

Psychiatry Algorithms for Primary Care

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Psychiatry Algorithms for Primary Care aims to provide quick reference to mental health conditions and psychiatric assessment in primary care. This is a timely release given that primary care practitioners are increasingly involved in diagnosing and prescribing interventions for people with poor mental health. This includes caring for people with complex mental health conditions like personality disorders or bipolar disorders that should be managed in secondary care but are not, due to long waiting times, which have continued to worsen during COVID-19. I am sure that this book will be useful for health professionals who need extra support with diagnosing and treating mental health conditions. It provides a concise, graphically appealing summary of several mental health conditions and evidenced-based guidance for diagnosis and possible interventions. However, it is not without its faults. This review takes you through a couple of my criticisms.

Firstly, doctors with high levels of expertise in mental health wrote this book. This means that the content is generally geared towards general practitioners. However, social prescribers, pharmacists, nurses, healthcare practitioners, and counsellors provide much of primary mental health care. Nurses, for example, conduct mental health assessments and follow up with patients. Social prescribers also refer patients to support within the community (e.g., gym memberships, art classes). The content is generally irrelevant for these professionals, although some points could be transferred. The discussion of psychological interventions is also quite generic and does not specify which interventions are most appropriate for which mental health conditions (e.g., dialectical behavioural therapy for personality disorders is only mentioned in terms of secondary referral). This may

confuse some GPs and patients, especially when cognitive behavioural therapy is the first psychological intervention available under the NHS.

Chapter Three, 'The Rapid Mental State Examination,' is concerning. It is full of stereotypical questions like '*do they [the patient] establish good eye contact and rapport?*' and '*are they normally reactive (e.g., nodding, smiling) or are their reactions blunted, muted, labile, or inappropriate?*' (p8-9). These things can certainly indicate poor mental health. However, they cannot be used categorically as evidence of mental illness. I generally look well-kept, maintain good eye contact, and have normal conversations with my doctor. Nevertheless, I have a serious mental health condition (bipolar disorder). I am grateful that my counsellor did not judge me by my clothes or eye contact, or I might never have been diagnosed. Friends have also told me their physical appearances caused delays in diagnosis and early discharge from services. This reinforces dangerous stereotypes about how poor mental health accumulates only in the physical body and not the mind.

In summary, I would warmly welcome this to GPs, particularly those who lack confidence in diagnosing and treating complex mental health conditions. The information is evidenced-based, congruent with UK guidance, concise and easily digestible. At times, however, the information is too concise. The authors gloss over some of the nuances between mental health conditions, especially in relation to psychological interventions. Furthermore, there is no obvious mention of social prescribers, pharmacists, nurses, healthcare practitioners, and counsellors who also contribute to mental health management in primary care. These professionals may find '[*Mental Health and Wellbeing: A guide for nurses and healthcare professionals working with adults in primary care*](#)' by Dr Sheila Hardy more useful.

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