5 Tips for RANZCP Critical Essay Writing (CEQ)

1. Bring out the uncertainty in the quote

2. Use Multiple Perspectives (cultural, political, social, biological, media, clinical, recovery etc.)

3. Ask yourself “What are the practical examples that support my perspectives?”

4. Ask yourself “Can I think of solutions for the issue/s?”

5. Ask yourself “What does the big picture of the argument tell me about my conclusion?”

Dr Sanil Rege
“Therapeutic risk taking and hope are essential aspects in the creation of a care environment that promotes recovery”
1. Clear Communication: Spelling, Grammar and Vocabulary
2. Ability to critically evaluate the statement using a number of lines of argument
3. Information is factually correct
4. Demonstration of mature understanding of broader models of health and illness, cultural sensitivity and the cultural context of psychiatry historically, and in the present time.
5. Demonstration of ethical awareness
6. Demonstration of patient centred care, recovery model in psychiatry and the role of carers
7. Apply arguments to the clinical context and to apply clinical experience to their arguments
8. Ability to draw a conclusion that is justified by the arguments they have raised.
• “Risk taking, risk assessment and hoping towards a positive change and attitudes in consumers, have been discussed extensively in the major psychiatric journals in last two to three decades. However, how much it has influenced the society traces back to its history.”

• “Risk taking, risk assessment and hope have taken centre stage in psychiatry for the last two to three decades. Underpinning this development is the birth and evolution of the recovery model, which puts consumers at the forefront of a therapeutic relationship. In order to understand the nuances and complexity of this development we must backtrack to the historical origins of treatment in psychiatry.”
• Historically, demonic possessions and religious affiliations were considered to be the major cause of psychiatric illness. Patients were placed in institutions and there were very little treatments available for them, at that time. Society felt safer under the expense of psychiatric patients treated under appalling conditions. However, this changed after the French Psychiatrist, Phillipe Pinel, together with British Psychiatrist, William Tuke introduced the concepts of deinstitutionalisation and treated disabled patients in a sane way.

• Historically, demonic possessions and religious affiliations were considered to be one of the major causes of psychiatric illness. Few biological treatments were available at that time due to the lack of advanced research. Literature suggests that majority of psychiatric patients were placed in institutions as long term patients at that time. Society felt safer at the expense of psychiatric patients treated under what some may call, appalling conditions. It is well known that the introduction of ‘Moral therapy’ by French Psychiatrist, Phillipe Pinel in the late eighteenth century improved the quality of care for the mentally ill. He ordered the removal of chains from patients in asylums, thereby creating a therapeutic environment and instilling hope to patients towards a positive recovery. (Unshackling and thrusting psychiatry towards …)
• It was evident to the society and to medical practitioners about the ethical aspects of treating patients, which dates back to the era before Christ proposed by Hippocrates. However, lack of advanced and sophisticated research was unavailable at that time. Increasing research and policies by organisations such as RANZCP which set up ethical principles such as Autonomy, beneficence and others, still holds the hope to create an environment towards a positive recovery.

• Also stigma and discrimination has been a struggle for ....
BODY – CHOOSE 3-4 THEMES THAT COVER MARKING SCHEME

What is Evidence for and against the quote?

What is Existing Data Telling us?

What is the Challenge?

What are the Causes of the Challenge?

What are the Proposed Solutions?
BARRIERS TO RECOVERY

• Research and Development

• Is there a gap between academia and clinical practice
• “Physicians are required to do everything that they may believe may benefit each patient without regard to cost or other societal considerations. In caring for an individual patient, the doctor must act solely as that patient's advocate, against the apparent interests of society as a whole, if necessary.” (Normal Levinsky – the Dr’s Master” )

• “In health, there can be no health without mental health”

• “Propaganda is the enemy of reason and truth” Silove D ‘The Asylum debacle in Australia: a challenge for psychiatry’

• “Being excluded blights the lives of the mentally ill. Exclusion is both cause and consequence of mental ill-health and extends beyond material deprivation to exclusion from the activities which give meaning to life.”
• **Deontological (Immanuel Kant):** we do the right thing (e.g. telling the truth) because we have a moral obligation to do so, not because of an extrinsic motivation (e.g. lying could lead to bad consequences)

• **Utilitarian (Jeremy Bentham and John Stuart Mill):** Action should take into account for the greater good. Action that maximises ‘greater good’ is best course of action

• **Principle based ethics:** Non-maleficence (first do no harm), beneficence (acting to benefit others), respect for autonomy (acting to acknowledge a person's right to ‘self-government’) and justice (treating people fairly).

• **Allocation of Resources:** Social perspective (Doctor as a gatekeeper) / Patient perspective (Hippocrates Oath) and Business Perspective
• Stigma can therefore be seen as an overarching term that contains three elements: problems of knowledge (ignorance), problems of attitudes (prejudice), and problems of behaviour (discrimination).

• Western societies have always linked ideas of morality and virtue with health and reason, and early Christian societies tainted madness with images of the demonic, the perverse, the promiscuous and the sinful (Schlosberg)

• Despite scientific advances and the rise of the medical model, stigma has not gone away

• Closing the asylums — the ‘relocation of madness’ — has brought about a community backlash and the reality of former patients leading isolated community-based existences

• Ghodse et al highlighted unfavourable attitudes in medical and nursing staff to patients who overdose, and these are even worse when there is perceived alcohol or drug dependence. Measuring the attitudes of health professionals, Fleming & Szmukler found that patients with anorexia were seen as “less likeable” than other patients and as being responsible for their illness.

• There is no agreed instrument to measure stigma, but measuring public opinion about mental disorders is central to understanding and reducing it.
• Philo (1996) measured violence as the central element in television representations in 66% of items about mental illness, an interesting figure in that it corresponds with the Royal College of Psychiatrists” 1998 survey, where 70% believed that people with schizophrenia are violent and unpredictable. At the other extreme, people with mental illness are frequently portrayed as victims, pathetic characters, or ‘the deserving mad’.

• Lewis & Appleby (1988) reported that psychiatrists reacted to vignettes differently if the person had been given the diagnosis of a personality disorder: once labelled, primary diagnoses differed and value judgements (e.g. “manipulative”, “does not merit NHS time”, “unlikely to improve”, “likely to annoy”) appeared more frequently.

• Transform the person from patient to advocate

• Change attitudes within services / educational campaigns within services/ changing vocabulary/ Learning from medical illnesses.
POLITICAL ABUSES IN PSYCHIATRY

• Political abuse of psychiatry refers to the misuse of psychiatric diagnosis, treatment and detention for the purposes of obstructing the fundamental human rights of certain individuals and groups in a given society.

• The political abuse of psychiatry in the Soviet Union originated from the concept that persons who opposed the Soviet regime were mentally ill because there was no other logical explanation why one would oppose the best socio-political system in the world. The diagnosis “sluggish schizophrenia,” an old concept further developed by the Moscow School of Psychiatry and in particular by its leader Prof Andrei Snezhnevsky, provided a very handy framework to explain this behavior.

• The issue of political abuse of psychiatry in the People’s Republic of China is again high on the agenda and has caused repeated debates within the international psychiatric community. The abuses there seem to be even more extensive than in the Soviet Union in the 1970s and 1980s and involve the incarceration of followers of the Falun Gong movement, trade union activists, human rights workers and “petitioners”, and people complaining against injustices by local authorities.

• To fight against political misuse of psychiatry, International Association on the Political Use of Psychiatry (IAPUP) was formed, which was later renamed as Geneva Initiative on Psychiatry (GIP) in 2005
Psychiatrists played a prominent and central role in two categories of the crimes against humanity, namely sterilization and euthanasia.

It was psychiatrists who reported their patients to the authorities and coordinated their transfer from all over Germany to gas chambers situated on the premises of the six psychiatric institutions:

It was psychiatrists who coordinated the "channeling" of patients on arrival into specially modified rooms where gassing took place. It was psychiatrists who saw to the killing of the patients (initially using carbon monoxide and later, starvation and injection). Finally, it was psychiatrists who faked causes of death on certificates sent to these patients' next of kin. It has been estimated that over 200,000 individuals with mental disorders of all subtypes were put to death in this manner.

(Psychiatry during the Nazi era: ethical lessons for the modern professional, Strous, 2007)
ANTIPSYCHIATRY MOVEMENT

• Originated in the 1960’s and questioned the validity of diagnoses and treatments.

• “Pseudo-scientific agent of social control”

• The best known of these individuals are R. D. Laing, Thomas Szasz, David Cooper, and Franco Basaglia.

• Newer ‘Anti-psychiatry’ authors: criticising psychiatry and its relationship with pharmaceutical industry

• Daniel Carlat, also an American, whose recent book Unhinged similarly lambastes psychiatry’s all-too-cozy relationship with the pharmaceutical industry.

• Carlat emphasises that psychiatry lacks bio-markers or pathognomonic tests and questions the current enthusiasm for seductive new technologies, such as transcranial magnetic stimulation.

• Across the world, colleagues are similarly skeptical. For example, the International Critical Psychiatry Network (www.criticalpsychiatry.net) aims to support critical thinking and alternative approaches to psychiatry
• **The Emperor’s New Drugs: Exploding the Antidepressant Myth**: experimental psychologist Irving Kirsch documents how meta-analyses indicate that antidepressant medication is not significantly more effective than placebo. He also debunks the theory of depression as a chemical imbalance, stating there is little evidence to support such a theory.

• Allan Frances criticism of DSM-V:

• Role of Internet: Psychiatry Exposed! , Zoloft made me feel like a zombie, Beyond meds

• Scientology: Museum called Psychiatry: Industry of Death

*Antipsychiatry Movement (Whitely, 2012)*
• The idea that insanity was fundamentally different from the disease of the body was developed towards the end of the 18th Century. The concept arose from Cartesian Dualism.

• Success of Clergy man in curing King George of his madness.

• Lack of post mortem findings of pathology added to dualism.

• Moral therapy / treatment became the mainstay of treatment in Asylums. (Pinel and Quaker Tuke) e.g. York Retreat

• School of psychoanalysis emerged at the end of 19th Century.

• Reynolds coined the term organic and functional disorders

• DSM uses the term Mental and Behavioural disorders. However, it states that there is no fundamental distinction between them in the foreword.

• Evidence against Dualism: Pain, Neuropsychiatric Lupus, Anti-NMDA encephalitis, Depression and Myocardial Infarction
• Koranyi showed that approximately 30% of psychiatric patients have a medical cause directly impacting on the psychopathology of the patient.

• Very few biomarker defined illnesses in psychiatry

• Tom Insel and Precision medicine: Move to Google / Role of Big Data

• Neoplasm is classified according to Aetiology. Respiratory diseases classified according to disease of the organ affected. Then why is Vascular depression and Vascular dementia not part of the vascular system? Schizophrenia is shown to affect the fronto-temporal areas of the brain...then why not classify it as disease of the nervous system

• Impact of dualism: Biological / Structural/ Psychological/ Legal

• Stigma : Debate about diagnoses such as Somatic Symptom Disorder

• Blood Brain Barrier is no longer considered impenetrable.
According to Mayberg, as our understanding of brain mechanisms mediating complex behaviours continues to grow, the arbitrary operational boundaries separating the clinical disciplines of psychiatry, neurology and immunology become increasingly blurred, requiring new holistic approaches in the study of neuropsychiatric disorders.

Oyebode and Humphreys recently proposed a paradigm shift in psychiatric training to include training in other specialties like immunology, endocrinology and cardiology.

Engel was a physician and wanted to emphasise the psychological aspects of the illness.

Reductionism has its disadvantages as the multiple complexities may not be taken into account. However, Peptic Ulcer example shows that reductionism does indeed work. (Ghaemi, BJPsych, 2009)
• Engel was a physician and wanted to emphasise the psychological aspects of the illness.

• Reductionism has its disadvantages as the multiple complexities may not be taken into account. However, Peptic Ulcer example shows that reductionism does indeed work. (Ghaemi, BJPsych, 2009)
• “As genomics, imaging, and large health care studies generate terabytes of data daily, companies that know how to extract knowledge from data have become essential partners for progress towards new diagnostics and therapeutics. The data analytics from tech companies are becoming part of the engine of biomedical research.

• The other is the promise of technology to change health care, shifting it from episodic to continuous, from reactive to proactive, from physician-centered to patient-centered. Even beyond wearable devices and online cognitive training, technology can offer information and interventions where and when someone needs it.

• Bedi and Corcoran study showed that by using big data, automated analysis of unstructured speech was reported to be 100 percent accurate for identifying high risk individuals who would convert to psychosis during the follow up period of 2-3 years.

• Obama has put his support behind precision medicine.

• PatientsLikeMe and 23andme are websites collating data on multiple variables. Facebook recruitment. No clarity on ethics and generalisability and validity.

*Tom Insel Blog.*
MENTAL ILLNESS – THE CONCEPT

• Disease (Biological disadvantage due to a pathological process) / Disorder / Illness / Dysfunction / Disability

• “Psychiatrists are distinguished from other medical specialists not because they are concerned with “minds” rather than “bodies”, but because they focus on complaints appearing in people's thoughts, perceptions, moods, and behaviours rather than their skins, bones, muscles and viscera..” (McHugh and Slaveny, The Perspectives of Psychiatry)

• Crossley Meta-analysis found that there are statistically significant differences between neurological and psychiatric disorders based on neuroimaging. The areas that lay predominantly on the neurological side were Dorsal prefrontal executive region, basal ganglia and insula. For psychiatry the area of interest was the medial frontal region. (Crossley NA, Scott J, Ellison-Wright I, Mechelli A Neuroimaging distinction between neurological and psychiatric disorders. Br J Psychiatry 2015; 207: 429–34.)
ROLE OF THE PHARMACEUTICAL INDUSTRY AND MEDIA
DECISION MAKING IN MENTAL HEALTH

• Fast and Slow thinking

• Societal perspectives

• Consumer and Carer Perspectives
RESEARCH LIMITATIONS

- Efficacy Vs. Effectiveness
- STAR*D trials / CATIE
- RCT’s
- Real World Outcomes
- What is needed to improve?
RESOURCE ALLOCATION

• Budgets

• Financial constraints

• Lack of management training? Should it be part of the curriculum
• GSK, BMS, Astra Zeneca fleeing neuroscience.

• In the past five years the number of drugs being developed by large drugmakers for brain and nervous system disorders fell 50% to 129, according to NeuroPerspective, an industry newsletter

• Depression: Ketamine, Neurosteroids, Newer mechanisms of antidepressants (Serotonin modulators)

• Schizophrenia: Inflammatory mechanisms / Neurosteroids, Drugs acting intracellularly

• Alzheimer’s: Plaque clearing medications.