



Kath O'Connor

A leg to stand on

Learning about mental health at medical school was all about lists. I scribbled lists down the margins of my lecture pads: the DSM-IV criteria for depression and schizophrenia, the side effects of the atypical antipsychotics, the assessment of suicide risk. Lists can be vital in recognising the conditions that need treatment to prevent significant morbidity. In some cases, the right treatment can be lifesaving. However, in the messy mix that is general practice, lists are only part of the equation. In my practice I see many patients who are distressed by psychological symptoms that don't meet the DSM-IV criteria for a specific diagnosis. In these cases, the real challenge is to find ways to help the patient find meaning and a way through the mess.

While standing in 'eagle' pose at a yoga class (standing on one foot with the other foot tucked around the calf and arms entwined in front of the face), I tend toward thinking about mental health as a question of balance. But, just as some of us are rounder in the middle, top heavy or have longer legs or flatter feet, it's a balance that is different for all of us. It's also a balance that is constantly changing as life throws us the inevitable curveballs.

I'm always amazed at the curveballs that people have to face. Some of the stories I have heard in the consulting room during my years as a general practitioner and general practice registrar have made my hair stand on end: domestic abuse, sexual abuse, the death of a child, terminal illness, psychotic illness, the cruelty of families and workmates. And in each case the person needs to somehow make the shift in perspective to enable them to cope with the new conditions of their life. Sometimes this feels like an impossible task.

Eastern approaches to mental and physical health are fast becoming part of the mainstream of clinical medicine. Evidence to support the benefit of regular meditation or yoga in the management of mental health conditions such as depression and anxiety is growing though not robust, as it is difficult to isolate the 'active ingredient' in the presence of multiple variables.¹ Importantly, meditation may not be appropriate for patients with personality disorders or acute psychosis or depression.¹ Nevertheless, most GPs recognise the mental and physical health benefits to most patients of regular meditation or yoga practise.² When I manage to 'turn up' to a yoga class or to my own meditation cushion, I am amazed at the benefits in clarity and coping.

In addition to the benefit of the techniques of yoga and meditation, the philosophies that underpin them can be helpful when helping patients to face, and somehow integrate, the suffering in their lives. These philosophies talk to the inevitability of both suffering and change. I sometimes use some of these ideas when talking to patients about coping with crisis and use the analogy of a house in a storm. When a storm is on its way, there is nothing you can do to alter it. But you can alter the way you respond to it. You can batten down the hatches, go inside and huddle with your loved ones and wait for the storm to pass, as it always does. When it passes you can go outside and survey the damage and work out what to do next.

If the 'storm' is a mental illness, risk management as well as seeking a specific diagnosis that will guide treatment is vital. In this issue of *Australian Family Physician*, Balaratnasingam³ looks at risk assessment and safety in mental health; Kyrios et al⁴ highlight the importance of assessing for the focus of the anxiety in patients with anxiety disorders; and Reynolds et al⁵ look at the online resources available for patients with depression and

anxiety. Certainly, not all patients will recover as we would hope and many live with chronic psychiatric symptoms and behaviours that elude treatment. Also in this issue, Lubman et al⁶ look at the management of patients with borderline personality disorder (BPD) who misuse substances.

Lubman's article highlights the importance of recognising and managing our own response to patients with BPD. While this is especially important for patients with BPD as they can evoke such negative responses, it's also good advice for any clinical work. For me, the practice of yoga and meditation helps me to make the space for this type of reflection. As I hold my body contorted in eagle, something shifts as I tend toward my own sense of balance. And in that moment I remember to breathe.

Author

Kath O'Connor MBBS, FRACGP, is Medical Editor, Australian Family Physician and a general practitioner, Castlemaine, Victoria.

References

1. Penman S. Yoga and meditation – what is the active ingredient? *Medicine Today* 2010;11:764–7.
2. Cohen M, Penman S, Pirota M, Da Costa C. The integration of complementary therapies in Australian general practice: results of a national survey. *J Altern Complement Med* 2005;11:995–1004.
3. Balaratnasingam S. Mental health risk assessment: a guide for GPs. *Aust Fam Physician* 2011;40:366–9.
4. Kyrios M, Mouding R, Nedeljkovic M. Anxiety disorders: assessment and management in general practice. *Aust Fam Physician* 2011;40:370–4.
5. Reynolds J, Griffiths K, Christensen H. Anxiety and depression: online resources and management tools. *Aust Fam Physician* 2011;40:382–6.
6. Lubman DI, Hall K, Pennay A, Rao S. Managing borderline personality disorder and substance use: an integrated approach. *Aust Fam Physician* 2011;40:376–81.

correspondence afp@racgp.org.au