

Psychiatric History - Nivethitha Ram & Jamie Walker

Similar structure to a medical history with a few key differences:

- Bigger focus on social history (or personal history).
- Always, ALWAYS carry out a risk assessment.

History Of Presenting Complaint:

When did start? Duration? Progression? Precipitant? Aggravating/ Relieving factors?

Specific to Psych History: Associated Symptoms

Depression:

- Do you have difficulty falling asleep?
- Do you wake up earlier than normal?
- How is your appetite? Any change in your weight?
- Do you still enjoy things you used to enjoy?
- Are you able to concentrate (on the TV/when reading)?
- Do you feel more tired than usual?
- Do you feel like mingling with people?
- How would you rate your self-esteem?

Hallucinations:

- Establish what kind of hallucinations they are: auditory? visual? olfactory? Sensory?
- How many voices are there?
- Do you hear the voices in your head or are they coming from the outside?
- How often do you hear them? How long have you been hearing them?
- Do they talk to you as I am talking to you/do they discuss amongst themselves? What do they say?
- Can you recognise the voices? (Try and get a good description of the voices: gender, age etc.)
- Do they ask you to do things?
- Do they ask you to harm yourself or others?
- Are you able to resist them?

Delusions:

- Have you had any strange or out of the ordinary thoughts recently?
- Has anyone mentioned that you've had some strange or out of the ordinary ideas recently?
- Do you feel in control of your actions or do you feel that someone or something is controlling them? Can you resist them? **Delusions of Control**
- Have you been the subject of unusual attention? Do people talk about you? **Delusions of persecution**
- Do they spy on you? Has anyone tried to harm you? Why? **Delusions of persecution**
- Do you believe that you have any special powers? Do you have a special mission? **Delusions of grandiosity**
- Have you talked to other people about this? What was their reaction? What do you think of their reaction/why do you think they reacted this way? **Assess Insight**

Thought Disorders

Thought insertion:

- Can you keep your thoughts private?
- Are people able to access your thoughts?
- Are there thoughts in your mind which are not your own?
- Are people able to put their thoughts in your mind?

Thought withdrawal:

- Can they take out/take away your thoughts?

Thought interruption:

- Can you think clearly?
- Are your thoughts jumbled up/slow?
- Do you ever feel that your thoughts have been suddenly taken away leaving your mind blank?

Risk Assessment

Risk to self: Do you have any thoughts of harming yourself?

Risk to others: Do you have any thoughts of harming others? (Do have any children or people you care for at home?)

Risk from others: Are you fearful for your own safety/wellbeing?

Enquire about intent, plans, protective factors: what will stop you from acting on these thoughts?

What will force you to act on these thoughts?

Past Psychiatric History

- Date, duration and nature of all previous episodes
- Any admissions (voluntary/ required) to hospital
- History of self harm or suicide attempts

Social History

- Education?
- Employment? Financial circumstance?
- Living circumstances?
- Family? Children/anyone they care for? Consider enquiring about abuse.
- Relationships? (Romantic and friendships) Consider enquiring about abuse.
- Substance abuse? (Ask specifically about alcohol and cannabis use + quantify)
- Sexual/reproductive history, if appropriate. Consider enquiring about abuse.
- Forensic history, if appropriate.

Past Medical History & Drug History

Make sure you hit questions to exclude organic causes for your top differential.

For Depression:

- Medication: glucocorticoids, levodopa, propranolol, and oral contraceptives.
- Chronic: Hypothyroid, B12 Deficiency, Obstructive Sleep Apnoea.

For Psychosis:

- Recreational drug use: cannabis, ketamine, etc.
- Medication: steroids, levodopa, anti-malarials
- Alcohol: Korsakoff's psychosis, withdrawal
- Space-occupying Lesion: tumour, clot (risk factors)
- Chronic: Alzheimer's, Parkinson's, Lupus
- Infectious: HIV, Malaria, Syphilis

Family History

- Have any of your family experienced something similar to what you are going through?
- Have any of your family members ever had difficulties with their mental health?

Premorbid Personality

- How would you describe yourself normally?
- How would your friends describe you normally?

Suicide Attempt + Risk Assessment

- Use the during, before and after approach.

During:

- How? Where? When?
- How were you found?
- How did you get to hospital?

Before:

- Did you consume any alcohol at the time?
- Did you make any efforts to avoid being discovered?
- Did you make any arrangements for your affairs after death?
- Did you leave a suicide note?
- Did you say goodbyes to loved ones?

After:

- Do you regret it?
- Would you attempt it again?
- Who are you going home to?
- Would you like some help?
- How long had you been thinking about it?
- What made you act on your thoughts now?

Next Steps

Further Assessment

- Full psychiatric and clinical history
- Mental State Exam/MMSE
- Collateral history?

Rule out Organic Causes

- Bloods? FBC, TFT, B12
- Imaging? CT

Risk Assessment

- Mild
- Moderate
- High

(and explain why)

Referral

- Discharge to primary care
- Refer for specialist review: urgent or routine?

Case 1: Mrs. Down is a 34 year old housewife and accountant, married with two children.

- Mother has been staying with them on and off since then, is round all the time. Mother criticising ++.
- Now sleeping badly - early morning waking and worries about finances and ruminates over her mother's comments.
- mood = "3-4/10"
- No hallucinations
- Husband is a headteacher
- Had asthma as a child, takes inhalers every now and then still
- Auntie Susan - ? depression
- Doesn't smoke
- Appetite - poor - lost 2 or 3 kilos in weight.
- Snappy with children, arguing with husband
- "not enjoying anything much"
- Father died suddenly 6 months ago, had also been diagnosed with hypertension
- Struggles in work to remember her tasks and keep focussed
- suicidal ideas + with 1 x impulsive od attempt - got as far as counting out tablets.
- Post-natal depression following birth of 1st child (now aged 9), was treated with counselling
- Mother "anxious" - no formal diagnosis
- Tried ecstasy while at university
- Used to be "Happy-go-lucky"
- "I just get on with things"
- No formal thought disorder
- Children doing well at school
- No delusions
- Drinks a bottle of wine every few days

Case 3: Jack is a 28 year old male teacher, in A&E

- Has been a primary school teacher for 5 years, pretty stressful
- Woke up in hospital
- Had drunk a bottle of wine before
- Would probably do something like this again if he leaves
- Doesn't take regular medication
- Lives in a rented house with a friend who called the ambulance
- Been feeling low for 3 weeks
- Broke up with his boyfriend of 5 years 4 weeks ago
- Drinks 3 or 5 bottles of wine a week
- Never been in trouble with the law
- Took 40 paracetamol and ibuprofen
- Went through dark patches in his youth
- His flatmate got a new job yesterday
- Doesn't talk to his parents since he came out
- Never seen a doctor for his mental health
- Has a penicillin allergy
- Didn't tell anyone what he was going to do
- Bought the tablets from 3 shops on the way home from work
- Takes multivitamins each day
- Locked his bedroom door
- Hasn't been sleeping well recently
- Had attempted this once before
- His dad has diabetes
- Got a 2:1 in History at University then did PGCE

Case 2: Jessica is an 19 year-old female studying in her first year of Economics at University of Westminster.

- Brought in having been referred by personal tutor, since she has missed over 50% of lectures. Reluctant to come to the GP, as she does not think she is ill.
- Not willing to divulge much, claiming "I don't know why I'm here."
- When probed admitted that she tries not to leave her room because her hall-mates gang up on her and are trying to get you evicted.
- Sometimes they are able to put thoughts into her head and control her actions.
- Keeps the curtains closed because they sometimes shine rays into room to try and burn her.
- When probed, admits hearing voices talking about her. They never speak directly to her or give her commands.
- Recently moved to London to study Economics
- Drink 2-3 cans of beer each evening alone in her room
- Smokes Cannabis every day
- Doesn't smoke cigarettes
- Mother died of an overdose when she was 9 years old.
- Raised by step-father (poor relationship)
- No communication with biological father.
- No suicidal ideation (angry when asked)
- Never spoken to anyone about her mental health before
- Had an argument with her best friend and they slapped each other a few times
- Had appendicitis last year, needed surgery
- Hasn't washed her hair in a month, looks matted

Case 4: Fiona is an 23 year-old female travel agent come to talk to you about her boyfriend, Carl in the GP surgery

- Their dog, Rex is turning 1 tomorrow
- Fiona found some white powder in his coat
- He's so angry these days when she questions him
- He has ankylosing spondylitis and takes regular naproxen
- Doesn't have any allergies
- He lost his job a few months ago but isn't worried as he's got lots of plans for the future
- His mum had depression and wasn't around much
- He's been spending lots of money online
- Treated her to a big cruise holiday booked for a few weeks after he got angry and punched her
- Their son, aged 16m, is meeting milestones and doing well
- Has scars up his arms from self harm when he was young
- Always drank a lot together but he comes back drunk smelling of perfume and she thinks he's having an affair
- He was a factory worker, used to do well at school but left with no qualifications
- She wants you to come over to see him
- She's just got a new job but is worried about managing if he doesn't work
- She thinks she's seen him muttering to himself