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From diagnosis to formulation of a shared understanding: development of a new method for primary care clinicians to engage with mental health problems in the 21st century

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Background: Psychiatric diagnosis is the accepted basis for categorising mental health problems. The basis for classification of mental health problems is almost entirely nosological (based on symptoms/behaviours) rather than cause or underlying neurobiology. Diagnoses are known to be applied inconsistently by psychiatrists and GPs, and have been shown to be overlapping and changeable over time. While a minority of psychologists and psychiatrists have provided a scientific rationale for abandoning psychiatric classification, primary care has been slow to develop alternatives. The aim of this workshop is to provide participants with the opportunity to contribute to the development of an alternative way of formulating a ‘shared understanding’ with patients about their mental health issues fit for primary care in the 21st century.

Method:

1. Introductions
2. Brief introduction of the problem of mental health diagnosis
3. Outline of a novel framework based on practice, literature review and research findings from the NIHR-funded Engager study:
 - Dimensional not categorical
 - Incorporates causal links between current emotions, thinking, behaviour and social situation
 - Incorporates original cause where possible (eg based on genetics, trauma and relationship problems)
 - Defines personal strengths and individualised goals within the framework
 - Supports development of a personalised plan for how to address patients’ own goals and priorities
 - Does not include a clear and defined boundary between illness and wellness
4. Interactive group-based work using individual patients brought to the workshop by participants to test out and adapt the proposed model
5. Consensus group work to agree:
 - (a) component to the model to take forward
 - (b) components which need further testing
 - (c) additional potential components.

Conclusion: The workshop will support an alternative and complementary model for primary care practitioners and patients which will be written up for WONCA. It will support patients to understand their problems as interlinked, causal components rather than bewildering psychiatric classifications.