Introduction into Psychiatric Disorders

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Content

• Stress
• Major depressive disorder
• Adjustment disorder
• Generalised anxiety disorder
• Post traumatic stress disorder
• Borderline personality disorder
Content

• How can a mental health assessment benefit
  • Employer?
  • Employee?
Normality is the norm…

• Distress or difficulty does not mean a psychiatric condition

Some employees are more likely to:
• Have difficulty coping with stress
• Experience psychological distress
Case example

• 64 yr old woman
  • Centrelink worker for many years
  • In the back office when customer aggressive
  • Slipped and fell during evacuation of the branch
  • Complained of back pain
  • Performance dropped
  • Attendance erratic
What is work-related stress?

• Demand > Ability to cope = Stress
• “I can’t do it!” (Ideas of helplessness)
• “No-one listens! No-one cares!” (Perceived lack of support and catastrophic thinking)
Risk factors for stress

• Factors that contribute to adjustment disorder, include:
  • Genetic
  • Personality
  • Past history
  • Adaptive skills
  • Cognitive distortions
Case example

- 64 year old Centrelink worker complaining of back pain after slipping during an evacuation from her workplace
  - Father had depression
  - Vulnerable personality
  - About to retire
  - Average intellect
Major depressive disorder

1. Depressed mood most of the day, almost every day
2. Markedly diminished interest or pleasure in all or almost all activities most of the day nearly every day.
DSM IV TR Checklist

3. Weight loss or weight gain.
4. Insomnia
5. Agitation
6. Fatigue
7. Feelings of worthlessness or guilt
8. Impaired concentration
9. Morbid thoughts
Diagnostic problems

• Over 30% present with anger, so the term “depression” leads to misunderstanding by employees, employers and clinicians
• DSM relies on reported symptoms rather than observed signs
• Closed questions and suggestible patients
• The inaccurate use of mental health terms in popular culture means that the patients reported symptoms need to be clarified and translated
• Rating scales are most likely unreliable unless completed with the assistance of a mental health professional
• Misdiagnosis by treating doctors: “She had a depressive feel about her”
Case example

- Falling asleep at work
- Mistakes at work
- Tearful at performance review
- Says she is the worst customer support officer in the branch
- Put on 20kg in a month
- Stopped going to Friday night drinks
- Sometimes absent because can’t get out of bed
- Stopped going to book club
- Pain worsens
Treatment of depression

- Lifestyle
- Psychotherapy CBT

- Antidepressant medication
  - SSRI
  - Tricyclics
  - MAOI
  - SNRI

- Lowest possible dose
- Avoid polypharmacy
- Expect three months before improvement and six months before a full recovery
Anxiety disorders

• Generalised anxiety disorder
• Specific phobias
• OCD
• Panic disorder
• Agoraphobia
Generalised anxiety disorder

- Excessive anxiety and worry
- Duration at least 6 months
- Associated with at least 3 or more:
  - Restlessness.
  - Fatigue
  - Impaired concentration
  - Irritability
  - Muscle tension
  - Insomnia
Case example

- Worry about anything and everything
- Arguments
- Uptight – neck pains, shoulder pains
- Back pain worsens
- Can’t get to sleep
- Mistakes at work
Treatment of anxiety Disorders

• Psychotherapy
  • Anxiety management
  • CBT
  • Graded desensitization

• Medication
  • SSRI
  • Benzodiazepines not recommended
  • Beta-blockers
Stressor and trauma related disorders

• Posttraumatic Stress Disorder (PTSD)
Post traumatic stress disorder
Criterion A: stressor

• The person was exposed to:
  • death
  • threatened death
  • actual or threatened serious injury
  • actual or threatened sexual violence
Criterion B: intrusion symptoms

- The traumatic event is persistently re-experienced:
  - Intrusive memories.
  - Traumatic nightmares.
  - Dissociation
  - Triggers
Criterion C: avoidance

• Avoidance
  • Trauma-related thoughts or feelings.
  • Trauma-related triggers (e.g., people, places, conversations, activities, objects, or situations)
Criterion D: negative alterations in cognitions and mood

- Inability to recall key features of the traumatic event
- Persistent negative beliefs and expectations
- Persistent distorted blame of self or others.
- Persistent negative trauma-related emotions
- Markedly diminished interest
- Feeling alienated
- Persistent inability to experience positive emotions.
Criterion E: alterations in arousal and reactivity

- Increased arousal and reactivity
- Irritable or aggressive behaviour
- Self-destructive or reckless behaviour
- Hypervigilance
- Exaggerated startle response
- Poor concentration
- Insomnia
Case example

• Jumpy every time customer resembling the attacker turns up (altered arousal)
• Refusal to go to the front counter (avoidance)
• Stopped going to lunch table (avoidance)
• Short tempered with colleagues and customers, even own kids (negative affect)
• Nightmares of being attacked (re experiencing intrusive symptoms)
• Blames herself for being at the back and not picking out the customer when he entered the branch (distorted thinking)
• Pain worsens
Treatment of PTSD

- Trauma therapy
- EMDR
- Interpersonal therapy
- Problem solving

- Augmentation with SSRI
- Mediations can worsen dissociation and delay recovery
Borderline personality disorder

• Frantic efforts to avoid being abandoned
• Unstable relationships
• Low self esteem
• Impulsive behaviours
• Suicidal and self-harming behaviour.
• Periods of intense low mood, irritability or anxiety
• Feelings of boredom or inner emptiness.
• Anger
• Dissociative feelings
Case example

- Anger outburst and “break down”
- Caught DUI on way to work
- Cutting in the toilet
- Overwhelmed
- Tearfulness
- Tells colleagues the boss is making her do unreasonable things
- Boyfriend comes in the 3rd time this year kicking her out, all her stuff dumped outside the branch office
- Back pain worsens carrying belongings into the car
Treatment of Borderline Personality Disorder

• DBT
  • Mindfulness
  • Distress tolerance
  • Adaptive strategies

Medication usually makes patients worse:
Aggravate dissociation
Prevent learning adaptive skills
How does psychiatric illness affect work?

• May have no effect on job performance.
• May only affect work temporarily.
• May simply be having a bad day or a difficult period
• A pattern that continues for a long period may indicate an underlying mental health problem.
• Consistent late arrivals or frequent absences
• Difficulty interacting with others, lack of cooperation
• Distractible
• Problems concentrating, making decisions, or remembering things
• Difficulty work performance
• Difficulty handling time pressures and multiple tasks
• Difficulty tolerating stress
• Difficulty responding to change
• Difficulty responding to criticism and feedback
Why a psychiatric assessment is needed

- Determine if a psychiatric condition is present
- Advise on treatment and rehabilitation
- Opinion on any restrictions on work capacity and workplace modifications
- Advise whether work was a significant contributing factor
- Prognosis
A Critical Element In Independent Medical Assessments

Workplace report
Background
Job description
File documentation
Consent to contact treating doctor
Employee Background

• Why is the employee being referred?
• How did the employee operate before their illness or condition?
• When did the change take place?
• What behaviours are currently being observed, e.g. poor concentration, frequent unplanned absences, irritability, lower than required output
• What are the performance issues?
Job Requirements

• What are the key demands of the job?
• What are the underlying issues i.e. performance, absences, workplace conflict?
• How is the health issue impacting on the employee's attendance, behaviour or performance?
Job Requirement

• Position Description
• Detail of the typical daily workplace activities, requirements or demands
GP Mental Health Care Plans

• Better Access:
  • Medicare rebates for allied mental health services per calendar year to patients with an assessed mental disorder
    • Step 1: Attend GP for a Mental Health Care Plan
    • Step 2: Referral to psychologist or allied health for six sessions
    • Step 3: Return to GP for review of Mental Health Care Plan and referral for a further four sessions if required.

• Factsheet:
Summary

• Common mental disorders seen with fitness for duty assessments
• Common symptoms
• Benefits of a mental health assessment
• Brief overview of treatment approaches
• What to provide to get a useful psychiatric assessment
Any questions?