

# Chapter 1: Introduction

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From 1922 to 1926, Sir John Macpherson served as the Chair and Foundation Professor of Psychiatry at The University of Sydney. During this period, of just over four years he established the Diploma of Psychological Medicine. Nowadays, in Sydney Medical School (SMS), psychiatry is taught as a *Discipline*. Over the years, all three editors of this book have served as Head of Discipline and as such, have been involved in the teaching and development of the curriculum and the examination of medical students. In addition to being academics and conducting research, all three editors have also maintained active clinician roles within their respective areas of expertise. We mention these roles because fulfilling diverse responsibilities requires discipline, as does writing and editing a book.

In a similar vein acquiring the knowledge and skills to become a doctor also necessitates discipline and this is particularly true of psychiatry – a subject matter that is intellectually stimulating and endlessly interesting, but one that is difficult to circumscribe because of its inherently fuzzy boundaries. Nevertheless, defining its scope is precisely what we have endeavoured to achieve. However, our aim has not been to cover “everything you need to know about psychiatry”, instead, we have focussed on that which you must know and are most likely to need, both in your psychiatry training as an undergraduate, and eventually as a doctor, irrespective of which specialty you ultimately pursue.

The idea of creating a psychiatry textbook for Sydney Medical Students is not new, and the notion had been considered previously on several occasions. However, this time the idea emerged during a conversation between Philip Boyce and Gin Malhi, who at the time were writing the mood disorders guidelines for

psychiatrists. They both lamented the lack of practical guidance for good clinical psychiatry and arrived at the conclusion that the foundations of good training lay within the teaching of medical students. To address this, the vision for a book materialised and soon the project began to take shape. Academics and experienced clinicians were steadily recruited, and as writing gained momentum a third 'Amigo' (Professor Anthony Harris) was invited to assist with the endeavour. However, while the editors planned, contributed, and edited the book, the project would not have come to fruition, were it not for the stellar efforts made by a multitude of authors.

Psychiatry concerns mental illness. It is the clinical specialty within medicine that is responsible for diagnosing abnormalities of the mind and identifying the best means of clinical management. This requires understanding the mind – to enable the reliable identification of when things are no longer as they should be. The mind is complicated and has been described as the most sophisticated entity known to us. Fortunately, each of us has an equally highly developed mind that equips us to understand each other. This is the essence of psychiatry - the fundamental goal, namely, to be able to fully appreciate the subjective experience of another person. To do this, we necessarily draw on our own experiences but at the same time, it is necessary to have instruction - a framework of 'how to go about it'. This is one of the purposes of this book; to provide you with the knowledge to navigate the pathway, that leads to having a meaningful understanding of another person's thoughts, beliefs, emotions, and desires.

Another key aim of this book is to provide instruction as to how to organise the information gathered through history taking and examination of the mind so that the process of piecing these elements together is straightforward and logical. The aim is to compose a picture that tells a complete story; one that reflects the person's narrative and experiences so that it may reveal the problems that have caused them difficulty. This process of formulation entails critical thinking. But clinically, formulation is just the beginning. The next steps are equally challenging such as determining the potential causes of a mental illness that has been diagnosed and selecting the optimal treatments to prescribe.

If 'doing psychiatry' is beginning to sound difficult then you are right and are paying attention, as it is no easy feat to make the correct diagnosis and successfully manage a person with a severe mental illness, while still maintaining a therapeutic relationship. However, it is important to emphasise that despite these challenges psychiatry is immensely rewarding, both intellectually and from a humanistic perspective, and this perhaps explains why so many young doctors are drawn to this specialty.

We thank our many colleagues without whom this book would not have been possible. We thank them for their contributions but also for their patience and for allowing us to tinker with their thoughts, views, and ideas. Collectively, they have provided a glimpse of why psychiatry is fascinating. The subject attempts to integrate the biological underpinnings of psychiatric disorders with the unique psychology of the patient as well as their social environment. The scientific basis of psychiatry, and how scientific developments are being translated into clinical practice is critical; we have had major advances in treatments over the years, although we still have a long way to go. Keeping up with developments can be a challenge and we hope that in addition to providing you with the basic knowledge you need, the additional reading, and references will encourage you to explore further to get a deeper understanding of the various disorders and their treatment.

The book is structured broadly into sections to assist you in your reading. We have put the full list of references at the end of the book, with crucial reading listed at the end of each chapter. The reference list at the end of the book is extensive but it is there for you to seek out further information if you so desire.

Sometimes, what the patient has experienced, can impact us and evoke strong feelings, which can help us empathize and understand, but at the same time be distressing. This is not a trivial issue but is something that we need to discuss with someone to fully appreciate what may have happened. To this end, in the introductory section of this book, Peisah *et al.* provide important information regarding medical student self-care, and we recommend that you read this chapter and heed its advice.

At the outset, the key issue of psychiatric taxonomy using official classificatory systems (ICD and DSM) is discussed by Malhi and colleagues who in this opening section of the book provide an overview of the major psychiatric disorders and set the scene for the remainder of the text.

## Clinical Skills

The *first section* on clinical skills is essential reading when embarking on the rotation. It can be daunting the first time you sit down to interview a patient and there is no doubt that the psychiatric history is more complex than taking a history from a patient complaining of chest pain, but, if you are prepared to listen and remain curious, it is an enriching experience. Kelly & Ryan provide a comprehensive step by step guide as to how to take a psychiatric history. Their chapter aims to assist you in anamnesis and make the process easier. The skills they cover in taking a psychiatric history can be readily applied whenever you take a detailed history from any patient in medical practice. Putting your observations together and presenting

these in a systematic way is the essence of the mental state examination (MSE); and it is precisely this that Brakoulias addresses in his chapter and provides the necessary framework for performing a systematic MSE and presenting it clearly.

In the next chapter, LaMonida and colleagues, provide a comprehensive guide on how to test cognition at the bedside; a skill that will serve you well throughout your medical career. This is because assessing cognition is not unique to psychiatry. Indeed, it is an essential skill both in primary care and in general medicine overall. We anticipate that if you read and take in these crucial chapters, then you will not only gain competency in interviewing patients, you will also find that the experience is more fulfilling.

Putting your thoughts together, and bringing together the biological, psychological and social factors contributing to the patient's illness, is an essential skill in psychiatry and essential in treatment planning. This is termed the psychiatric formulation. The process of formulating a patient is covered in a chapter by Boyce and colleagues.

A critical issue in psychiatry is that at times we have to treat patients against their will. From time to time, patients with mental illness, are at risk of harming themselves or others and therefore require treatment. In such circumstances, we can treat them against their will - as involuntary patients, using the Mental Health Act. Garside, in his chapter, highlights the key points about involuntary treatment – a matter you need to know about when working in any area within acute medicine.

## Research and Theoretical Models

In the chapter on the mental state exam, you will have been introduced to the major signs of mental illness. Further details about specific signs and symptoms, such as the different types of delusion or hallucination, are comprehensively covered by Malhi and colleagues in the chapter on psychopathology. This is coupled to Winch's phenomenology chapter, which delves into the more philosophical aspects of understanding a patient's experience; it goes beyond the descriptive step of identifying mental state signs and symptoms.

We often hear that 1 in 5 people will experience a mental illness each year. O'Toole gives us a detailed critical review of psychiatric epidemiology that will give you a good understanding of the field and the approaches that have been used to determine the prevalence and incidence of psychiatric disorders. Koncz and So, provide an overview of the common research approaches used in psychiatry. These chapters are also essential reading as they will assist you in taking an evidence-based approach to the treatment of psychiatric disorders.

The book then shifts and addresses some of the theoretical models that underpin psychiatric disorders. One area of recent interest is ‘trauma’ focussed care, which has evolved from attachment theory. McLean discusses the key aspects of this theory and how it may help guide us in our understanding of patients. In addition to this model there are psychological models grounded in cognitive, emotional, and behavioural theories. The most dominant of these that underpins cognitive behavioural therapy (CBT) is covered in the chapter on this treatment. Similarly, the historical psychodynamic model, is covered in the chapter on psychotherapy. To complete the picture, Harris in his chapter on psychobiological models reviews the major biological models that contribute to psychiatric disorders.

## Clinical Disorders

Having discussed some of the key elements and foundations of psychiatry, we then move on to the *third section* of the book: the specific disorders. These chapters review the clinical features, presentation, diagnostic criteria, causal factors and treatments of the major disorders that you will encounter during the psychiatric rotation. These are essential reading, as you do need to know the fundamental aspects of schizophrenia, depressive disorders, bipolar disorder, anxiety disorders, obsessive compulsive disorder, eating disorders, post-traumatic stress disorder and personality disorders. This is necessary for your undergraduate psychiatry training but also for your career in medicine as you will come across patients with these disorders regularly in whatever specialty you choose. Knowing about the presentation and management of these disorders is essential to you becoming good doctors.

## Specific Populations

The *fourth section* of the book focusses on the psychiatric considerations in different populations and comorbidity. Our Aboriginal and Torres Strait Islander Australians, with their ancient history, connection to the land and understanding of wellbeing are an important population to have some understanding of. In their chapter on Indigenous Psychiatry, Towney and colleagues explain the essential aspects of the importance of social and emotional wellbeing that is necessary for us to be able to make sense of how indigenous individuals experience mental ill-health. They trace, for us, the history of what has happened to our first nations peoples, especially critical issues of dispossession and enforced childhood separations. They discuss the alarming data about the prevalence of mental disorders in the indigenous population and discuss how culturally sensitive approaches are necessary in planning treatments.

Different approaches are required in the management of psychiatric disorders over the lifespan. The presentation of psychological illness in children and adolescents is different than what we see in adults as are the approaches to management, especially the crucial role of involving the whole family. Assessment of children and adolescents must take a different approach. These issues, along with the epidemiology of child and adolescent disorders are covered in the chapter by Hazell and colleagues. The disorders at the other end of the spectrum are discussed in detail by Stevenson and colleagues in their chapter on old age psychiatry, in which they discuss the crucial issues of being able to assess and investigate and manage patients with cognitive decline. They also discuss the issue of assessment of capacity – an essential skill in all aspects of medicine. Women over the perinatal period are particularly at risk of developing mental illness, such illness can have an effect on the mother-infant relationship with downstream effects of the infant; these conditions are discussed in the Chapter by Srivastava & Boyce. Consultation and Liaison Psychiatry is a subspecialty of psychiatry that not only deals with comorbidity, but how patients with a medical illness cope with or responds to their illness; these issues are discussed by Ghaly & Ryan. Patients with mental illness frequently present to the emergency department, and Ilchef, provides a helpful framework for the assessment and management of such psychiatric emergencies.

Patients with psychiatric disorders often have comorbid physical disorders and by the same token, patients presenting with medical conditions can have an underlying psychiatric disorder. These important comorbidities are reviewed in the chapter by Talbot & Harris. All too often in psychiatric practice, especially in the public health system we see patients with psychiatric disorders using illicit drugs and alcohol, complicating their illness. Monds and colleagues discuss critical issues relating to these comorbidities.

## Treatments

The *fifth and final section* of the book deals with treatment approaches. The fundamental issues underpinning psychodynamic psychotherapy are discussed in detail in the chapter by Korner. Drobny, explains the cognitive model as an explanatory model for depression and anxiety – detailing cognitive behaviour therapy, the most widely used evidence-based model of therapy. Lampe describes the problem-solving approach to management – a straightforward and effective management approach for the common mental health problems and one that can be readily used in primary care. She also discusses the basics on sleep wake cycle management and the essence of good sleep hygiene - an essential aspect of non-pharmacological treatment. Turning then to pharmacological treatment, Boyce & Harris outline the basic principles concerning the use of medication in psychiatry. Finally, Mayur, addresses Electroconvulsive Therapy (ECT) – arguably the most

well-known psychiatric treatment. ECT was once a much-maligned form of treatment, in part due to its (incorrectly) dramatic portrayal in films. This chapter is therefore important as it points out that ECT is an effective and safe therapy when used correctly and for specific psychiatric disorders. It is important to learn about ECT as it is still widely used in clinical practice and therefore it is a therapy that you need to be familiar with and ideally you should aim to observe a session of ECT during your training.

Thus, as promised the book takes you, the reader, on a journey through the essentials of psychiatry - at least for the purposes of undergraduate medical training. However, the book is just a guide and an indication of the knowledge you need to acquire. The real learning takes place when interacting with patients and for this there is no substitute. However, equipped with the knowledge in this book you can be confident that you will know how to approach the subject matter, and indeed patients themselves, and with practice you should be able to make sense of the lived experiences of others and gain a deeper understanding of the suffering they endure.

Finally, this book would not have been possible without its many contributors and we thank them sincerely, however we also take this opportunity to thank in particular Daniel Talbot for assisting with the typesetting and production of the book, Joe Garside for proof reading its final drafts, Erica Bell for assistance with development and adaptation of figures, Jayashree Adhikari for transcription and adaptation of text and Anne Naylor, for generously allowing us to use her artwork throughout.

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