



The science of the mind: investigating mental health

Treating the individual: GP perspective

Narrator

Dr Sugina Hesketh is a GP in the south of England. Her work inevitably involves diagnosing and treating people with mental health issues.

Dr Sugina Hesketh

I would say we see quite a lot of emotional disorders in general practice, a lot of mental health issues and a good proportion of those are emotional disorders. 10% some weeks, it could be 25%, it's very variable, and of course it varies different times of year as well.

People often come to general practice with a variety of different reasons that they're coming, and sometimes it's very obvious that it's an emotional disorder that's causing their problems. Other times it's harder and they present with a whole range of different physical problems, and tiredness and stress symptoms, and you have to gradually tease out what the actual issues are, and it then gradually becomes apparent. Some people are very articulate and self aware, and know exactly what their problems are; a great many people aren't.

When somebody comes to me telling me they have an emotional disorder that they may be feeling depressed or anxious, I guess the first thing I want to do is understand the story, and so I want to spend a good few minutes just hearing their problems and how it's affecting their everyday life, how they're feeling, when these feelings come how long they've been suffering with these conditions, whether anything's precipitated it, whether they've suffered with these things before, and if so how did they get better last time, what may have helped, a little bit about their social circumstances, whether they're at work, whether they've got a young family, what the stressors are, the pressures on them are, and also just a general run through of what current other illnesses they might have, what other medication they might be on, because all of that will influence how, the best way to manage this person.

Once I've heard the story the next thing I want to do is to try and document some of that, and so we use the patient health questionnaire which just makes sure that I've really heard what they're saying, and also it helps assess their risk of harm, self harm and potentially harm to others, which is less relevant often, but self harm. And so I'll ask them to fill in a questionnaire which helps sort of give an objective quantification as to how they are feeling, which is very useful 'cos (a) it helps them know that I've heard and listened well, and also for the future it means that we can compare how they're feeling in the future to how they were feeling at this point to help judge how effective any treatment might be, and then once we've done that, we then go on to talking about the sorts of things that might help, and I'll offer them a whole range of different things and what, what I offer will depend slightly on to what degree I think they are unwell, and the way one would treat somebody who's not been unwell for very long and whose symptoms are mild, will be different to somebody who is clearly extremely unwell, unable to function in their everyday life, and who may well be a suicidal risk.

When people present with depression often they become socially isolated. They tend to withdraw and stop doing their usual activities, don't want to go to work, don't want to go out with their friends, find it hard to concentrate on the television, and often just want to withdraw. There's been quite a bit of research that's shown that to allow a person to withdraw like that actually delays their recovery, and so one of the things is to try and encourage them back into their normal everyday life, and that often has to be set in very small, bite-sized steps of gradually going out, so first of all just going out for a walk every day, and then maybe contacting a friend and meeting a friend, and gradually building up the level of activity that you get involved with, and it's often helpful to document that so that you can see with the person

exactly how much they're managing to do, and encouraging them to get more and more involved again, and build up their self confidence because alongside the, the feelings of depression often become a huge loss of self esteem and self confidence in their ability to manage normal everyday life.

In general for mild or moderate depression or anxiety what I would offer is two things. One is I would say that counselling would be very helpful and this could happen in a whole variety of ways, some people prefer a face to face encounter, and some people prefer to read books or look at websites, or work through self help material in the form of little booklets, and some people like to work with others in a group, and I'll try and establish what would be most helpful for them, what approach would be most helpful for them. And the difficulty is, is that when people become depressed they find it harder and harder to communicate with other people, especially people they don't know, and so they often find the thought of counselling quite threatening, and aren't always very keen to go for that approach, and often prefer to look at a book or a booklet, and of course you have to establish can they read, how easily can they engage with that sort of material, do they have a computer that they could access websites.

If they have a more severe depression, or if the self help things haven't worked so effectively I may well offer medication. And also if they're just mild or moderate depression, if medication has helped in the past, or they particularly have a lot of physical symptoms of depression, medication may well be a very useful adjunct in the self help or the counselling kind of work that they will be doing anyway.

The only other thing to say is that there is a big emphasis on psychological support but of course in the NHS that support isn't readily or easily available, the waiting list is long, people I've referred in November are only just being, seen six months later. I'm in the very fortunate position that in our practice we have a voluntary organisation, who are a charity, who offer counselling and so a lot of our patients go there for counselling, but the NHS resource comes a lot later so, you know, a lot of other patients not attached to our practice, there is nothing easily available other than the self help stuff, or private counselling which is very costly.