



# The Journal of **Macro**Trends in Health and Medicine

## Somatic Health in the Psychic Health

**Morteza Alibakhshi Kenari**

Martyr Beheshti University of Medical Sciences, Tehran, Iran

### Abstract

*General health morbidity among people with psychic health problems is high. There is a need for good-quality general healthcare for psychiatric patients, whether in community settings or in-patient care. There is a need for clarity about the responsibility of the psychiatrist in general healthcare, working in partnership and collaboration with primary healthcare and other specialist colleagues. There is a growing body of evidence that many psychiatrists lack the skills required to provide for the general healthcare of people with psychic health problems. This situation may have arisen for good reason – psychiatrists have sought to specialise in psychic health matters, regarding somatic healthcare as the province of other clinicians. However, as medical practitioners, psychiatrists clearly have a role to play in the management of the general health problems of people with psychic health problems. This entails an understanding of the complex interactions between psychic health and general health, and an appropriate level of competence in the prevention, detection and treatment of general health problems in their patients, including awareness of the indications for specialist referral.*

Keywords: *Somatic Health, Psychic Health*

### 1. Overall aim

The overall aim of the Scoping Group was to explore a range of issues concerning the general health of people with psychic health problems, with a view to making recommendations to the Council of the Royal College of Psychiatrists on matters concerning clinical practice, training and the identification of other priorities in somatic healthcare.

## **2. Conduct of the Scoping Group**

The Scoping Group set out to:

- review a body of published and unpublished evidence, on such themes as it regarded relevant to the overall aim
- select certain high-profile themes, to be the subject of a series of meetings and discussions (see overleaf)
- consult widely within the College and with other authoritative and professional bodies, especially with clinicians who play key roles in the general healthcare of people with psychic health problems
- invite other clinicians to participate in its discussions, as appropriate to the subject
- involve patient and patient-representative advocacy bodies in its work
- adopt a flexible approach to the subject matter for inclusion
- complete its work over the course of 1 year.

## **3. Output of the Scoping Group**

The Scoping Group will identify areas of clinical practice in which there is need for new publications such as clinical guidelines or other review material. These publications may be produced by the group or, more likely, the group might highlight areas of need, especially in terms of continuing professional development (CPD) and collaborative work on interdisciplinary protocols in healthcare and screening.

## **4. Subject Matter For Consultative Meetings of the Scoping Group**

- Psychotropic medication and general health
- Lifespan perspectives on general health and psychic health
- Lifestyle issues – alcohol and recreational drug use, smoking and infectious diseases such as HIV
- Primary care interface issues and general health screening
- Other issues such as may arise over the course of the Scoping Group's year.

An earlier College Working Party convened to explore the related issue of 'medical cover' for patients with psychic health problems, made the following suggestions:

1. Patients of psychic health services are entitled to expect emergency medical care when necessary, and continuity of medical care for as long as necessary.
2. Service providers are responsible for ensuring that an adequate level of competent medical cover is available. Doctors are responsible for maintaining the standards of patient care set out by the General Medical Council.

3. Primary medical responsibility for patients in the community, including patients who have been discharged from hospital, lies with the patient's general practitioner. Primary medical responsibility for hospital in-patients lies with the consultant.
4. Patients have an equal right to be admitted to a medical, surgical (or any other) ward if they are in-patients in psychiatric units or referred from the community by their general practitioner.

## 5. Key Recommendations Objectives and Actions

### A. Continuing professional development

#### Objective

That psychiatrists should be up to date on key issues concerning somatic healthcare in psychic health.

#### Actions

- The College journal *Advances in Psychiatric Treatment* should continue and extend its programme of articles on somatic health in psychic health.
- A book to be prepared (based in part on *Advances in Psychiatric Treatment* articles) on this theme.
- The College website could be used to publish resources submitted by members on somatic health matters such as audits, screening tools and patient information leaflets on somatic health.

### B. Roles and responsibilities of the psychiatrist/modern ways of working

#### Objective

That psychiatrists should be aware of the extent of their own responsibilities in somatic healthcare, and those of other physicians, especially general practitioners.

#### Actions

- The College to publish sample protocols of somatic healthcare in psychic health practice.
- Such protocols to be specific for the psychiatric specialties (child, forensic in-patient, etc.).
- Such protocols should be shared/agreed with other medical specialists and other clinical disciplines: this requires contact with other medical Royal Colleges and the Academy of Medical Royal Colleges.

### *Objective*

That any prescribing physician, including the psychiatrist, has key responsibilities concerning the somatic effects of medication, and that these include clarity regarding responsibility for somatic health monitoring in long-term therapy.

### *Actions*

- Protocols and intercollegiate interdisciplinary agreements (above) need to take special note of somatic effects of prescribed medication and somatic health monitoring.
- The syllabus for the College's Membership examinations (the MRCPsych) to include somatic health monitoring in psychiatric practice, in addition to knowledge of the side-effects of prescribed medication.

### *C. Competencies*

#### *Objective*

That psychiatrists should be competent in somatic healthcare as it affects the somatic health of their patients – with particular reference to their own patient group (e.g. child/old age/long-term secure care).

#### *Actions*

- Core competencies in psychiatry should include somatic healthcare monitoring skills, as applied to the respective psychiatric specialties.
- Postgraduate Medical Education and Training Board (PMETB) specialist training scheme inspection visits should consider whether services have sufficient resources for somatic healthcare monitoring, and whether required training is taking place.
- The College should consider the creation of an accreditation service, to approve the facilities required in services to support somatic healthcare monitoring in psychic health practice; this should be analogous to the Electroconvulsive Therapy Accreditation Service (ECTAS).

## **6. Conclusions**

- The Scoping Group's report should be a brief account of the work of the group, expanding on these key recommendations, including a full account of contributions and sample protocols for somatic healthcare in the psychiatric specialties.

- The electronic files submitted to the Scoping Group, and the PowerPoint files prepared by the group for its meetings and presentations, should be made available on the College website, appropriately indexed and signposted.
- The members of the Scoping Group are committed to contributing to any educational material that might follow, especially articles for *Advances in Psychiatric Treatment*, and to a handbook on somatic healthcare in psychic health.
- Implementation of these recommendations will entail consultation/ consideration with the Chief Examiner, Dean, Faculty Committees and Specialty Advisory Committees of the Royal College of Psychiatrists, and with PMETB, other medical Royal Colleges, the Academy of Medical Royal Colleges and other professional bodies.
- In view of the extent of these recommendations, the Scoping Group considers that a concerted College campaign on somatic healthcare in psychic health is now required, with the theme 'Healthy Bodies for Healthy Minds'.

#### **ACKNOWLEDGEMENT**

**The author would like to express his sincere thanks to Martyr Beheshti University of Medical Sciences and Health Services, Tehran, Iran.**

#### **References:**

Beecroft, N., Becker, T., Griffiths, G., et al (2001) Physical health care for people with severe mental illness: the role of the general practitioner. *Journal of Mental Health*, 10, 53–61.

Connolly, M. & Kelly, C. (2005) Lifestyle and physical health in schizophrenia. *Advances in Psychiatric Treatment*, 11, 125–132.

Department of Health (2006) *You Can Make a Difference: Improving Hospital Services for Disabled People*. Department of Health.

Disability Rights Commission (2006) *Equal Treatment: Closing the Gap. A Formal Investigation into Physical Health Inequalities Experienced by People with Learning Disabilities and/or Mental Health Problems*. Disability Rights Commission.