FIRST SESSION

Psychiatry in general practice

WELCOME

Dr I. M. Scott, M.D., M.R.C.P.E. (*Provost of the North-east Scotland Faculty*)

ON behalf of the North-east Scotland Faculty I would like to welcome you all to this symposium. We are especially grateful to our two chairmen, Dr Annis Gillie, the president of our Royal College who will be in the chair tomorrow, and Professor Malcolm Millar, dean of the Aberdeen Medical Faculty.

Psychiatry has rather changed in recent years; when I was a medical student in the early 30's we used to have a few lectures on psychology, but as there was no examination we very rarely went to these, and even if we did go to one or two out of ten we found them boring and irrelevant. How wrong we were. Even when we eventually got round to doing psychiatry we came across only a few major mental illnesses, and those of you who are about my age will know that this was the extent of the knowledge with which we entered into general practice, we had to learn as we went along. How different mental health is today.

There is one other aspect I would like to refer to now, and that is to give a special welcome to Dr Ian Richardson who has only recently taken up the post of senior lecturer in the new department, the General Practice Teaching and Research Unit of the Aberdeen Medical School.

The College and especially the North-east Scotland Faculty is very grateful to the University of Aberdeen, to the dean who has done a great deal to forward this project and to the faculty of medicine working party.

OPENING REMARKS

Professor Malcolm Millar, M.D., F.R.C.P. (*Chairman*)

It is a great privilege to be here and to chair this session of the symposium on "Psychiatry in General Practice", and in my other capacity as representative of the university to welcome you to this particular hall and indeed to the university.

There was a time when patients were related to what went on in their bodies, but now their needs seem to be related more to what goes on either within their own personal minds, or perhaps more significantly between themselves and other people in their environment, and this is where the general practitioner really comes into his own because he alone can see what is happening between the patient and others of import-

ance in his life and he can see how health factors are deeply concerned with human relationships. One particular aspect that strikes me as being of peculiar relevance to general practitioners is the changed policy that has been adopted throughout the country and in other parts of the world, with regard to admission and discharge of patients suffering from mental disorders. Many more patients are admitted, which means that general practitioners are spotting patients at an earlier stage. But at the same time many more patients are being discharged who have been in hospital for quite long periods of time; chronic psychotic patients, mostly schizophrenics whose management in the community is a real problem and this is a whole new dimension of psychiatric problems that general practitioners are facing at the present time. This I think is the part of psychiatry which is bringing psychiatrists and general practitioners together, sometimes in not very favourable circumstances, for instance when patients are discharged whom it is thought should not be, and burdens are carried by general practitioners that many people feel should not be carried.

The trends in medical care generally and the trend in medical education seems to bring psychiatrists and general practitioners very much closer together. I suppose that if we are really going to develop further in this partnership, one thing we ought to try and do is to speak each other's language and perhaps this symposium will be a good way of contributing to understanding of basic English that is so necessary when we are talking about psychiatric problems. Psychiatrists and psychologists can be too addicted to jargon; they consider it good for status because by using long words that no one understands they hope that a few people will believe that they know more than they do. There is a technical problem here that has not so much to do with identifying well-known types of disease like schizophrenia, manic-depressive psychosis, or anxiety neurosis—any intelligent doctor can learn that language by just looking up a textbook and attending a few lectures—as with the general field of psychological interaction between the individual and his environment; it is here that we need a common language. Psychiatrists ought to be the first to get down from their high horses and listen patiently to general practitioners who almost certainly have a better working language about these things. I believe they should get together and gradually build up a more systematic language that can allow us to develop this whole field along more scientific lines.

Dr Fraser, along with his four colleagues in a group practice in Aberdeen has made a special study of psychiatric disorders in a large group practice and he is going to tell us something about his experience in this practice.

Psychiatry and the general practitioner

Dr A. G. Fraser, M.B., Ch.B., D.Obst.R.C.O.G. (*general practitioner, Aberdeen*)

I claim no special expertise in the practice of psychiatry in general practice. However, experience teaches fools and I confess to having had over 20 years' experience in general practice. The rôle of the general practitioner is to deal with the patient as an individual and to offer the comprehensive approach of sympathy, understanding and reassurance along with the application of his medical skills, perhaps in that order of importance. Twenty-five years ago as a student, psychological medicine appeared to be something of a poor relation. We had exhibited to us the more severe psychotics who were of interest but presented no problems of diagnosis or disposal; we lacked an