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2 The scale of the problem

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One in four individuals suffer from a psychiatric disorder at some point in their life, with 15–20 per cent fitting criteria for a mental disorder at any given time. The latter corresponds to around 450 million people worldwide, placing mental disorders as one of the leading causes of global morbidity. Mental health problems represent five of the ten leading causes of disability worldwide. The World Health Organization (WHO) reported in mid 2016 that ‘the global cost of mental illness is £651 billion per year’, stating that the equivalent of 50 million working years was being lost annually due to mental disorders. The financial global impact is clearly vast, but on a smaller scale, the social and psychological impacts of having a mental disorder on yourself or your family are greater still.

It is often difficult for the general public and clinicians outside psychiatry to think of mental health disorders as ‘diseases’ because it is harder to pinpoint a specific pathological cause for them. When confronted with this view, it is helpful to consider that most of medicine was actually founded on this basis. For example, although medicine has been a profession for the past 2500 years, it was only in the late 1980s that *Helicobacter pylori* was linked to gastric/duodenal ulcers and gastric carcinoma, or more recently still that the *BRCA* genes were found to be a cause of breast cancer. Still much of clinical medicine treats a patient’s symptoms rather than objective abnormalities.

The WHO has given the following definition of mental health:

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

This is a helpful definition, because it clearly defines a mental disorder as a condition that disrupts this state in any way, and sets clear goals of treatment for the clinician. It identifies the fact that a disruption of an individual’s mental health impacts negatively not only upon their enjoyment and ability to cope with life, but also upon that of the wider community.

The rest of this chapter will consider the epidemiology of mental disorders, the impact that these have on both individuals and society, and the public perception of psychiatry and the effect that this has on those with mental disorders.

Worldwide prevalence of mental disorders

Psychiatric disorders are among the most prevalent causes of ill health in humans. They are found in

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Table 2.1 World prevalence of mental health disorders

Condition	World prevalence (millions)
Unipolar depressive disorders	311.1
Anxiety disorders	267.0
Alcohol use disorders	63.5
Schizophrenia	23.4
Bipolar affective disorder	44.0
Alzheimer's and other dementias	24.2
Learning disability	92.0
HIV/AIDS	37.3
Malaria	295.7
Chronic obstructive pulmonary disease	174.5
Osteoarthritis	237.4
Ischaemic heart disease (all causes)	1.1 billion
Diabetes mellitus	435.0

Reproduced from *The Lancet*, 388, GBD 2015 Disease and Injury Incidence and Prevalence Collaborators, Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015, pp. 1545–602. © 2016 The Authors. Published by Elsevier Ltd. Reproduced under the terms of the Creative Commons Attribution 4.0 International (CC BY 4.0) License. <https://creativecommons.org/licenses/by/4.0/>.

all parts of the world, in both economically developed and developing countries. Table 2.1 outlines the worldwide prevalence of the major psychiatric disorders, with some common physical disorders for comparison. Depression is one of the most prevalent diseases currently seen in humans, only superseded by conditions associated with poverty and poor access to healthcare (e.g. infection, iron-deficiency anaemia, and low vision). Approximately 6 per cent of the population have a severe, enduring psychiatric disorder which impacts their functioning in the long term. Schizophrenia, bipolar disorder,

Table 2.2 Epidemiology of mental disorders in the USA, adults from 18 years, 2014

Condition	Prevalence (% population)	Median age of onset (years)
Any mental illness meeting DSM-IV criteria, excluding substance misuse	18.1	–
Anxiety disorders	16.1	21
All mood disorders	9.5	30
Unipolar depression	6.7	32
Post-traumatic stress disorder	3.5	23
Eating disorders	1–7 (females)	17
Bipolar disorder	2.6	25
Schizophrenia	1.1	20
Obsessive–compulsive disorder	1.0	19
ADHD	4.1	7
Autism	0.34	3
Alzheimer's disease	10% of over 65s	72

ADHD, attention deficit hyperactivity disorder; DSM-IV, *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition. Source data from the US National Institute for Mental Health, www.nimh.nih.gov

and unipolar depression make up the majority of these cases.

As an example of the relative prevalence of common mental health disorders seen in developed countries, Table 2.2 shows epidemiological data from the USA collected in 2014. Always remember that patients frequently fit the diagnostic criteria for more than one diagnosis—for example, social phobia and major depressive disorder—and that this is especially true for the mood, anxiety, and behavioural conditions. Rates of most conditions appear to have been rising slowly since the mid twentieth century: it is unclear at the

moment if this is a true representation or merely a diagnostic artefact. Time will tell.

Global service provision for mental health disorders

As psychiatry is a medical specialty that affects such a large proportion of the population, it would seem logical for there to be health services at least equivalent to those for other medical conditions available. However, this is not the case. WHO data from 2014 suggest that the global provision of psychiatric services is woefully inadequate. The WHO Mental Health Global Action Programme (mhGAP) has been designed to try and tackle this problem. The following are key statistics:

- Only 68 per cent of countries (including 77 per cent of the world population) have a specific mental health policy outlining provision of services.
- In 18% of countries, the primary source of funding for mental health is private households. Looking only at 'high-income' countries, approximately one-third of funding is from non-governmental, not-for-profit organizations.
- Twenty-six per cent of the world's population are not covered by a dedicated mental health law or legislation covering involuntary treatment and human rights.
- The global median of mental health workers (nurses and doctors) is 9 per 100,000 population (range 1–53.2).
- The mean number of psychiatric beds per 10,000 people worldwide is 6.5, compared with 292 for physical and mental health conditions combined.
- There are just 0.9 psychiatrists per 100,000 population worldwide, of whom 90 per cent work in high-income countries.

Table 2.3 lists some drugs that are commonly used in psychiatry, and the percentage of countries with easy access to them. Most of the older typical anti-psychotics are now widely available, but other 'basics' such as lithium and sodium valproate are still limited to two-thirds of the world. There are currently no data

Table 2.3 Availability of common psychiatric drugs worldwide

Drug	Countries with availability (%)
Carbamazepine	91.4
Valproate	67.4
Amitriptyline	86.4
Diazepam	96.8
Haloperidol	91.8
Lithium	65.4
Levodopa	61.9
Chlorpromazine	91.4

Reprinted from *WHO Mental Health Atlas*. Copyright (2005) World Health Organization.

published for selective serotonin reuptake inhibitors (SSRIs) or atypical antipsychotics. Access to medications is a good marker for the level of development of health services. If a doctor does not have access to antidepressants, it is very unlikely that they will have other more complex treatments available, for example, cognitive behavioural therapy (CBT).

In the UK, which has a National Health Service (NHS) funded from taxation, 13 per cent of the health budget is allotted to mental health services. This is the highest proportion in Europe, but still there is a distinct shortage of facilities, especially for psychological therapies and specialty services such as those for adolescents or eating disorders.

The impact of mental health disorders upon individuals and society

With so many people suffering from mental health disorders, it is unsurprising that these disorders have a major impact on society. Disability is defined as 'a loss of health', and is usually used to describe impairments in activities of daily living caused by physical