MENTAL HEALTH IN THE COMMUNITY

BOB MASH

MB ChB, MRCGP, DCH, DRCOG, PhD

Associate Professor

Family Medicine and Primary Care

Department of Interdisciplinary Health Sciences

Stellenbosch University

Bob Mash has adapted the WHO programme Mental Disorders in Primary Care for the South African context and currently manages postgraduate education in Family Medicine at Stellenbosch University. He is editor of the Handbook of Family Medicine *and the* South African Family Practice Manual. *His research interests within district health systems include medical education, asthma, diabetes, mental health and HIV/AIDS. His paintings are sometimes found on the front cover of CME journal.*

GUNTER WINKLER

MB BHc, MMed (Psych)

Psychiatrist

Western Cape

Provincial Administrator

West Coast Winelands Region

Gunter Winkler worked for 8 years in various medical disciplines at Baragwanath, Bethal and Manguzi hosiptals. He has chosen to become a psychiatrist, but has retained a strong feeling of the importance of rural medicine and family medicine. He is in favour of the 2-year intership having a combined block of family medicine and mental health, and hopes that this joint training will allow the gradual growth of the links between the two disciplines.

In the new 2-year internship programme newly qualified doctors must spend 4 months in family medicine, primary care and mental health. The association of mental health with family medicine and primary care is very appropriate as up to a quarter of patients attending primary care have a psychiatric condition. In the older and more traditional medical curriculum, psychiatry often meant spending time in a psychiatric hospital where mental health became equated with seeing people who were acutely psychotic or manifesting severe and frequently bizarre symptoms. Once these doctors graduated and became general practitioners (GPs) they often felt unprepared to deal with the common mental health problems. For example, a doctor might have a confident and rational approach to the assessment of cough, but feel out of his/her depth with insomnia, chronic tiredness or seemingly unexplained somatic complaints. The end result is that the GP may avoid looking for mental health problems, feel irritated by patients who bring up these symptoms or refer patients to a specialist level when they could have been managed in primary care.

The exploration of psychosocial problems is often likened by GPs to the opening of 'Pandora's box' and a fear of being overwhelmed by complex social and family problems that are difficult to fix with a quick prescription or simple advice. This edition of *CME* is focused on equipping GPs with an approach to the recognition and management of mental health problems that they encounter on a daily basis.

The first article by Bob Mash outlines a way of conceptualising the process of recognition and assessment in primary care and of making psychological hypotheses in the consultation with as much efficiency as for physical ones. This approach was developed by South African GPs who adapted a WHO training package on mental disorders in primary care. The six most common and frequently inter-related mental health problems in primary care are depression, anxiety, alcohol abuse, sleep problems, chronic tiredness and unexplained somatic complaints.

The topics of depression and anxiety are covered in the context of HIV by Jane Saunders, who gives an excellent overview of mental health issues that may occur at any stage of the disease. The topic of alcohol and substance abuse is dealt with by Lize Weich, who also reinforces the value of brief motivational interviewing in dealing with behaviour change. Alison Bentley, Bruce Sparks and Bev Schweitzer all give a practical approach to the assessment and management of sleep problems, chronic tiredness and unexplained somatic complaints in primary care, respectively.

In the 'more about' articles Anil Ramjee introduces readers to the growing body of evidence that explains the complex interactions between the mind and body, so-called mind-body medicine. As family physicians we have long recognised the need for a holistic model of illness, and mind-body medicine is revealing the psycho-neuro-immunological connections between perceptions, emotions, behaviours and physical wellbeing. The article by Hugo Theron outlines a relatively new approach to counselling called narrative therapy. This is based on the concept that we create our lived realities by selecting aspects of our experience and constructing a narrative about our lives. This story or narrative defines how we see ourselves, but can be re-told or re-constructed. Finally, the article by Cathlene Seller is aimed at supporting the rational use of investigations in the management of patients with suspected or diagnosed mental disorders.

Managed health care organisations in South Africa have recently been asking questions about how private GPs can be accredited for the management of mental health problems, such as depression. Accreditation would lead to wider prescribing rights and remuneration of counselling sessions by medical schemes. At the same time, however, the Health Professions Council of South Africa (HPCSA) has recognised the speciality of family medicine, and the future training programmes for registrars in family medicine will ensure that family physicians are well trained to manage common mental health problems with associated communication and psychotherapeutic skills. Hopefully the future well-trained generalist or family physician will be seen as fully equipped to help people with mental health problems.

Mash B. How to design education on mental disorders for general practitioners in South Africa. *SA Fam Pract* 2002; **25**(5): 4-10.

Ustun TB, Sartorius N. *Mental Illness in General Health Care: An International Study*. Chichester: Wiley & Sons, 1995.