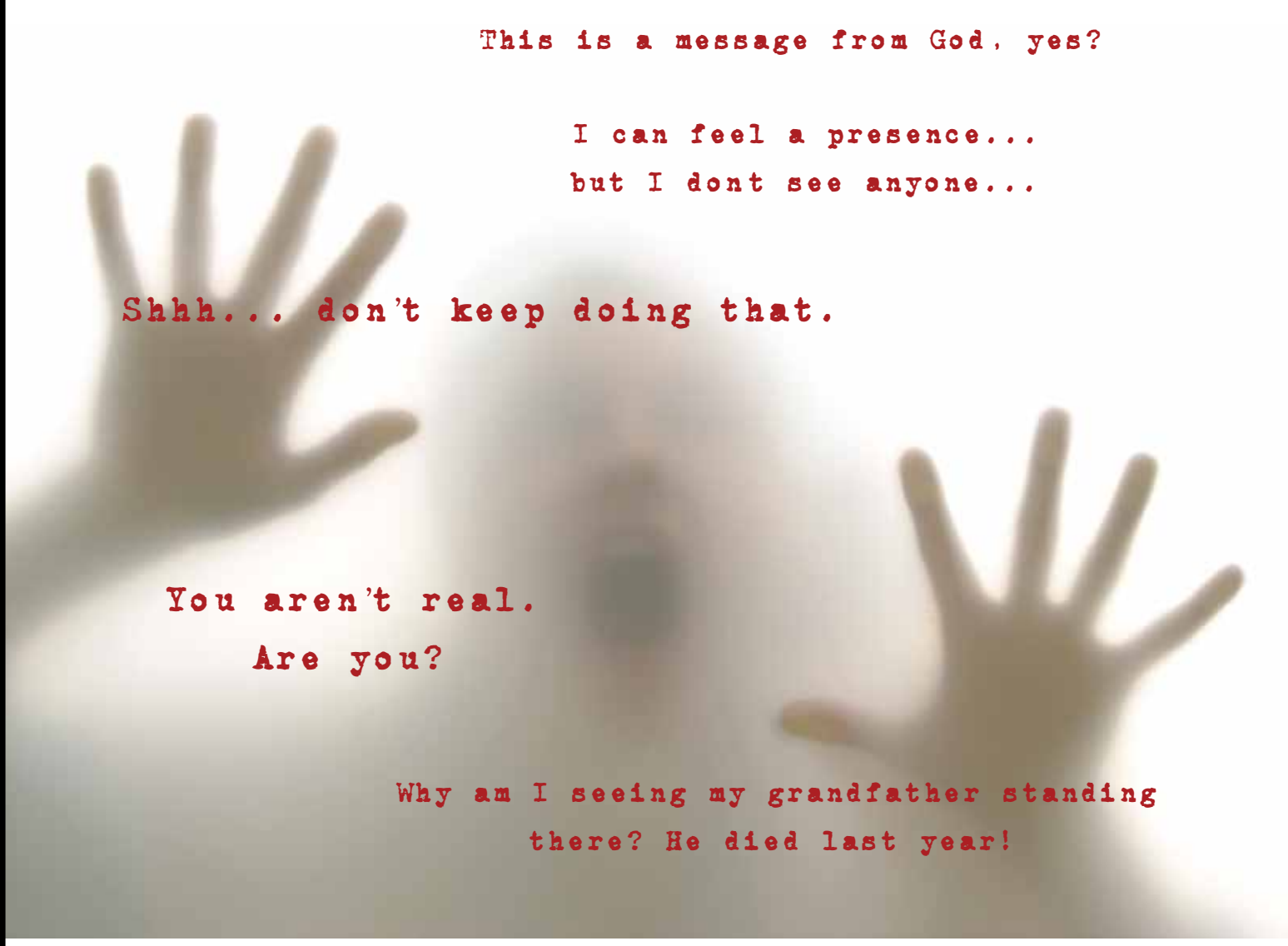

All in the Mind

By Dr Lui Yit Shiang and Dr Soo Shuenn Chiang

THESE SNIPPETS (above) from our patients are mere snapshots of their intense and immense struggles to keep in touch with reality. We are liaison psychiatrists working in a local hospital, and are very much deeply rooted and entrenched in our culturally rich and multireligious society. Frequently, we are called to question our own clinical judgements, not just by spiritual healers, mediums or fellow colleagues steeped in religious beliefs, but even by the macabre nature of what these phenomenological experiences reveal.

Diagnosing mental disorders

For uninitiated readers stepping into psychiatry, these may come across as frightening to most, strangely alluring to some, and perhaps curiously prickly to the mind. Most of our patients will attempt to understand, rationalise or even disavow them. Then some will seek to receive meanings or answers from their deities, some may derive solace from psychedelics or OTC drugs to drown out these "voices" or "visions", and even a smaller number may just turn to trusted healthcare practitioners to "believe them", without realising this area of practice falls under the

domain of mental health. "Hallucinations" are what most of our learned colleagues from general practice, emergency medicine or internal medicine will tell their patients with a certain sense of triumph ("aha, I know what you have!"), followed by a rapid referral to us.

Viewed with scepticism by sufferers or perhaps even by our own peers (owing to stigma and why we can diagnose without laboratory or imaging confirmation), but we will still proceed to inquire inquisitively, gently, comprehensively and empathetically about these encounters and other possibly associated symptoms sufficient to meet syndromic criteria or features of a particular disorder. Of course, if indeed these are hallucinations (perceptions in the absence of actual stimuli), we will delve into their aetiologies and wonder how we can begin to relieve them of these phenomena. One very useful model is the stress-vulnerability pathway and dopamine hypothesis to illustrate the emergence and evolution of these symptoms, hence paving the way for the discussion to move towards treatment acceptance.

More often than not, non-psychiatric conditions will present with hallucinations. Acute delirium can present with such extraordinary perceptual disturbances, owing to a variety of insults to the brain. Unfortunately, delirium is a less popular yet considerably lethal diagnosis among hospitalised patients because of fluctuations in cognitions (eg, attention span, amnesia) at different times in a day to different members of the medical team, disguising as a depressive reaction to distract them from the underlying causes like sepsis, metabolic derangements or an insidious bleed somewhere. Dementia of Lewy body subtype will present with complaints of disturbing visions and noises which worsen with initiation of antipsychotic medication. Charles Bonnet syndrome is a phenomenon in which patients who suffer visual impairments experience graphic and elaborate visual images.

Thereafter, pertaining more to psychiatric conditions would be schizophrenic disorders, psychotic depression, drug-induced states or even dissociative states (just to name a few). To absolutely describe or contrast these disorders is beyond the scope of our prose and we believe readers will be stimulated to pursue other texts of psychiatry on their own. Of the lot, patients diagnosed with schizophrenia often display other symptoms like blunted affect, language loss and social deterioration. Very much amenable to medication and rehabilitation, this condition also lends visibility to the disease in the public eye, when the emergence of socially unsanctioned positive symptoms and neglect of self-care occur due to non-compliance of treatment or escalated negative expressed emotions from disconcerted family members or misinformed faith-based practitioners.

Of particular interest is the increasing attention cast on substance use in our local scene, where amphetamines or other psychedelics are becoming rampant. Their consumption may signal a way of coping with these symptoms or may be a tip of the iceberg of a bigger problem of drug-induced psychosis. Ice (methamphetamine), Ecstasy (MDMA) or "power pills" (dextromethorphan) users often describe acute or delayed onset symptoms and their hallucinations may present in various modalities in a myriad of frequencies and intensities. One approach is definitely a direct enquiry since most users would admit to drug use so as to derive some form of rescue from these undesirable effects (as all users are looking for the cognitively enhanced state and not these unwanted consequences) and immediate cessation to ameliorate progression of the symptoms.

Final thoughts

After the assessments and investigations, some patients blatantly respond by saying that psychiatry is of little or no value in their self-management, but this actually rarely adds angst to our own clinical experience. The most grievous is instead insightless attribution to spiritual explanations, especially when risk is imminent in the absence of treatment or containment. Just as it is critical to ensure treatable causes of hallucinations are being looked into (and hence the general hospital psychiatrist is an invaluable ally), we cannot help but also mention that there is a role for involuntary institutional care in view of the risks to sufferers and caregivers.

Otherwise, in our attempts to empathise and build rapport with sufferers and their caregivers, we will wear many hats as clinician, advocate and fellow believer even, so as to marry medical models, religious concepts and traditional values into a feasible treatment plan that would put our patients' care and mental wellness in good stead for the years ahead. Simple as these words may seem, but in real practice, it will take full immersion into the culturally steeped world of deities, supernatural customs and paranormal experiences with patients, before your voice as a psychiatrist shimmers into their clarity of mind to guide them back into reality. ■

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