

ENCIRCLE June 2015

Mental Health
GP consulting skills

The GP-patient interaction can be....

- Therapeutic
- Flexible, holistic, sophisticated

Informed by....

- Long View-years of knowledge of patient
- Wide View-knowledge of family and social setup
- Doctor's experience-thousands of brief yet deeply probing interactions allowing quick assessment of the situation

Doctor Factors

Oh no,
mental
health

I'VE got to DO
something to
help

I can't cope
today, its going
to make me
late

Time to Talk or
antidepressants

Oh good, mental
health



I've tried everything this is the last resort

I can't think straight, I hope I can explain

I feel ashamed, will she think I'm stupid?

Why do I feel so bad? I can't cope with work, I'm useless

The last GP wasn't interested I hope this one is different

I'm probably wasting his time



Patient's perspective

Carl Rogers-unconditional positive regard

- Respect for another person
- Valuing a person as a unique individual
- Non-judgmental acceptance of their views, opinions and beliefs
- Being nurturing, caring and compassionate
- Understanding/empathising with personal struggles

Unconditional positive regard allows.....

- Catharsis
- Validation of distress
- Positive affirmation
- Space for the patient to think about next steps

What patients say they hope for.....

- Warmth
- Compassion
- Hope
- Space to be heard
- Not to feel stupid or ashamed
- To be taken seriously
- Choice
- Guidance when not thinking straight
- An approach that builds on their strengths
- Help with the system

What GPs do that patients say makes things worse

- Lack interest, not listen
- Lack empathy or compassion
- Shut down, rushed or made to feel stupid
- Give unwanted advice without asking what patients want
- Push antidepressants or CBT when not wanted
- Not offering time off work as an option

Adjustment Reaction vs Mood Disorder

Adjustment reactions (recent trigger)

- Symptoms transient, fluctuant, contextual
- Acute distress, physical symptoms can't sleep, can't eat, can't function
- Often improve with time and support

Mood disorders

- Symptoms pervasive (anhedonism) and persistent
- No clear trigger or no improvement 6-12 months after triggering life event

Stages of adjustment

Shock and denial

Pain and guilt

Anger- frustration, blame, need to lash out

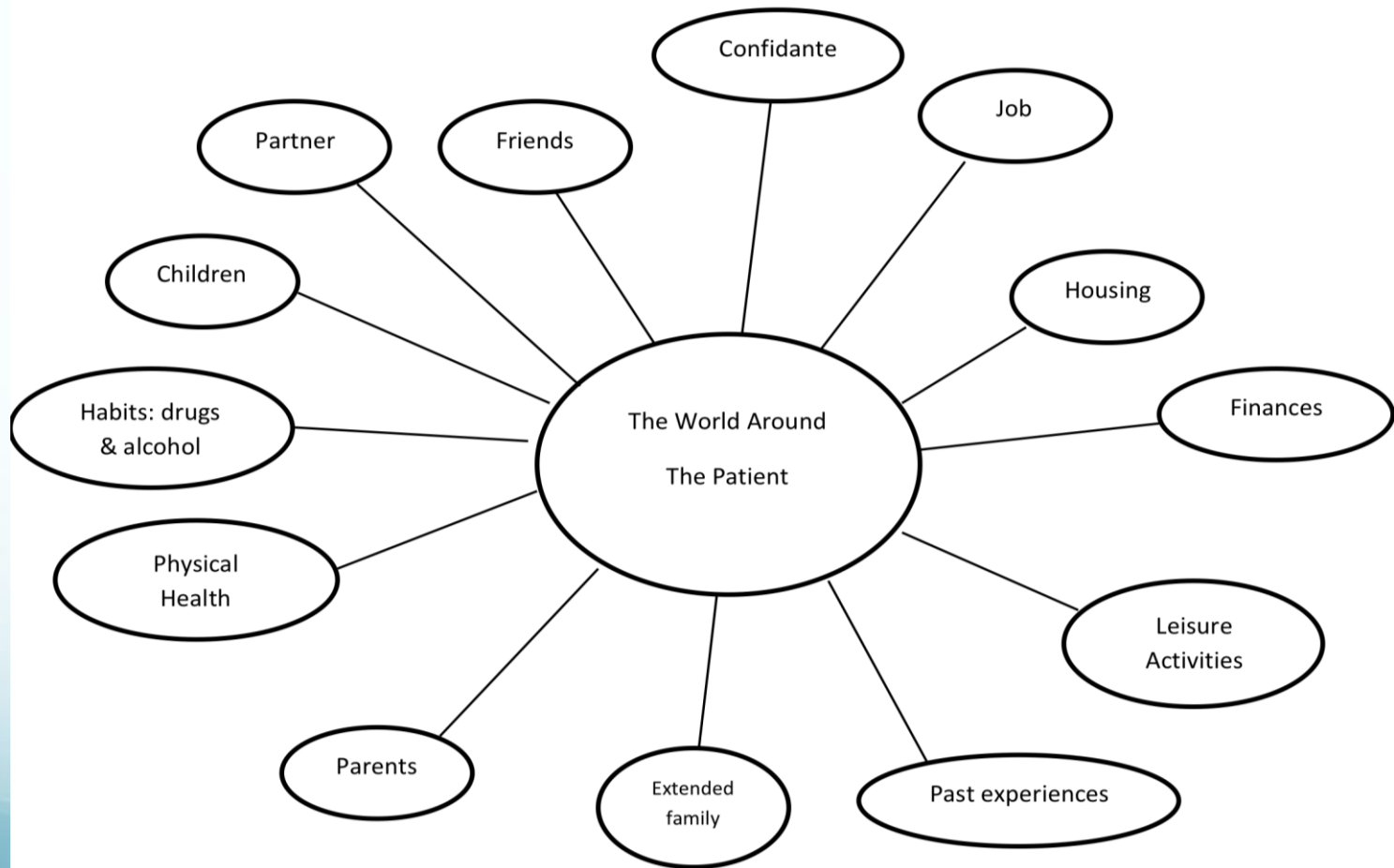
Depression, reflection, withdrawal

Upward turn

Reconstruction and working though

Acceptance and hope- living with your loss

Wider determinants of mental health



Assessment of severity

Functioning

- Feels awful
- Going to work
- Able to look after self and family
- Has volition
- Able to engage with self-management or attend appointments

Not functioning

- Feels awful
- Not coping with work
- Neglecting self, family, home
- Self-defeating coping mechanisms eg alcohol xs
- Increasing chaos and dysfunction

Doctor centered approach

You need an antidepressant

I know you've tried this but I want you to try it again

You need to cut down your drinking and smoking

I wish I could just tell him how I feel

You need a Time to Talk referral

Why don't you join the gym?

I'd like you to do this self-help sheet



'Do you need any guidance or tips?'

'Do you know what's available?'

What would you like to do?

'What have you tried so far?'

'Some people findhelpful'

Person centered way forward

Autonomy-the patient has the answer

Build on the patient's strengths, think.....

1. 'Do you want to do it yourself?'
2. 'Do you need my help?'
review/support/resources
3. 'Do you need more support (than I as a GP can offer)?' Referral

Solution Focused Approach

The miracle question

- ‘Was there a time when you felt good, calm, happy?’
- ‘What was that like?’
- ‘How could you get back to that?’

Be person centered about what you do next

- Watchful waiting, support and review
- ? Time off work
- Empower autonomy
- Choice of support/self-help resources
- Wellbeing services
- Third sector service
- Referral to Time to Talk
- Referral to Secondary Care services through ATS

Challenges

- Getting the right diagnosis
- Avoid being too directive, 'why don't you....'
- Avoid causing learnt helplessness and dependence
- Be therapeutic but.....
-don't be a therapist; you lack the time and the training
- Being compassionate while maintaining the observer perspective

Why have boundaries

- So that you can do your job as a professional for this patient and your other patients
- This person can be empowered to develop autonomy and live well in the world without you

Listening exercise

- In pairs
- 2 minutes each way
- Attentive listening without interrupting
- Share your consulting tips, what works for you and your patients or resources
- Write them down so we can collate them.