

CHAPTER 1

How to Use This Book

One person in four will develop a mental illness at some point in life. The vast majority will suffer from mild to moderate depression, anxiety, or substance misuse. As a result, most mental healthcare is delivered in general practice. That is why we wrote this book: a book of psychiatry algorithms for general practice.

Our book is designed as a practical guide to psychiatric assessment and mental health care in day-to-day general practice. It is not a substitute for a medical degree, for continuing medical education, or for the systematic syntheses of evidence published by the National Institute for Health and Care Excellence (NICE). Instead, our book is aimed at informing rapid clinical decisions in busy surgeries and clinics.

With backgrounds in general practice and psychiatry, we recognise the need for guidance about both the mental health problems that are commonly seen in general practice and the problems that are rarely seen and are therefore more unfamiliar. So, this book is intended to assist in both of these situations, when rapid assessment and a treatment decision are needed for problems both familiar and unfamiliar.

The opening chapters of the book cover brief history taking in general practice and the rapid mental state examination, with an emphasis on what is achievable in busy clinical settings. Often, information emerges in a haphazard fashion during the course of a complex consultation; we suggest that this reminder of key headings for both the psychiatric history and the mental state examination can help identify and address gaps in the information provided.

These opening sections are followed by chapters devoted to specific psychiatric illnesses including anxiety disorders, obsessive compulsive disorder, depression, bipolar affective disorder, post-traumatic stress disorder, alcohol and substance misuse, psychosis (especially schizophrenia), eating disorders, delirium, dementia, personality disorders, autism spectrum disorder, and attention deficit hyperactivity disorder.

Not all patients present with a ready diagnosis, so the following chapters explore common complaints that can mask or suggest psychological or psychiatric disorders, such as insomnia, unexplained somatic symptoms, and fatigue ('tired all the time'). More complex scenarios are considered next, including self-harm, suicide, aggression, and referrals for involuntary care for severe mental disorder. These situations are always challenging.

Finally, we outline special considerations to be taken into account in the contexts of children, intellectual disability, the elderly, and pregnancy. The book's appendices cover commonly prescribed psychotropics, physical examination and investigations for people with severe mental illness, and MCQs for self-assessment.

Overall, this book aims to:

- provide a reminder of the essentials of psychiatric history-taking and mental state examination;
- present a compendium of pragmatic, usable algorithms for decision-making around psychiatric illness in general practice; and
- assist general practitioners and their teams in the delivery of high-quality, evidence-based, person-centred mental health care.

Disclaimer

This book is intended as general guidance only and does not in any way represent medical or legal advice for individual persons. Readers are advised to use their own academic and clinical knowledge when taking clinical decisions. While every effort has been made to ensure the accuracy of the information and material contained in this book, it is still possible that errors or omissions may occur in the content. The author and publishers assume no responsibility for, and give no guarantees or warranties concerning, the accuracy, completeness, or up-to-date nature of the information provided in this book.