

**IMPERIAL**

# Introduction to Psychiatry

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**Dr Arabo Shahanian**

**Dr David Erritzoe**

**[d.erritzoe@imperial.ac.uk](mailto:d.erritzoe@imperial.ac.uk)**

# Confidentiality and professionalism

Throughout your careers you must be respectful of patients and maintain confidentiality (GMC Good Medical Practice)

This is also expected of students.  
Although identities have been changed the case examples in these slides are of real people.

**NONE of this material can be shared**



# Overview of mental illness

## Mental illness is common

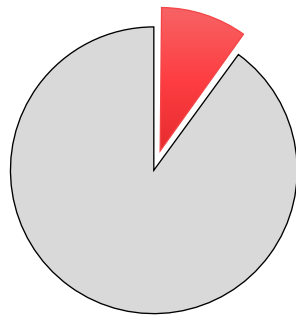
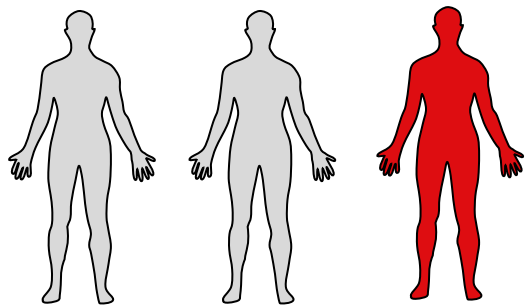
- **1 in 3** will have mental health disorder in lifetime
- **1 in 3 GP consultations** have mental health component
- **Most people fully recover**

## Mental illness is stigmatising

- **3 in 4 people** feel stigmatised
- Many people **scared to discuss** illness
- **10% of NHS funding**
- Real-term **cut in funding**
- **Six weeks** in most undergraduate courses

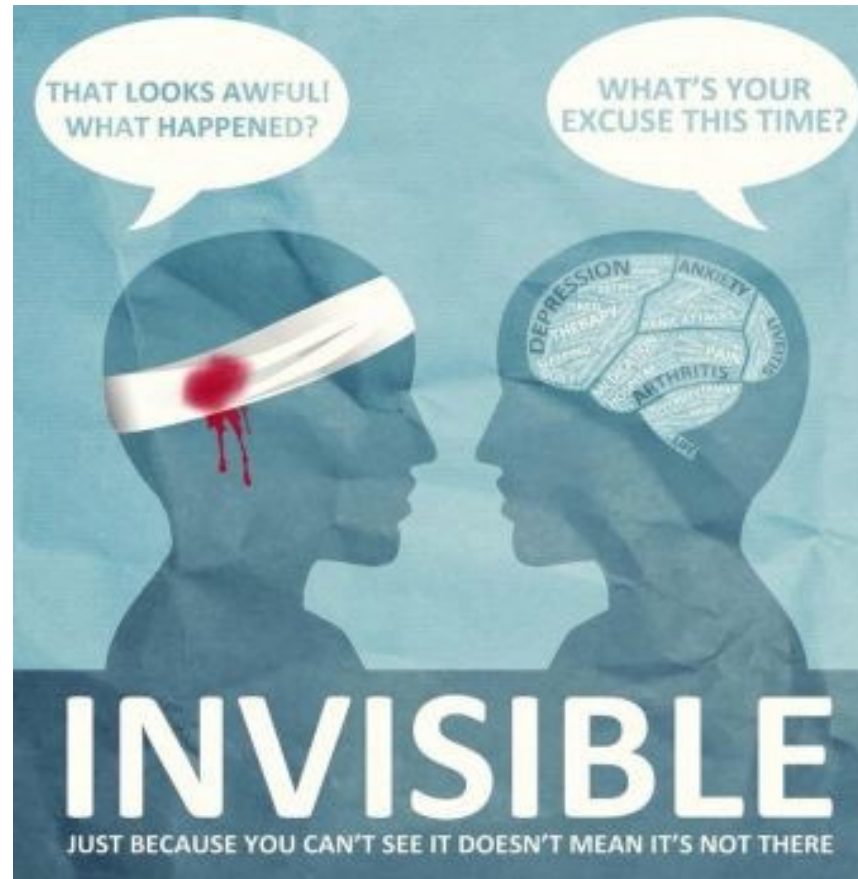
## Mental illness is treatable

- A **range of treatment options** are available
  - Psychotherapies
  - Social therapies
  - Medication
- Excellent **evidence base**





# Question: what are the differences between mental illness and physical illness





# Differences between mental illness and physical illness

People often do not perceive themselves to be ill

- No “**therapeutic contract**”
- **Reluctance** to accept treatment
- Use of **Mental Health Act** (50,000 detentions per year)

**No scientific basis** to diagnosis

- Similar to 18<sup>th</sup> Century medicine
- Diagnose by **symptom cluster** - not aetiology or pathology
- **Uncertainty** about diagnosis
- **Dispute** about existence of mental illness
- Perceived lack of treatment
- Agents of social control





# Anxiety: Case example

## Alice

### History

- 32, primary school teacher
- Separated, living alone
- Younger sister died age 3 (meningitis)
- Parents divorced
- 20 year history of anxiety
- Became anxious while on teacher training course



# Anxiety: Case example

## Alice

Periods of **intense anxiety**

- Sudden fear
- Heart racing
- Shaking
- Dry mouth

Last **10-15 minutes** then subside



# Anxiety: Case example

## Alice

Developed **obsessional thoughts**

- Ruminating on germs
- Knew this was senseless
- Own thoughts
- Tried to resist thoughts







# Anxiety: Case example

## Alice

### Compulsions

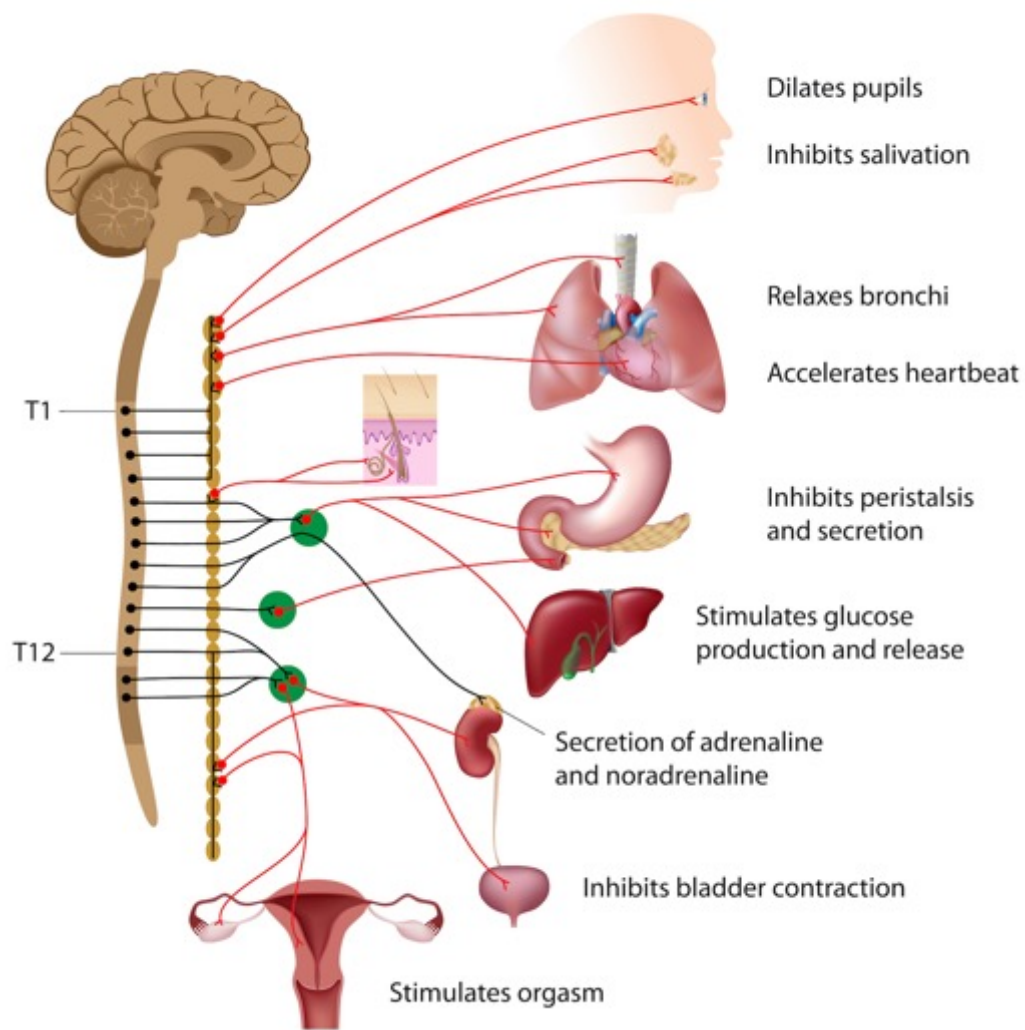
- Took 5 hours to wash hair
- Scrubbing hands with bleach up to 30 times a day
- Took an hour to take rubbish to chute
- Elaborate “decontamination” regime





# Anxiety: symptoms

Neuro: Autonomic nervous system



## Psychic anxiety

- Feeling of **fear or dread**

## Physical symptoms

- Palpitations
- Sweating
- Dry mouth
- Splanchnic vasoconstriction (butterflies)
- Tremor
- Paraesthesia (pins & needles)
- Depersonalisation
- Syncope

# Obsessive compulsive disorder: symptoms

## Obsessions

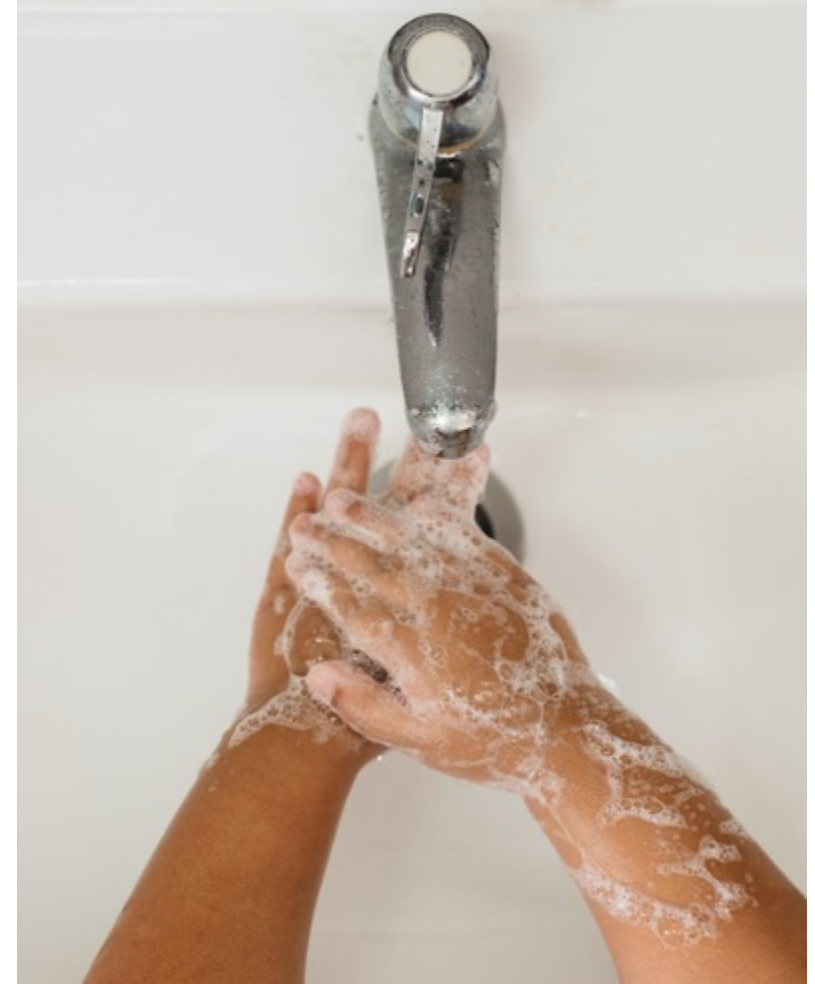
- Ego-dystonic thoughts
- Repetitive, circular ruminations
- May be bizarre and sound delusional
- Insight maintained
- Unbidden and resisted
- Resistance leads to anxiety



# Obsessive compulsive disorder: symptoms

## Compulsions

- Motor response to obsessional thoughts
- Often ritualistic, stereotyped, precise
- Examples:
  - Handwashing
  - Counting
  - Arranging and symmetry
  - Checking door locks
- Start again if interrupted or doubt





# Anxiety: classification

Can be classified as:

- Generalised anxiety disorder
- Panic disorder
- Agoraphobia
- Simple phobia
- Social phobia
  
- Obsessive Compulsive disorder
- Post traumatic stress disorder





# Anxiety: Epidemiology

- Anxiety is **normal** (and useful!)
- Anxiety is only a 'disorder' if it is **excessive, impacts on life or out of context**

- **Most common cause** of mental disorder
- Estimates of lifetime prevalence of between **14 and 33%**
- More common in **females** (2:1)
- Median onset age **11**

## Clinical research

### *Epidemiology of anxiety disorders in the 21st century*

*Borwin Bandelow, MD, PhD; Sophie Michaelis, MD*

	12 month prevalence	Lifetime prevalence
<b>Panic</b>	1-3%	2-5%
<b>GAD</b>	1-3%	3-6%
<b>Agoraphobia</b>	1-2%	1-3%
<b>Simple phobia</b>	5-10%	8-14%
<b>OCD</b>	1%	2%

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# Anxiety: Case Example

## Alice

### Management

- Course of **cognitive behavior therapy** (CBT)
- Clomipramine
- Significant improvement in panic symptoms
- OCD improved so able to get back to work





# Review

## Overview of mental illness

- **1:3 people** have mental illness in their lifetime
- **Understanding** of mental illness is important for **ALL doctors**, whatever the discipline
- Most people will make a **full recovery**
- **Lack of diagnostic certainty**
- **Poor engagement** with patients (sometimes)

## Anxiety disorder

- Anxiety that is **excessive** or out of **context**
  - **Psychic fear** and **physical symptoms**
  - **Most common cause** of mental illness
  - Treatable with **medication** and **psychological therapies**
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# Questions?

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# Depression: case example

## Ellen

- 62 year old, retired shop worker
- Lives alone, ground floor flat
- One son, living abroad
- Rarely goes out
- Urgent referral by general practitioner





# Depression: case example

## Ellen

- Flat in a squalid state
- No food & thin undernourished cat
- Low mood for several months
- Tearful much of the time
- Guilty about trivial events
- Lost 12 kg (2 stone)
- Poor concentration





# Depression: case example

## Ellen

- Delusions of poverty
- Very low self-esteem
- Hopeless about the future
- ***“What’s the point in living?”***
- Meticulous plans for suicide
  - Electric fire in bath
  - Replaced fuse with large nail







# Depression: symptoms

Core features	Physical symptoms	Psychological symptoms
<ul style="list-style-type: none"><li>• Pervasive low mood/sadness</li><li>• Loss of energy (anergia)</li><li>• Loss of enjoyment (anhedonia)</li></ul>	<ul style="list-style-type: none"><li>• Loss of appetite</li><li>• Weight loss</li><li>• Diurnal variation of mood</li><li>• Poor sleep</li><li>• Loss of libido</li><li>• Constipation</li><li>• Psychomotor slowing or agitation</li></ul>	<ul style="list-style-type: none"><li>• Poor concentration</li><li>• Feelings of guilt</li><li>• Feelings of hopelessness</li><li>• Low self-esteem</li><li>• Indecisive</li><li>• Suicidal ideation</li><li>• Delusions</li></ul>



# Depression: suicide

- Over **6000 suicides** in UK annually
- Most common cause of death in **young men**
- Male to female ratio of **3:1**
- **Rates are rising** in young and middle aged men
- Hanging is most common method
- Most commonly associated with **drug/alcohol** use disorders and **depression**

# Depression: treatment

Medication: **Antidepressants**

- Response after **2-3 weeks**

**Psychological therapies**

- 12 session CBT

**Social prescribing**

- Exercise, company

**90%** of patients make a **full recovery**





# Depression: case example

## Ellen

- Admitted to hospital - section 2
- Psychological support
- Cat taken to vets
- Flat deep-cleaned
- Fuse box mended
- Venlafaxine (antidepressant) 150mg daily
- Full recovery- returned home with cat and started work in charity shop!





# Mania: symptoms

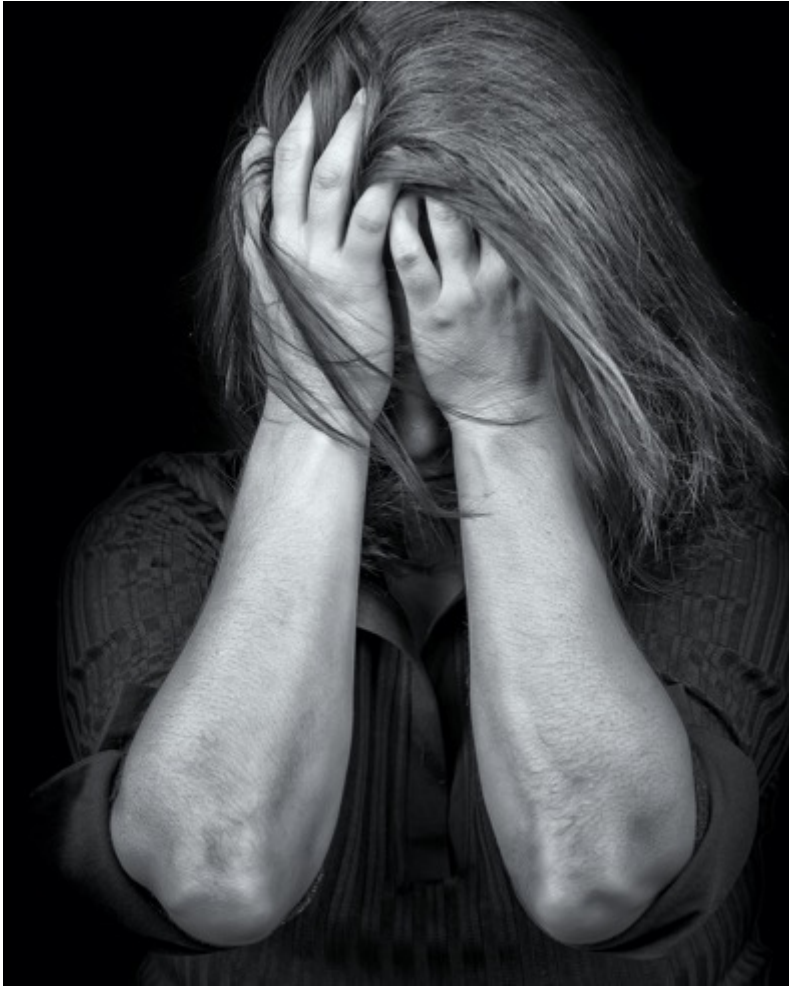
- Elated mood
- Irritability
- Over-energized
- Grandiose
- Little need for sleep
- Poor concentration
- Poor judgement
- Over-spending
- Rapid speech







# Schizophrenia: case example



## Ethel

- Born in Liverpool
- Employed from age 14
  - pen factory
  - housekeeper
- Married age 40
  - no children, divorced age 55
  - husband was an aeronautical engineer
- Living in residential home
- Referred by police
  - walked into police station and assaulted desk officer



# Schizophrenia: case example



## Ethel

- “Turn the satellite off”
- “I’m in contact with a brain machine”
- “Telstar is following me”
- “The radar is making me dizzy”
- “they are dragging my mind off into the sky”



# Schizophrenia: case example

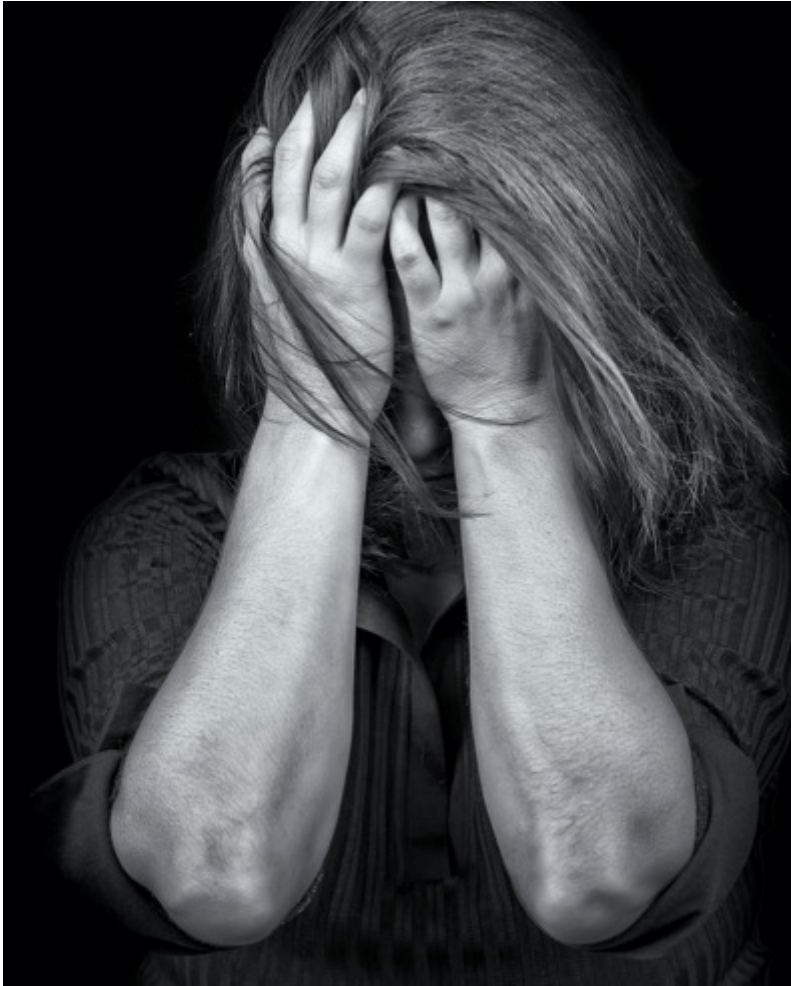


## Ethel

- Hears voices
  - men from satellite
  - talk about her
    - “isn’t she silly?”
- Commentary
  - “there she goes again”
  - “she’s off to the Police now”



# Schizophrenia: case example

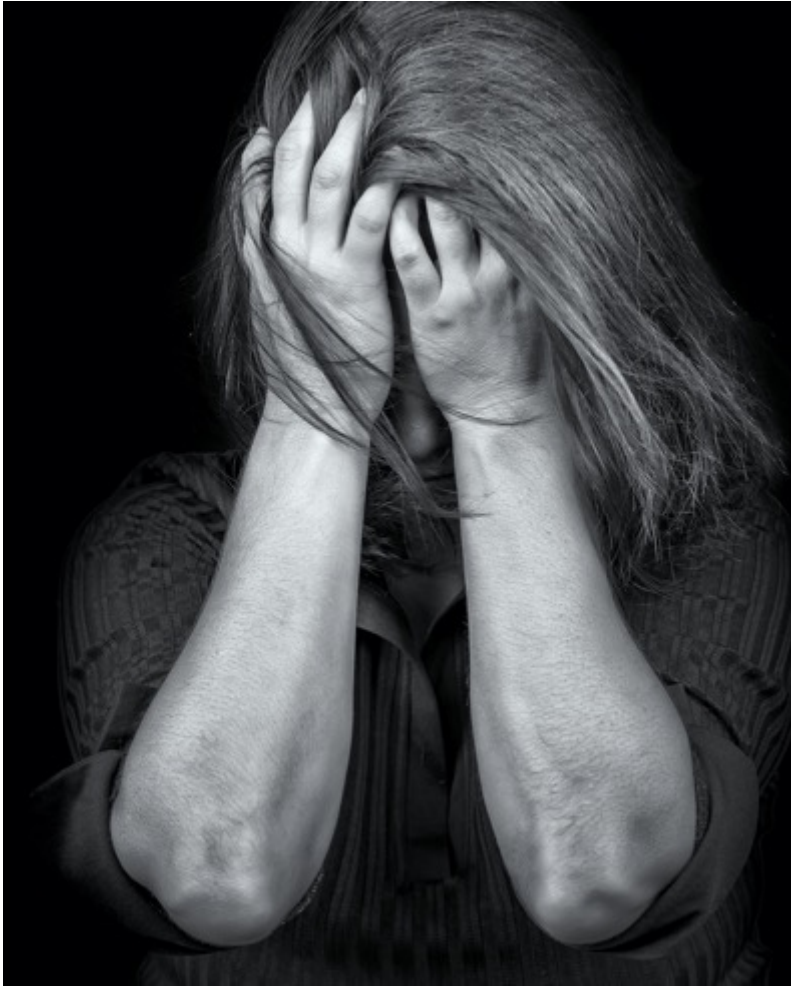


## Ethel

- Normally copes with this, but...
  - recently, symptoms more distressing
  - worried she may be killed
  - feeling vibrations from the satellite



# Schizophrenia: case example



## Ethel

- Thin, frail
- Glasses covered with black insulating tape
- Pleasant and co-operative
- Preoccupied with satellites
  - *“Oh can’t you make them stop”*
- Auditory and somatic hallucinations





# Schizophrenia: symptoms

- **Hallucination:** hearing, seeing or feeling things that are not there.
- **Delusion:** fixed false beliefs not shared by others in the person's culture and that are firmly held even when there is evidence to the contrary.
  - Passivity
  - Thought alienation
- **Abnormal Behaviour:** disorganised behavior such as wandering aimlessly, mumbling or laughing to self, strange appearance, self-neglect or appearing unkempt
- **Disorganised speech;** incoherent or irrelevant speech
- **Disturbances of emotions:** marked apathy or disconnect between reported emotion and what is observed such as facial expression or body language

# Schizophrenia: Formal thought disorder

**Definition:** Failing to follow the semantic and syntactic rules of language

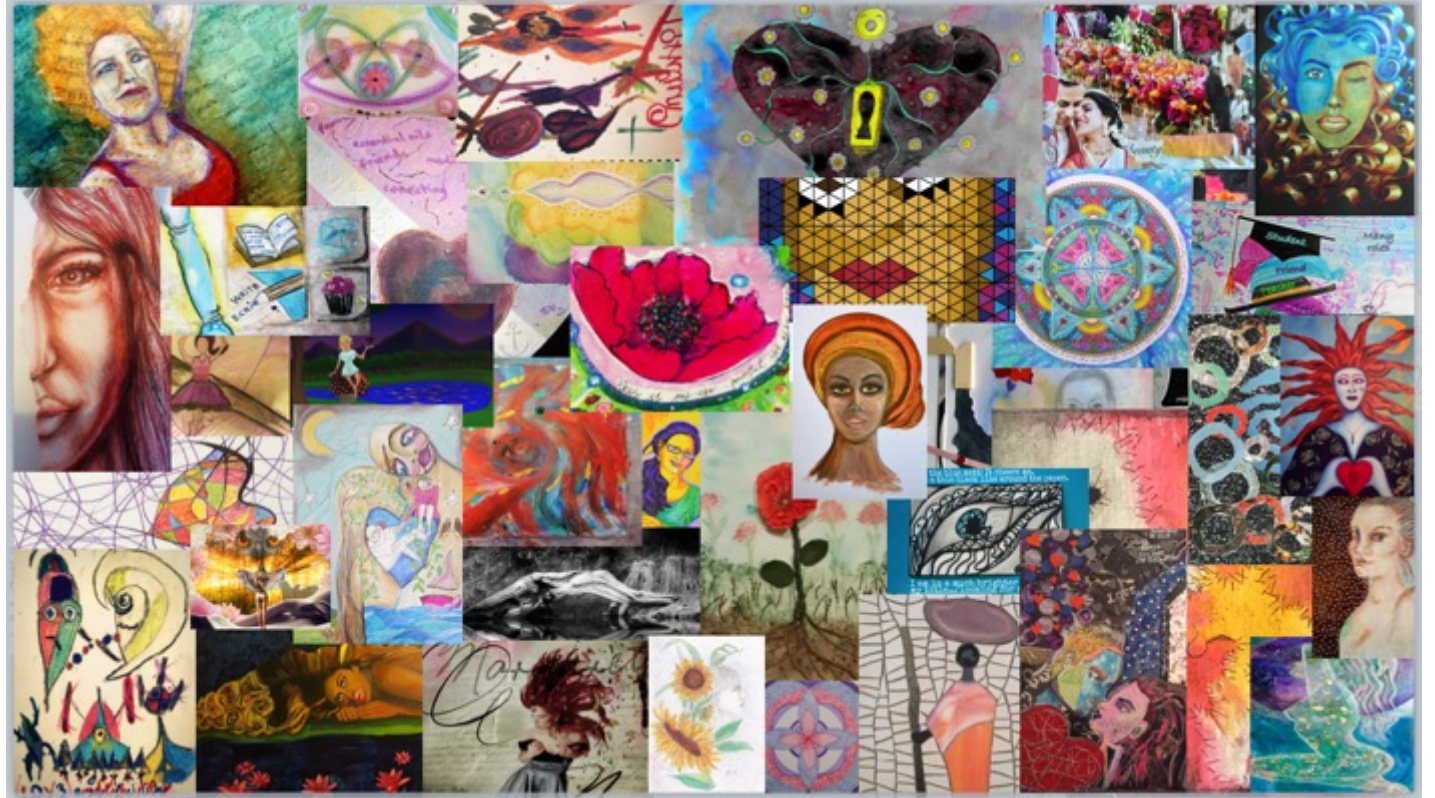
**Example:**

*“The imaginary isn’t as we know forever illness partakes us to terrible gains and losses because idols are false and God is great minded besides forever I have sent to the West”*



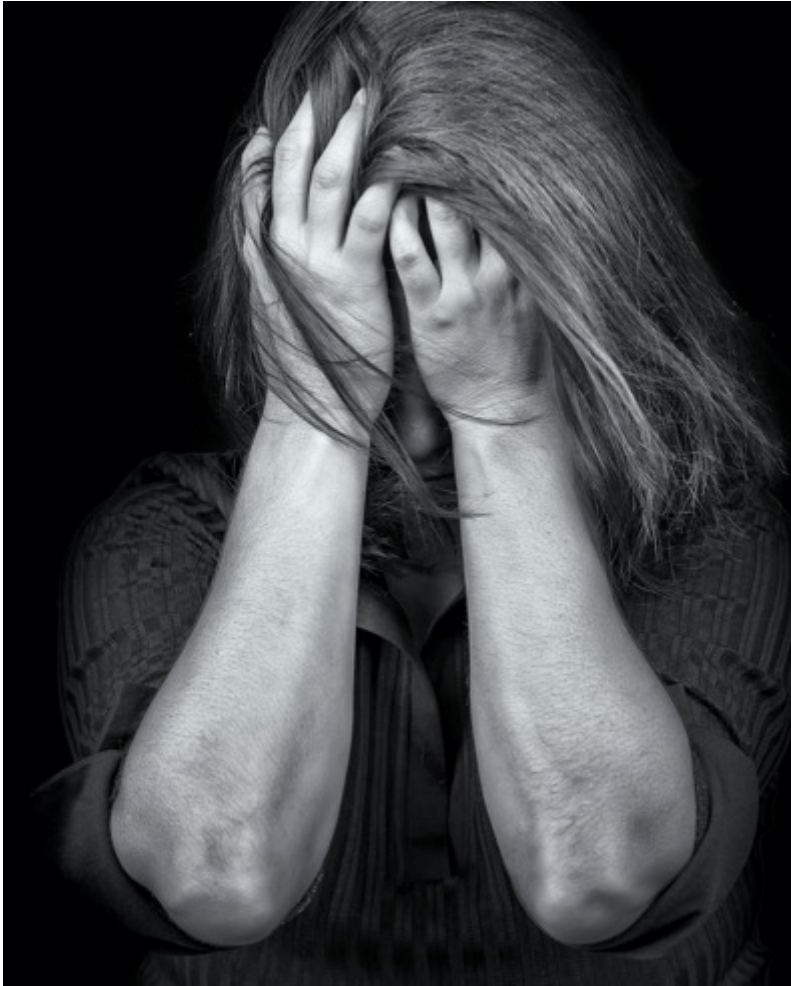
# Schizophrenia: treatment

- Antipsychotics
- Psychological therapies
- Family therapy
- Arts therapies





# Schizophrenia: case example



## Ethel

- Home treatment team
- Risperidone
- Compliance with oral medication poor
- Existential crisis when satellite disappeared
- Balanced antipsychotic so satellite was present but not worrying!



# Key features of Schizophrenia

## Delusions

- Fixed false beliefs
- Persecutory
- Bizarre
- Thought possession & passivity

## Disorganised speech

- Neologisms
- Formal thought disorder

## Hallucinations

- Second person
- Third person
- (Tactile)

## Negative symptoms

- Apathy
- Social withdrawal
- Poor self care





# Session Review

## Depression

- Horrible, **corrosive state of mind**
- Pervasive **sadness, anergia** and **anhedonia**
- **10% lifetime risk**
- Significant **risk of suicide**
- Most people make **full recovery** with treatment

## Schizophrenia

- **Delusions** and **hallucinations**
  - **Disorganised** thinking
  - **Social withdrawal** and blunted affect
  - **1% lifetime risk**
  - **1 in 3** develop chronic symptoms
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# Final thoughts

**1 in 3** of us will have a **mental health disorder** before we die

Many of your patients will have **mental illness**  
You need to **understand their symptoms** and guide them to help

People are **reluctant** to discuss mental health symptoms  
But **talking about it helps**

**The array of psychiatric symptoms is vast and fascinating**

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