

IMPERIAL

Introduction to Psychiatry

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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.

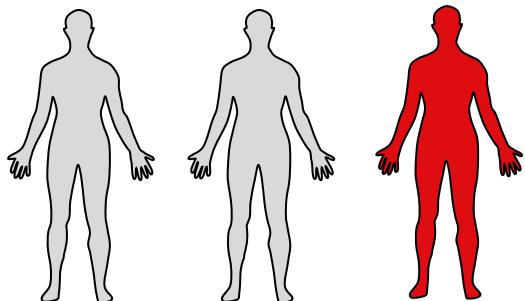
NONE of this material can be shared



Overview of mental illness

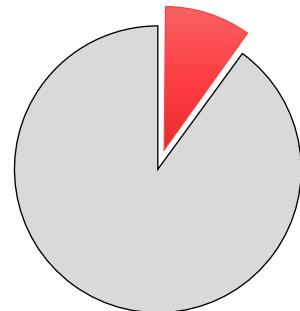
Mental illness is common

- 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



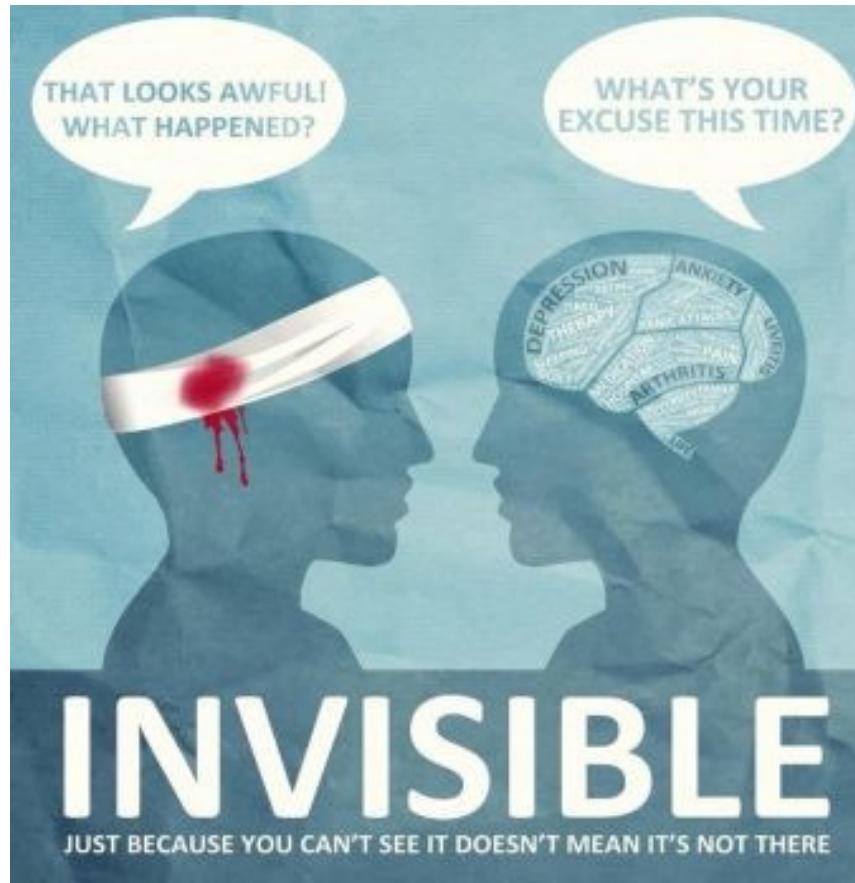
Mental illness is treatable

- 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



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



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 18th 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



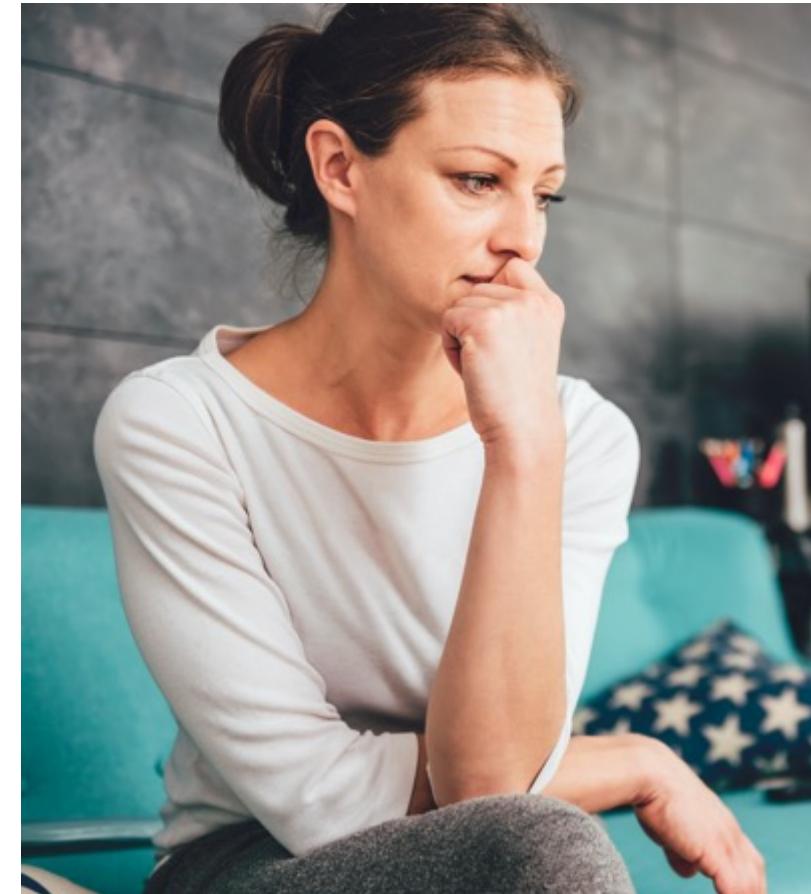


Anxiety: Case example

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





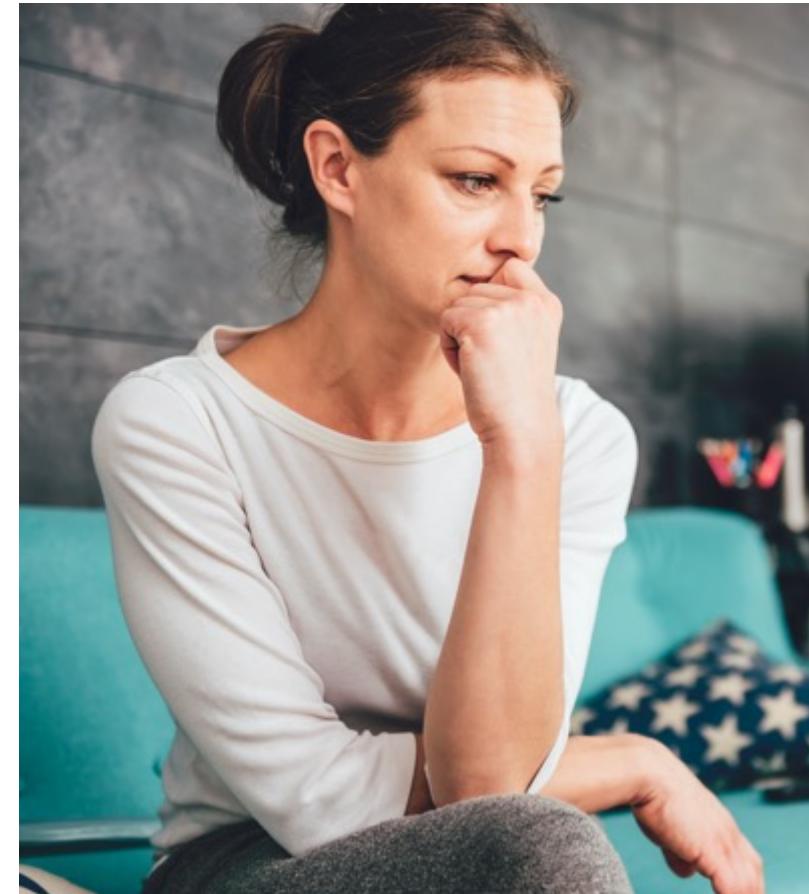
Anxiety: Case example

Alice

Periods of **intense anxiety**

- Sudden fear
- Heart racing
- Shaking
- Dry mouth

Last **10-15 minutes** then subside



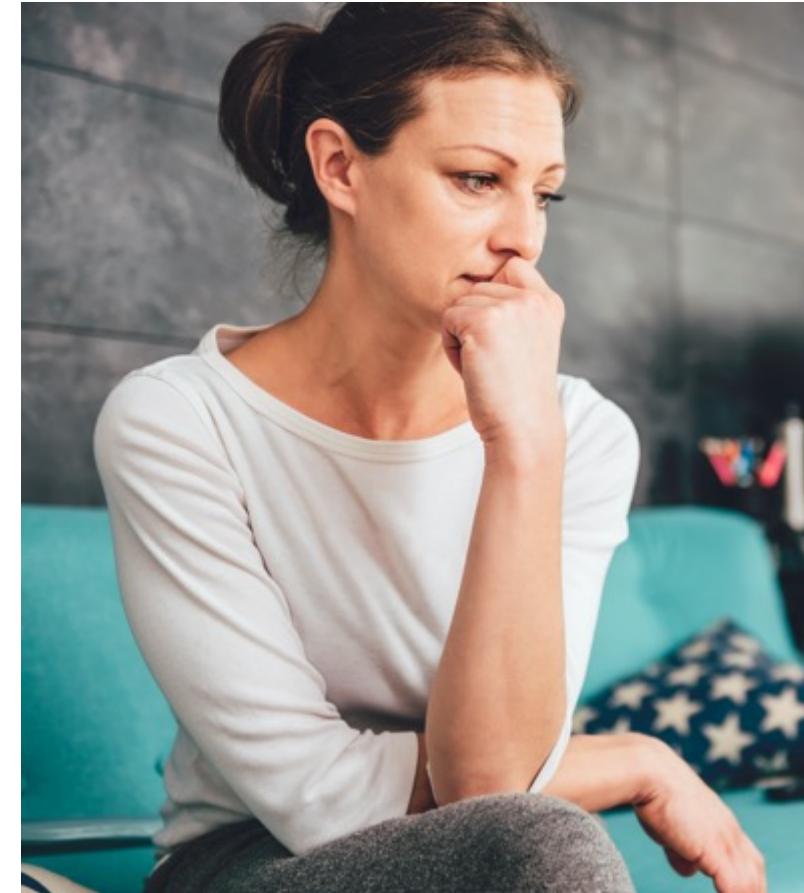


Anxiety: Case example

Alice

Developed **obsessional thoughts**

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



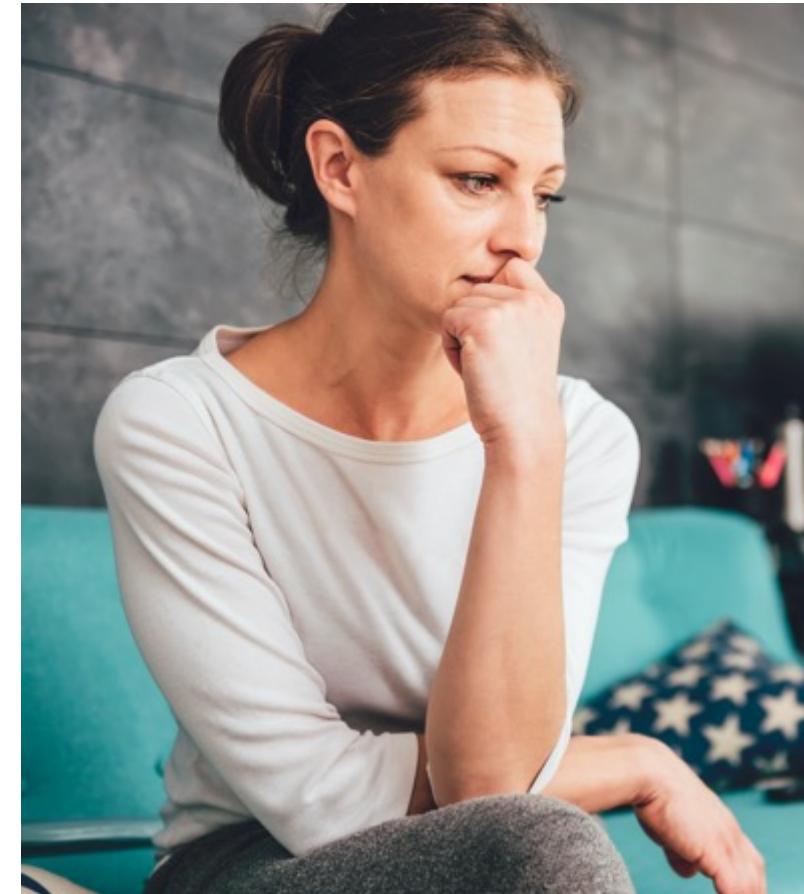


Anxiety: Case example

Alice

Compulsions

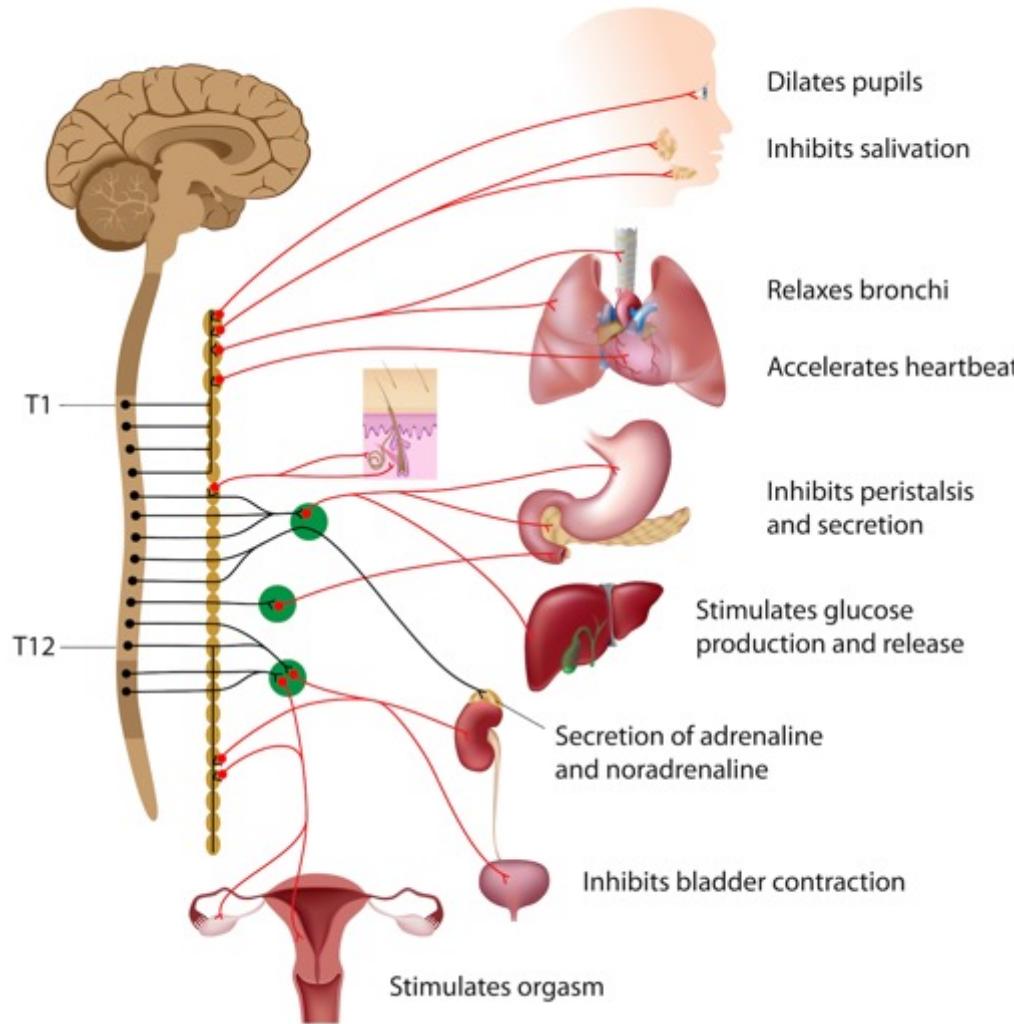
- Took 5 hours to wash hair
- Scrubbing hands with bleach up to 30 times a day
- Took an hour to take rubbish to chute
- Elaborate “decontamination” regime





Anxiety: symptoms

Neuro: Autonomic nervous system



Psychic anxiety

- Feeling of **fear or dread**

Physical symptoms

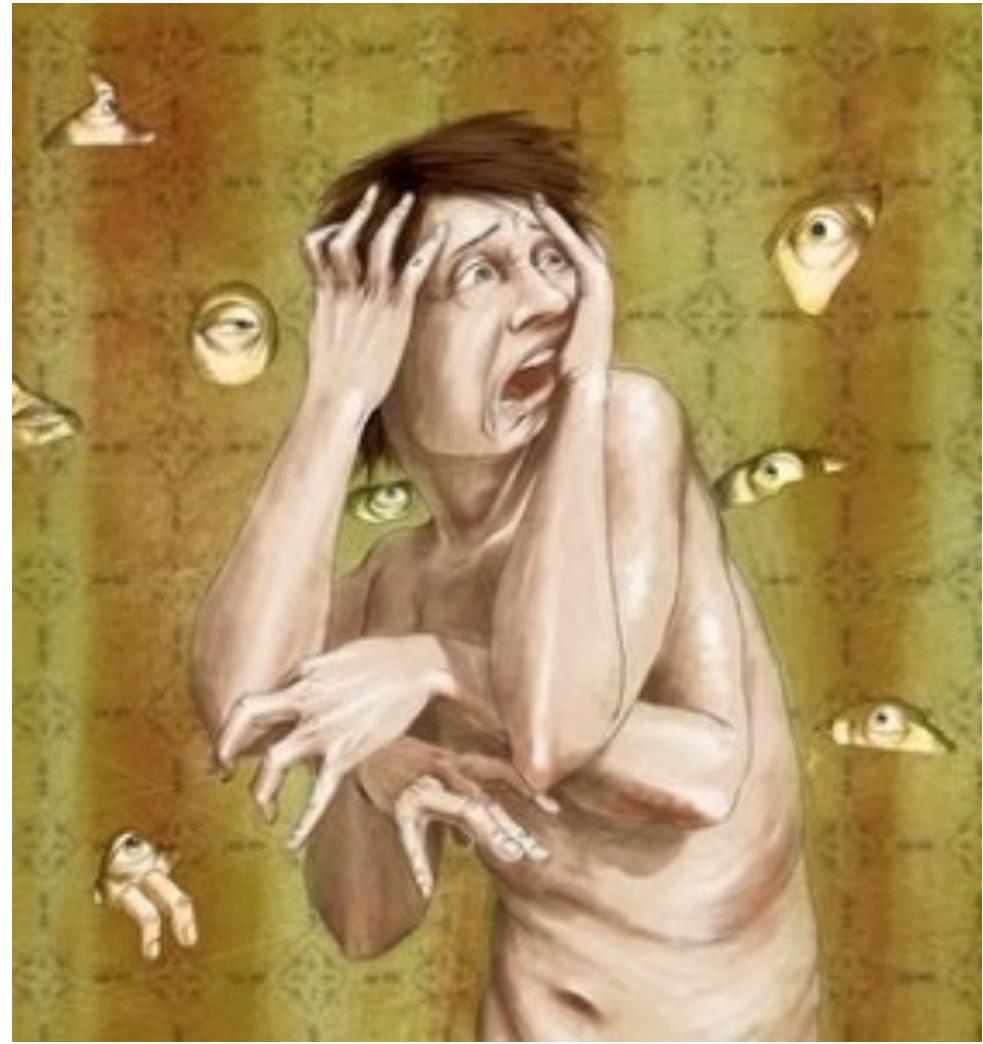
- Palpitations
- Sweating
- Dry mouth
- Splanchnic vasoconstriction (butterflies)
- Tremor
- Paraesthesia (pins & needles)
- Depersonalisation
- Syncope



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

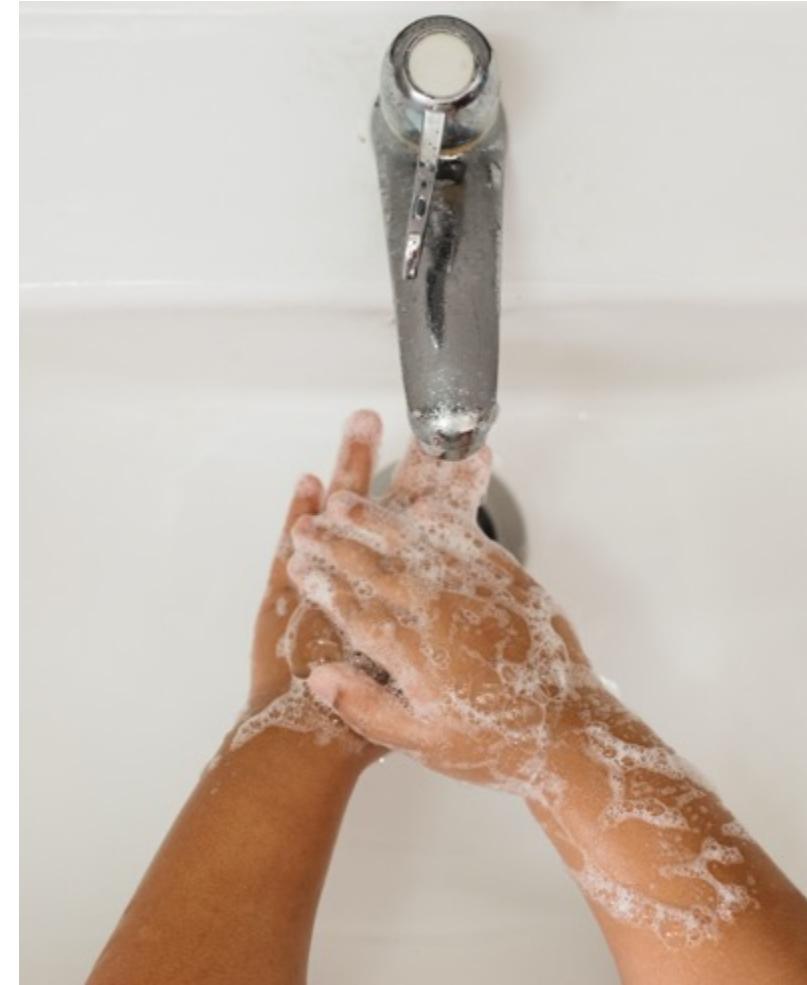




Obsessive compulsive disorder: symptoms

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
Panic	1-3%	2-5%
GAD	1-3%	3-6%
Agoraphobia	1-2%	1-3%
Simple phobia	5-10%	8-14%
OCD	1%	2%

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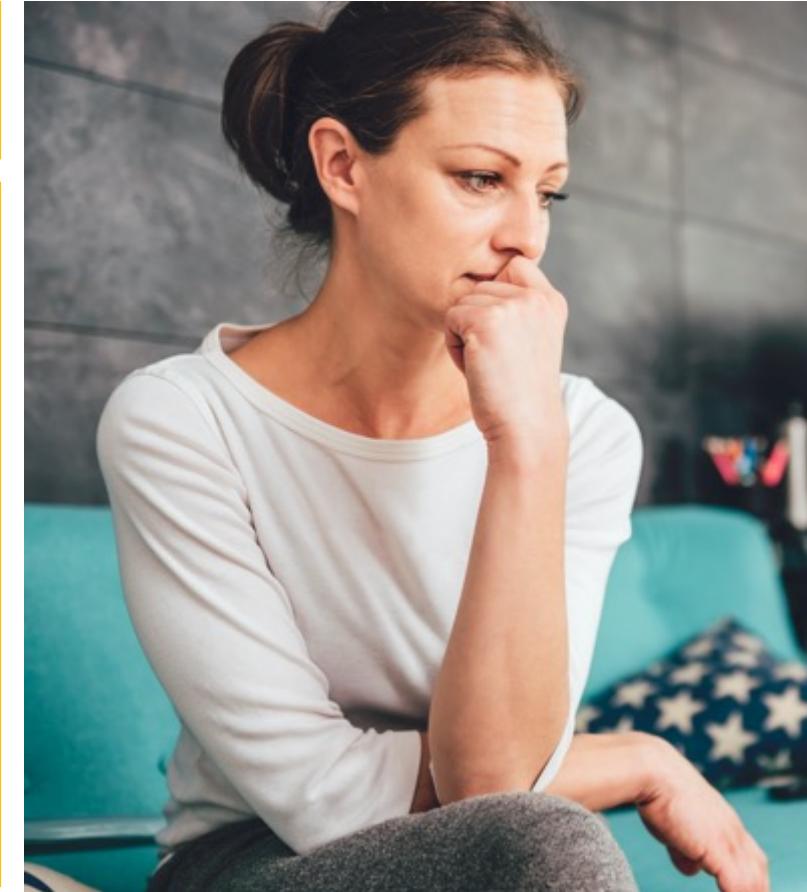


Anxiety: Case Example

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**



Questions?



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

- Pervasive low mood/sadness
- Loss of energy (anergia)
- Loss of enjoyment (anhedonia)

Physical symptoms

- Loss of appetite
- Weight loss
- Diurnal variation of mood
- Poor sleep
- Loss of libido
- Constipation
- Psychomotor slowing or agitation

Psychological symptoms

- Poor concentration
- Feelings of guilt
- Feelings of hopelessness
- Low self-esteem
- Indecisive
- Suicidal ideation
- Delusions



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!





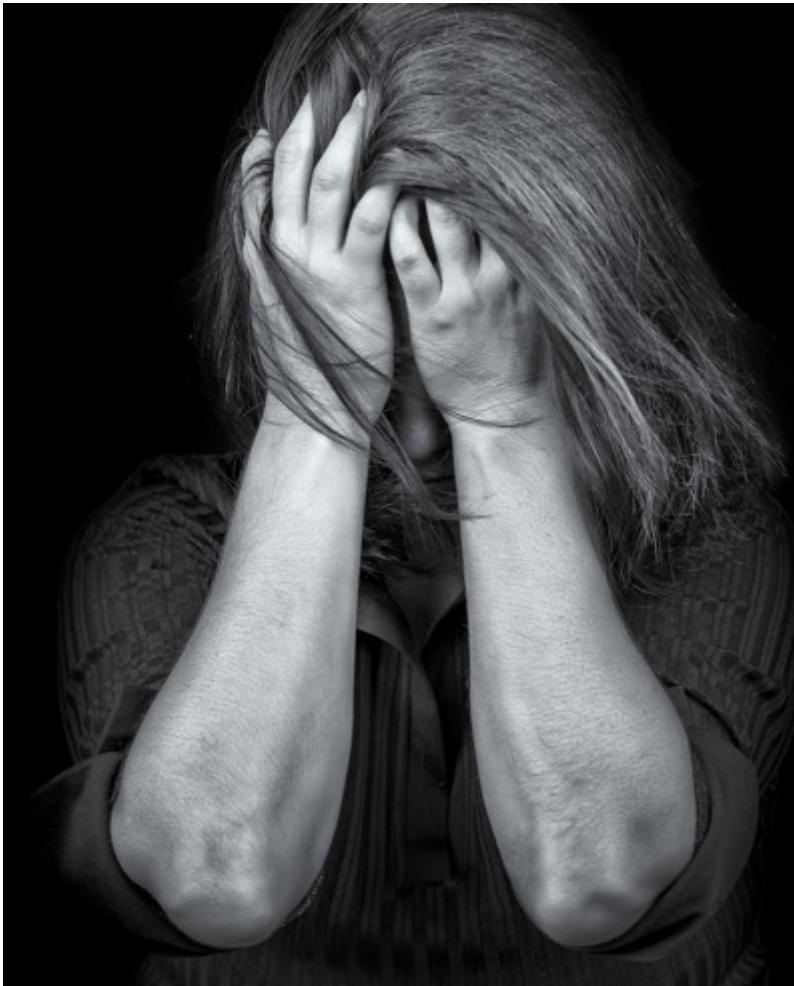
Mania: symptoms

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





Schizophrenia: case example

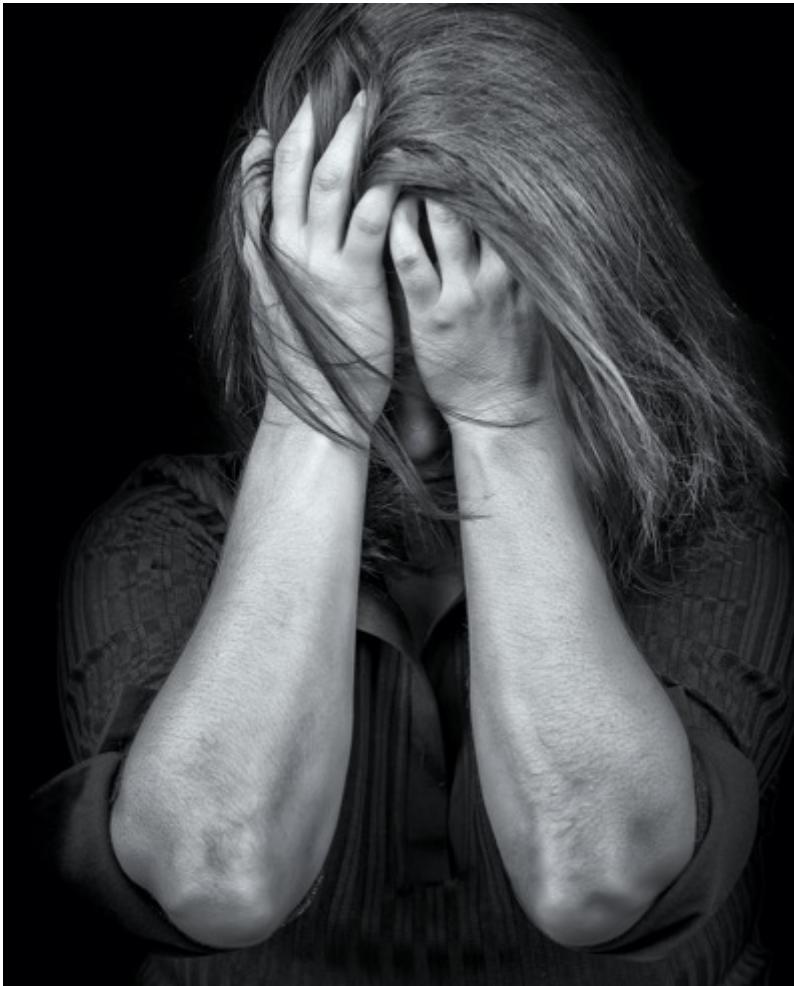


Ethel

- 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

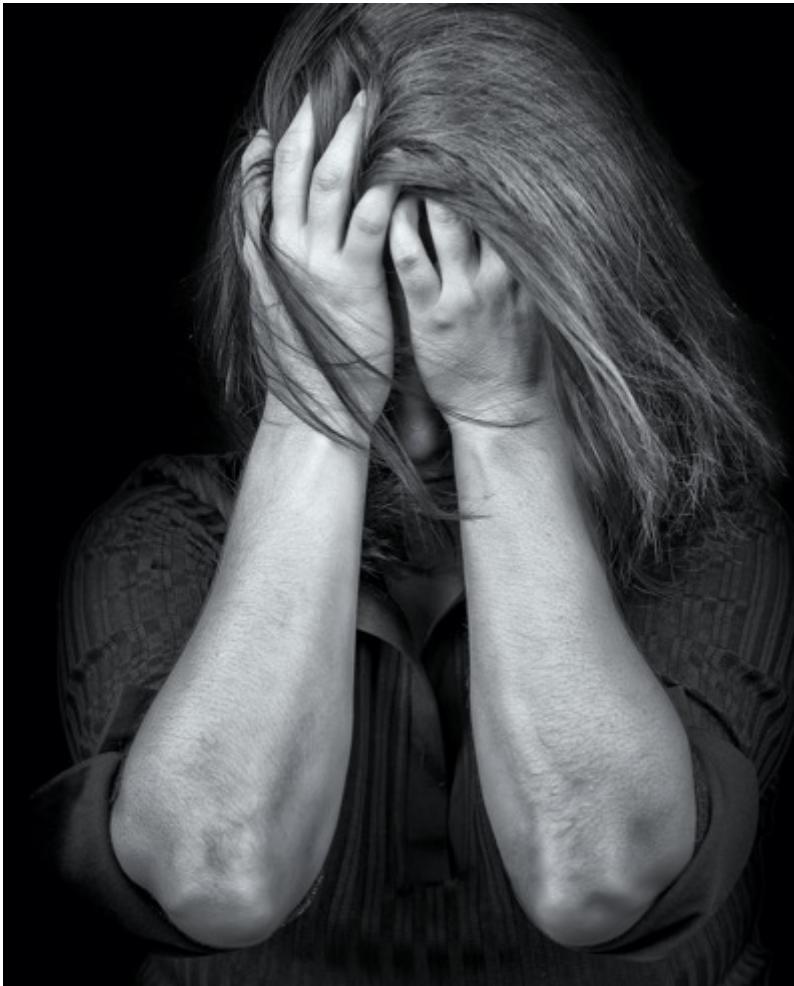


Ethel

- “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

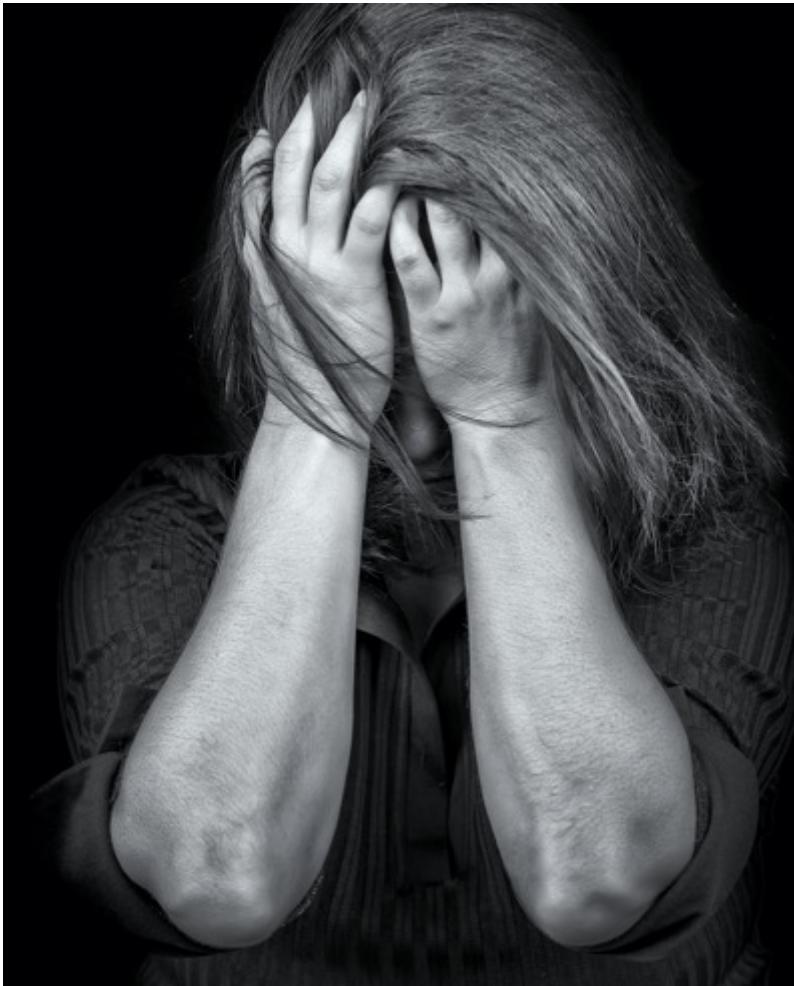


Ethel

- 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

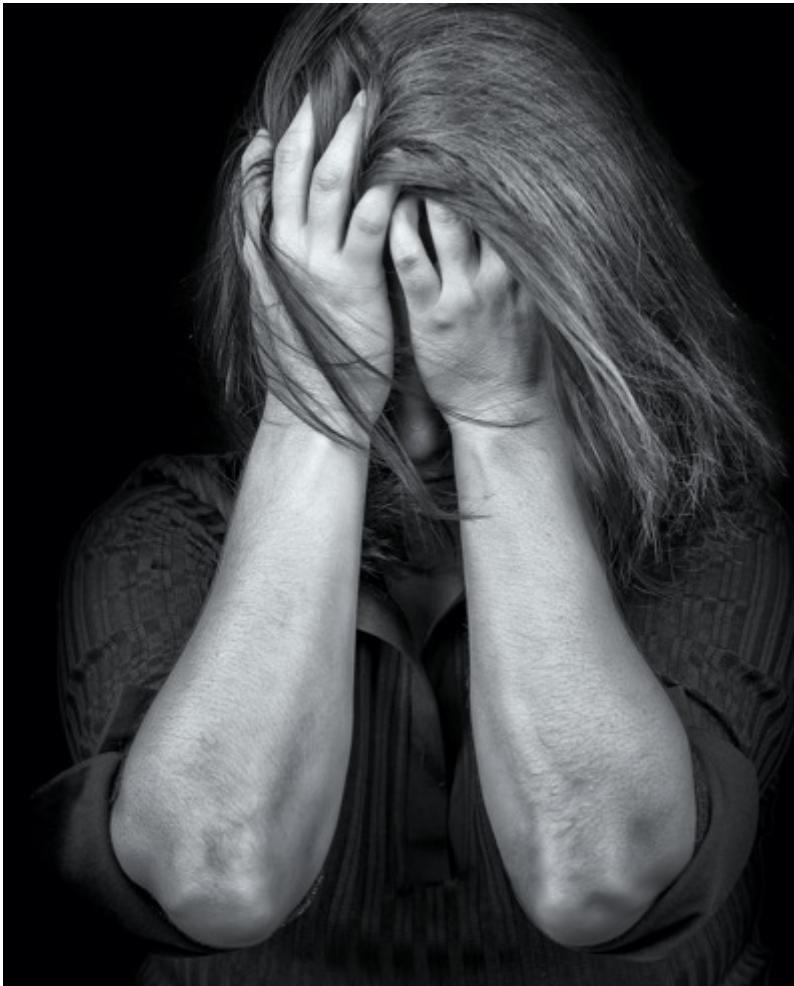


Ethel

- 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

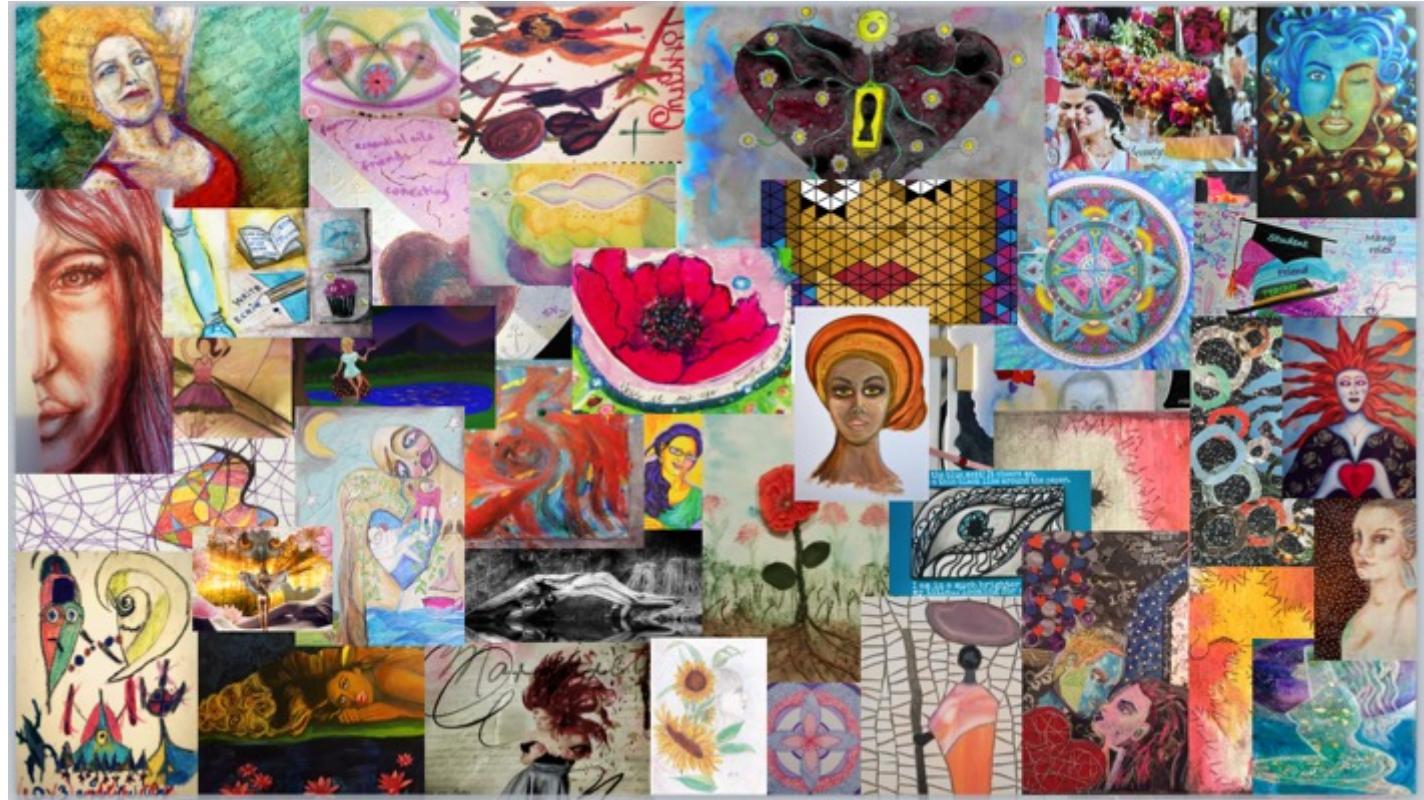
Example:

“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”



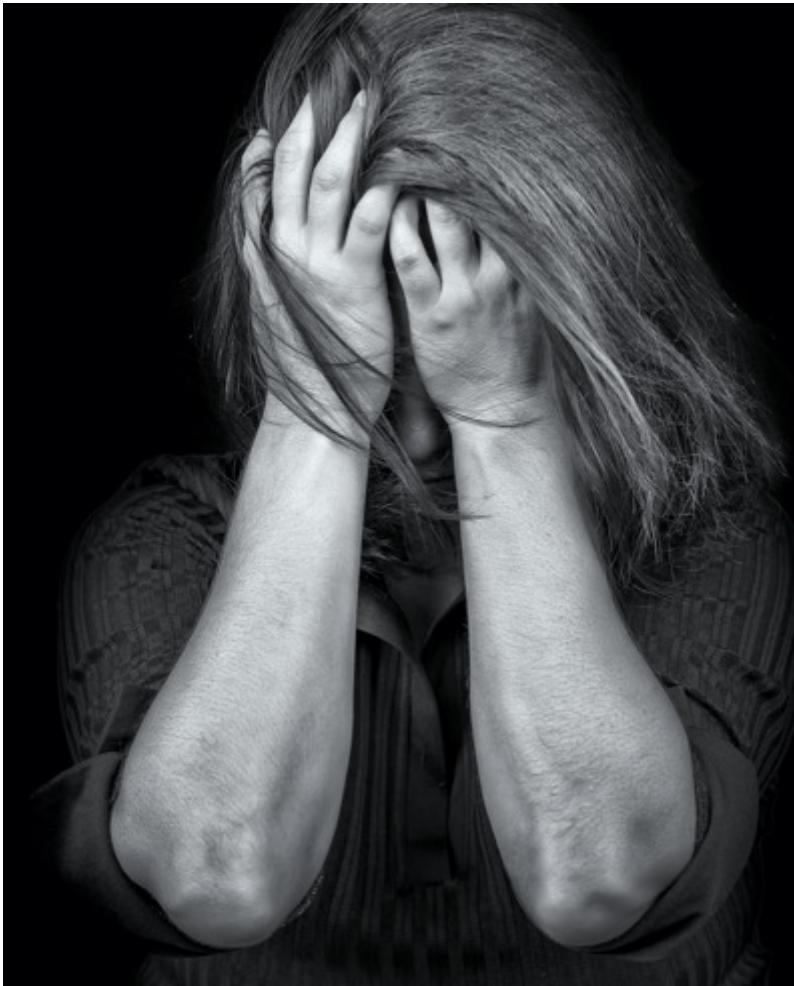
Schizophrenia: treatment

- 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

Disorganized 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



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