Editorial

In this issue

Paul Thomas
Editor in Chief

Mental health in primary care is a hot topic. Have a look at what leading primary care journals published in January and February 2009. One *BMJ* paper observed that 5% of patients aged 55 or over who presented to Netherlands general practitioners had major depression, but only a few were treated.¹ Two *BMJ* papers revealed helpful insights into the treatment of post-natal depression, which affects about 13% of women. Mental health trained health visitors in Trent region (England) effectively detected and treated it,² and Canadian mothers successfully used telephone support to halt its progress in other mothers with early warning signs.³ The *British Journal of General Practice* dedicated much of its February edition to depression. Van Geffen observed that 28% of patients prescribed antidepressants failed to take them⁴ while Boardman and Walters describe how other studies suggest that as few as 10% complete a course.⁵ Papers in the *Annals of Family Medicine* examined the best tools to screen for postnatal depression⁶ and to predict future risk in adolescents.⁷

The *Annals* paper on the risk facing American adolescents makes the observation that depressed mood, adverse events and social vulnerability interact to precipitate depression,⁷ echoing the findings of the Medical Research Council study on British adolescents, published at almost exactly the same time in the *BMJ*.⁸

Preventing depression involves reducing social vulnerability. So what is our role as primary care practitioners in facilitating mentally healthy environments that do this? As a GP this question strikes to the heart of my role. I am concerned with the health of whole people in whole communities a view endorsed by the RCGP Statement on Mental Health, reprinted in this issue. And I do mean the HEALTH of communities, not merely the medical treatment of individual diseases. I mean the things that cause laughter and trust, meaning, happiness and confident citizens. For example we have responsibilities beyond the consulting room to support the efforts of others to create a healthy society in which people can form and sustain healthy relationships. That is why my pick of the papers so far this year is a very brief commentary by Peter Sainsbury

in the *BMJ*. In his critique of a paper on social network analysis he asserts

‘...each person is influenced in many ways by society at large and individuals and groups within it. It follows that to understand the attributes of individuals the research toolkit must include methods that explore the social relationships between people’⁹

LJPC wishes to publish papers on the social relationships between people, as well as the treatment of diseases. Indeed we want to publish papers that include both, to reveal whole systems of care in which multiple therapies and disciplines complement each other. We want papers to reveal the human beings involved, including our strengths and weaknesses, foibles and paradoxes, and the contexts that shape us.

Three papers on depression in this edition all describe the need to treat individuals mindful of their social context. They all suggest that antidepressants are of doubtful value in mild-moderate depression and instead advocate active involvement of patients, families and carers in changing the ways they think and behave. The elegant paper by Wilkinson offers really practical advice about what to do, as well as how to think about depression in children and adolescents. In extracts from his book, Dowrick gives us insights into cutting edge primary care research where depression is seen less as a disease and more as a challenge to a coherent sense of self; he challenges GPs to think of ourselves as healers, working with patients who are ‘experts in leading their lives’. Nazareth picks up Dowrick’s theme about the contested nature of mental health and advocates a renaissance of primary care mental health research.

The meta-analysis by Gronimus suggests that a link between drinking alcohol when pregnant and childhood attention deficit disorder needs to be seriously considered. Ehlers’ survey of South London GPs suggests that post-traumatic stress is under-recognised. You can also go to *LJPC* website and read about the Italian experience of closing mental asylums, and consider the relative value of cognitive and behavioural interventions provided by primary care practitioners.

In this edition we are proud to print an interview with Lord Layard, architect of the Improving Access to Psychological Therapies (IAPT). Read it - or better still listen to the podcast on the website (www.londonjournalofprimarycare.org.uk; enjoy the moment when his mobile phone went off). Lord Layard clearly does not think that treatment of individuals with psychological therapies on its own will work. Ongoing collaboration between many disciplines within primary, social and voluntary care is needed. Read also the papers that follow – they describe some of the effort being made by grass roots practitioners and managers in London to develop and evaluate inclusive partnerships for a mentally healthy society.

I wish you a mentally healthy 2009.

REFERENCES

- 1 Licht-Strunk E, Van Marwijk HWJ, Hoekstra T, Twisk JWR, De Haan M and Beekman ATF. Outcome of depression in later life in primary care: longitudinal cohort study with three years' follow up. *BMJ* 2009; 338(7692): 463–6.
- 2 Morrell CJ, Slade P, Warner R *et al.* Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care. *BMJ* 2009; 338(7689):276–80.
- 3 Dennis CL, Hodnett E, Kenton L *et al.* Effect of peer support on prevention of postnatal depression among high risk women: multisite randomised controlled trial. *BMJ* 2009;338(7689):280–4.
- 4 van Geffen ECG, Gardarsdottir H, van Hulten R, van Dijk L, Egnerts ACG and Heerdink ER. Initiation of antidepressant therapy: do patients follow the GP's prescription. *British Journal of General Practice* 2009;59(559):81–7.
- 5 Boardman J and Walters P. Managing depression in primary care: it's not what you do it's the way that you do it. *British Journal of General Practice* 2009; 59(559): 76–8.
- 6 Gjerdingen D, Crow S, McGovern P, Miner M and Center B. Postpartum Depression Screening at Well-Child Visits: Validity of a 2-Question Screen and the PHQ9. *Annals of Family Medicine* 2009;7(7):63–70.
- 7 Van Voorbees BW, Paunesku D, Gollan J, Kuwabara S, Reinecke M and Basu A. Predicting Future Risk of Depressive Episode in Adolescents: The Chicago Adolescent Depression Risk Assessment (CADRA). *Annals of Family Medicine* 2009;6(6):503–11.
- 8 Colman I, Murray J, Abbott RA *et al.* Outcomes of conduct problems in adolescence: 40 year follow-up of national cohort. *BMJ* 2009;338:208–11.
- 9 Sainsbury P. Commentary: Understanding social network analysis. *BMJ* 2009;338:27–8.

ADDRESS FOR CORRESPONDENCE

Professor Paul Thomas
Ealing PCT
1 Armstrong Way
Southall
Middlesex UB2 4SA
UK