# RCGP Curriculum Supercondensed Curriculum Guide

# **MENTAL HEALTH**

## Role of the GP

- Communicate effectively, professionally, and sensitively with patients, relatives, and carers, recognising
  potential difficulties in communicating with people with mental health conditions and the importance of
  generating and maintaining rapport, supported through continuity of care
- Take account of psychosocial factors including cultural background, bereavement, unemployment, relationship problems, alcohol and substance misuse, gambling
- Consider life-course factors adverse childhood experiences, interactions between work and mental health, the impact of being a carer and older adults with cognitive impairment who may initially present with anxiety and depression
- Assess risk to make the patient's safety and the safety of yourself and others a priority
- Use history and examination to come to a diagnosis of a mental health condition and be comfortable to discuss this diagnosis with the patient
- Distinguish a mental health condition and its management from distress and advice about promoting mental wellbeing
- Be proactive, offer continuity of care, negotiate a shared management plan, arrange follow-up, and give advice on when and who to call for help ('safety netting')
- Have a basic understanding of indications for and principles of psychological therapies
- Consider evidence-based prescribing and deprescribing of medication, including antidepressants, antipsychotics and anxiolytics, as well as monitoring requirements
- Be aware of the physical health needs of people with Severe Mental Illness and the mental health needs of people with long-term physical conditions
- Avoid diagnostic overshadowing
- Offer advice and support patients, relatives, and carers regarding prevention, monitoring and selfmanagement of both mental and physical multimorbidity
- Coordinate care with other organisations and professionals (e.g., community mental health teams, social workers, secondary care, voluntary sectors, social prescribers, and police)
- Follow agreed protocols, including those as part of The Mental Health Act and The Mental Capacity Act where appropriate.

## Knowledge and Skills Self-Assessment Guide

#### Symptoms and Signs

Some of these symptoms can represent physical ill health or could be comorbid with physical health problems

- Fatigue and feeling tired all the time
- Poor concentration and motivation
- Reports of feeling stressed or anxious
- Behaviour change, such as irritability, anger, hypervigilence and self-harm
- Sleep disturbance
- Feelings of worthlessness, self-harm, or suicidal thoughts
- Persistent physical symptoms which are not explainable after investigation
- Psychomotor agitation or retardation
- Hallucinations
- Unusual ideas or beliefs which may be delusions
- Thought disorders
- Acute confusional state such as delirium
- Memory disturbance.

# **MENTAL HEALTH**

## Knowledge and Skills Self-Assessment Guide

### **Common and Important Conditions**

- Mood (affective) problems such as depression, cyclothymia and bipolar disorder
- Self-harm, suicidal ideation and behaviour
- Anxiety including generalised anxiety and panic disorders, phobias, and situational anxiety
- Obsessive disorders including: obsessive compulsive disorder (OCD), skin picking disorder, body dysmorphic disorders and rarer conditions such as trichotillomania
- Acute adjustment reactions
- Eating disorders including in those living with obesity, binge eating disorder, anorexia, and bulimia nervosa
- Severe behavioural disturbance including psychotic disorders such as schizophrenia, acute paranoia, and acute mania
- Personality disorders including borderline, antisocial, narcissistic
- Bereavement reactions and persistent grief
- Sleep disorders including insomnia, sleepwalking
- Trauma including post-traumatic stress disorder, dissociative identity disorder
- Pregnancy associated disorders such as antenatal, perinatal, and postnatal anxiety and depression, puerperal psychosis
- Mental health disorders associated with physical health disorders:
  - o Anxiety and depression comorbid with physical long-term conditions
  - Anxiety, depression, and psychosis associated with Learning Disabilities and Neurodiversity
  - Depression, anxiety and/ or psychosis associated with treatment prescribed for physical health disorders (e.g., steroids)
- Organic reactions
   – acute and chronic such as delirium with underlying causes such as infection, adverse
   reactions to drugs
- Addictive and dependent behaviour such as alcohol and substance misuse and gambling.
- Mental health disorders associated with substance misuse
- Impact of Adverse Childhood Experiences (ACEs) on development of mental health problems in adolescence and adulthood
- Abuse including child, sexual, elder, domestic violence, emotional
- Behavioural problems such as enuresis, encopresis, school refusal.

## Knowledge and Skills Self-Assessment Guide

#### **Examinations and Procedures**

- Perform a relevant physical and mental state examination
- Understand and discuss the role of common drugs antidepressants, antipsychotics, anxiolytics their side-effects, monitoring requirements and how to stop them
- Understand and explain the role and content of psychological therapies with patients and care-givers, including cognitive behavioural therapy (CBT), eye movement desensitisation and reprogramming (EMDR), counselling, psychotherapy, psychoanalysis, aversion, flooding and desensitisation therapies, family therapies
- Understand and discuss suicide prevention strategies
- Understand the role of the GP in detaining patients, including the Mental Health Act and the Mental Capacity Act (or equivalent legislation)
- Electroconvulsive therapy indications and side effects.

# **MENTAL HEALTH**

## Knowledge and Skills Self-Assessment Guide

#### **Investigations**

- Screening for metabolic and cardiovascular risk factors, in people with severe mental illness
- Appropriate use and interpretation of assessment tools for mental health conditions such as depression, anxiety, postnatal depression screening scales, dementia screening, suicide risk assessment and risk of self- harm
- Monitoring of people on medication such as anxiolytics and antipsychotic medication (e.g. Lithium)
- Physical investigations such as blood tests, ECG and relevant neurological investigations, when indicated.

## How this might be tested in MRCGP

## AKT

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- Diagnosis and management of depression including psychological and pharmacological options
- Drug treatments for mental health problems, including interactions, sideeffects and monitoring
- Assessment of physical symptoms in a person with a chronic mental health condition.

## SCA

- Woman has ongoing abdominal pain, and the gastroenterology letter (provided) indicates no organic cause
- Young mother is worried by thoughts that TV and radio presenters are talking about her, despite acknowledging that this cannot logically be the case
- Teenager asks for help with compulsive tidying which takes hours at a time

and is interfering with his schoolwork.







- Log entry reflecting on the implications of a rejected referral to mental health services when there are serious concerns about the patient's mental state
- History taking with a patient requesting more sleeping pills.

# **LEARNING OPPORTUNITIES (Examples)**

## **Core Content**

#### Communication and Consultation

- Managing potential difficulties in communicating with people with mental health conditions
- Being sensitive and generating rapport to support patient-centred care

#### • Prescribing

- Anti-psychotics and monitoring requirements, compliance
- Side-effects and interactions (e.g., serotonin syndrome)
- Deprescribing and advice on withdrawal symptoms

#### • Co-morbidity

- With long-term physical illness
- Physical health monitoring in people with Severe Mental Illness (e.g., risk of metabolic syndrome)
- Avoiding diagnostic overshadowing

#### Teamworking

- Coordinate care with other organisations and professionals (e.g., community mental health teams, social workers, secondary care, voluntary services, social prescribers, and police)
- Medico-legal/ Ethics
  - Capacity, consent, confidentiality and autonomy
  - o Fitness to drive
  - o Mental Health Act

#### • Safeguarding

- Mental health problems as a presentation of abuse
- Considering vulnerable dependents.

# Acute Care



- Assessing suicide risk and co-developing a safety plan
- Mental state assessment
- Management of aggression, alcohol or drug withdrawal, acute psychosis, panic attack, psychosis
- Drug overdose
- Delirium.

#### Community

- Community Psychiatric Nurse
- Community psychological therapies
- Drug and alcohol detox/rehabilitation services
- Addiction counsellors (e.g., gambling)
- Domestic violence and abuse support services
- Voluntary groups helping people with mental health problems.

### **Other Specialties**

Psychiatry (e.g., inpatient detox, ECT)

### **Primary Care**



- Daily practice, home visits and out-of-hours seeing patients with common mental health concerns
- Primary Care Network (PCN) staff (e.g., Mental Health Practitioner, Social Prescribing Link Worker)
- Homeless Practice.

- Old age psychiatry (e.g., care of people living with dementia)
- Dietician (e.g., eating disorders)
- Child and adolescent mental health services
- Mother and Baby Unit.



#### Forensic Medical Examiner