

Editor's Briefing

MENS SANA

The Roman poet Juvenal coined the famous phrase when he wrote *'Orandum est ut sit mens sana in corpore sano'* — You should pray for a healthy mind in a healthy body — around the end of the first century AD. Nearly 2000 years later, we are still wrestling with dualism, struggling to understand the components of the biopsychosocial model of illness, and striving for parity of esteem between the sciences of the mind and biomedicine, slowly uncovering the immensely complicated relationships between mental and physical health and illness. In this issue of the *BJGP*, a number of articles approach this complex topic. The value of physical exercise in relieving the symptoms of arthritis and in reducing perinatal distress and postnatal depression seem clear, yet a survey of GPs suggests that the assessment of levels of activity, encouragement to exercise, and the recording and management of overweight, all need to be re-framed as core components of many consultations.

The editorial by Mark Ashworth and colleagues elegantly dissects the continuing challenge of maintaining and monitoring physical health in patients with severe mental illness (SMI), whose life expectancy is still shockingly inferior to comparable people without mental health problems. They see a clear role here for primary care, commenting that:

'The divided self may be a little less divided if patients with SMI can access more holistic care.'

Olga Kozłowska and her colleagues emphasise the need to 'close the gap' between physical and mental health in people with another serious long-term medical problem — diabetes — and debate approaches to doing so. Yerrakalva and Griffin, also in the *Debate and Analysis* section, begin a much overdue conversation about the health risks of sitting — the new smoking? — and consider how a brief intervention in primary care might work to reduce sedentary behaviour. In *Life & Times*, Sir Muir Gray and Kenny Butler makes a robust case for more physical exercise for everyone and strongly recommends that practices, as well as patients, include an exercise programme in their daily schedules, using the Active 10 App.

There is another, important related theme in this issue of the *BJGP* — the wellbeing

of doctors. Two recent papers deal with this. One is about the problems GPs face in seeking help when they run into trouble with mental health problems. The findings of the study would have surprised no-one 20 years ago but today are a real indictment of prevailing professional attitudes to mental illness. The other is about resilience training; fashionable, sometimes poorly understood, and sometimes dismissed, which emphasises the need to tailor this essential support to the needs of the individual doctor, in the context of his or her practice, while at the same time trying to do something about a system which has created the need for it in the first place.

We also publish an abbreviated version of Clare Gerada's 2017 William Pickles Lecture, *A new kind of doctor*, which reflects her long-standing and passionate concern for the wellbeing of the medical workforce, and the conditions in which they are sometimes forced to work. It is essential reading, and concludes as follows:

'The new kind of doctor must think about their own needs if they are going to be able to do their best for patients. This is not about denying the needs of the patient. But self-sacrifice is no longer an option. It's bad for doctors. And what's bad for doctors is bad for patients too. When the system demands too much, the doctors of the future must be encouraged to say "No more!"'

Also essential are some contact details. If you or someone you know might need help with a mental health concern, including stress or depression, or an addiction problem, the GP Health Service (<http://gphealth.nhs.uk/>) and DocHealth, (dochealth.org.uk) supported by the BMA and the Royal Medical Benevolent Fund (RMBF, <http://www.rmbf.org>), are both entirely confidential and readily accessible. The RMBF provides packages of support in addition to significant funding, and is open to all doctors, including refugee doctors and also to medical students in their final two clinical years.

Roger Jones,
Editor

Competing interests

I was chair of the RMBF for 4 years until the end of September 2017.

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