IMPERIAL

Mental health & psychiatry

December ‘25

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Session plan

Aim of this lecture:

- Learn about stigma and mental health disorders
- Psychosis – what is it
- Learn about schizophrenia
- Learn about the **key mental state examination** findings in patients presenting with schizophrenia
- Causes of schizophrenia

Bryan Charley, an artist with schizophrenia who painted what it felt like for him to relapse.

Living with Schizophrenia

mind
for better mental health

Turn on subtitles if desired

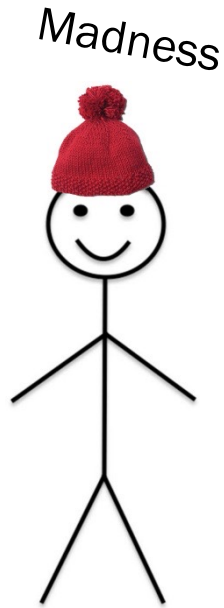
Stigma: Discuss the stigma associated with mental health disorders across communities and cultures

Types of stigma with psychiatry

1. **Public stigma** – widespread negative societal perception and discrimination against those with mental illness
2. **Self-Stigma** – individual with mental illness internalises the negative stereotypes and feels shame, guilt, low self-esteem
3. **Structural stigma** – systemic policies, laws and practices that restrict the opportunities and rights of people with mental health problems
4. **Labelling stigma** – act of giving a diagnosis can overshadow someone's identity, affect how others perceive them, stereotype and discriminate against them
5. **Stigma by association** – family, friends and mental health professionals may also experience stigma

Stigma and me

People who hear voices/ disorganised behaviour/ thought disorder are **considered differently to other mental illnesses**, and are seen as **less relatable** and put in a separate box.



Stigma: Discuss the stigma associated with mental health disorders across communities and cultures

What is psychosis?

Psychosis

[clear consciousness & intellectual capacity usually preserved]

REALITY FAILURE

Group of pathologies which disrupt the process of **perceiving** and **interpreting** reality.

[various causes]

[thought disorganisation]

[hallucinations]

[delusions]

[abnormal attention/salience]

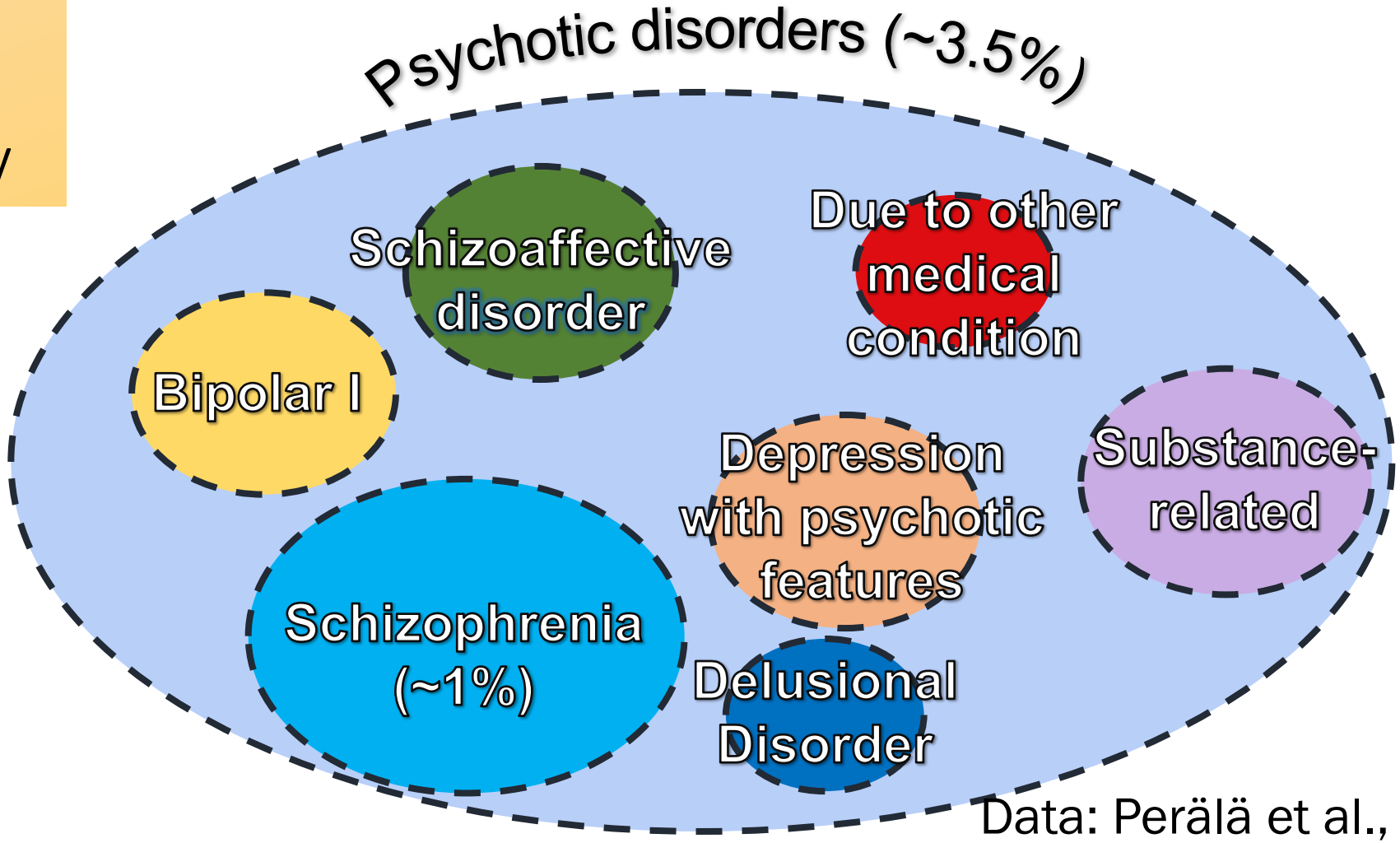
[inappropriate/blunted affect]

Mental health: Outline factors that contribute to mental health and how they relate to physical health across all specialties.
Psychiatric disorders: Describe the clinical features and treatment options of psychiatric disorders.

What is psychosis?

- **Descriptive term:**
- difficulty in perceiving and interpreting reality

- **Encompasses many different disorders:**
- Medical equivalent of being “off legs”



Data: Perälä et al., 2007

Psychiatric disorders: Describe the clinical features and treatment options of psychiatric disorders.

Causes of Psychosis

Drugs
- Cocaine, LSD, Cannabis, Alcohol
- L-Dopa, Steroids, Anticholinergics

Metabolic
- Ca^{2+}, MG^{2+}, Cu^{2+}, Vit B12

Endocrine
- Thyroid, Cushing's, Addison's

Infections
- Encephalitis, syphilis, any

Schizophrenia

Mania

Depression

Schizoaffective Disorder

Puerperal psychosis

Other psychotic disorders

PSYCHOSIS

PERSONALITY DISORDER
- Parapsychotic phenomena

DELIRIUM

Acute brain failure
- Clouding of consciousness
- Attention defecit

Encephalopathy, Acquired Brain Injury, Stroke, etc.

DEMENTIA
- Alzheimer's
- Vascular
- Parkinson's/Lewy Body
- Huntington's

Mental health: Outline factors that contribute to mental health and how they relate to physical health across all specialties.

Consciousness

Consciousness probably modular, not unitary

- A state of awareness of the world
- Process of being conscious of something, i.e. we are aware we can see a particular object or hear a particular conversation
- **Parallel processing** – battery of unconscious processes.

Content of conscious awareness is selected by **attention**

- Both **active/voluntary**, and **passive** (salience and automatic screening of irrelevant stimuli)

Schizophrenia

"POSITIVE SYMPTOMS"

- Hallucinations
- Delusions

Persecutory/Grandiose

- Delusional perceptions
- Delusions of control
- Thought delusions or interference

Remember these experiences are very real for the patient

"NEGATIVE SYMPTOMS"

- Anhedonia
- Apathy
- Social withdrawal
- Blunted mood

"DISORGANISED SYMPTOMS"

- Thought disorder
- Disorganised speech/behaviour
- Inappropriate affect

AUDITORY HALLUCINATIONS

- Thoughts/internal monologue experienced as external/other

- Different types of auditory hallucinations:
  - In acute organic states: elementary hallucinations e.g. whistling, whirring
  - Musical hallucinations: often in older women with deafness or brain disease
  - Can occur in chronic alcoholic hallucinosis or affective psychoses

- Schizophrenia:
  - Audible thoughts
  - 2nd person auditory hallucinations, “you”
  - Third person auditory hallucinations, “arguing”
  - Running commentary

Delusions

- **Fixed, false, unshakeable belief**, out of context with cultural background
- ? Result of efforts to make sense of **perplexity/delusional atmosphere**
- Delusional perception
  - Individual perceives a normal perception that is interpreted with delusional meaning
- Persecutory/Grandiose delusions
- What drives formation of the belief?
  - i.e. intense feeling of being controlled/persecuted/culpable etc.

Mental state examination

Appearance and behaviour:

Clothed? Well nourished/underweight, overweight, age

Behavioural or neurological abnormalities e.g. gait

Posture, gestures facial expressions which betray their sense of emotions. Provides information about their personality and attitude to the observer even if silent.

Tics, catatonic movements, possible hallucinatory perceptions e.g. actively responding to hallucinations

Ability to form rapport (can the person communicate their afeelings to another person)

Mental state examination

Speech:

Typically reveals a patients' thought process

Rate, rhythm and tone

Record speech as much as possible to reveal a persons' inner milieu

Mood:

Subjective (patient's own description)

Objective measure (clinicians observations of an individuals mood)

Mental state examination

Thoughts (form) and (content)

Content: explore ideas and beliefs that an individual holds, identify themes. Delusions of control, passivity etc

Form: can you follow the persons' train of thoughts, if not are there any connections between them?

Hallucinations:

Auditory/visual/olfactory/gustatory/tactile(somatic) /proprioceptive

Mental state examination

Cognition:

Briefly test orientation, attention, concentration and memory e.g. MMSE

Insight:

Gauge patients attitude towards their illness, difficulties etc.

Any illness of some severity will alter the patient's world and the view of the world.

Are they aware of this change as originating from mental illness that requires treatment?

Mental state examination in schizophrenia – what might you observe?

Appearance and behaviour:

Speech:

Mood:

Thoughts (form) and (content)

Hallucinations:

Cognition:

Insight:

Example of auditory hallucinations

Auditory Hallucinations - An Audio Representation

By Jarrad Wale: a mental health outreach worker who has designed a presentation based on what his clients have told him in order to provide others with an example of what it might be like to experience auditory hallucinations

Mental state examination in schizophrenia – what might you observe?

Appearance and behaviour:

Speech:

Mood:

Thoughts (form) and (content)

Hallucinations:

Cognition:

Insight:

Causes of psychosis

Genetic component

- Schizophrenia: general population risk 1%
- 10% risk first degree relatives
- Monozygotic twins 40-50% concordance rate
- Dizygotic 10-15% concordance rate

Developmental adversity/abuse

- Biased cognitive schemas
- Sensitised striatal dopaminergic system
- high expressed emotion, “double-bind” family dynamic

Neurodevelopmental

- Prematurity, hypoxia, infection, winter / spring births

Life stressors

- Stress-Vulnerability Model

Relationship with recreational drugs

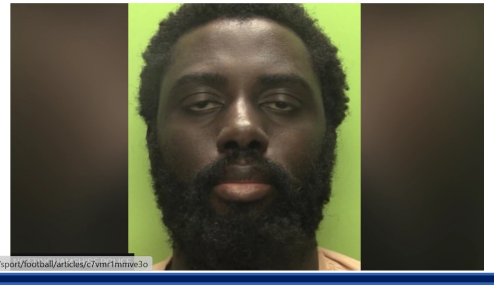
~25% of psychosis
Strong correlation with earlier age of cannabis use and strength of cannabis with onset of psychotic illness.

Mental illness and violence

Valdo Calocane: What do we know about the Nottingham attacks killer?

25 January 2024

Nottingham attacks



Tate Modern attacker loses appeal against sentence

Court upholds Jonty Bravery's 15-year minimum term for throwing boy, six, from balcony

Jonty Bravery, 19, dropped a six-year-old child from a 10th-floor balcony in August 2019. Photograph: Metropolitan Police/PA

Jonty Bravery, the teenager who threw a six-year-old boy from a viewing platform at the Tate Modern, has had his appeal against his 15-year minimum term for attempted murder dismissed.

Dame Victoria Sharp, sitting with Mr Justice Edis and Mrs Justice Yip at the court of appeal, said: "We are satisfied that, in arriving at the minimum term of 15 years for this offence, the judge did not impose a sentence that was either manifestly excessive or wrong in principle."

Bravery's legal team also abandoned an attempt to have him moved from prison to hospital.

Bravery, 19, was detained for life, with a minimum of 15 years, at the Old Bailey in June after pleading guilty to attempted murder.

- Much more likely to be **victims of violence**
- Rates of violence only slightly higher in a few specific groups
  - Untreated conditions, usually with additional factors:
  - Schizophrenia (untreated + comorbid substance use) ↑violence **x2-4**
  - Alcohol increases violence risk **10-20X**
  - History of ACE
  - Social disadvantage and isolation
  - Lack of treatment/poor access to treatment
- Ask yourself **why** someone might be violent
  - feeling **threatened**

Stigma: Discuss the stigma associated with mental health disorders across communities and cultures

Psychosis Summary

- Reality is not something we can claim unproblematic access to, it must accommodate the patient's central reality – **it's real for them**.
- Psychosis is a **complex syndrome**, not a unitary disease process.
- Psychosis represents a large group of **different disease processes**.
- Don't underestimate the **social determinants of schizophrenia**.
- Try to understand the person, and why they have become psychotic.

Mental health: Outline factors that contribute to mental health and how they relate to physical health across all specialties.

Questions?

Session Review

Anxiety

Addiction

Depression

OCD

Self-Harm

Eating Disorders

Psychosis

Psychosis is a **complex syndrome** represents a large group of **different disease processes.**
Psychosis and Schizophrenia have a **wide variety of biological causes and social determinants.**
Their **experiences are real for them**. Much more likely to be **victims of violence.**

Mental health: Outline factors that contribute to mental health and how they relate to physical health across all specialties.