100 years (approx.!) of Psychiatry: One View

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By 1920, we had:

Psychiatric Classification: Sc, BAD, PD,

Psychoanalysis: USA/France

Asylums

Mc Nagten Rules: Legal Insanity

Alcohol and Drug problems

War Neuroses

Suicide/anomie: Durkheim

Paraldehyde,1882; Barbiturates,1903

And Pavlov's dogs

Psychoanalytic View

People often don't say what they mean but they do mean what they say!

Diagnostic Systems

100 yrs of WHO developed International Classification of Diseases and a little less of the Diagnostic and Statistical Manuals of the American Psychiatric Association

Diagnoses & ICDs

- 1 - 11 revisions
- Appearance of Chapter 5
- <10 to >300 pages

- Cf DRGs

Myths of 1950s/1970s

- DST. Publishing epidemic (1970s+)
- Hallucinogens/Sc & the Law of Initial Values
- Deep Sleep
- Primal Scream!
- Insulin Coma Therapy
- Leucotomy or other
- Schizophrenogenic mothers
- Behavioural approaches to sexual identity

1950s-1960s 3 Streams

- Declining Psychoanalysis
- Magic Bullets abound :

Serendipity (Iproniazid, Lithium, chlorpromazine) TCAs, Phenothiazines, MAOIs, Li_2CO_3, benzodiazepines

- Behaviorism evolving.eg Wolpe/reciprocal inhibition

1970s & the Disorders

- Confidence and optimism
- Directions clear
- Magic bullets established to validate nosology
- Brain and mind research techniques advancing

Diagnosis/Treatment (50 yrs ago)

Schizophrenia / Neuroleptics

Depression / Antidepressants

Bipolar / Lithium

Anxiety / Anxiolytics

Anorexia Nervosa / Family therapy

Treatment (Last 40 yrs)

Schizophrenia

Neuroleptics

Antidepressants

Benzodiazepines

Mood stabilisers

Family education

“Psychotherapy”

CBT

ECT

& Similarly, Depression

Antidepressants

Neuroleptics

CBT

ECT

Mood stabilisers

Family work

Psychoeducation

- Little progress on any of the simple illness models of Guze & Robins (1970) or Kochs or any other valued perspectives

Diagnoses & DSMs

- Purpose : eg, for invoicing!
- Before and after 1980 (DSM 3)
- Specified criteria and 5 axes (US/UK)
- Size and profitability
- ?Medicalizing life (DSM 5)
- DRGs and service purchasing

*Aetiology vs Pathogenesis vs a ”sine qua non” approach

*Diagnoses vs formulations:

(or UK vs US)

*So,? Lack of Diagnostic Markers or easy Genetics

* Phenomenology vs functionality (?==signs)

- So, is schizophrenia a “semantic Titanic, doomed before it sails?” (Bannister, 1960s)

- Syndrome, not a single illness

Most recognise the imperfections of the classificatory system, but appear to be reluctant to commit
to move on.

Service Evolution

- Asylum, or in Society
- In community, Caplan, J F Kennedy, Gough Whitlam, NZ
- Pinel, Consumerism, Recovery
- Specialisation v Continuity of Care
- Responsibility and Multi-disciplinary
- “Outcomes” & KPIs
- Root Cause Analyses & Coronial Delusions

Psychiatry and the Law

- Compulsory treatment provisions (tidy society vs right to treatment vs maximising autonomy)
- Suicide and autonomy
- China; The Subcontinent
- Insanity defences
- Fitness to plead (Functioning/I Q)
- Blame, accountability, & suicide

Syndrome Schizophrenia & Drugs

- *Since 1950s amphetamine accepted as an acute simulator of Sc
- *1987 Andreasson et al, Swedish cohort of methamphetamine & cannabis users found an increased rate of Schizophrenia
- * This century, several studies and reviews demonstrate increased incidence of Sc following heavy or prolonged use of some cannabis derivatives and methamphetamine.
- Dose correlated.

From Evidence to Hypothesis to Proposals

*Established 2017, Tapsell, Hallet, Mellsop, Increased incidence of schizophrenia in Maori, Pub in Aust Psych.

*Causal Hypothesis 2018, Mellsop & Tapsell. ANZJP.

*Prevention Proposal, Mellsop, Tapsell, Menkes 2018

*Proposed Use of PRIMHD data to examine hypothesis. Mellsop, Tapsell, Holmes

NZ Context

Population corrected MoH data sourced thru HQSC (MHINC) shows that in the first 15 yrs of this century, NZ mental health and addiction service use increased by (approx.) 71% (85% for Sc) in Māori and by 38% in non-Māori

1] Using MoH/MHINC data from this century and complex statistics
Sc 2-3 X as prevalent in Maori as in other NZers. Kake, Arnold & Ellis 2008

2] Using 2014 PRIMHD data and common (Waikato) sense

Approximate Incidence of Sc 2-3 X as high in Māori as in non-Māori.
Tapsell & Mellsop, 2017

:

* No evidence of ethnic disparity in incidence of Sc until late in the last century.

** Now both incidence and prevalence of Sc in Maori far greater than both internationally established & NZ non-Māori rates.