Welcome everybody my name's Leanne Humphreys and we're talking today with Dr Phil Parker. Phil's a GP who grew up on a farm in a rural community and I understand Phil you also worked as a high school teacher before becoming a GP and I think spending the better part of three decades with the Australian army?

Yes, so with all of those experiences Phil's got a really informed perspective on issues of trauma-related mental health physical comorbidities and the implications for their management in general practice. So, welcome Phil. It's such a pleasure to have you with us.

Thank you very much.

Today we're going to be talking to Phil about the trauma-related mental health disorders and common physical comorbidities and how he approaches that particular kind of cluster of issues from the perspective of the general practitioner. So, Phil, first point. We often think of PTSD as the signature trauma-related mental health disorder but it's not the only one is it? So what would you most commonly see in general practice?

I think, I think we, it's important not to consider all form of related mental health disorders as PTSD, there are different types of PTSD but probably the most prevalent one I see is actually exacerbations of things like depression and anxiety which actually can override the PTSD symptoms.

Yeah, okay and so PTSD, depression, anxiety, you're going to commonly see those. What kinds of physical comorbidities are you seeing presenting with those?

Yeah, so probably the most common one I think is is the sleep disturbances you know which is, which is related to to the heightening of mood and to uh to rumination and the inability of people to achieve really, really good sleep cycles the other one is… is probably chronic pain and for people who have these conditions they tend to… I think it's reasonable for them to have to understand that chronic pain is quite a burden for them but it sort of amplifies it when there's an underlying mental health disorder as well.

Absolutely so you're seeing kind of an exacerbation, a relationship between how these things are kind of feeding each other.

Absolutely. Yeah okay, so given the complexity of those presentations Phil um as a general practitioner, how do you respond? How do you know- how are you addressing these things when that client or that patient first works walks through the door with you?

I think, I think my primary goal is to gain a holistic assessment. I want, I want to know everything. I want to know, I want to know the background of the traumas that they've been exposed to. I want to know if there's a history of mental health there. I want to know their social situation. I want to know about their family environment, their work, because all of these are contributing factors and they're going to influence, and in fact directly influence our progress moving forward. I want to know about all their medical conditions including those physical conditions because those in themselves can contribute to or influence management as well. Okay. So people who have got physical impairments, they tend to become a little bit more socially isolated and they can't - and their self-esteem is significantly reduced as a result of that. I want to know about their other health providers and what management has been put in place up until that point.

Yeah okay so, so you're really talking about a very broad-based bio-psycho-social understanding of the, of the person in front of you, a really holistic understanding and you're talking about a really thorough approach to assessment but also you sound like you're seeing yourself as very central to the management or the liaison with other health providers there as well. Is that right? Yes absolutely. I - through every step of management I always ensure that the individual, the patient, is central with me as we coordinate that care. And it's important that, and I'll use the term that they will be driving, but other health providers including me will be navigating. Okay so they need to be central for their management, they need to be intrinsically motivated and because without that, the successes in terms of outcomes is going to be hard to achieve.

So Phil, as a clinical psychologist I'm hearing that in terms of the importance of being really transparent, and the importance of giving people control in that process but you're also talking about strategies that speak to the quality of the relationship or the rapport that you're developing with that client. Would you - what are your thoughts about developing relationships with complex trauma-impacted individuals?

It's absolutely essential and so with, with these patients who have been exposed to trauma, they really are looking for health providers who they can trust, who they can confide in because, because, you know part of trauma management or trauma therapy is really confronting and really difficult and it can be, and it can be hard and they want to know that they've got the support of the people around them who care for them and that's actually going to motivate them and drive them forward in terms of addressing their own health concerns.

Absolutely, and so I'm thinking about the general practitioners that I work with, and they are so busy that there is, there's an enormous load that they are facing. How do you, how do you balance the business with the importance of developing those relationships because that, that seems like a challenge, that seems like a challenge.

It is very difficult for general practitioners because their scope of care is so wide and so demanding and it is hard to dedicate a significant amount of their clinical time to any individual patient. But for patients with trauma, with the background of trauma, they pretty well have to, they need to provide enough time. They need to schedule appointments over following weeks to ensure there's lots of really good effective follow-up. Okay to seek feedback about how things are going and the patient themselves they're looking for an investment of care from that practitioner. Okay and that's, and that's really, really important to, yes, to achieve about the outcomes we've got.

So who do you see as, as perhaps the most, and I don't know if this is actually a question, that's answerable? Who do you see is the most intimately or integral health practitioners that, that really should be just as a matter of course involved in the care of trauma-impacted individuals with these kind of complex presentations?

Yes, it's always the general Practitioner, yeah always. Okay, so the general practitioner has to, has to do an assessment of the whole environment and we spoke about a holistic assessment earlier to address any issues within that, within that environment to provide a really solid foundation and once that foundation is set in place then we can start to look towards more specialised therapies including psychology.

Okay so you're talking about really positioning, kind of getting all those foundational things in place and functioning from the general practitioners point of view and positioning them as well as you possibly can to kind of then refer them on to other services like psychology for example, so that they're better positioned to engage in those treatments.

Yes absolutely. So we know that, we know that patients or individuals who have had a history of trauma exposure, they need to, a lot, the majority of them will require trauma-focused therapies which we've said; it's quite difficult and demanding so they need to be in the best position to ready for when that commences. They need to understand what it's going to involve and there needs to be a lot of feedback between the psychologist or therapist and the general practitioner to win you know, to identify any concerns that might obstruct progress.

Absolutely fantastic. That's, Phil that's really, really helpful. I might just summarise if that's okay. So you're talking about really complex presentations, you're talking about the importance of a really thorough understanding, developing a thorough understanding of those problems, developing a really good understanding of the relationship between those problems, how they might kind of perpetuate and feed each other and positioning your patients as well as possibly with regard to for example sleep and pain but a range of other issues as well, other physical comorbidities and positioning them as well as possible then to refer them. But once referred the GP really maintains a very kind of central process in the management of that case and you're then really emphasising the ongoing communication between all of the treatment providers as well as the patient.

Absolutely, and probably an example I fail to talk about is the involvement of family, including spouses

and so you're looking at involving family right from the beginning throughout.

How do you, how do you manage that?

So I, I often ask about how, like if they're married, I'll ask about how their spouse is coping for a lot of the, for a lot of the partners they've actually had to endure the burden of living with someone with a history of trauma and that can be really tough. We need to make sure that they are well, that they are understanding what's going on in terms of therapy because their involvement is critical for success.

Okay yes, absolutely and I imagine as well that burden that you're referring to that that might also involve referral onto mental health services for their own needs? Absolutely yes.

Okay. Phil thank you very much that's been really helpful and thank you very much for joining me today.

Thanks. Thank you!