

## The essential practice of mental health care

*All doctors practise mental health care, and most mental disorders are treated in general practice — if they are treated at all.*

The past two decades have seen major advances in the management of mental disorders. Improvements have occurred in diagnosis, so that assessment is much more precise and directly relevant to treatment. Psychopharmacology has expanded enormously, allowing more effective treatments. Counselling has become a core medical skill. At the same time, the locus of psychiatric treatment has moved ever further into the community. The numbers of patients in hospitals are the lowest on record, and most inpatients stay only briefly for acute intervention, as elsewhere in medicine.<sup>1</sup>

The prevalence of mental disorders in the community is high. While we do not have Australian data, a survey in the United States found that in a year close to 30% of the population suffered from a diagnosable disorder; 48% were afflicted by at least one illness during their lifetime.<sup>2</sup> Most common were major depressive and anxiety disorders, as well as alcohol abuse and dependence. Over half of sufferers from mental disorders did not receive professional assistance.<sup>2</sup>

General practitioners manage between 75% and 90% of patients with psychiatric illnesses in the community who do seek help.<sup>3</sup> Diagnosis and treatment of anxiety and depressive disorders is now routinely carried out in primary care. Many practitioners are taking an increasing role in the management of patients with psychoses, particularly chronic schizophrenia,<sup>4</sup> where part of the challenge also involves working with multidisciplinary community mental health services. The skill demands on the general practitioner have increased greatly in mental health care, so it comes as no surprise that opportunities for further education in psychiatry are keenly sought.

While psychiatric texts are readily available, there is actually very little written to meet the needs of community psychiatry in general practice. The series of articles *MJA Practice Essentials — Mental Health*, first published in *The Medical Journal of Australia* and now revised and collected here, is designed to assist the practitioner to deliver psychiatric services while working in primary care. All contributions commence from a community perspective and attempt to provide a clear and concise guide to core diagnostic and therapeutic

### Prevalences of common psychiatric disorders in a community sample<sup>2</sup>

Disorder	12-month prevalence	Lifetime prevalence
Major depression	10.3	17.1
Panic disorder	2.3	3.5
Other anxiety disorders	14.9	21.4
Alcohol abuse/dependence	9.7	23.5
Schizophrenia and related psychoses	0.5	0.7
Manic episode	1.3	1.6

tic issues. It was simply not possible to cover all topics, but we hope that the information presented will arouse the interest of readers and point to further sources.

The prognosis of anxiety, depressive and psychotic disorders is improved by early detection and intervention. Given the prevalence of mental disorders in the community (particularly the currently untreated group), the possibilities for secondary prevention through general practice are great. We hope this series will contribute to improving the provision of community psychiatry in primary care.

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2. Kessler RC, McGonagle KA, Zhao S, et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. *Arch Gen Psychiatry* 1994; 51: 8-19.
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4. Keks NA, Sacks T. Schizophrenia and the community. *Med J Aust* 1996; 164: 583-584. □