics and  
anxiolytics

# Substance use

- Intoxication
- Anxiety
- Depression
- Sexual dysfunction
- Psychotic reaction
- Sleep disorder

# Substance Abuse

- A **maladaptive pattern** of substance use leading to clinically significant **impairment or distress**:
  - Repeated failure to fulfill major role expectations
  - Recurrent use in hazardous situations
  - Recurrent legal problems
  - Persistent use despite ongoing social or interpersonal problems

# Substance Dependence

- A maladaptive pattern of substance use leading to clinically significant **impairment or distress** as manifested by:
  - Tolerance
  - Withdrawal
  - Unable to cut down
  - A great deal of time is spent trying to get drugs
  - Important social, occupational and recreational activities are given up
  - Use is continued despite knowledge that the drug use is likely causing recurrent physical or psychological problems

# SUBSTANCE DEPENDENCY

- WITH PHYSIOLOGICAL DEPENDENCE
  - Tolerance
  - Withdrawal
- WITHOUT PHYSIOLOGICAL DEPENDENCE

# Psychotic Disorders Of Unknown Etiology Schizophrenia

- At least 6 months
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Grossly disorganized or catatonic behavior
  - Negative symptoms – **the lack** of normal mind functions – flattening of affect, absence of thoughts or volition
- Exclude s/a and dependency

# Schizophrenia

- Paranoid type
- Disorganized type
- Catatonic type
- Undifferentiated type

# Other PSYCHOTIC DISORDERS

- Schizophreniform
  - LESS THAN 6 MONTHS
  - LIKELY LESS DETERIORATION IN FUNCTIONING
- Brief Reactive Disorder 1-30 days
- Schizoaffective
- Delusional Disorder
  - non-bizarre delusions
- Folie a Deux

# MOOD DISORDERS

- Bipolar Disorders
  - Manic (always considered bipolar)
  - Cyclic
  - Mixed
- Unipolar Depression
  - Single episode - > 2 weeks
  - Recurrent episodes
- Dysthymia –  
chronic (neurotic) depression at  
least 2 years

# Anxiety Disorders

- Panic Disorders
- Agoraphobia
- Specific phobia
- Obsessive Compulsive Disorder
- PTSD
- Acute Stress Disorders

# SOMATOFORM DISORDERS

- Preoccupied With Illness Or Physical Symptoms That Cannot Be Fully Explained By A Medical Condition
  - Hypochondriasis
  - Chronic pain disorder
  - Conversion disorder

# ADJUSTMENT DISORDERS

- A Clinically Significant Reaction To A Psychosocial Stressor With A Level Of Pathology Below Thresholds For Other Disorders
  - WITHIN 3 MONTHS OF THE STRESSOR
  - DEPRESSION, ANXIETY OR CONDUCT

# PERSONALITY DISORDERS

- Enduring **maladaptive** and **inflexible** patterns of perceiving, relating to or thinking about one's environment or oneself

# PERSONALITY DISORDERS

- An enduring pattern of inner experience and behavior that deviated markedly from the expectations of the individual's culture in 2 of:
  - Cognition
  - Affectivity
  - Interpersonal functioning
  - Impulse control

plus

# PERSONALITY DISORDERS

- Inflexible and pervasive across a wide range of personal and social situations
- Causes clinically significant distress or impairment in social, occupational or other settings
- Stable, long duration and usually traceable to adolescence or early adulthood
- Not caused by an Axis 1 or substance abuse

# PERSONALITY DISORDERS

- Cluster A
  - Paranoid
  - Schizoid
  - Schizotypal
- Cluster B
  - Antisocial
  - Borderline
  - Histrionic
  - Narcissistic
- Cluster C
  - Avoidant
  - Dependent
  - Obsessive compulsive

# TREATMENT CHALLENGES

- Our lack of knowledge
- The condition interferes with the treatment
  - TRANSFERENCE
- Polarized beliefs in society: biological vs psychological, want medications or refuse medications
- Polarization of the profession
  - Psychiatrists can range from psychoanalysts to hospital based physicians who only have time for medications

# EXPANDING KNOWLEDGE

- Rapid – computers, mathematical models, research design
  - Medications
  - Biological investigations
  - Medications
  - Psychological treatments
  - Systems
  - Community resources

# Emotional reactions to the person

- Counter-reaction
  - UNDERSTANDABLE, CURRENT
- Counter-transference
  - UNEXPECTED, FROM THE PAST

# CONTROLLING COUNTER-REACTION

- How does a depressed person make you feel?
- How does a manic person make you feel?
- How does a person with anti-social personality make you feel?
- How does a narcissistic person make you feel?

# Counter- transference

- Who does this person  
remind you of ?

# Over-reactions

- Anger, frustrated
- Futility
- Rescue (vicarious PTSD)
  - Excessive hope
  - Excessive pain

# MEDICATIONS

- Anti-depressants
- Mood stabilizers
- Anti-psychotics
  
- Anxiolytics – potentially addictive
- Pain medications- potentially addictive

# PSYCHOTHERAPY COUNSELLING

- Intensive psychotherapy
- Psycho-educational -- re disorders, illness
- Supportive counselling – support strengths, advise, limit setting, problem solving
- Specific short-term goal oriented therapies
  - CBT, relaxation, exposure,
  - Dialectal behavior therapy

# HOSPITAL SERVICES

- 10 YEARS AGO
  - Inpatients – often medium to long term
  - Day hospital
  - Short term outpatients
- Now
  - Short stay inpatient unit transition to OPD
  - Specialized outpatient program
    - Children and adolescents
    - Specialized Geriatrics
    - Assertive Community Treatment Team
    - Mental health and justice
    - Substance abuse
    - MR

# Hospitals and Community

- Circle of care
- Partnerships
- Shared care
- Increased payment to doctor when community partner is included

# Differences between psychiatric and legal approaches

## Psychiatry

- What the person feels
- insight
- What is best for the person
- voluntary usually
- Multi-determined
  - Biological
  - Psychological
  - Social
- private
- Little accountability

## legal

- What the person does
- Change the behavior
- What is best for society
- Forced usually
- Reductionistic
  - Self-determination
- More public, bureaucratic and
- accountable