Psychiatric Injury

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What is a ‘psychiatric injury’?

- Legal term
- Includes ‘Nervous shock’ (in tort of negligence)
- Medical definition - any recognisable psychiatric disorder caused by an identifiable external event

What is a ‘recognisable psychiatric disorder’?

- Something in DSM IV (TR) or ICD-10
- Not shock, grief, distress or some other emotion

Personal Injury Claims following trauma

- Primary & Secondary victims
- Secondary victim
  - close tie of love
  - presence at incident or immediate aftermath
  - direct perception of event

Special Cases

- Bystanders
  - Primary victim if reasonably thinks he/she in danger from negligent act
  - Hegarty v EE Caledonia [1997] Piper Alpha, on a nearby ship, failed to prove their belief that they were about to be killed

Page v Smith

- RTA - exacerbation of Chronic Fatigue Syndrome
- No physical injury (previously required that it would have reasonably foreseen that psychiatric injury would have occurred).

Page v Smith

- Established that not necessary for it to be reasonably forseeable that the claimant would suffer psychiatric harm
- Ironic that this is such a key decision given that there is little evidence that trauma causes CFS to deteriorate!

Rescuers

- Special case of bystanders
- Become Primary victims

Criminal Injuries Compensation Scheme

- When the applicant has not sustained a physical injury, requires proof that
- ‘put in reasonable fear of immediate physical harm to his own person’

Stress at Work Claims

- Psychiatric injury arising from occupational stress
- Employer has breached its duty of care
- Employee has suffered a reasonably foreseeable psychiatric injury
- That the psychiatric injury was caused by a breach of care

What are the Major Diagnostic Groups

- Organic
- Functional
  - Psychosis (mad!)
  - Neurosis (as in neurotic)

Major Diagnostic Groups

- Schizophrenia
- Bipolar Affective Disorder (Manic Depression)
- Depression
- Anxiety Disorders
- Acute reactions to stress
- Personality Disorder

What is a typical psychiatric injury?

- Some psychiatric disorders, e.g.schizophrenia, neurodevelopmental with genetic causation.
- Many others strong family history
- Predisposed to by adverse early life events

What is a typical psychiatric injury?

- Caused - caused by a traumatic event
- Acute stress reaction
- Post traumatic stress disorder
- Adjustment disorders (partial PTSD)

Typical Psychiatric Injury

- Not always post traumatic stress disorder
- Depression, (depressive episodes)
- Anxiety disorders, (panic disorder, phobias)
- Substance misuse
- Co-morbidity the rule (i.e more than one disorder), with extensive overlap between disorders

Partial PTSD

- Many victims do not develop full PTSD
- Often insufficient avoidance/numbing symptomatology
- However some intrusive symptoms + anxiety + depression
- Partial PTSD / adjustment disorder

Natural History of Traumatic Responses?

- Need to understand the natural history of psychological responses to trauma
- Most cases show slow gradual improvement
- With an uncontrolled study - most treatments will appear to be effective

Epidemiology

- Estimates vary from 1% to 10%
- ECA 1%
- Others much higher
- Double in women

Causes in South East London

- RTA
- Assaults
- Rape

Duration and Outcome of PTSD

- Buffulo Creek
- 1974 - 44% had PTSD
- 1986 - 28% had PTSD
- 75% had improved, 10% had worsened

Duration and Outcome of PTSD

- Kessler et al 1995
- National Co-morbidity Study
- 60-70% gradual improvement for up to 6 years after the index event
- 30-40% no improvement at all
- If no improvement by a year - prognosis is poor

Prognostic Factors for developing chronic PTSD

- Depression in months > trauma (Freedman *et al*, 1999)
- Peri-traumatic Dissociation (Shalev *et al* 1996)
- Irritability and alcohol misuse (Blanchard *et al* 1996)
- Lack of Social support (Perry *et al* 1992)

Prognostic indicators

- Long Duration of symptoms
- Pre-existing psychiatric problems
- Previous abuse
- Pre-existing personality disorder

Prognostic indicators

- Severity of trauma
- Severity of physical injury
- Involvement of close family
- Chronically of physical problems
- Avoidance of treatment

Depression

- Single episode or recurrent
- “common cold of psychiatry”
- 20% life time prevalence
- 10% end life through suicide

Depression

- Low mood, reduced sleep, reduced appetite, poor concentration, reduced drive, reduced motivation, negative thoughts, suicidal ideas
- ICD 10, mild, moderate to severe
- DSM IV major depressive disorder

Schizophrenia

- Chronic Disorder
- Delusions
- Hallucinations (voices)
- Thought Disorder
- Negative Symptoms

Personality Disorder

- Personality abnormal
- Present since adolescence
- Causes distress to person and/or others
- ? Medicalisation of bad behaviour

Anxiety Disorder

- Agoraphobia
- Generalised Anxiety Disorder
- Somatisation Disorder
- Mixed Anxiety & Depression
- Obsessive Compulsive Disorder

Bipolar Affective Disorder

- Manic depression
- Episodes of mania
- Recurrent, life long disorder
- Characterised by elevated mood, loss of judgement, excessive spending, little sleep etc

Psychiatric Experts

- Counsellors
- Therapists
- Psychologists (clinical, educational, occupational counselling)
- Psychiatrists (consultants, staff grades and trainees)

Questions