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THE ROLE OF THE GENERAL PRACTITIONER IN MENTAL HEALTH

by

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1. GENERAL PRACTITIONER

General practitioner is a doctor who is in direct touch with patients and who accepts continuing responsibility for providing or arranging for their general medical care. Persons who are concerned about their health, including their mental health, often turn first to their general practitioner for advice and consider him a personal physician. His special characteristics have always been his continuous presence in a locality over years and his personal knowledge of the patient and generally also of his family and social group the patient belongs to. Such attributes place him in an admirable position to collaborate in mental health care including advising the patient and family and carrying out treatment of psychiatric cases within his capabilities. It may well be said that mental health care will remain an empty promise if the general practitioner is not enabled to act as its main agent in the community.

The rise of specialization has further increased the need for the personal physician, one of the most important links in the chain of medical care. Such a link has to be maintained, if the dangers accompanying fragmentation of care are to be avoided.

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2. MENTAL HEALTH

Mental health is the new and more acceptable name for dealing with mental illness. It is a state of mind which permits people to cope with the difficulties of every-day life and to live in a balanced satisfying manner.

a) Extent of need for mental health care

Several factors tend to complicate any assessment of the need for mental health care. One is the lack of knowledge of incidence and prevalence. Ignorance about the epidemiology of mental ill health, has been, and remains, one of the most serious barriers to our understanding. If we are to treat the community for its ills, we must know where and how disease occurs in it. In recent years, studies of incidence and prevalence of various kinds of mental disorders have been increasingly undertaken in most of the advanced countries. But most of these epidemiological studies lack comparability. Some studies suggest that 10% of any population is in need of psychiatric care at any one time. Other studies give a figure as low as 1%. In many countries little is known of the prevalence or patterns of mental disorders. Estimation of the need for particular elements of mental health services presents many difficulties in the absence of comparable data from different social and cultural settings. There are still areas of the world with fewer than one psychiatric hospital bed per 10,000 population. (In Pakistan there is one bed per 50,000 population).

If we are to fill out the picture of our mental health, we need much more comprehensive information, comparable to that of physical illness. For this, two steps are needed:

- To define what we mean by mental health, and
- To devise an adequate reporting machinery.

Mental illness is not one condition, but many. Much of it has no generally accepted diagnostic features. We do not always know what we mean when we refer to mental ill health. For example, what is exactly meant by the terms "depression", "neurosis" and "psychosomatic disorder" ?

b) Unmet needs for mental health care

- Increased knowledge. As yet we have poor knowledge about the etiology, prevention and means of treatment of many of the mental disorders. Something is, however, known about means of treating and preventing deterioration from certain of the conditions. This important body of psychiatric knowledge can be disseminated between countries and between various categories of medical personnel.

- Adequate supply of trained personnel. There have been great advances in the treatment of mental illness in the last twenty-five years. But this can only be effective if the knowledge is made available. Moreover, application of the existing knowledge depends upon adequate trained personnel.

- Efficient organization of services. It is generally agreed that psychiatric services are most effective when they reach the patient early in the course of illness and are applied constantly in a planned way.

- Adequate statistics as basis of epidemiological studies. Epidemiological knowledge can be gained through the daily recording of events and procedures, provided that records are kept consistently.

3. ROLE OF GENERAL PRACTITIONER IN MEETING MENTAL HEALTH NEEDS

a) Prevention of mental ill health

At present, every country, advanced or less advanced, is faced by many different types of problems in the mental health. With the mechanization, industrialization and urbanization in developing countries, problems are on the increase. Traditional family patterns are being disrupted due to this movement of population and accelerated industrialization. In almost every country of the world it appears that our colleagues in medicine are recognizing a steady increase in the number of psychosomatic disorders they are asked to treat. Anxiety states are increasingly obvious and conduct difficulties appear to be more numerous.

Recent statistics have shown that at the present rate of increase of mental disorder we shall soon come to a point where society will be unable to cope with the number of patients asking for treatment.

Mental illness is about to become the principal "mass disease" of our times, and it is therefore becoming increasingly urgent to deal with it in the way former generations dealt with the infectious mass diseases; by a systematic intensification of prevention. But the prevention cannot be expected to be carried out by the psychiatrists alone. There would never be a sufficient number of specialists, and besides those who are not yet mentally ill but only in danger of developing a mental disorder are hardly ever seen by the psychiatrist, but normally by other physicians and particularly by general practitioners.

The general practitioner dealing with illness both mental and physical, can increase or diminish anxiety in the patient and his family by what he says. Explanation often dispels fear of the unknown and many ill persons are afraid.

Mental disorders can also be caused by drugs and poisons. Precautions can be taken against overdosage of drugs by general practitioners.

b) Detection of cases and diagnosis

Many patients with mental problems complain first of physical symptoms. If the presenting symptoms of one hundred consecutive cases of endogenous depression are analysed, it can be seen that only about one case in ten complains of depression as such in the first instance. The patient tends to present all sorts of nervous organic symptoms to obscure the basic depression. Endogenous depression more than any other malady is an illness which the patient hates to present to the doctor. It takes a great effort for a depressive to consult a doctor about the vague symptoms which cause so much distress but which are so hard to describe and which present no physical signs.

The doctor himself will often be the person who detects that there is a mental problem. Detection and diagnosis thus merge into each other.

General practitioners have great opportunities for early diagnosis because of their accessibility and their existing knowledge of the patient, his home and his family. Their ability, nevertheless, depends on their training to recognize the symptoms of mental disorder and on their attitude to mental diseases.

To misdiagnose an organic disease has long been regarded as a serious error. It is now appreciated that to miss psychological illness is just as bad and may lead to even greater unhappiness.

Thus the general practitioner should have reasonable knowledge and ability to conduct an interview to obtain a good medical history and to make pertinent observations about psychological and social aspects of behaviour in patients, who may or may not present obvious symptoms of psychological distress.

He must be prepared to give his time to listen to patients' personal problems, show interest in their emotional conflicts and understand their anxiety and feelings of uncertainty.

c) Referral

The general practitioner should be aware of his limitations to diagnose and treat psychiatric cases. He may be responsible for referring patients with mental disorders to psychiatrists or mental hospitals. Although attitudes are changing, referral to a psychiatrist or mental hospital may mean loss of face for the patient. Most frequently cited reason by the general practitioner for not referring appropriate cases to a psychiatrist is the stigma of psychiatric care. Much can be done by the general practitioner in preparing the patient and his relatives. One of the elements making for success is the patient's confidence in the physician advising his referral. The patient must be assured that it does not mean loss of regard or rejection and that he is not beyond help.

A good letter of introduction is of course essential. In a difficult case it may be helpful for the psychiatrist to go to the home preferably in the company of the family doctor.

d) Treatment

The general practitioner can carry out certain types of psychiatric treatment but not all. There are clear dangers if he takes too much on himself. His competence in treating mental illness increases as he gains experience and is proportionate to his interest and training in mental health and his contact with the specialist psychiatric services. Thus it is difficult to lay down rules about which cases can be treated by the general practitioner and which should be referred. The majority of the patients present minor problems requiring brief treatment from the general practitioner. In fact in the majority of cases of minor psychiatric disorder, including those which run a chronic course, the main burden of medical care rests on the general practitioner. Only a minority of such patients are ever referred to a psychiatrist.

According to a report of the WHO Expert Committee on Mental Health, "in many countries 30% of the patients who seek the aid of a family doctor do so by reason of a psychiatric disorder." Some investigators put the figure at 50% or even higher.

But the general practitioner may also meet psychiatric emergencies such as attempted suicide, acute confusional states, epileptic status, acute psychotic reactions or severe personality disorders. The care of the acutely disturbed and suicidal patients has been rightly described as psychiatric first aid, which can best be given by the general practitioner.

Since the management of psychiatric patients is time-consuming, the general practitioner must understand the need to establish priorities and budget his time accordingly.

e) Rehabilitation and long-term follow up

After a mentally ill patient has been cured of his disease he needs proper rehabilitation and systematic follow up in order to avoid a relapse. Rehabilitation is the restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable. It is an all-out concerted dynamic process that involves the use of professional skills and community resources. No one is more suited for this job than a general practitioner, who tries to preserve the continuity of care and interest that are basic to rehabilitation.

The general practitioner who has the advantage of knowing the patient's background is in a position not only to assist in the choice of place and type of treatment, but also to influence the attitude of the family toward the patient by explaining the nature of illness, as well as methods of treatment and what can be expected from them. This may enable the patient to be treated at home or to enter the hospital without undue fear and be accepted back again by the family. The patient's return to the community is a traumatic experience and his return may be smoothed if the general practitioner visits him in the hospital, encourages the family to do so and visits the family during this period.

4. REQUIREMENTS FOR GENERAL PRACTITIONER TO CARRY OUT HIS TASKS IN MENTAL HEALTH CARE

There are certain prerequisites for the general practitioner to fulfill his role in mental health care. He needs motivation, interest and training.

a) Public attitudes to mental illness

Mental illness is still considered a disgrace and the sick person and his family often try to conceal his illness. There is social resistance, reflected through community apathy, misunderstanding and negative attitudes. The stigma of having been hospitalized in a mental hospital continue as a troublesome reality. Thus there is great need for a change in our attitudes about mental illness and about caring for those who are mentally ill.

b) Motivation and interest of general practitioner

There are a number of reasons why for a general practitioner psychiatry may be an almost unknown territory. One is that his interest has been insufficiently stimulated. Another reason for lack of interest in psychiatry is that it lacks much of the precision found in medicine.

For the general practitioner physical illnesses that cause pain or threaten life have a traditional priority over mental disorders. Thus when he is confronted by patients with urgent mental health problems he frequently first makes a prolonged search for physical cause and tends to postpone diagnosis of mental illness because he feels inadequate to deal with them. This is due to some extent to insufficient undergraduate training in psychiatry which in turn may result from lack of interest or motivation or inadequate training among teachers of medicine. So much of medical teaching is concerned with organs and tissues that students, their teachers and family doctors sometimes lose sight of the patient as a person whose anxieties, fears, griefs, rages, guilts and inadequate relationships with other people can, and do make him ill. Medical training should convince students that the person who is ill is as important as the illness from which he suffers, and that the kind of doctor is often as important as the kind of patient he is treating. Those who are interested in the whole man, in the sick individual and who have presumably chosen medicine because of their basic sympathies and their concern to relieve suffering, the study of psychiatry will naturally fall into the context of medicine as a whole - thus the basic approach of the physician toward mental illness is most important. The physician will treat the patient as a person who has a disease, he will not be treating a diseased organ within a patient.

Thus from the very beginning attempt should be made to impart to students a holistic approach and humanistic attitude to their calling.

c) Training of general practitioner in mental health

i) Need for training

Many general practitioners are now recognizing more mental health problems in their practice than formerly, partly because of increased awareness of their existence and partly because many serious somatic conditions, especially in the younger generations, are demanding less time and attention. At the same time there are more resources at the disposal of the general practitioner for dealing with mental health problems. General practitioners in the more remote areas have greater responsibility for making decisions on the diagnosis and treatment of mental disorders in their patients.

The general practitioner frequently states that he has no time to deal with emotional problems of his patients. It has, however, been argued that dealing with mental health problems in their early stages can save time later. Methods of effective psychiatric care are needed that are less time-consuming than the classical methods; some are being tried out or are already established.

Mutual assistance is required when cases are referred to the psychiatrist or when his advice is requested for cases treated by the non-specialist. His help may be sought in deciding whether the patients need specialist care. If he does, the general practitioner can provide valuable background information about the patient and his relatives. Many people look on psychiatric treatment as a blow to their self-esteem; the physician can help to lessen this feeling if he has himself acquired a positive attitude towards the psychiatrists.

When a patient is referred, continuity of care can be improved if the psychiatrist keeps the general practitioner informed on the progress of the case. If a patient is admitted to a mental hospital, the general practitioner's visit may afford an opportunity of exchanging information with the psychiatrist. On discharge of the patient, a report to the general practitioner may help to revive his interest in the case so that he resumes responsibility without delay.

ii) Mode of training

The Expert Committee on Mental Health has regarded the general practitioner as a person who requires knowledge and skills that other doctors do not possess and that cannot be adequately provided in an undergraduate course. For the general practitioner, a practical training is desirable that aims at modifying his attitude towards the mentally ill while

simultaeneously increasing his capacity for therapy. He also needs to be trained in the principles governing the interaction between the individual and his environment. The general practitioner would also need to have the special techniques of clinical examination required in psychiatric work and to acquire a great deal of information on such matters as problems of psychosomatic medicine and the main features of the neuroses and psychoses. Most important, he would need to appreciate the scope and the limits of a general practitioner's activities in the mental health field, and how and when to secure expert collaboration. It is certainly proper for him to prescribe rest or work, to arrange rehabilitation, to use the psychotropic drugs with caution, and to conduct psychotherapy within his capacity (if possible - under the supervision of a psychiatric specialist). The post-graduate training for this work he may obtain as a clincial assistant in a hospital or as a trainee assistant in general practice, and from formal lectures; but it may prove that the most valuable experience is acquired in small discussion groups led by a dynamically oriented psychiatrist.

The general practitioner can also act as an integrator in general hospitals. He can develop an important function by studying the psychological and social relationships of the patients and interpreting the patient as a person to specialists. This assists in the understanding of the conditions under which the illness developed and how they may affect cure.

The increased attention which is being given in many countries to mental health in the undergraduate curriculum is likely to stimulate the desire for post-graduate study. More general practitioners are becoming aware of that need for training, both from their own experience of inadequacy and from the pressure of their patients' expectation.

CONCLUSIONS

In conclusion, it may be said that the general practitioner can play a very important role in mental health. He is most suited to look after the psychiatric patient provided he has sufficient knowledge of mental illness and its treatment. He is a privileged person who can claim full confidence of the patient which is a most important pre-requisite for supportive psychotherapy.

The general practitioner occupies a key position in the fight against disease in the broadest sense of the word and that particularly from the point of view of psychiatry; it would be difficult to find a substitute for this branch of our profession.

There are, however, certain pre-requisites for the general practitioner to play this role successfully. He needs motivation, interest and special training. Above all, he requires a completely new orientation toward mental illness and toward those who are mentally ill.

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