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Research Article

Mental Health in a Nutshell

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ABSTRACT

Background: Mental health disorders are common throughout the world and are responsible for a large proportion of the burden of morbidity, mortality and health expenditure. General Practitioners are the most likely first 'port of call' but may not have enough time, training or resources to properly assess, manage, monitor or prevent mental health problems.

Objective: To create a practical and efficient non-pharmaceutical tool using evidence-based parameters that can be easily used by GPs in a busy practice.

Discussion: 'Mental Health in a Nutshell' describes how discussing exercise, social engagement, activities of daily living, meaning, mindfulness techniques, gratitude and strengths can assist patients with mild to moderate mental illness. In combination with risk assessment, medication, formal psychological therapies and referral, this tool may also decrease the 'disability' caused by even severe mental illness and assist in improving resilience.

Introduction

The World Health Organisation defines mental health 'as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' [1]. In middle- and high-income countries, the first 'port of call' for mental health problems is usually primary health care practitioners [2]. It has been noted 'family doctors do not have enough time, training or resources to give [patients] proper care' [3]. General Practitioners (GPs) are time-poor and some have limited mental health training in how to efficiently assess, manage and monitor mental health conditions in a patient-centred and practical way [4].

A practical and efficient tool is needed for GPs that can be used for diverse mental health conditions, is relevant cross-culturally and with different education levels. Each of the components of the 'Mental Health in a Nutshell' has been validated for use in mental health disorders. This model brings it all together in a way that is relevant and easy for a GP to use and is based on the literature as well as on 35 years of experience working in clinical and teaching mental health in General Practice. The 'Mental Health in a Nutshell' model has been successfully utilised by the lead author in Vanuatu, remote Australian Aboriginal communities, refugees, doctors with burnout and by all three authors in general practice settings for a variety of mental health problems [5]. The tool is evidence-based, easy to remember, easy to use and patient-centred.

Mental health disorders are common throughout the world and responsible for significant morbidity, mortality, unemployment, homelessness and government expenditure [6]. The 2007 Australian National Survey of Mental Health and Wellbeing found almost half (45.5%) of the population has experienced a mental health disorder during their lifetime at a cost of more than $20 billion [7]. The morbidity and negative social outcomes will be dependent on such issues as culture, age, resources, resilience, social structure, health infrastructure, co-morbidity, employment, homelessness or poverty.

The assessment of mental health disorders involves not just the presence of symptoms but how these symptoms affect the person's ability to function. The Diagnostic and Statistical

Manual of Mental Disorders (DSM) V defines major depression as mild, moderate or severe according to the patient's ability to function along with the severity of the symptomatology (Box 1) [8]. There are similar ways of assessing the impact that Generalised Anxiety and Post-Traumatic Stress Disorder (PTSD) have on function.

Box 1. Severity of depression according to DSM-V

Severity is based on the number of criterion, the severity of those symptoms and the degree of functional disability.

- Mild: Few, if any symptoms in excess of those required to make the diagnosis are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.
- Moderate: The number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for "mild" and "severe."
- Severe: The number of symptoms is substantially in excess of that required to make the diagnosis, the intensity of symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.

(American Psychiatric Association, 2013) [8]

In mental health disorders, with a decrease in exercise, social engagement, attention to activities of daily living, sleep, education, work, ability to distract from negative thoughts, meaning in life and self-esteem, there comes a spiral downward with further worsening of symptomatology and function [9-18]. Early attention to these parameters can arrest this downwards spiral, and improvement in these parameters can improve mood and functioning [9-23]. A GP can work with the person to agree on goals relating to these parameters to form the basis of a management plan. Regular reassessment, particularly with a change in circumstances or medication, can guide decisions about treatment and referral options. Teaching a person to pay attention to these issues can also improve their resilience so that they can self-manage at times of stress and decrease the risk that they may become unwell [9-23]. (Table 1)

There is evidence for assessment tools such as K10 and DASS and for psychotherapies such as Motivational Interviewing, Cognitive Behavioural Therapy and Mindfulness [24,25] however even GPs who are trained in these skills, often struggle to find the time to use them. Most clinicians agree medication should not be used alone but in conjunction with psychotherapy [26,27].

For some patients with mild to moderate illness the practical, function-focussed style of 'Mental Health in a Nutshell' might be enough to improve the patient's well-being and function without any other intervention. A full risk assessment should be done on all patients and those with more severe illness may need additional treatments such as formal psychotherapy and/or pharmacotherapy.

Table 1: Example of a Mental Health in a Nutshell Management Plan

Parameters	**Agreed Patient Goal**
Exercise	Walk around the park every day Walk to the shop to buy the paper on Saturday
Social engagement	Talk to the friendly shop owner about the weather on Saturday Attend bridge on Tuesdays
Activities of Daily Living	Wash up each day Change sheets once a week Pay bills on time
Meaning	Offer to walk the lady next door's dog while she is sick Make some biscuits to take to bridge on Tuesday Ask about volunteering at the local opshop
Mindfulness/ distraction	Pay attention to the sounds and the sky when I am walking Spend some time each day just watching the birds
Gratitude	Buy myself a gratitude book and write down 3 things a day that I'm grateful for and why
Strengths	Think about the strengths the doctor saw in me and look for evidence that she might be right

Implementing 'Mental Health in a Nutshell'

The first step in a 'Mental Health in a Nutshell' assessment is to review the patient's current parameters listed in Table 1. This can be documented; improvements and an individual management plan problem-solved with the patient.

There is evidence for the usefulness of exercise as part of the management of mental health issues [9]. Most guidelines centre on exercising for half to one hour several times a week [9,10]. However, for some patients very small achievable goals might be necessary such as walking to the letterbox twice a day, or once around the park [10].

Similarly, social isolation is a high risk-factor for worsening mental health and social support is protective for all mental health conditions [11]. Social capital refers to the 'relationships, networks and organisations that bring people together as well as the values, norms, attitudes, beliefs, civic responsibility, networks and organisations within a community' [12]. Building up social capital is a skill that can be learnt and may improve resilience in the future [12,13]. Patients should be encouraged to begin slowly, such as a coffee every two weeks, talking to someone about the weather and avoid focussing the conversation on their own problems. The aim is to build up to mutually supportive relationships with several other people.

Those with mental health problems are often described as 'languishing' rather than 'flourishing', their only activities being passive [14,15]. The usual activities of daily living including such things as cooking, putting on make-up, opening mail, sleep hygiene, work, educational lessons or family events may have

been dropped, even with mild mental health problems. This can lead to further negativity and disruption [10,15].

'Meaning' is about having a bigger view of the world than just the patient. It can be personal, altruistic or 'cosmic' [16]. Mental health problems are often so overwhelming the patient loses the ability to see beyond their own worries and concerns. Finding hope in something and planning for the future or for someone else may expand their view of the world and their place in it [17]. Again, start small, for example looking after a plant, putting out a neighbour's bin or beginning a craft project.

Often in mental health disorders, a person's mind is full of negativity, worries or reminders of the unpleasant past. Mindfulness can improve symptoms and resilience in patients with mental health problems of any type [18,19,28]. For many, formal mindfulness activities can be overwhelming [18]. Finding a time, even only 5 minutes, or an activity when the patient is distracted from their negativity is a useful beginning. This might be mundane but everyday such as cleaning teeth, or be finding something beautiful such as a tree in a park, or something absorbing such as watching the football. Encouraging the patient to be fully present in those moments and to savour all of their senses is the essence of mindfulness.

Gratitude is something that may not come naturally to many people with mental health problems, particularly those with depression [20]. The spiral downward can be reversed by finding three things each day to be grateful for and why [21,22]. These could be written in a journal or be photos, drawings, newspaper cutting, notes from friends etc. It is good to collect these so they can be reviewed at stressful times. Developing a habit of practising gratitude can build resilience and improve relationships, both protective factors for future mental health [20,23].

The final part of this 'Mental Health in a Nutshell' package is the identification of the patient's strengths. In the initial stages this is done by the doctor who might be 'carrying the hope' for the patient with low self-esteem. The doctor listens carefully to identify a less obvious or 'alternative story' to the 'dominant story' that is saturated with problems and despair; a technique used in narrative therapy that is a patient-centred positive psychotherapy [29]. Later on, the patient can learn to identify strengths and 'alternative stories' themselves. The GP identifying the strength as a genuine outcome of a consultation is usually a first step in patient self-reflection about an aspect of themselves that they have denied or may not have previously recognised. The strengths must be authentic and the information informing what the doctor says should come from the consultation, so the patient has little choice but to agree. Some examples might be loyalty to family, courage to talk about the things that have been discussed, arrived on time so organised, perseverance to have survived difficult things that have happened in the past. Acknowledgement of strengths is an important self-reflection as patients are able to 'own' what they are good at, have a greater sense of how everyone has different strengths and may relate differently to situations [30].

The new management plan should be documented and given to the patient to take home with an appropriate time-frame for review. If at review the goals haven't been met, then the severity of illness should be reassessed, and any barriers identified, and the goals made more achievable.

This format can be used to monitor people and can be used at a future date to encourage well-being and resilience. Gradually assisting patients to self-reflect and monitor their own mental health using these parameters may help them self-manage mild mental illness and give them openings for discussion with the doctor if they are struggling with their symptoms or dysfunction.

Conclusion

In a busy General Practice having a practical and efficient format with which to assess, manage, monitor and prevent mental health issues is imperative. 'Mental Health in a Nutshell' brings together the latest evidence and 30 years of experience in General Practice, mental health and medical education in order to assist GPs in dealing with mild to moderate problems. It does not replace a more thorough assessment of a patient's mental health or the use of formal psychotherapies however even when these are used, the 'Mental Health in a Nutshell' format can be used as an adjunct to assessment and management.

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In fact, mental health is physical health; the two are inseparable. It baffles me that many people continue to make a distinction between the two. In an effort to better understand the subtlety of mental illness, I have sought out opportunities that have changed both my life and my perception of mental illness. I went from reading articles online in my free time to doing hands-on research about the physiological development of mental illness at Dr. Renee Reijo-Peraâ€™s Stem Cell Institute and the Center for Mental Health Research and Recovery at Montana State University.Â This is me in a nutshell! 4/29/2015 11:19:23 PM. Kimberly.