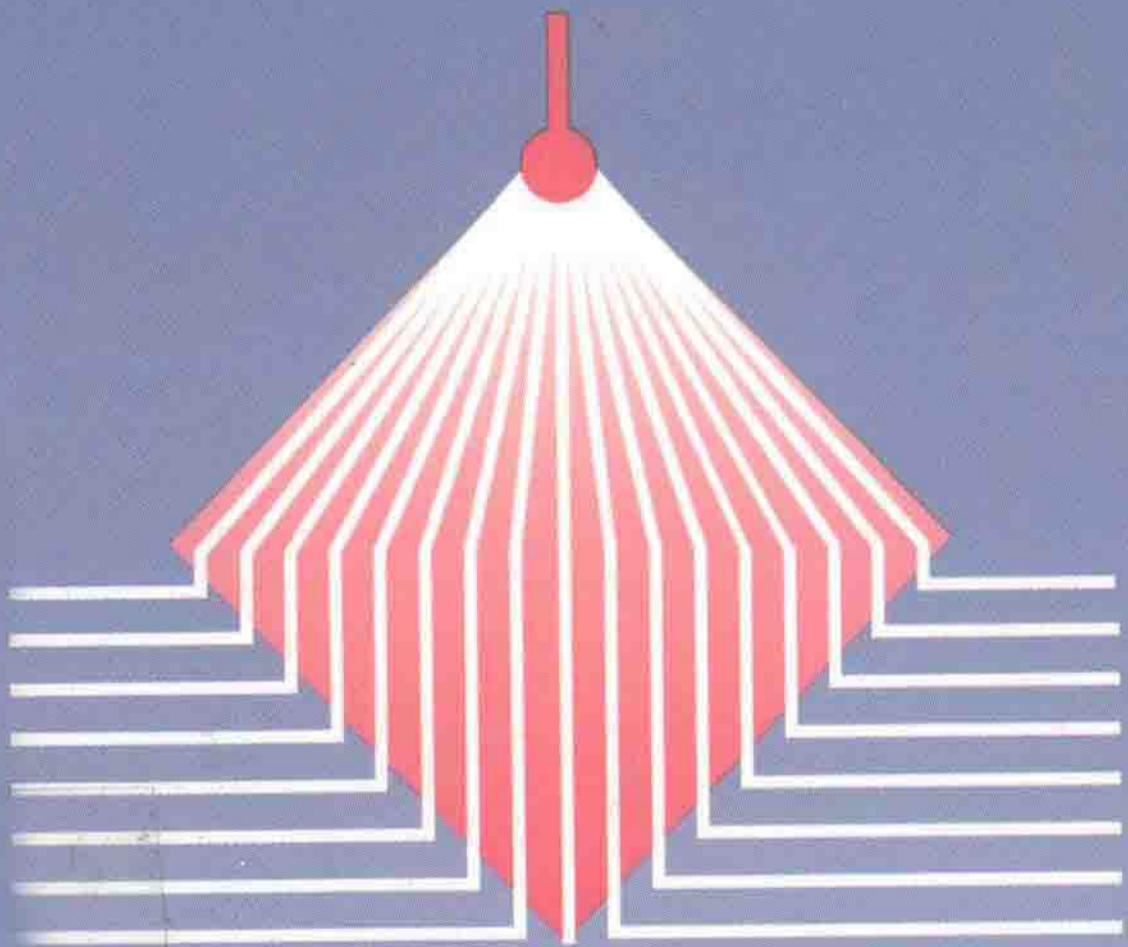

PSYCHIATRIC PRIMARY CARE



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Psychiatric Primary Care

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Preface

Why *psychiatric* primary care?

Psychiatric primary care is the assessment and management of common, mental disorders and psychosocial problems that may not require specialized psychiatric care. At a time when there is a growing public need and demand for accessible, skilled, mental health care (Areal and Miranda, 1996), hard hitting health care reforms and managed care strategies have effectively decreased access to specialized psychiatric care services. Under these “do more with less” health care objectives there can be no doubt that only those individuals who require specialized psychiatric care will be referred by a practitioner to a specialist. Most people will receive mental health care as a routine component of their primary care or, as defined here, psychiatric primary care.

Today, over half of the people who seek health care for mental disorders are treated by primary care practitioners (Gonzales, Magruder, and Keith, 1994). In order to effectively meet the mental health care needs of primary care patients, practitioners must be well grounded in basic mental health concepts, mental health care skills, and the application of interpersonal communication skills. Effective psychiatric primary care practice requires that practitioners have skills in interpersonal assessment, focused interviewing, and counseling.

With these practice needs in mind, we have developed a book for primary care practitioners that presents everything from basic mental concepts and terms to clinical examples of psychiatric primary care. *Part I, Mental Health Basics*, covers basic mental health concepts and mental health care skills, in a concise and informative manner. The last chapter of this section covers conditions of severe mental illness (SMI) that require specialized psychiatric care because of the potential risk of long-term disability. *Part II, Common Mental Disorders*, covers depression, stress, anxiety, substance abuse, and eating disorders—the mental disorders that practitioners are most likely to encounter in primary care settings. Each chapter in this section presents what we hope will be helpful information in terms of the assessment, counsel-

ing, prescribing, consultation, and referral aspects of each disorder.

In *Part III, Psychosocial Problems*, a range of psychosocial problems that practitioners routinely encounter are presented. Although these problems are common, effective intervention requires a clear understanding of how individuals may experience such problems. When faced with these problems, no two people will experience or express their distress in the same way. Therefore this section offers a focused discussion of common psychosocial problems and related needs. The section begins with an overview of the basics of psychosocial functioning and includes chapters on psychosocial problems related to sexuality, death and divorce, pain, and spiritual distress.

Because of their unique needs, children, adolescents, elders, survivors of trauma, individuals who may be suicidal, and those who experience partner violence are covered as special populations in *Part IV, Special Populations and Problems*. These populations are unique in that although they are vulnerable to the common mental disorders and psychosocial problems covered in the previous sections the disorders and problems are more likely to be experienced in ways that may require unique treatment approaches.

Part V, Practice Notes, covers two critical aspects of practice, mental health care laws and patient rights, and three of the most serious problems encountered in practice. The final chapter is a series of clinical examples intended to highlight important characteristics and symptoms of SMI and common mental disorders.

Although this book is intended to be helpful to primary care practitioners who may be less experienced in the assessment and management of common mental disorders and psychosocial problems, clinical specialists, physicians, midwives, social workers, nursing students, medical students, and physician assistants may also find this book to be a useful reference. As the reader will observe, our fundamental assumption is that the practice of psychiatric primary care requires the same purposeful attention to detail that is required in the practice of physical primary care. With this goal in mind we hope practitioners will find this book to be user-friendly, jargon-free, and informative.

Linda Denise Oakley
Claudette Potter

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