

book reviews

The psychological care of medical patients: a practical guide. Second edition.

A report of a joint working party of the Royal College of Physicians and the Royal College of Psychiatrists. The Royal College of Physicians and the Royal College of Psychiatrists, London 2003. 123pp. £15.

Psychiatric disorders and psychological problems are common in the general medical setting. The most common disorder is depression which is associated with disability, adherence difficulties and poorer prognosis of the medical condition. Other common problems are non-specific medically unexplained symptoms and deliberate self-harm, sometimes also called high-users. Any recent issue of the *British Medical Journal* highlights that patients expect their doctor more and more to treat them as individuals rather than as a disease entity. Physicians should really therefore be able to identify patients at risk for psychological problems and be sufficiently competent to carry out a basic psychiatric assessment and instigate management of those problems. The latest report from the two Royal Colleges reflects these changes in medical knowledge and summarises the practical implications of the research into the interface between physical and mental health to date.

The report is well written and the psychological terms are described in a straightforward manner which should be understood easily by most physicians. It is loosely divided into three main areas; a general section that covers typical psychological problems, psychological assessment, medically unexplained symptoms and management; a section devoted to specific psychological problems common in the general medical setting such as deliberate self-harm, alcohol problems and cognitive impairment and delirium; and a third, administrative, section that deals with the use of the Mental Health Act 1983 and service development. The authors make specific recommendations on how to improve the psychological skills of physicians and on the benefits for acute trusts of having an in-house specialist liaison mental health service. They also recommend that funding for liaison services should be provided by the acute trusts. Until now it has been convention for the mental health trust to provide liaison services to its local acute trust. This has led to a patchwork service across the country. The progressive financial separation between mental health trusts and acute trusts, concentrating resources for mental health on those with the severe mental illnesses such as psychosis, and attempts to destigmatise mental illnesses have challenged this convention.

The report can be read fairly quickly as a whole, or in sections. All the chapters have been written by experts in their field, are of similar quality and give practical guidelines on assessment and management. One chapter that did stand out as the most useful was 'Communication and psychological assessment' (Chapter 2); it describes good practice techniques for all physicians and will also help them to identify most common psychological problems.

This report is aimed at physicians at all grades and trainee

psychiatrists preparing for the MRCPsych. Specialists in liaison psychiatry may need additionally to refer to more detailed textbooks. The report is also invaluable for GPs, many of whom will already be using some of the models of psychological care described. Medical managers too, closely working with liaison psychiatrists and with physicians committed to improve the psychological health of the patients that pass through their hospitals, will find it most informative. This excellent document could be read with benefit by all physicians as part of their continuing medical education.

For people in hospitals

Psychological support for people in hospital: information for patients, relatives and carers. Royal College of Physicians, London 2003. 16pp.

This information booklet for medical patients is a welcome and exciting innovation by the Royal College of Physicians – at last putting policy into action. It is simply and sensitively written and covers the main themes at the interface between psychiatry and medicine such as depression, sexual dysfunction, somatisation, terminal care, substance misuse and confusion. I was, however, curious about how the booklet will be disseminated. Will all patients be handed one on admission or as outpatients or only those whose psychological distress has been identified?

It is hoped that the booklet will be used as a tool to encourage patients to express themselves, but if this is successful are hospital doctors ready to manage the increased unmet psychological needs? The joint report goes hand in hand with this booklet and should give physicians a more than ample knowledge base to care for their patients' psychological distress.

The description of the psychotherapies was a little confusing as the section on counselling read as if it was similar to cognitive behaviour therapy. There was very little on psychodynamic psychotherapy, an unfortunate reflection of the market forces of evidence-based medicine. I was concerned that antidepressants were described as 'not usually addictive' as there is hardly any evidence that modern antidepressants are addictive in the formal classification of dependence. It would also have been helpful for patients to understand the distinction between 'psychiatrist' and 'psychologist' as this is a common source of confusion.

The College should, however, be applauded for an excellent and ground-breaking piece of work.

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Editor's note: Information on the availability of this booklet has been distributed widely to hospitals and primary care trusts. It is available from the Royal College of Physicians in packets of ten, priced £6.