

Managing Alcohol and Mental  
Health Co-morbidity in  
Primary Care: A National  
Workshop  
The Hilton Hotel  
Adelaide

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# “Shared Care between psychiatry and general practice”

Dr Tom Paterson

# Tom Paterson

- Has been a paid speaker or received sponsorship from Pfizer, Wyeth, Organon, Sanofi, Astra Zeneca and Bristol Squibb Myer and Lundbeck

# Tom Paterson

- Private Psychiatric Practice
  - The Adelaide Clinic
- Public Psychiatry
  - Lyell McEwin Health Service Division of Mental Health

# Three Questions

- What is wrong? (who cares)
- Why is it wrong?
- What are we going to do about it?

What's in a diagnosis?

# What is wrong?

- Sore throat
- Fever
- Painful and swollen glands

# Diagnosis

- Sore Throat Disorder

# Aetiological Diagnosis

- Tonsillitis
- Laryngitis
- Ulcer
- Fishbone

- Panic attack when a spider appears
- Run away and get better
- Well until another spider appears

# Diagnosis

- Specific Phobia of the animal sub type
  - Spider Phobia

- “I’m depressed doctor”

- You have “Depression”

- Co – morbidity is an oxymoron

# The Big Question is:

- Why is whatever wrong with you?

and

- Does it matter?

- If you have no bloody idea why then you have no bloody idea what to do next.

# Three Legged Kitchen Stool

- Biology
- Psychology
- Social / Environment

# Biology

- Brain Physiology
- Genes
- Medical Conditions
- Pain
- Drugs
- Alcohol

# Psychology

- Unmet dependency
- Narcissism etc
- Coping Strategies
- Personality
- Locus of Control

# Social / Environment

- It can be like hitting ones head with a hammer

# Balance

- If you only fix one leg of the stool it may well fall over.

# Alcohol Abuse

- A brief example of the ramblings of a shrink

# Ethical Issues

- Paternalism versus Autonomy
  - Self Responsibility

# Identification of the problem

- Care not to sanction
- Use of objective measures
  - AUDIT Questionnaire

Is There a Problem?

# Mental Health Status of Adult South Australians

South Australian Health Commission:  
October 1997

GHQ - 28:

Prevalence of mental health illness in  
South Australia identified as 19.5%

# Mental Health Status of Adult South Australians

Those identified as having a mental health illness significantly more likely to:

- use tertiary health services

- use A & E departments

# Mental Health Status of Adult South Australians

Significantly more people with a mental health condition were totally unable to carry out their normal duties in the month prior to the 1997 survey

# “Primary Care Psychiatry - The Last Frontier”

RACGP & RANZCP identified that:

20% of the Australian population meet  
criteria for a mental disorder

**only** one third seek treatment

Of these, three quarters seek  
help from their general practitioner  
(Andrews et al 1994).

# Primary Care Psychiatry

General Practitioners, Divisions of General Practice and Psychiatric Services:  
exploring strategies to enable efficient  
delivery of “Primary Care Psychiatry”

# Primary Care Psychiatry

Increasing literature about primary care psychiatry

Much of this focused on screening and identification of mental health disorder

# Primary Care Psychiatry

Screening, particularly for depression, may not of itself improve outcomes. (Holmwood )

# Primary Care Psychiatry

Clinical training program designed to increase General Practitioner involvement demonstrated little change in General Practitioner clinical interview skills

(Tobin et al 1997)

# Illness Severity in General Practice

- General practitioners consistently manage patients who have very severe depressive and anxious psychiatric symptomatology.

# So What Can We Do? Or What Is Being Done?

- There are a range of initiatives that have been developed between General Practice and Psychiatric Services
- To look at some:

- LMHSMHD and ANDGP joint Mental Health Project

- UPASA

- Case Conferences