

MENTAL HEALTH AND PRIMARY CARE

Although as many as 1 in 4 people attending primary care providers may be suffering from a mental disorder, less than half are recognised and treatment is often inadequate.

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trict health systems include medical education, asthma, diabetes, mental health and HIV/AIDS. His paintings are sometimes found on the front cover of CME.

This edition of *CME* focuses on the 6 commonest mental health problems in primary care:

- depression
- anxiety disorders
- alcohol-use disorders
- unexplained somatic complaints
- chronic tiredness
- sleep disorders.

Depression and anxiety will be addressed in the context of the HIV epidemic, and alcohol along with other substances of abuse. We present practical approaches to the assessment and management of unexplained somatic complaints, chronic tiredness and sleep disorders.

In response to the need to improve management of mental health disorders in primary care, the World Health Organization (WHO) developed a training package that was adapted for use in South Africa by a cooperative inquiry group of family physicians in the Western Cape. This group developed a new conceptual model of the mental health consultation in primary care, which is presented here (Fig. 1).

Six important influences on the consultation were identified: cues, communication skills, continuity of care, confidence, course tools, and community resources and referral (Fig. 1).

Cues

Recognition depends on the primary care provider associating relevant verbal, non-verbal and contextual cues with the possibility of a mental problem. Verbal cues are often not specifically psychological and may also raise the possibility of physical problems. For example dizziness, headache, chest pain and dyspepsia may need physical and psycho-

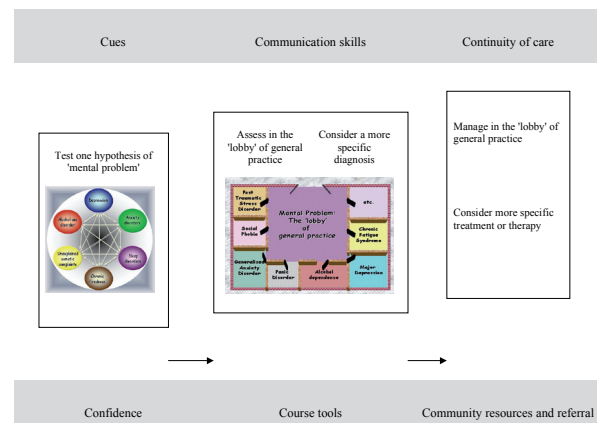


Fig. 1. Model of the consultation for the recognition and management of mental disorders.

logical hypotheses to be considered simultaneously.

Communication skills

Recognition also depends on the provider having effective patient-centred communication skills that explore the biomedical, personal and contextual aspects of the illness.

Continuity of care

Recognition will be enhanced by continuity of care with the same provider who is more likely to assess the patient holistically, build a relationship of trust and to have the opportunity to reconsider their initial hypotheses in the light of experience.

Confidence

Recognition depends on the provider feeling competent to manage mental health problems and to have the courage to explore complex psychosocial problems. Providers may need

a different range of skills in guiding and facilitating patients to resolve psychosocial issues that are different to those required for biomedical diagnosis and treatment.

Course tools

The adapted WHO package provides a number of desktop reminders and tools that can assist with assessment, explanation and planning. Tools are also provided in the form of genograms and a model for assessing psychosocial problems. Patient education materials are also available in a variety of languages.

Community resources and referral

Providers need to know that multidisciplinary support and specialist assistance is available. Knowledge of community-based organisations within the area that can assist with mental problems and associated 'problems of living' is essential.

The group also found that initially testing one hypothesis of 'mental problem' made it easier to incorporate the possibility of a psychological problem into the consultation (Fig.1). This was possible because of the overlap of presenting features and comorbidity between the six commonest conditions. Table I demonstrates a list of questions designed to test the hypothesis of 'mental problem' in Khayelitsha.

A positive response to the testing of this hypothesis does not result in a psychiatric diagnosis, but conceptually places the patient in the mental health 'lobby' or hallway, from which a number of more specific rooms or diagnoses can be considered (Fig.1). Some patients who do not fulfil diagnostic criteria or who remain undifferentiated can still be managed holistically in the 'lobby' without the need to force them into a specific room. For example, a 3-stage assessment and management plan looking at clinical, individual and contextual issues can be helpful to the patient. A number of mental health problems such as bereavement

Table I. **Questions to test the hypothesis 'mental problem' in a Xhosa community**

1. Are you thinking too much?
2. How are you sleeping at the moment?
3. Do you feel exhausted or tired even when you are not working hard?
4. Do you feel sad or like crying for no reason?
5. As a person there are things that you enjoy doing – do you find that you no longer enjoy these things?
6. Do you sometimes have the feeling that you are going to hear bad news?
7. Have you ever experienced traumatic events that made you feel extremely threatened or endangered? Or witnessed someone else in this situation?
8. a) Have you ever felt you should cut down on your drinking?
b) Have people annoyed you by criticising your drinking?
c) Have you ever felt bad or guilty about your drinking?
d) Have you ever had an eye-opener first thing in the morning to steady your nerves or to get rid of a hangover?

If positive to any one, further assessment may be required:

- If positive to 2,3,4,5 then consider depression
- If positive to 1,2,6 consider anxiety disorders
- If positive to 8 consider alcohol use disorders
- If positive to 7 consider post-traumatic stress disorder

and adjustment disorder resolve spontaneously with supportive help.

Many patients will fulfill the diagnostic criteria for specific psychiatric conditions and can then be managed using evidence-based therapies that are selected in a process of mutual decision making. Depressive and anxiety disorders can often be managed entirely within primary care. Severe mental disorders, that are easier to recognise, may need referral to specialist services or secondary care, as well as disorders that require specialised psychological therapies.

Further reading

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IN A NUTSHELL

The 6 most common mental disorders in primary care are depression, anxiety disorders, alcohol-use disorders, unexplained somatic complaints, chronic tiredness, and sleep disorders.

These disorders are often overlooked in the traditional primary care consultation.

A mental health management package designed by the WHO has been adapted for use in South Africa by a group of family physicians, who developed a new conceptual model of the mental health consultation in primary care.