Letter to the Editor
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General practitioners as key contributors to community mental health

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General practitioners (GPs) play a crucial role in supporting mental health within the community. Mental disorders and related challenges represent a significant yet often underrecognized share of the global disease burden, with high and rising prevalence, as well as substantial socioeconomic consequences due to inadequate treatment (Australian Bureau of Statistics, 2022). Encouragingly, the professional discourse is increasingly shifting towards mental health as a concept encompassing emotional, psychological, and social well-being (Fusar-Poli et al., 2020). This more holistic view stands in contrast to traditional notions of *mental illness*, which focus primarily on disruptions in thinking, mood, or behaviour (Wren-Lewis & Alexandrova, 2021).

A necessary step forward involves reframing our focus — moving from "what is wrong" to "what is desirable." Rather than concentrating exclusively on pathologies, more attention should be directed toward identifying and promoting the qualities we associate with positive mental health. Mainstreaming this perspective will inevitably require a recalibration of roles among mental health professionals. GPs, in particular, are already central to this shift.

This very journal underscores that priority by dedicating one annual issue to public and community mental health. Numerous relevant topics pertaining to general practice have previously been explored (Jakovljević, 2016). Patigny et al. (2020), for example, emphasized the importance of communication between psychiatrists and GPs in the treatment of alcohol use disorder. GPs are uniquely positioned to integrate medical advice into a patient's everyday life, grounded in their understanding of the individual's personal circumstances.

Wang et al. (2017) highlighted ongoing challenges in GP adherence to clinical guidelines regarding the pharmacological treatment of depression. Multiple studies have revealed inconsistencies in guideline implementation, potentially limiting treatment effectiveness. One proposed solution involves including a case manager nurse — a model that has gained traction in Slovenia in cardiovascular care. This approach warrants further investigation and tailored adaptation in mental health contexts.

Beyond treatment adherence, it is well established that individuals with severe mental illnesses face a markedly reduced life expectancy — often 10 to 20 years shorter than the general population — primarily due to comorbid chronic physical conditions such as cardiovascular and respiratory diseases (Plana-Ripoll et al., 2020). This population has significantly higher rates of diabetes, osteoporosis, and metabolic syndrome, with up to 67% affected (Fiorillo et al., 2019). Many of these conditions are exacerbated by the side effects of medication and by modifiable risk factors, including poor nutrition, sedentary lifestyle, and substance use.

Lifestyle-based psychosocial interventions — incorporating physical activity, nutrition counselling, sleep hygiene, stress management, and substance-use support — have proven both effective and cost-efficient. GPs are at the forefront of delivering these interventions and must be supported to do so. Encouraging patient engagement in these behaviours should be seen as a central tenet of integrated care for those with mental health conditions.

However, systemic obstacles persist. Time constraints and insufficient training are widely recognized as barriers. Healthcare systems should prioritize restructuring workflows to allow GPs more time for clinical care, minimizing administrative burden. Additionally, providing targeted training in lifestyle and mental health interventions will empower GPs to actively contribute to diagnosis, treatment, and long-term management.

Importantly, merely distributing clinical guidelines is not enough — as was argued over a decade ago in this journal (Agius et al., 2011). Sustainable improvement will require closer, structured collaboration between general practitioners and psychiatrists, placing the patient at the centre of a truly interdisciplinary approach.

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Another use for long-acting mood stabilizer injectables: Treating mood dysregulation disorder comorbid with eating disorders, purging type

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Adolescent psychiatric patients can express a range of maladaptive behaviours, often related to emotional dysregulation, including substance abuse, eating disorders, and self-injurious behaviours, such as cutting.

Long-term pharmacological and non-pharmacological treatment may be necessary to provide a corrective emotional experience for a severely dysfunctional adolescent. Successful intervention may require considering alternative therapeutic approaches.

Emotional dysregulation patterns can trigger maladaptive, aberrant or unhealthy eating habits, ranging from overly restrictive to uncontrolled eating, which could benefit from mood stabilization.

In a previous paper the use of mood stabilizing long-acting therapy with more predictable pharmacokinetics was reported to be useful for overcoming the problem of malabsorption of oral therapy, such as lithium, secondary to bariatric surgery. Indeed, patients with obesity comorbid with bipolar disorder who undergo bariatric surgery often require substantial adjustments of lithium oral therapy, highlighting the risk of unpredictable lithium absorption and blood level fluctuations. In such cases, switching to mood stabilizing long-acting injectables represents an optimal strategy (di Michele, 2024).

Here I focus on another alternative use of long-acting mood-stabilization therapy. In young patients with mood dysregulation disorder and eating disorders comprising self-induced vomiting, the use of long-acting injectable treatment should be