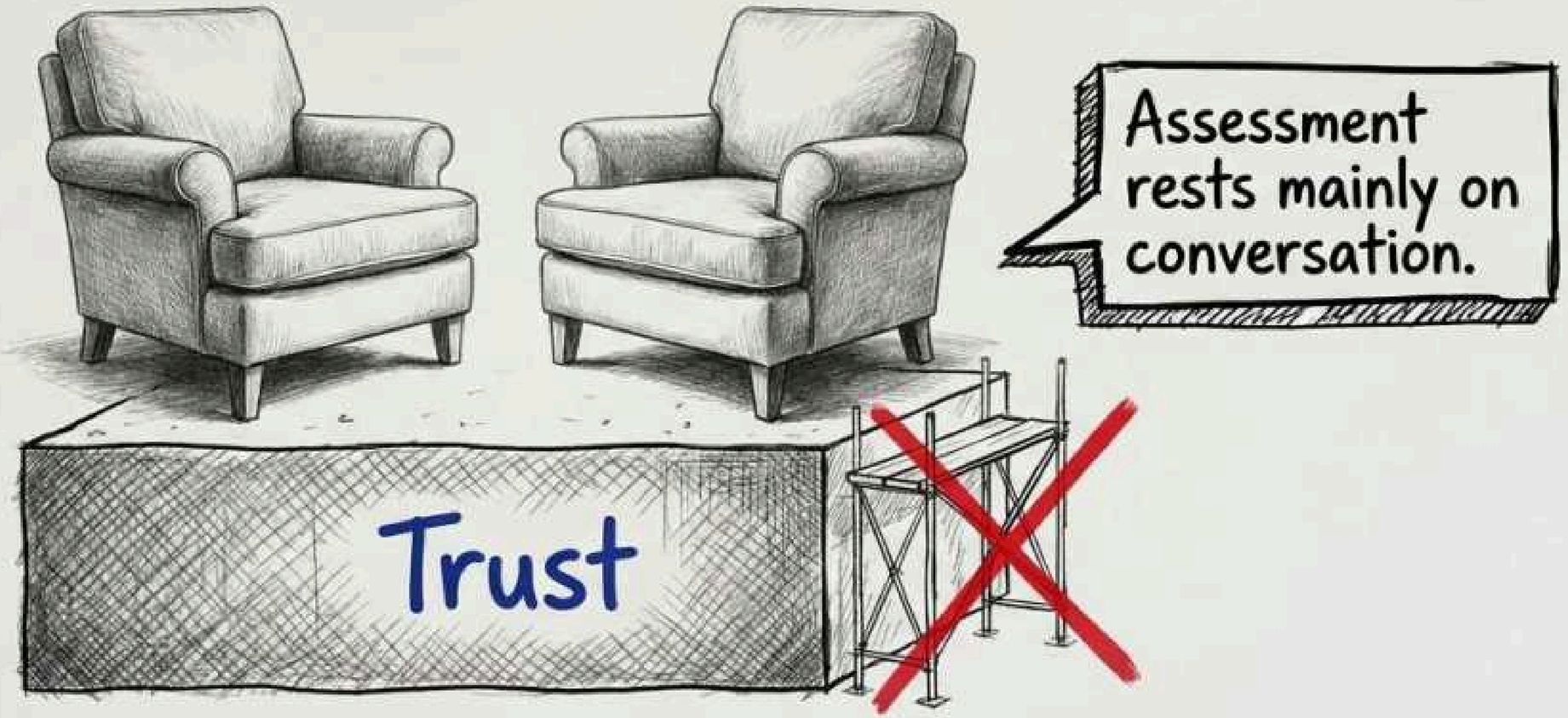
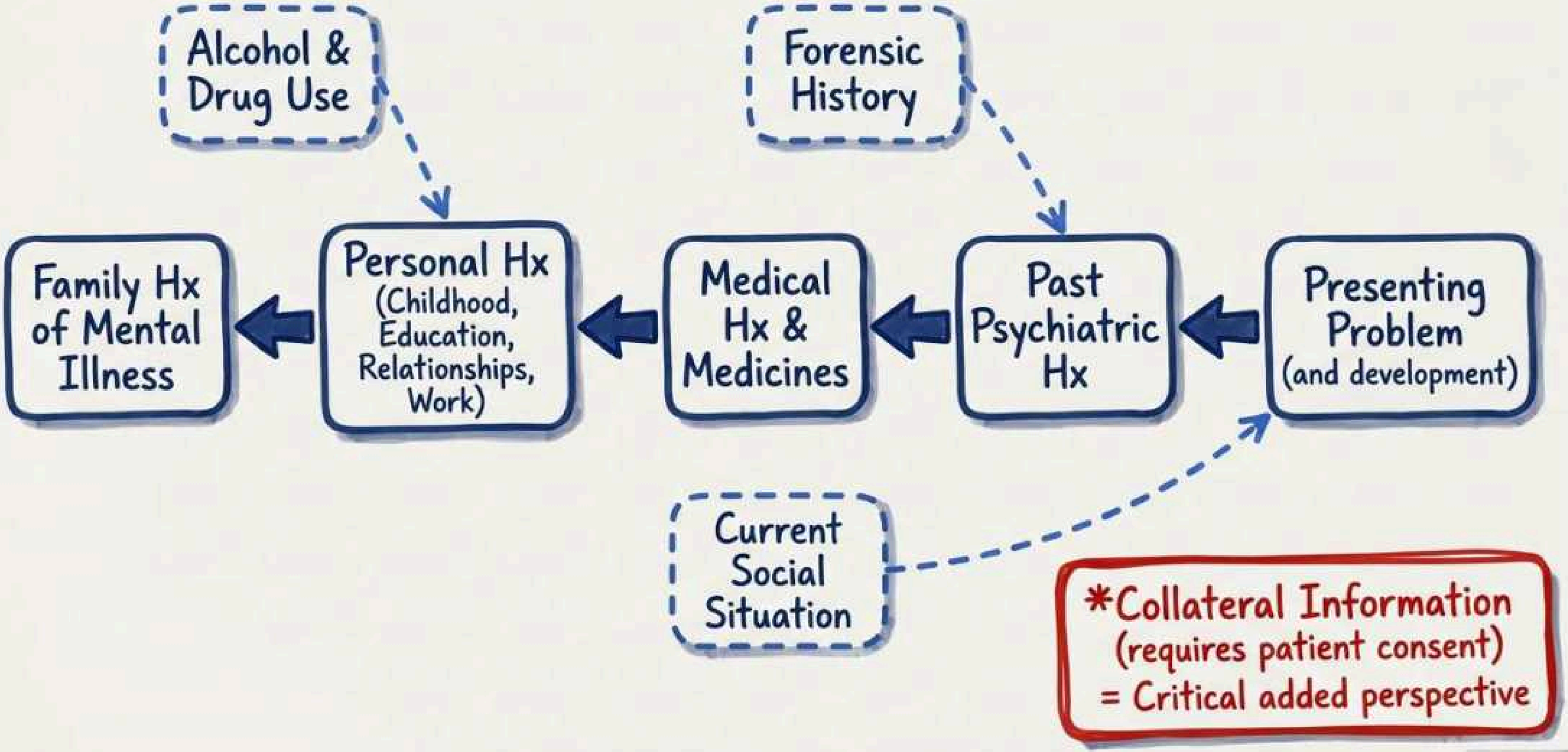
Privacy + Time + Non-Judgement = Clinical Foundation

¶ 1.1

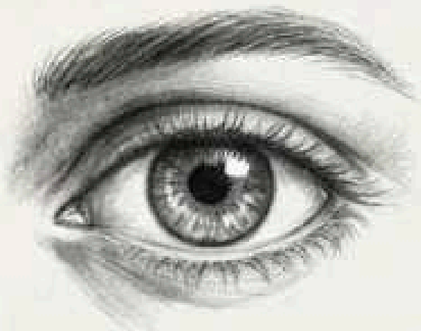


[Essential because patients share painful or stigmatised experiences.
Building trust is part of the assessment, not a preliminary to it.]

¶ 1.2


Alcohol & Drug Use
Forensic History
Family Hx of Mental Illness
Personal Hx (Childhood, Education, Relationships, Work)
Medical Hx & Medicines
Past Psychiatric Hx
Presenting Problem (and development)
Current Social Situation
*Collateral Information (requires patient consent) = Critical added perspective

¶ 1.3



Appearance & Behaviour

Speech

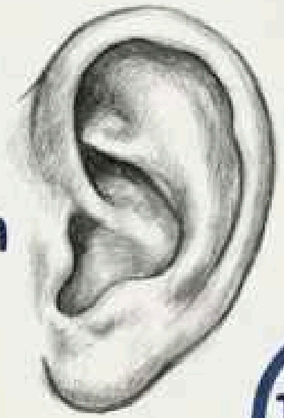
Mood

Thought Form

Thought Content

Affect

Perception



Cognition

Insight

[How thoughts are connected]

[Preoccupations, delusions, thoughts of harm]

[Includes hallucinations]

[Patient's understanding of condition]

Mood (subjective patient report) ≠ **Affect** (objective examiner observation)

¶ 1.4

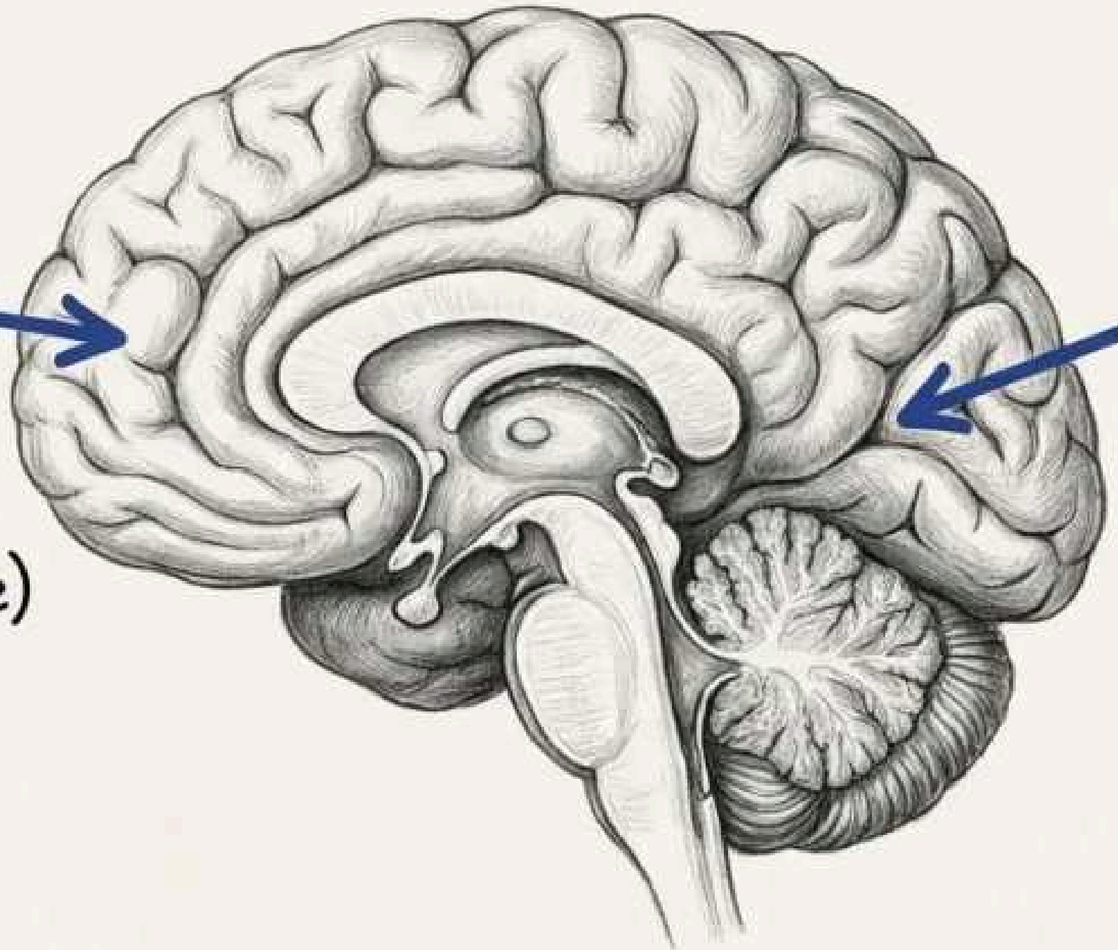
Delusion

Fixed, false belief

$\triangle$

(despite contrary evidence)

$-$ (Cultural Norms)



Hallucination

Perception

$\div$

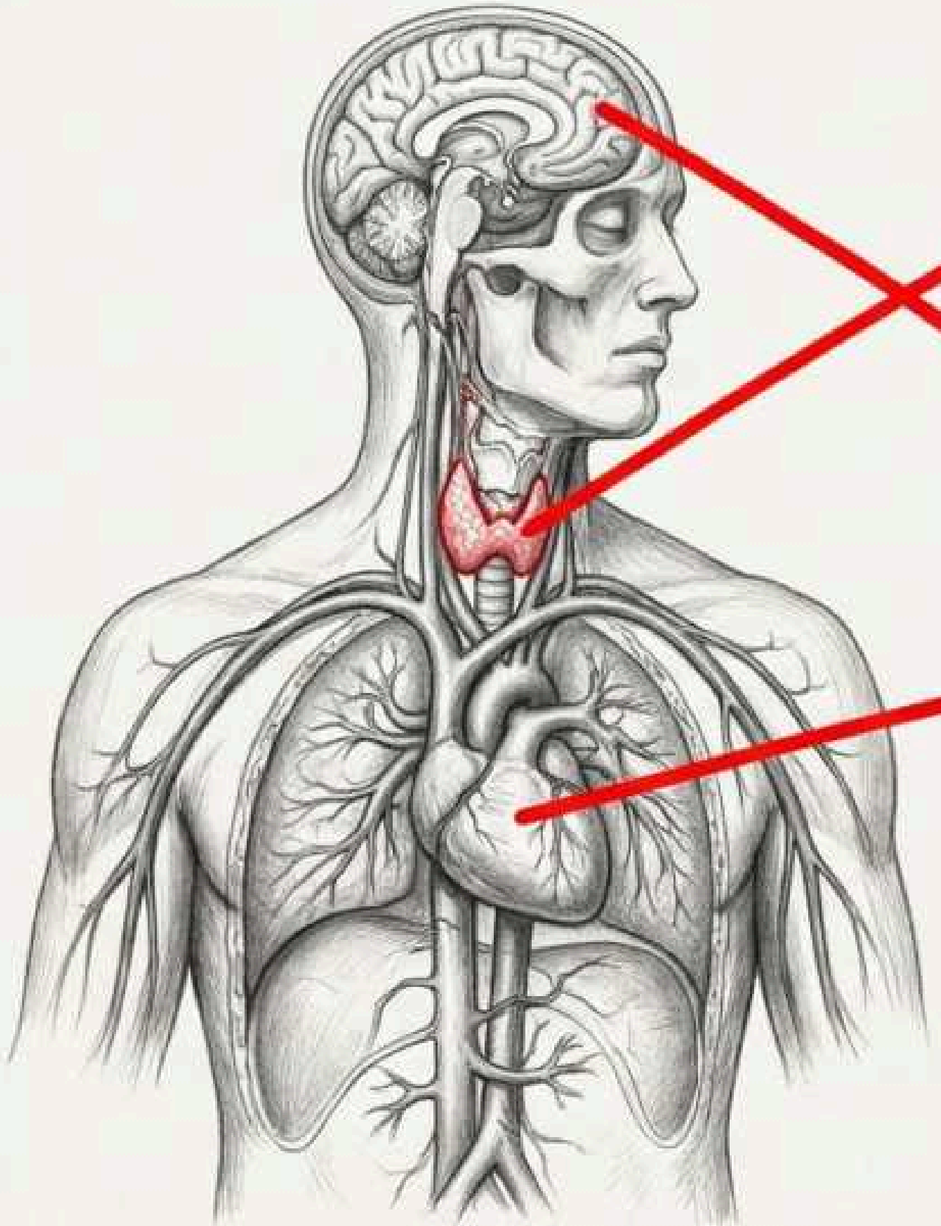
(Zero External Stimulus)

(e.g., hearing a voice when no one speaks)

Cultural background knowledge is mandatory to distinguish pathology from culturally normal beliefs/experiences.

Gemini Notebook

¶ 1.5



Thyroid gland → Anxiety or Depression
(Ref: Medicine 531 B)

Brain (tumors/infections/delirium)
→ Confusion and Hallucinations
(Ref: Medicine 541 B)

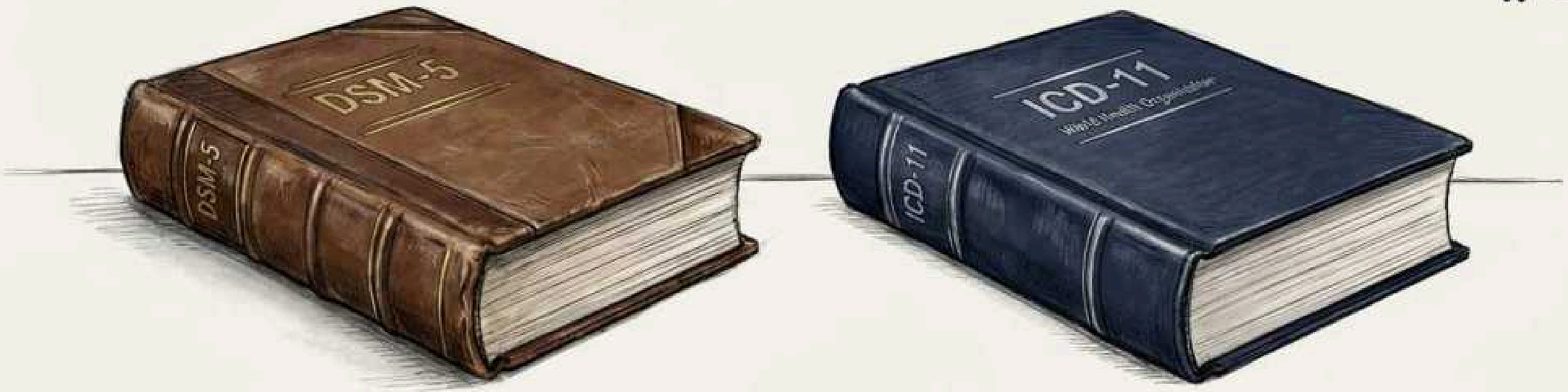
Systemic (Autoimmune/Steroid medicines/Drug intoxication or withdrawal) → Mental Symptoms

Missing physical causes = High Danger.

Action: Physical Exam + Appropriate Tests required.

Gemini Notebook

¶ 1.6



DSM-5	American Psychiatric Association (APA)
	5th Edition

ICD-11	World Health Organization (WHO)
	11th Revision

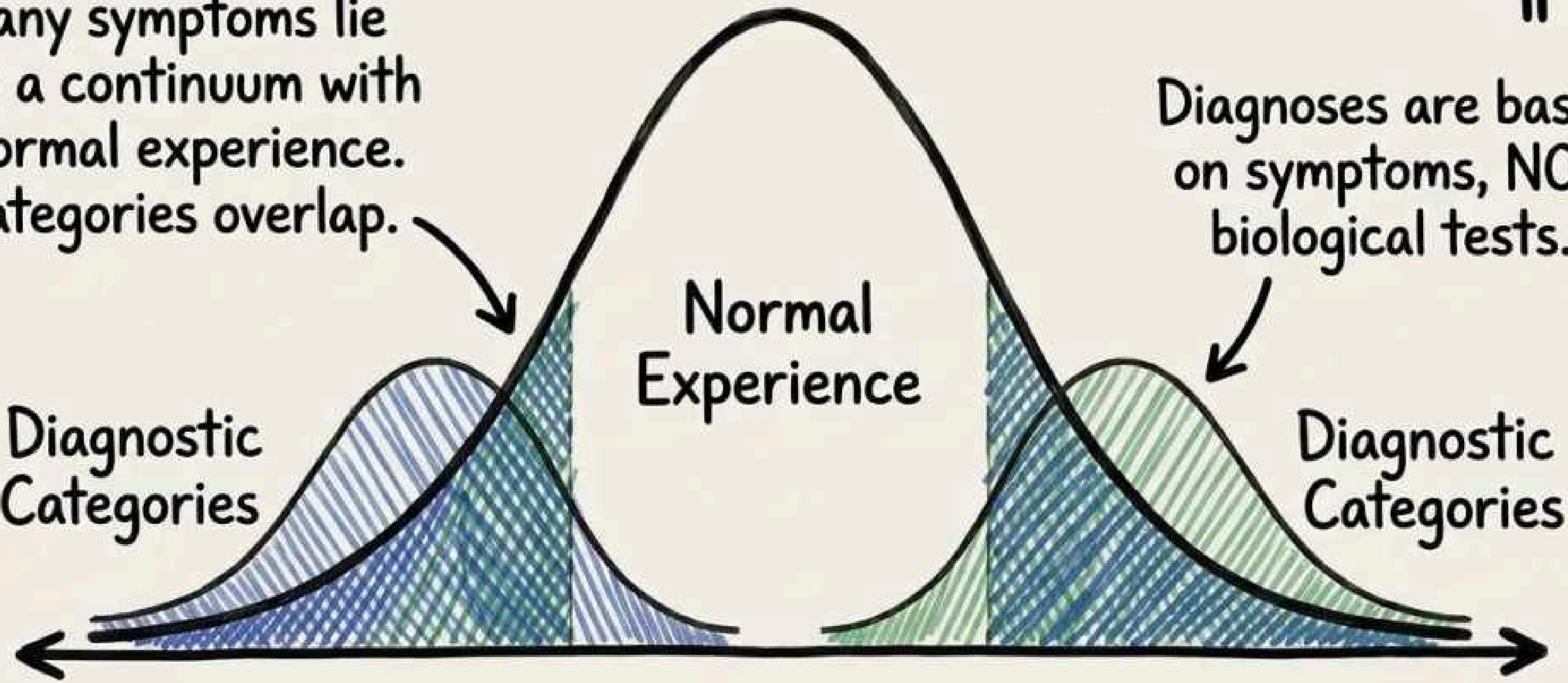
Psychiatric Diagnosis = f(Symptom Pattern, Duration, Functional Impact)

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¶ 1.7

Many symptoms lie on a continuum with normal experience. Categories overlap.

Diagnoses are based on symptoms, NOT biological tests.



Diagnoses = Tools for understanding & helping
≠ Labels that define identity

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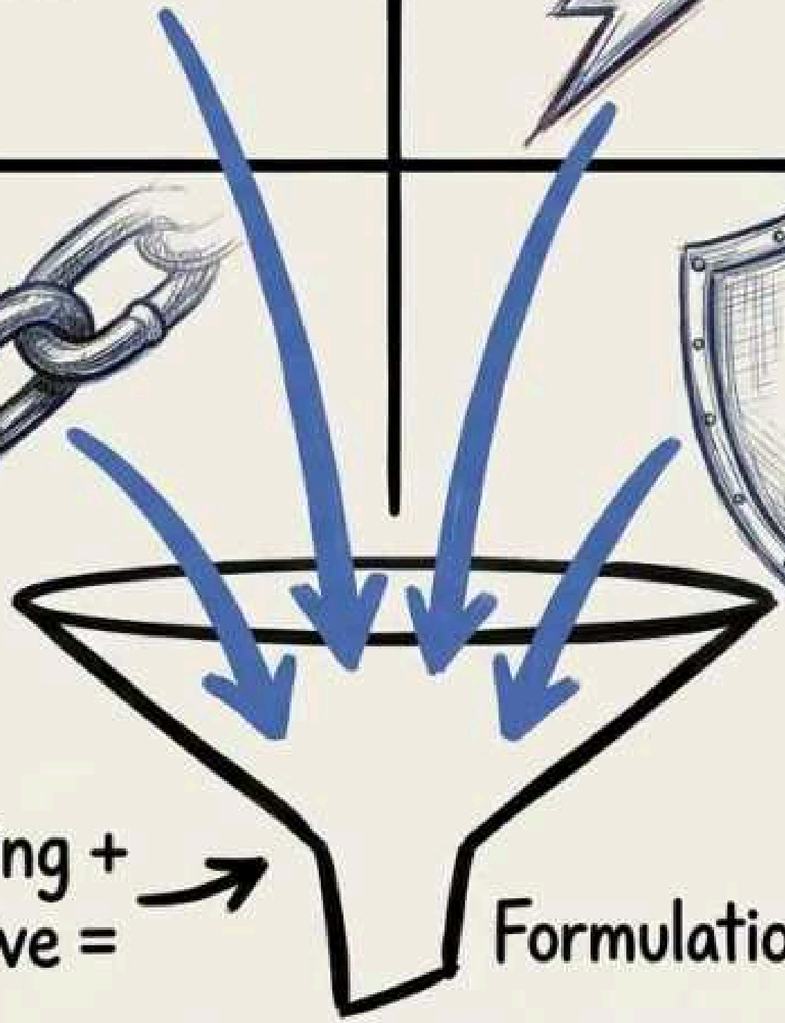
¶ 1.8

Predisposing:
Genetics, early life experiences.

Precipitating:
Loss, stress (The Trigger).

Perpetuating:
Isolation, substance use.

Protective:
Supportive relationships.



(Predisposing + Precipitating + Perpetuating) ÷ Protective = Formulation → Tailored Treatment Plan

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¶ 1.9

Assessment always includes safety of self and others (Ref: Lecture 6).



~~Asking about suicide → Increased Risk~~

↳ Myth

Asking directly & sensitively → Access to Help

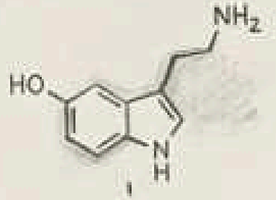
↳ Evidence-Based Fact

Direct inquiry about thoughts of suicide or self-harm is essential.

Gemini Notebook

¶ 1.10









$$\sum \left(\text{Careful History} + \text{Structured MSE} + \text{Physical Causes} + \text{Classification} \right) = \text{Comprehensive Psychiatric Assessment}$$

$\rightarrow \lim$ (Lecture 2)
(Depression & Anxiety)

Gemini Notebook