Psychiatric Disorders

By Ajay Krishnan

About Your Teacher

Year: 1st

Majors: Psychology & Integrative Biology, premedicine

Involvements on-campus:

- Berkeley wetlab research
- Kickboxing
- Theater

Involvements off-campus:

- Crisis Counselor
- Stanford social science research
- Bilingual interpreting

Random tidbits:

- V4 Rock Climber
- Male Model
- Opera Singer

IMPORTANT: Don’t use the term illness, disorder, condition, or ailment is preferable

1) Anxiety Disorders

2) Eating Disorders

3) Mood Disorders

4) Identity Disorders

5) Case Studies

6) Handling a mental health crisis

7) A mock conversation

Mood Disorders
IMPORTANT: Likely to be overdiagnosed…

Some Mood Disorders

- Generalized anxiety disorder
  - Persistent/excessive worry about everyday things
- Panic disorder
  - Recurrence of panic attacks
- Phobias
  - Excessive, irrational, persistent fears of a very specific stimulus
- Obsessive-Compulsive
  - Maladaptive, distressing, traumatic thoughts that are only relieved by a time-consuming behavior
- Awareness exists in ALL of these

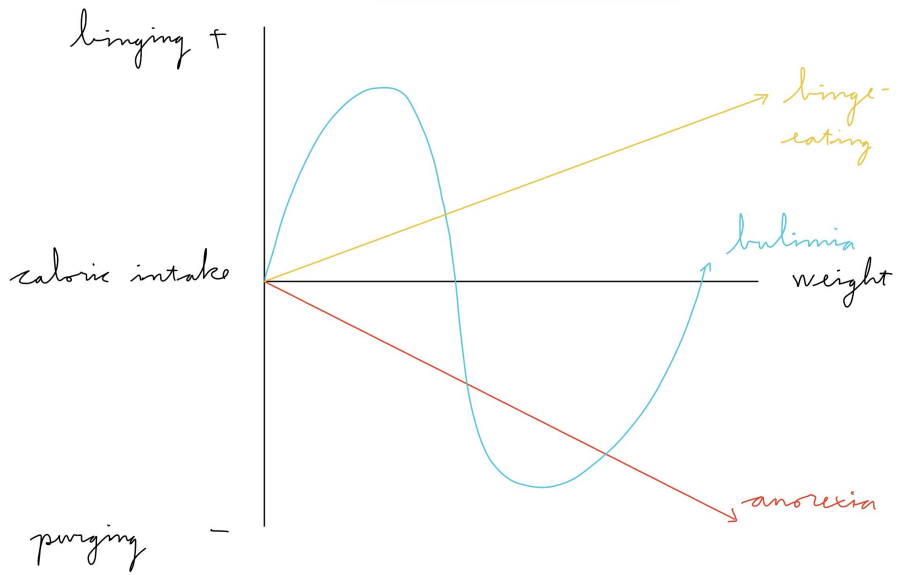
Why overdiagnosis?

- Symptoms are generalizable to human experience
  - Everyone feels anxiety at some point & has stress-relieving behaviors
- Subjectivity (how do we define “excessive”)
- Much easier to treat
  - Predisposition of certain mental professionals to just ascribe a label rather than get to know the patient

Diagnosis is surprisingly easy

- Someone has an anxiety disorder IF AND ONLY IF the behavior is out of proportion to the situation and hinders normal functioning

Eating Disorders
IMPORTANT: Terminology matters…and is often misused



Vocabulary lesson:

- Binging
  - Intake of calories (in excessive quantities)
  - Majority of the cases is exclusive to eating
- Purging
  - Removal of calories (in excessive quantities)
  - Much more diverse: vomiting, exercise, food restriction, laxatives, inducing of urination etc.

Some Eating Disorders

- Anorexia
  - Excessive purging, lacks binging
  - Weight falls to severely underweight
- Bulimia
  - Cycles between excessive purging and binging
  - Weight often is stable and appears healthy
- Binge-eating
  - Excessive binging, lacks purging
  - Weight rises to severely overweight
- Awareness exists in SOME of these

Why terminology matters?

- Increases erasure of eating disorder experiences
  - Ie among men, overweight individuals etc.
- Increases patient deniability
  - Ie telling a normal weight person they have anorexia when they actually have bulimia etc.
- Better science

If you muddle terminology, easy to confuse

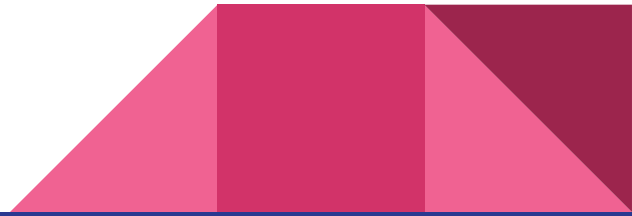
- You've probably heard people switch around the disorders
- Keeping terminology in mind makes navigating this topic easier

Mood Disorders

IMPORTANT: It’s very dumb to name a condition “depression” and a state of being as “depressed”…

Some Mood Disorders

- Bipolar (aka Manic Depressive)
  - Vacillates between mania (extreme energy) and gloominess
  - Hinders daily functioning
- Major Depressive
  - Extreme gloominess, hinders daily functioning
  - Strongly linked with self-harm
- Self Harm
  - Willful injury to one's self
  - Examples include cutting, slapping, burning, scratching
  - Linked with suicide…BUT NOT ALWAYS
  - NOT ATTENTION SEEKING…but a cry for help
- Awareness exists RARELY



Depression vs. “depressed”?

- Depressed is sadness, sometimes for extended periods of time
- Depression is an actual psychiatric condition
- Analogy: calling a bad cut “chronic pain”
- Both deserve respect and individualized treatments

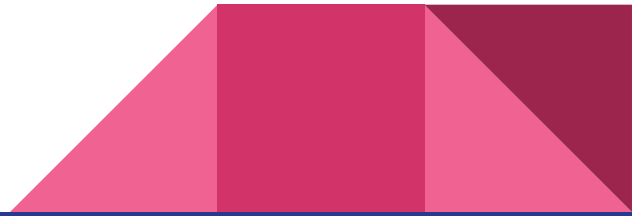
Diagnosis (once again) is surprisingly easy

- Someone has a depressive disorder IF AND ONLY IF the behavior has lasted for more than two weeks and has both psychological physical manifestations
- Anxiety & self harm are strongly linked

Identity Disorders IMPORTANT: Not exciting like the movies…

Some Identity Disorders

- Cluster A
  - Unusual thoughts/behaviors
  - Think schizophrenia
- Cluster B
  - Dramatic/emotional thoughts/behaviors, fickle
  - Think dissociative-identity disorder
- Cluster C
  - Anxious/fearful thoughts/behaviors
  - Causes the person themself to change
  - Think avoidant or dependent personality disorders (and I'd argue narcissistic personality disorder)
- Awareness exists PRETTY MUCH NEVER



Some sad statistics

- Greatest rate of homelessness/remaining homeless
- Greatest rate of incarceration
- One of the biggest causes is child abuse (90%)
- More likely to commit a crime…but significantly more likely to be a victim of one

- Most victims are fine until becoming teenagers
- 500 cases between 1922 & 1972, 20,000 cases by 1990
- Most of the time denied insanity claims

TWO-PART CASE STUDY: TW

Oski is a 17 year old male. He complains that, for the past three years, he has been dealing with voices telling him constantly that he needs to die. He has been coping with excessive drinking of alcohol and consumption of fried snacks, resulting in rapid weight gain. Patient displays awareness of the negative health impacts of his behaviors, but is unable to stop either drinking or eating. These symptoms started upon entering high school; Oski has been struggling with his identity as a transgender male and this was worsened when some transphobic classmates beat him up with metal rods due to his gender identity. Now, every time he sees metal rods, he starts involuntarily cowering. He has trouble sleeping at night and been growing increasingly irritable, resulting in recent personality changes. He has been more aggressive over past couple weeks, despite being normally a very soft-spoken kid. The injury appears to have negatively impacted his ability to talk, but unclear whether he is unable or unwilling to talk. After being admitted to the intensive care unit after alcohol poisoning, he has been experiencing hot flashes and a fever. He has an unsuccessful medication history of Xanax and Xoloft.

Dealing With a Mental Health Crisis
IMPORTANT: Always follows the same rules

Rules of Stopping a Mental Health Crisis (CC certified)

- Hot Moment to Cool Calm
- Five Step Process: Establish Rapport, Explore the Problem, Identify Solutions, Explore Next Steps, Warm Close
- NO ADVICE (could be wrong, not executable etc)
- Strength IDs & High Emotion Descriptors
- Tentafiers
- Ladder Up:
  - Thoughts
  - Plan
  - Means
  - Timeframe
- Flags: Imminent Risk, federal crime, medical emergency
- Applied for any crisis
- Mandatory reporting: minors, mentally disabled, elderly

CONVERSATION : TW

Time: 0:00

Anonymous GoldenBear: “I want to kill myself”

A) Hi I’m Ajay nice to meet you! I’m here for you. Could you tell me more about your plan?
B) Hi I’m Ajay nice to meet you! No one deserves to feel that way. Let us explore a coping mechanism together.
C) Hi I’m Ajay nice to meet you! Reaching out was the right thing to do. Could you tell me more about how long you’ve been experiencing this?
D) Hi I’m Ajay nice to meet you! I appreciate your vulnerability right now. Help is on the way okay?

Time: 4:30

Anonymous GoldenBear: “I have been struggling with depression for 6 years of my life. I have been cutting to cope but cutting isn’t doing it for me no more, so I want to end it.”

A) I’m glad you’re taking steps to better your mental health. Why do you feel like commiting suicide is your only way out?
B) I’m glad you’re reaching out cutting is not the way to cope, okay?
C) I’m glad you’re sharing your story with me today. At what point would you say the situation worsened?
D) I’m glad you’re comfortable talking with me! I know exactly where you’re coming from, depression isn’t easy.

Time: 13:00

Anonymous GoldenBear: “After my cat died, I haven’t been able to cope. I know it sounds stupid but he was the only friend I had and honestly the only reason I could keep living.”

CC: “It’s not stupid at all. Whatever helps you keep living is totally valid”

Risk Assess: Y/N?

If Yes, Where Should We Start?

A) Thoughts
B) Plan
C) Means
D) Timeframe

Time: 14:50

Anonymous GoldenBear: I plan to hang myself at 2am tonight. I have the rope beside me.

What Stage of Risk Assessment Are We?

- Thoughts
- Plan
- Means
- Timeframe

Imminent Risk? Y/N

Flag? Y/N

A) Thank you for your cooperation at this time. I want to make sure you're in a safe environment. Could you move the rope away from you?

B) Thank you for your cooperation at this time. I want to make sure you're in a safe environment. We're going to send a wellness check okay?

C) Thank you for your cooperation at this time. I want to make sure you're in a safe environment. Are there any psychological services nearby? You should go visit.

D) Thank you for your cooperation at this time. I want to make sure you're in a safe environment. Can you make that happen?

Time: 25:30

Anonymous GoldenBear: “Moving the rope away did help. On one hand, there’s things I still want to do, but I don’t have the strength to keep living. What else am I supposed to do other than kill myself?”

“It sounds like _____ (fill in the blank) and is making you feel _____ (fill in the blank). That totally makes sense. But I want to assure you there are other options. (Could I send you/Let me send you/I will send you/Here are) some resources pertaining to finding a psychiatrist.”

Time: 30:55

Anonymous GoldenBear: “These all sound great, but I’m just not sure if I’m worthy of these resources.”

Look at the time, should we

A) Keep going
B) Stop immediately
C) Wind down

A) Don’t say that at all. You’re a beautiful, kind, smart person who deserves the world.
B) Therapy can be scary, but I have full confidence that things will work out.
C) There is absolutely no reason to feel scared. The psychiatrist is only here to help, you have nothing to worry about.
D) Why exactly are you hesitant about opening up? I’m here to help you through it

Time: 40:09

Anonymous GoldenBear: “That makes sense. Well, I’ll check these out tomorrow but thanks so much for counselling me today I’d probably be dead without you. I love you so much!”

Create your own response!