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Context

I'm a doctor, that's my profession. I did a medical degree, and I trained in psychiatry, and I'm now a consultant psychiatrist. The board I'm registered with is called the General Medical Council, often abbreviated to the GMC. It's vital that such a body exists, because as doctors we are doing things which can do a lot of good, but can also do a lot of harm if they are not done properly. The GMC establishes what the standards are that we as doctors have to meet and it scrutinises what doctors do, and makes sure that if they don't meet those standards that they don't continue to practice. Also, it has recently brought in the requirement that we demonstrate that we are continuing to train so that we can maintain the necessary standards.

In terms of the differences and the similarities with my non-medical colleagues, the similarities probably outweigh the differences. We all think in terms of trauma and distress in our patients' lives, leading to illness. We all try to operate within a framework in which a caring relationship with the patient can improve their lives and improve their health. A number of different professionals, medical and non-medical, might use talking therapies, although they might have different opportunities to use them. We work together in a complementary way. I don't tend to have too many ideological arguments with my colleagues, but the one thing that is distinct is that we psychiatrists are able to prescribe medication.

The medication that we prescribe is in a number of different classes. For example, there are antidepressant medications, and there are anti-psychotic medications that address different problems. These medications have been developed with the assumption that there is such thing as a psychiatric diagnosis. We are specifically trained to make psychiatric diagnoses, and to know which medication is appropriate for which diagnosis, so that is a particularly 'medical' way of working.

Diagnosing Mandy

Labels are contentious but useful as well. It's important to say that I would be very loath to give a diagnosis without a full assessment that included corroborative information, so information from other people, that included a sense of how things have developed over a period of time. So you wouldn't want to base a diagnosis on a snapshot of what Mandy tells you at one point in time.

Broadly speaking I'd be thinking in terms of mood disorders. She sounds pretty unhappy. With the voices Mandy is hearing, one assumes that she's experiencing a psychotic illness, and there are a number of different sorts of

psychotic illnesses. It could be a psychotic depression – that's a depression so severe that people actually experience psychotic systems like voices. Or it could be an early presentation of schizophrenic illness, although I'd be pretty reluctant to leap into that because it's quite stigmatising, and it's got serious connotations. But also you'd want to think about other aspects of her mood, and also her personality and thinking about what sort of difficulties she might have, in a long standing fashion, in ways of coping. I'd be loath to talk about types of personality disorder. But maybe there are certain aspects of her personality that make her more prone to developing illnesses, that you might want to think about in terms of structuring, or making a diagnosis in the context of a formulation.

Hearing voices is a very distinctive thing and it might be accompanied by other experiences as well. Mandy might be experiencing delusional beliefs for example. I would use the umbrella term of 'psychotic symptoms' to understand what else might be going on. That would help me to make a diagnosis, which would then determine what sort of treatment might be relevant.

It's important to say that I would be very loath to give a diagnosis without a pretty full assessment that included corroborative information, that is information from other people, that included a sense of how things have developed over a period of time. You wouldn't want to make a diagnosis based on a snapshot of what Mandy tells you at one point. Broadly speaking I'd be thinking in terms of mood disorders as she sounds quite unhappy. She might have some sort of depressive illness, and they can be accompanied by things like voices, if they are very severe. I'd be thinking about the primarily psychotic illnesses, for example schizophrenia, although again, I'd be very sort of slow to arrive at such a startling diagnosis, and then I'd also be thinking in terms of her general personality make up and wondering about whether there are characteristics of her personality which might be useful in terms of understanding why she's developed these symptoms at this time.

I acknowledge the fact that diagnosis is controversial. Some people find it comforting and helpful to have a diagnosis, because they recognise that something is wrong, and they appreciate that someone can help them explain what's going on. But equally other people really hate the idea of having a diagnosis, and the concept is stigmatised within society, so you have to be very sensitive and careful about how you go about introducing such a massive thing into someone's life. But one of things I might be considering is medication. And medication is premised on the fact that diagnostic categories exist. I have to be thinking in terms of that, and in terms of how I would introduce biological treatment specifically.

I'd definitely be thinking about medication in Mandy's case. Whether she'd be prepared to take it, is another question.

Our views change and I think people can be worried that they're being branded with something for the rest of their life. But actually it's an inexact science, and with more information we might change our mind. On the other hand people can be keen to have a specific diagnosis, but actually we are talking about what we can say with all the information we have at the time.

Contributing factors

There are a number of issues in Mandy's case. The one that stands out in terms of her presentation at the moment, is the fact that she's now developed these voices. That is something I'm interested, in terms of understanding the specific sort of mental illness that she presents with. But obviously this is in the context of lots of other social stresses, and aspects of her background. She seems very unhappy, so there are a couple of things I'd want be thinking about in terms of both understanding her situation, making a diagnosis and thinking about treatment.

We think in terms of biological factors, so it might be that she has a sister who has a particular mental illness. It might be in her genes or it might be that she's been taking drugs. There's biological sorts of things, there are psychological things to do with stresses that she's under, her psychological make-up, which might make her more prone to developing one disorder or another, and then all the social things. The stresses that are happening include the fact that she's lost her relationship and the pressures from her work. So when you talk about causes, there are multiple different sorts of causes.

With Mandy you get the sense of someone who feels as if they've had wishes and hopes in their life, and now she's working in a department store, and one gets a sense of her maybe feeling as if her identity is being compromised. So it's not surprising really that she feels unhappy. Absolutely I would be worried about someone who is very isolated, and doesn't really feel as if they are making their way in the world in the way they'd like to. I think once people feel that they have no hope for the future it's quite, it's deadly, it's pathological.