A SELECTION OF TEN CURRENT READINGS ON TOPICS RELATED TO PRIMARY CARE MENTAL HEALTH AVAILABLE AS FREE FULL-TEXT

Selection of readings made by A/Prof Goh Lee Gan

READING 1 – Stress related factors amongst resident doctors

Haoka T, Sasahara S, Tomotsune Y, Yoshino S, Maeno T, Matsuzaki I. The effect of stress-related factors on mental health status among resident doctors in Japan. Med Educ. 2010 Aug;44(8):826-34. PubMed PMID: 20633222.

URL: http://onlinelibrary.wiley.com /10.1111/j.1365-2923.2010.03725.x/abstract;jsessionid=A15B73384CCBDD57F21609C2B99D4F34.d02t01

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SUMMARY

OBJECTIVES: This study was designed to investigate how the interaction between the ability of medical residents (doctors in postgraduate training) to cope with stress and their working conditions might affect their level of job-relatedstress. METHODS: A self-administered questionnaire was distributed to 549 first-year medical residents at 38 postgraduate education hospitals in Japan, 1-2 months after the start of clinical training. The questionnaires contained the 29-item Sense of Coherence (SOC) Scale, the Brief Scales for Job Stress (BSJS), the 12-item General Health Questionnaire (GHQ-12) and questions on basic conditions such as working hours. Sense of coherence is an important concept from the viewpoint of salutogenesis theory and influences stress recognition style. People with a strong SOC have a high ability to cope with stress. RESULTS: The mean +/- standard deviation (SD) score on the SOC Scale was 134.5 +/- 20.5. All participants were classified into three groups according to their SOC Scale scores. Although the objective working conditions of the three groups were statistically similar, the group with the weakest SOC Scale score showed poorer mental health status ($p < 0.05$) and scored lower for 'reward from work' compared with the groups with stronger SOC scores ($p < 0.05$). The weaker SOC group also scored higher for 'mental workload' and 'problems in personal relationships' than the other two groups ($p < 0.05$). Moreover, the weak SOC group scored less for 'support from colleagues and superiors' than the strong SOC group ($p < 0.05$). A stepwise multiple regression analysis for GHQ-12 score was conducted ($R(2) = 0.45$). 'Sleep time', 'workload', 'mental workload' and 'problems in personal relationships' were positively correlated with GHQ-12 scores. 'Reward from work' was negatively correlated with GHQ-12 scores. CONCLUSIONS: Residents' mental health was associated not only with working conditions, but also with their attitudes towards those working conditions. Enhancing residents' sense of 'reward from work' might be important in reducing their reactions to stress.

PMID: 20633222 [PubMed - in process]

READING 2 – Depression among ethnic communities

Furler J, Kokanovic R, Dowrick C, Newton D, Gunn J, May C. Managing depression among ethnic communities: a qualitative study. Ann Fam Med. 2010 May-Jun;8(3):231-6. PubMed PMID: 20458106; PubMed Central PMCID: PMC2866720.

URL:http://www.annfammed.org/cgi/content/full/8/3/231

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SUMMARY
PURPOSE: Clinical care for depression in primary care negotiates a path between contrasting views of depression as a universal natural phenomenon and as a socially constructed category. This study explores the complexities of this work through a study of how family physicians experience working with different ethnic minority communities in recognizing, understanding, and caring for patients with depression. METHODS: We undertook an analysis of in-depth interviews with 8 family physicians who had extensive experience in depression care in 3 refugee patient groups in metropolitan Victoria and Tasmania, Australia. RESULTS: Although different cultural beliefs about depression were acknowledged, the physicians saw these beliefs as deeply rooted in the recent historical and social context of patients from these communities. Traumatic refugee experiences, dislocation, and isolation affected the whole of communities, as well as individuals. Physicians nevertheless often offered medication simply because of the impossibility of addressing structural issues. Interpreters were critical to the work of depression care, but their involvement highlighted that much of this clinical work lies beyond words. CONCLUSIONS: The family physicians perceived working across cultural differences, working with biomedical and social models of depression, and working at both community and individual levels, not as a barrier to providing high-quality depression care, but rather as a central element of that care. Negotiating the phenomenon rather than diagnosing depression may be an important way that family physicians continue to work with multiple, contested views of emotional distress. Future observational research could more clearly characterize and measure the process of negotiation and explore its effect on outcomes.
PMCID: PMC2866720
PMID: 20458106 [PubMed - indexed for MEDLINE]

READING 3 – Depression views

Furler J, Kokanovic R. Mental health - cultural competence. Aust Fam Physician. 2010 Apr;39(4):206-8. PubMed PMID: 20372678.

URL:http://www.racgp.org.au/afp/201004/36591

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SUMMARY
BACKGROUND: Depression, and its associated anxiety, is very common in the community and frequently managed in general practice. Yet it remains a problematic concept. Differing views of depression influence both clinical practice and research. OBJECTIVE: This article discusses the way each patient's culture interacts with other important contexts of clinical practice to shape how depression is understood and managed. DISCUSSION: Cultural and linguistic diversity interacts with socioeconomic factors in determining the known prevalence of depression and anxiety. Detection of depression may be shaped by expectations and assumptions of both the general practitioner and patient. Language and communication barriers mean interpreters are critical to mental health care. Culturally sensitive care for depression requires a reflective approach based on a negotiated understanding of the patient's experiences and symptoms.
PMID: 20372678 [PubMed - indexed for MEDLINE]

READING 4 – Mental status examination

Snyderman D, Rovner B. Mental status exam in primary care: a review. Am Fam Physician. 2009 Oct 15;80(8):809-14. Review. PubMed PMID: 19835342.

URL: http://www.aafp.org/afp/2009/1015/p809.html

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SUMMARY
The mental status examination is an essential tool that aids physicians in making psychiatric diagnoses. Familiarity with the components of the examination can help physicians evaluate for and differentiate psychiatric disorders. The mental status examination includes historic report from the patient and observational data gathered by the physician throughout the patient encounter. Major challenges include incorporating key components of the mental status examination into a routine office visit and determining when a more detailed examination or referral is necessary. A mental status examination may be beneficial when the physician senses that something is "not quite right" with a patient. In such situations, specific questions and methods to assess the patient's appearance and general behavior, motor activity, speech, mood and affect, thought process, thought content, perceptual disturbances, sensorium and cognition, insight, and judgment serve to identify features of various psychiatric illnesses. The mental status examination can help distinguish between mood disorders, thought disorders, and cognitive impairment, and it can guide appropriate diagnostic testing and referral to a psychiatrist or other mental health professional.
PMID: 19835342 [PubMed - indexed for MEDLINE]

READING 5 – Scaling up services

Patel V, Bloch S. The ethical imperative to scale up health care services for people with severe mental disorders in low and middle income countries. Postgrad Med J. 2009 Oct;85(1008):509-13. PubMed PMID: 19789188.

URL: http://pmj.bmj.com /cgi/pmidlookup?view=long&pmid=19789188

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Comment in:
Postgrad Med J. 2009 Oct;85(1008):507-8.

SUMMARY
Most mentally ill people in low and middle income countries, where clinical services are typically scarce and mental health legal provisions often inadequate, do not receive requisite evidence based treatment. The unfortunate consequence is compromised health and well-being and lack of social integration in the community. Recent initiatives, such as the Movement for Global Mental Health, aim to improve the situation and, in so doing, take into account ethical factors that play a role in the face of inadequate care and mental health legislative frameworks. Two composite case vignettes based on the narratives of actual patients living in India are used to show how family carers resort to measures like deception, coercion and physical restraint in order to deal with challenging behaviours stemming from severe and enduring mental disorders. These actions, while violating patients' fundamental human rights, are also the consequence of the utter frustration and despair experienced by families. Scaling up mental health care based on the principle of cost effectiveness is not only a clinical imperative, but also a pivotal means to ensure that the severely mentally ill are accorded the same universal rights as those enjoyed by others.
PMID: 19789188 [PubMed - indexed for MEDLINE]

READING 6 – Young people's experience seeking help for mental health

Charman D, Harms C, Myles-Pallister J. Help and e-help - young people's perspectives of mental healthcare. Aust Fam Physician. 2010 Sep;39(9):663-5.
PubMed PMID: 20877772.

URL: http://www.racgp.org.au/afp/201009/39117

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SUMMARY
BACKGROUND: This study aimed to explore young people's experiences and perspectives on seeking and accessing help for mental health using traditional as well as electronic means. OBJECTIVE: Three focus groups of young people aged 13-26 years who were members of community groups, explored issues guided by a series of questions. RESULTS: Using interpretive phenomenological analysis of the transcripts, three themes emerged: Young people's perceptions of mental health problems in themselves and their peers; Young people's experiences of help and the importance of trust; Young people's perceptions of e-help and concerns about trust. DISCUSSION: Participants appeared to have a good sense of when help is needed and how they wanted to be helped for mental health problems. However, participants described many negative experiences, particularly restricted access to help and breaches of trust. There were concerns about privacy and confidentiality with e-help, as well as a general distrust and fear of harm in seeking help.
PMID: 20877772 [PubMed - in process]

READING 7 – Youth friendly assessment

Parker A, Hetrick S, Purcell R. Psychosocial assessment of young people - refining and evaluating a youth friendly assessment interview. Aust Fam Physician. 2010 Aug;39(8):585-8. PubMed PMID: 20877754.

URL: http://www.racgp.org.au/afp/201008/38497

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SUMMARY
BACKGROUND: Given the high prevalence of mental health and/or substance use problems in young people, an assessment interview that assists clinicians to engage with young people and assess their psychosocial needs is essential. Currently, there are few assessment tools for this purpose. OBJECTIVE: To describe the rationale and process of extending a psychosocial assessment interview to assist clinicians in assessing the full range of mental health disorders common in young people. DISCUSSION: The 'headspace' assessment interview is designed to assist engagement while assessing psychosocial and mental health problems. It can be used by a range of clinicians in primary care settings for the purposes of developing treatment or referral options. To date, as part of a national clinical service platform, the interview has been used with over 2000 young people. A preliminary process evaluation indicated that the interview is perceived to have utility and acceptability among the clinicians who are using it in their practice to assess young people's mental health problems and psychosocial functioning.
PMID: 20877754 [PubMed - in process]

READING 8 – Party Drugs

Frei M. Party drugs - use and harm reduction. Aust Fam Physician. 2010 Aug;39(8):548-52. PubMed PMID: 20877746.

URL: http://www.racgp.org.au/afp/201008/38552

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SUMMARY
BACKGROUND: Party drug use, the intermittent use of stimulants, ecstasy and so-called 'designer drugs' at dance parties or 'raves', is now part of the culture of many young Australians. OBJECTIVE: This article discusses the risks associated with the use of 'party drugs' and describes an useful approach to general practitioner assessment and management of patients who may be using party drugs. DISCUSSION: Party drug use is associated with a range of harms, including risks associated with behaviour while drug affected, toxicity and overdose, mental health complications and physical morbidity. Multiple substance use, particularly combining sedatives, further amplifies risk. If GPs have some understanding of these drugs and their effects, they are well placed to provide an effective intervention in party drug users by supporting the reduction of harm.
PMID: 20877746 [PubMed - in process]

READING 9 – Home based activity programme for older people with depressive symptoms

Kerse N, Hayman KJ, Moyes SA, Peri K, Robinson E, Dowell A, Kolt GS, Elley CR, Hatcher S, Kiata L, Wiles J, Keeling S, Parsons J, Arroll B. Home-based activity program for older people with depressive symptoms: DeLLITE--a randomized controlled trial. Ann Fam Med. 2010 May-Jun;8(3):214-23. PubMed PMID: 20458104; PubMed Central PMCID: PMC2866718.

URL: http://www.annfammed.org/cgi/content/full/8/3/214

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SUMMARY
PURPOSE: We wanted to assess the effectiveness of a home-based physical activity program, the Depression in Late Life Intervention Trial of Exercise (DeLLITE), in improving function, quality of life, and mood in older people with depressive symptoms. METHODS: We undertook a randomized controlled trial involving 193 people aged 75 years and older with depressive symptoms at enrollment who were recruited from primary health care practices in Auckland, New Zealand. Participants received either an individualized physical activity program or social visits to control for the contact time of the activity intervention delivered over 6 months. Primary outcome measures were function, a short physical performance battery comprising balance and mobility, and the Nottingham Extended Activities of Daily Living scale. Secondary outcome measures were quality of life, the Medical Outcomes Study 36-item short form, mood, Geriatric Depression Scale (GDS-15), physical activity, Auckland Heart Study Physical Activity Questionnaire, and self-report of falls. Repeated measures analyses tested the differential impact on outcomes over 12 months' follow-up. RESULTS: The mean age of the participants was 81 years, and 59% were women. All participants scored in the at-risk category on the depression screen, 53% had a Diagnostic and Statistical Manual

of Mental Disorders or International Classification of Diseases, Tenth Revision diagnosis of major depression or scored more than 4 on the GDS-15 at baseline, indicating moderate or severe depression. Almost all participants, 187 (97%), completed the trial. Overall there were no differences
in the impact of the 2 interventions on outcomes. Mood and mental health related quality of life improved for both groups. CONCLUSION: The DeLLITE activity program improved mood and quality of life for older people with depressive symptoms as much as the effect of social visits. Future social and activity interventions should be tested against a true usual care control.
PMCID: PMC2866718
PMID: 20458104 [PubMed - indexed for MEDLINE]

READING 10 – Motherhood and mental illness

Frayne J, Nguyen T, Allen S, Rampono J. Motherhood and mental illness--part 2--management and medications. Aust Fam Physician. 2009 Sep;38(9):688-92. Review. PubMed PMID: 19893796.

URL: http://www.racgp.org.au/afp/200909/33947

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SUMMARY
BACKGROUND: General practitioners see many women who may be on medication for the management of their mental illness before, during, or after a pregnancy. OBJECTIVE: This article reviews the current evidence and gives practical advice on management and use of psychotropic medication in women with mental health disorders in pregnancy. DISCUSSION: The general practitioner is often the first point of contact, and is vital in giving timely and accurate information and encouraging appropriate treatment choices in women with mental illness in our community. The risk-benefit analysis of treatment needs to be considered in light of the evidence at hand. Specialist opinion in complex cases must be sought early.
PMID: 19893796 [PubMed - indexed for MEDLINE]
