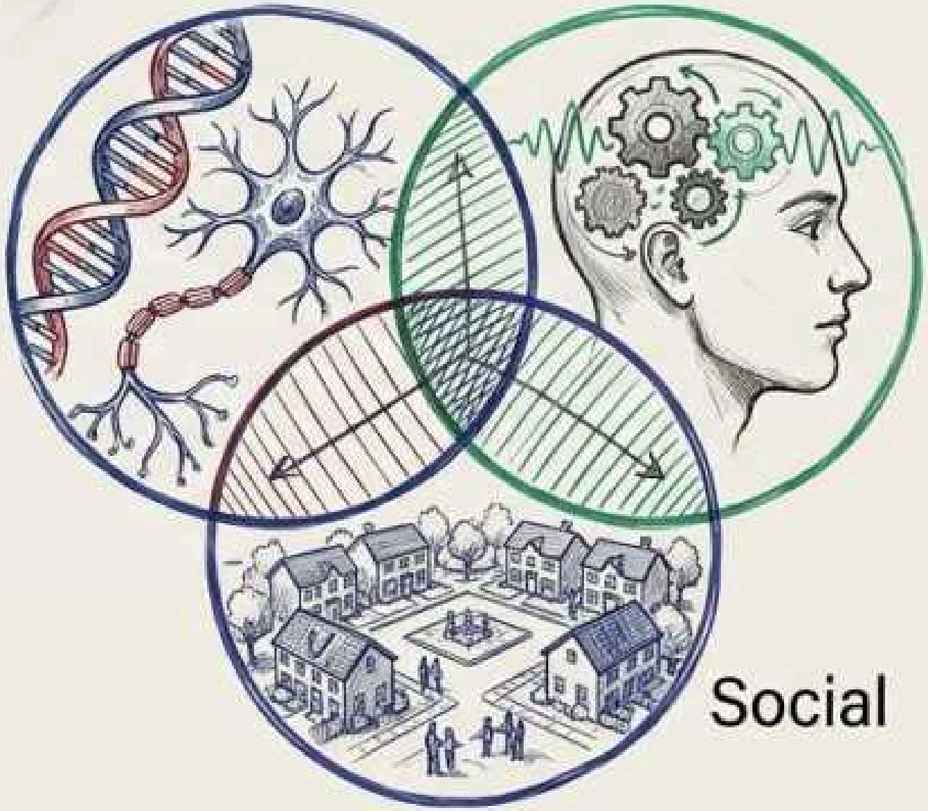
The Psychiatric Treatment Paradigm

¶ 5.1

Biological



Psychological

Social

19th Century



1950s–Present



Treatments are carefully tailored to the individual's unique formulation across biological, psychological, and social domains.

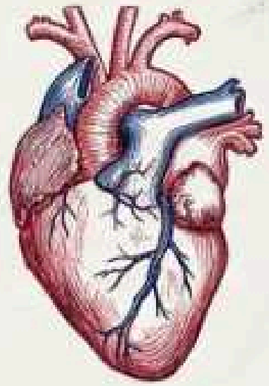
From isolation and institutionalization → to integration and community care.

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¶ 5.2

The Centrality of Psychological Therapies

Dialectical Behaviour Therapy (DBT)



Helps patients manage intense emotions.

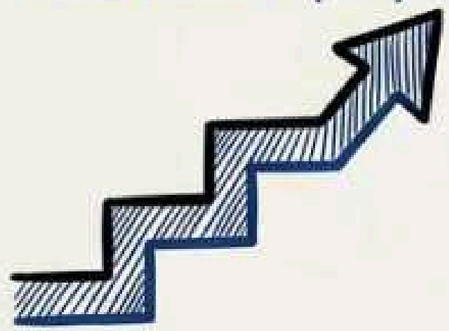
Family Therapy

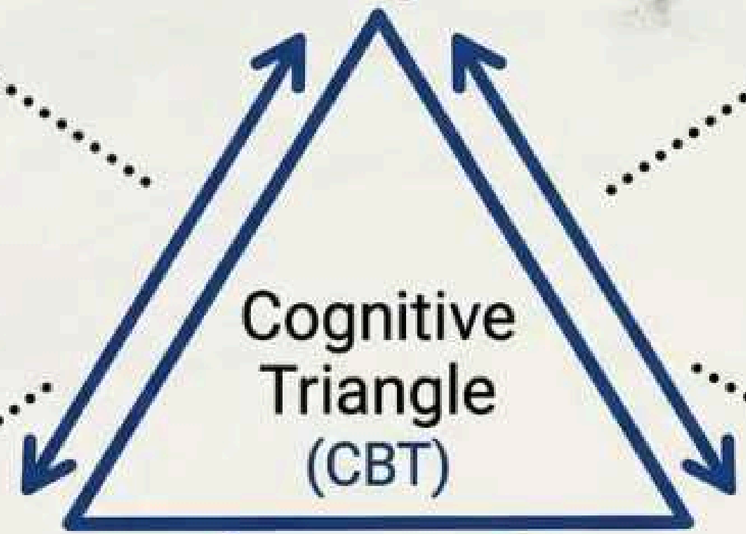


Interpersonal Therapy (IPT)



Behavioural Activation (BA)



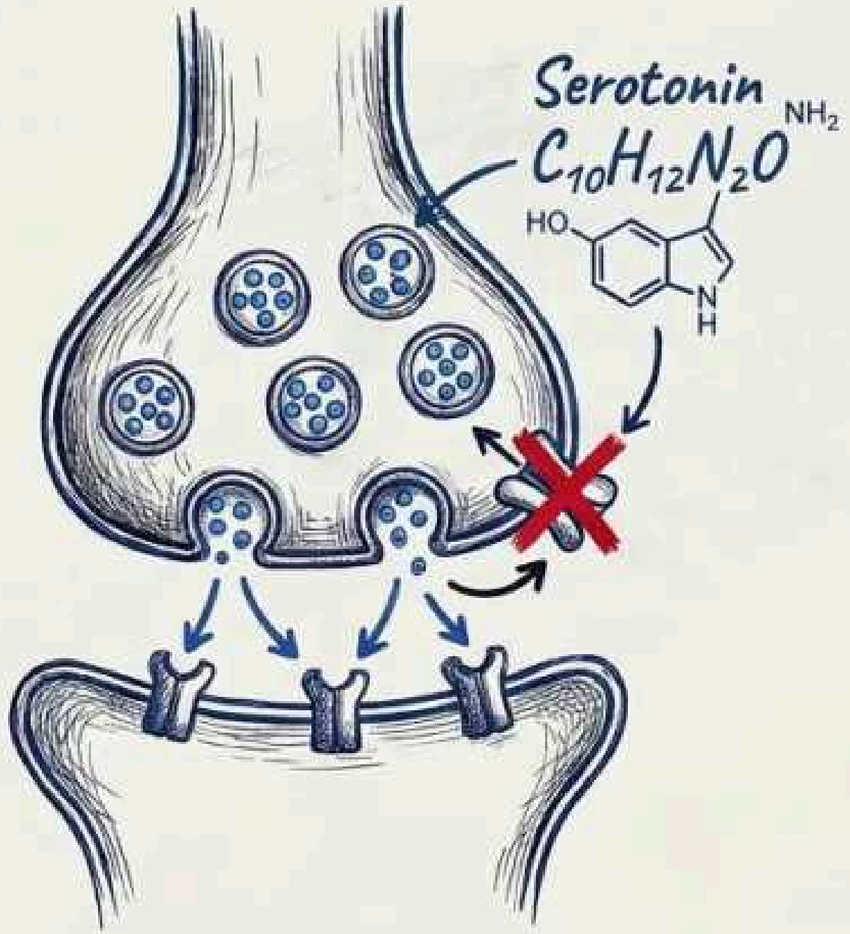


Strong evidence base:
Depression, Anxiety Disorders, OCD, Eating Disorders, and Psychosis.

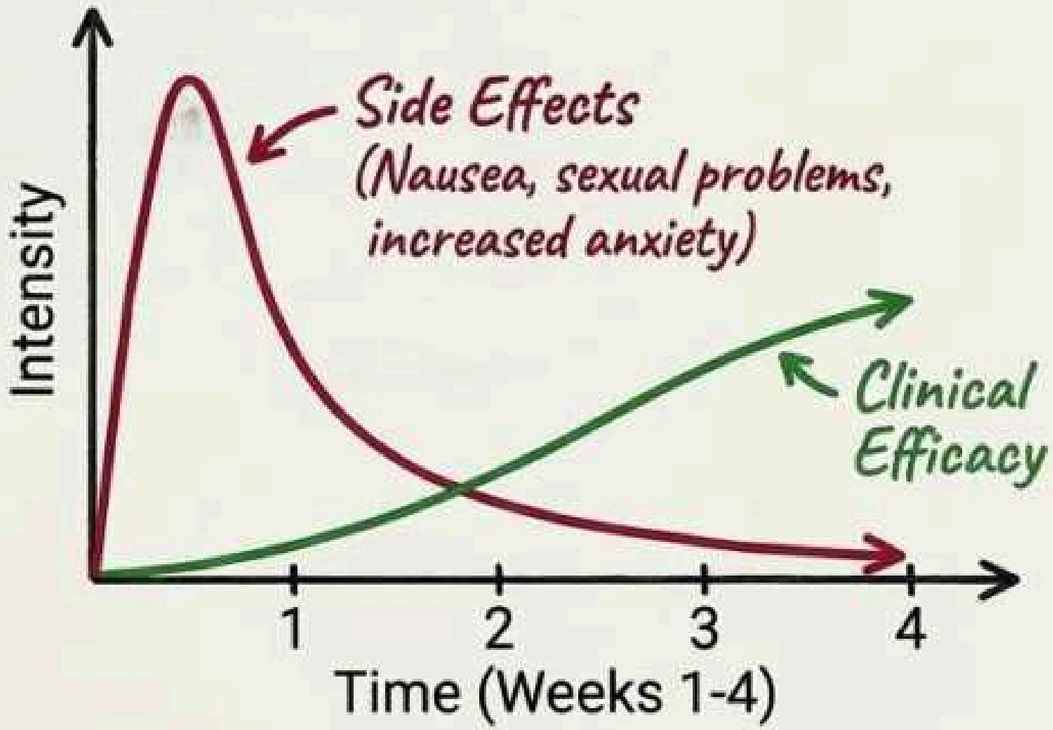
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Antidepressants: Mechanisms and Clinical Reality

¶ 5.3



First-Line SSRIs:
Fluoxetine (introduced 1987) & Sertraline.

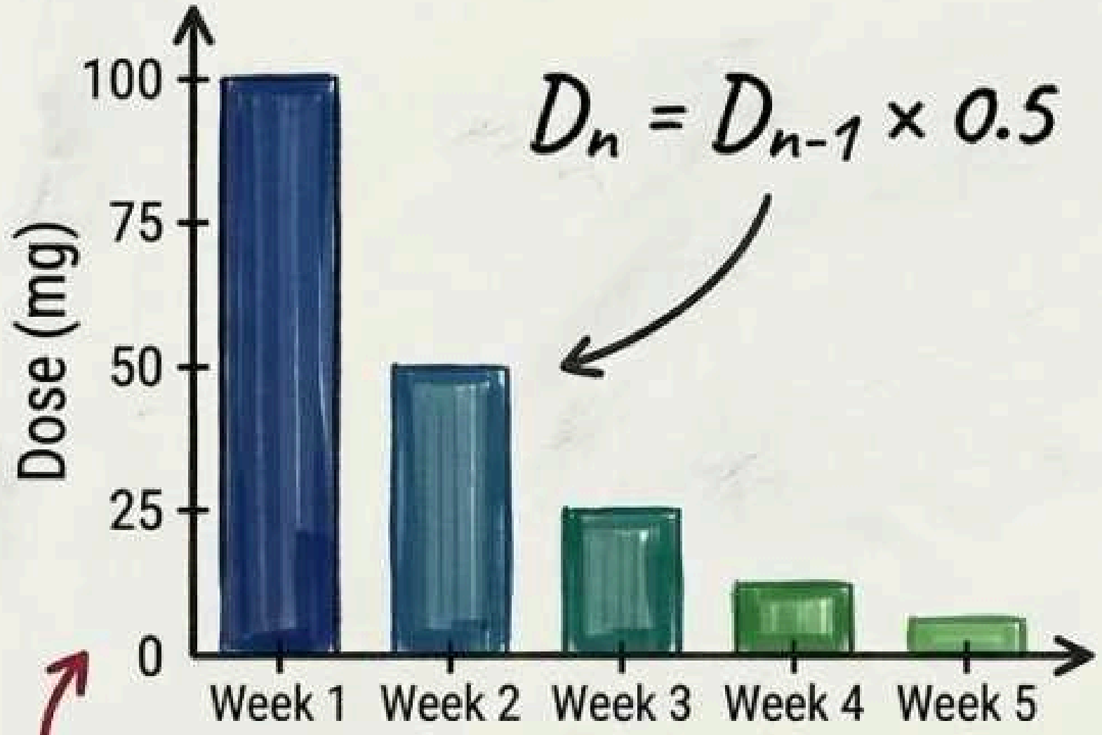


Cipriani et al., 2018 Analysis:
Analysis: Antidepressants > Placebo (Efficacy ∝ Severity). Average benefit is modest; greatest in severe depression.

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Medication Risks: Withdrawal and Initiation

¶ 5.4



Discontinuation Syndrome: Never stop suddenly. Symptoms include dizziness, irritability, and flu-like feelings. Requires gradual reduction under medical guidance.



Youth Monitoring: Small increased risk of suicidal thoughts early in treatment. Close clinical monitoring is strongly advised.

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¶ 5.5

The Broader Psychiatric Pharmacopeia

Antipsychotics

Detailed previously in Lecture 3.

Mood Stabilisers

Detailed previously in Lecture 3.



Anxiolytics (Benzodiazepines)

Highly effective in the short term, but cause physiological dependence. Must be used sparingly.

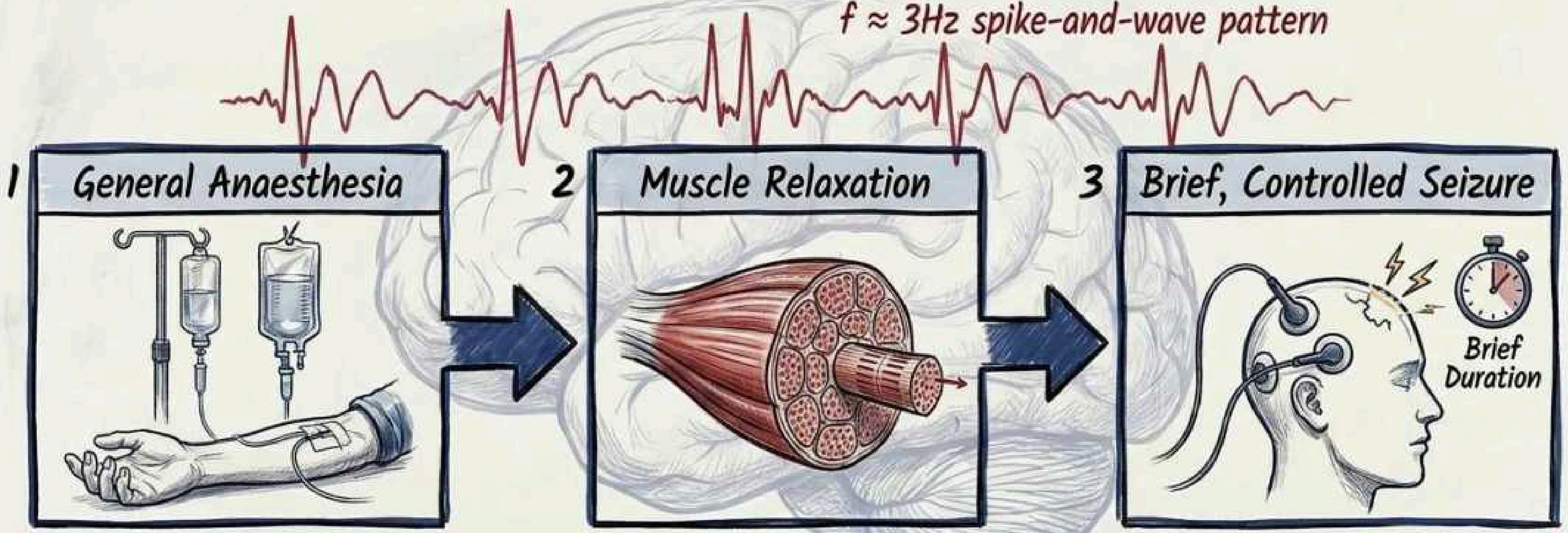
ADHD Medicines

Addressed comprehensively in Medicine 543 B.

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Electroconvulsive Therapy (ECT): Efficacy over Stigma

¶ 5.6



Profile: Modern ECT is safe, contrary to historical and cinematic portrayals.

Indications: The most effective treatment for severe, life-threatening depression (especially with psychosis or refusal to eat/drink).

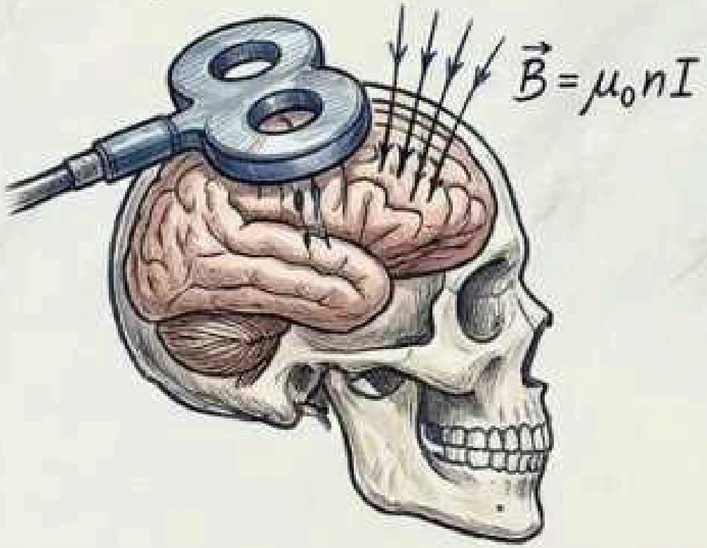
Primary Side Effect: Temporary memory problems.

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Newer Brain Stimulation and Novel Therapies

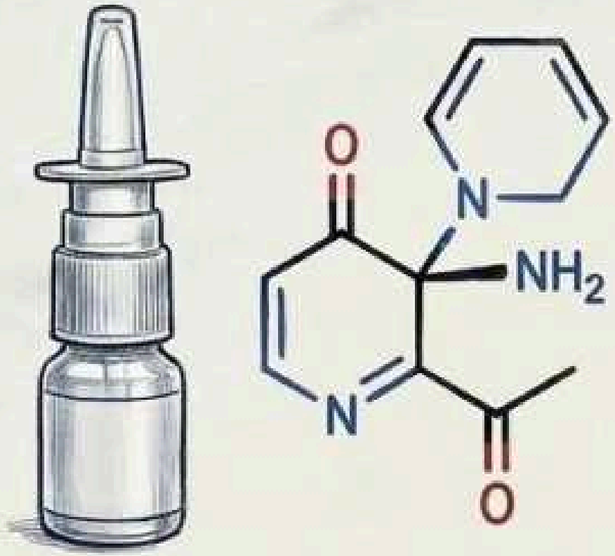
¶ 5.7

rTMS (Repetitive Transcranial Magnetic Stimulation)



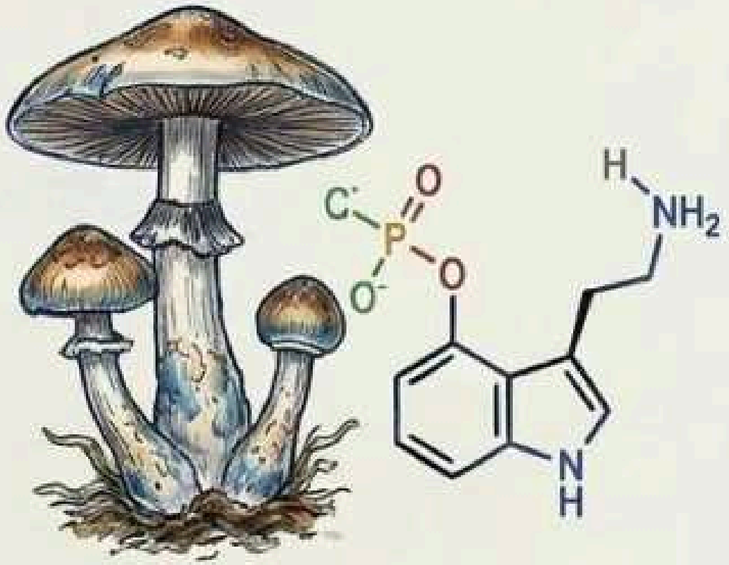
Uses magnetic pulses to stimulate specific brain regions. Yields modest benefits in depression.

Esketamine



A form of the anaesthetic ketamine given as a nasal spray. Approved in 2019 for treatment-resistant depression.

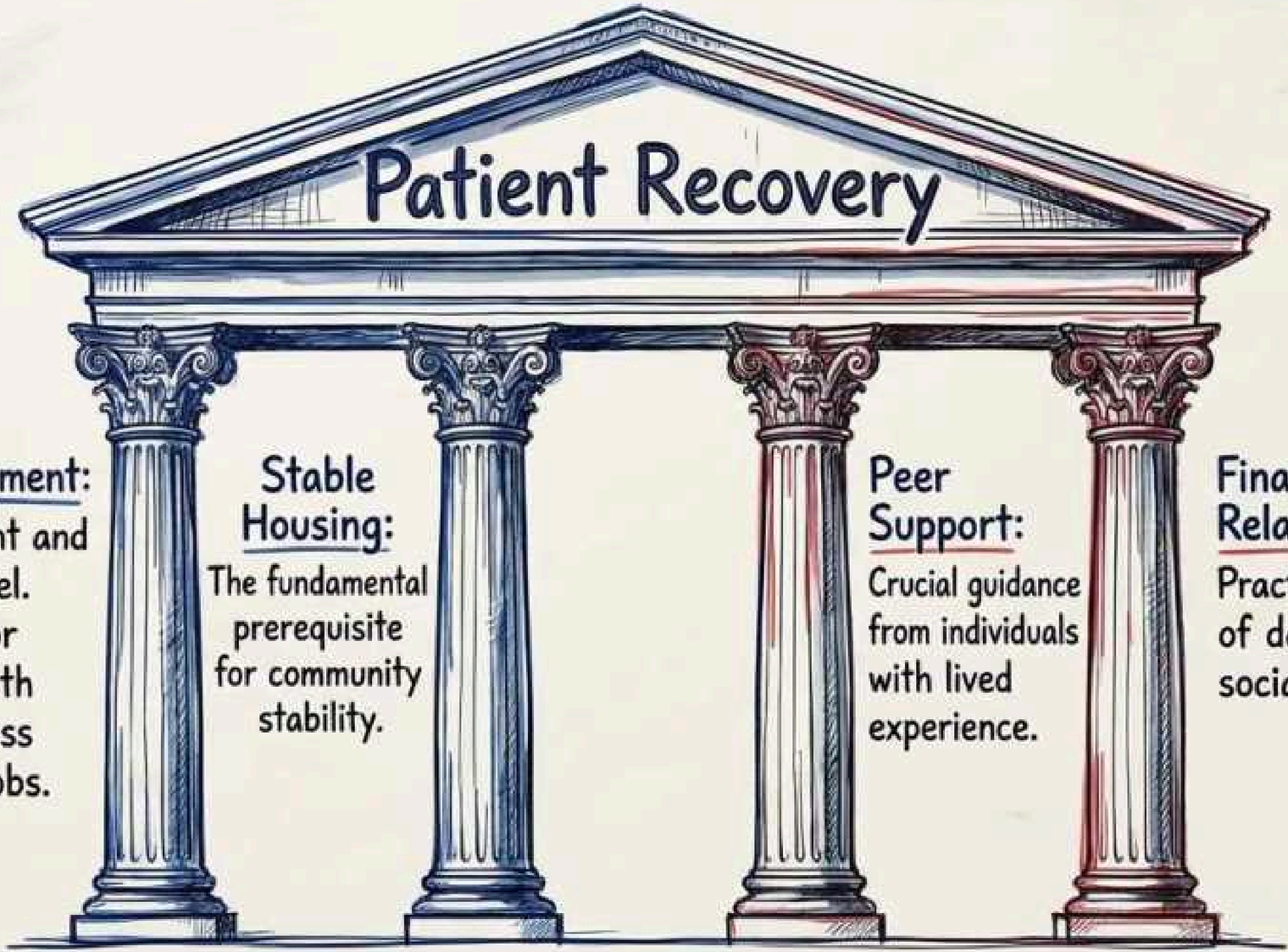
Psychedelic-Assisted Therapies



Ongoing clinical research; yields mixed results to date.

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The Structural Pillars of Social Intervention



Supported Employment: Individual Placement and Support (IPS) model. Strong evidence for helping patients with severe mental illness secure and keep jobs.

Stable Housing: The fundamental prerequisite for community stability.

Peer Support: Crucial guidance from individuals with lived experience.

Finances & Relationships: Practical stabilization of daily life and social bonds.

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The Ecosystem of Community Mental Health Care

¶ 5.9



Escalation Boundary



Hospital Admission:
The Exception. Used exclusively when clinical needs or acute risks cannot be managed safely in the community.

Treated at Home:
The primary setting for most patients.

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Historical Harms and the Modern Ethical Mandate

¶ 5.10

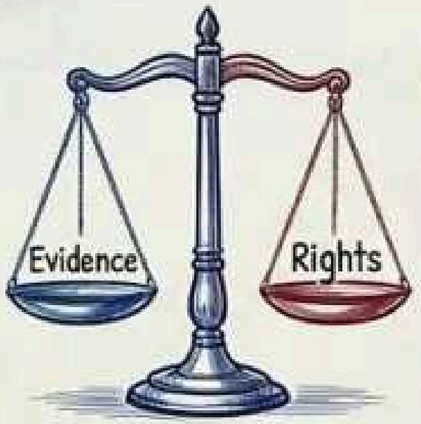
The Troubled Past





Grave harms of lobotomy (mid-20th century). Widespread overcrowding. Involuntary detentions and treatments for reasons unacceptable today.

The Present Mandate







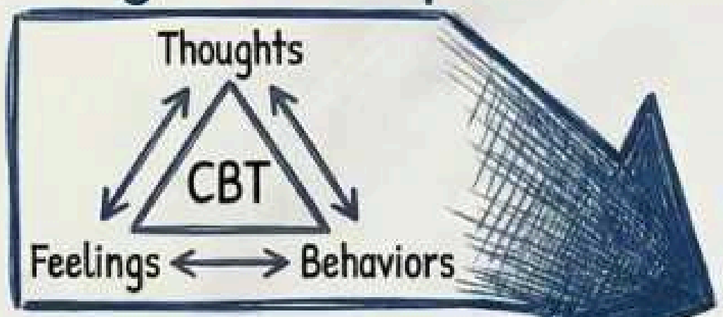
Today's practice is strictly governed by Evidence, Human Rights, Informed Consent, and active Patient Involvement.

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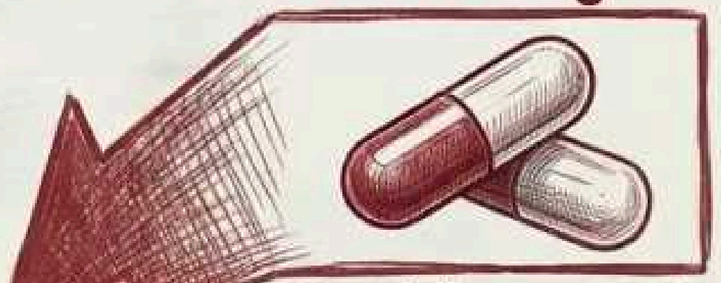
Synthesis: The Integrative Treatment Approach

¶ 5.11

Psychological Therapies



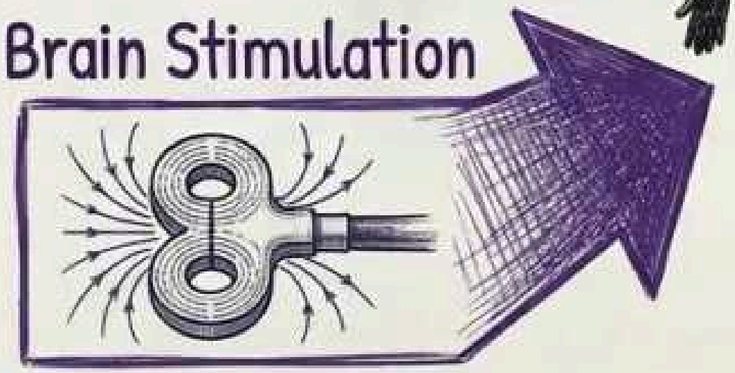
Medical Management



Carefully managed medicines



Brain Stimulation

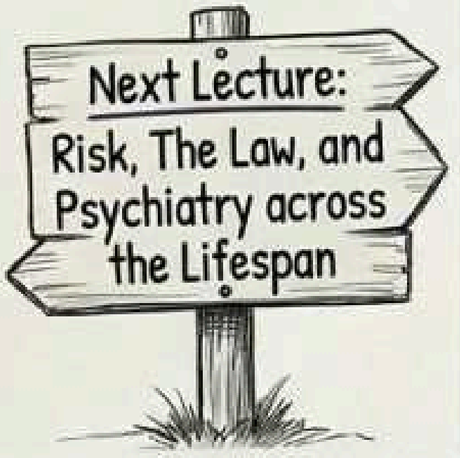


For severe illness

Social Support



Delivered mostly in the community



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