

People with psychological disorders: Moving outside the comfort zone

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It is safe to assume that almost all Australians know someone with issues relating to their mental health. Recent Department of Health data indicate that one in five Australians has a mental illness each year, and the lifetime prevalence of mental disorders is approximately 45%.¹ These high rates are unlikely to surprise general practitioners (GPs), who have a key role in mental healthcare.

On my very first day as a GP registrar, my first patient broke down in tears a mere 20 seconds into the consultation. I still remember feeling completely out of my depth, unsure of the best way to help him address his depression. Reflecting on previous training, these sorts of community mental health issues were not the main focus of psychiatry lectures at medical school. Furthermore, I had spent only two weeks of my prevocational training working in mental health, which was at an involuntary mental health facility. This inpatient unit was the only one within several hundred kilometres capable of accepting involuntary patients. Not surprisingly, this meant that we cared for extremely unwell people who had minimal insight into their condition. This was a valuable experience for me but not especially useful for developing skills in community mental healthcare.

I felt that I had an incomplete understanding of the breadth of mental health presentations in the community before becoming a GP registrar. This is not surprising given the constraints of medical school curricula and prevocational training. The complexity and some of the nuances

of mental illness have become apparent to me only as I have gained experience working with people living with a range of mental health conditions.

Depression, anxiety and substance abuse are the most common mental health disorders in Australia.¹ These conditions rightly receive most of the media attention with respect to mental health. However, as true generalists, GPs are required to diagnose and sometimes manage a huge range of mental health conditions. In this issue of *Australian Family Physician (AFP)*, we have chosen to focus on some less frequently managed mental health conditions.

According to the Bettering the Evaluation and Care of Health (BEACH) data, schizophrenia-related encounters represent approximately 1% of consultations with Australian GPs.² Harrison, Charles and Britt further explore BEACH data in their article this month, including issues relating to medical comorbidities for people with schizophrenia.² Hope and Keks elaborate on the role of the GP in their article about schizophrenia.³

Phillipou and Castle explore what GPs need to know to diagnose and manage body dysmorphic disorder in men, a complex and, at times, poorly understood condition.⁴ Continuing with a broad approach to less common conditions that can lead to psychological issues in our patients, Atkinson and Russell explore gender dysphoria, an inconsistency between one's biological sex and one's gender identity that causes significant distress.⁵ Although the term 'gender dysphoria' is included in the *Diagnostic and Statistical Manual of Mental Disorders* fifth edition, being transgender is not a mental health condition. However, people who

identify as transgender do have a higher prevalence of depression and suicidality than the general population.⁶ Finally, Foley and Trollor have contributed an important article about the role of the GP in caring for adults with autism spectrum disorder.⁷

Educating medical students and junior doctors about community mental health is clearly challenging as mental health is a complex, diverse and broad field. The Focus articles in this issue of *AFP* aim to help GPs gain an understanding of some less commonly appreciated mental health conditions to assist them in performing their vital role in the diagnosis and management of mental illness in Australia.

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