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GENERAL PRACTICE SUPERVISION AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

WEBINAR

How to teach your registrar about young people with depression

Depression is the most common mental health presentation in young people, yet GP registrars are twice as likely to refer young people with depression than adults.

As a GP supervisor, it is important to build your registrar's confidence by increasing their exposure to young people, and teaching specifically about how to treat young people with depression.

Teaching your registrar how to treat young people with depression should centre on building their awareness – and consistent practice – of treatment guidelines.

Why is it important to teach registrars about treating depression specifically in young people?

Depression is the most common mental health presentation in young people (32 per cent), yet registrars are twice as likely to refer young people than adults with depression.

The Mental Health of Children and Adolescents 2015 report showed 5 per cent of 12 to 17-year-olds who presented to a GP had a major depressive disorder in the previous 12 months. If you think of that in the context of one in four young people being impacted by their mental health in the past year, it means many young people who present to a GP for other reasons, will also be struggling with a mental health issue. However, the report showed many young people were concerned about stigma of a major depressive disorder, which may prevent their disclosure.

This is a reminder for GP supervisors and registrars of the importance of broader assessments of young people who present.

For more information, read *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing* at https://www.health.gov.au/resources/publications/the-mental-health-of-children-and-adolescents

What barriers do registrars face in treating young people with depression?

A report on registrar confidence and referrals revealed a lower exposure of young people to registrars, and lowered confidence in treating them. Registrars have fewer interactions and shorter consults with young people, and are twice as likely to refer young people than adults with mental health issues. Underlying factors include: parental pressure to refer or prescribe Selective Serotonin Reuptake Inhibitors (SSRIs); and the registrar's lack of confidence in their ability to treat a young person with depression.

For more information, read *Referral rates of general practice registrars for behavioural or mental health conditions in children* at https://www.racgp.org.au/afp/2016/march/referral-rates-of-general-practice-registrars/

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Barriers faced by registrars to treating young people with depression

- High prevalence of depression in young people (5 per cent per annum).
- Registrars tend to see fewer paediatric patients and therefore tend to be more uncertain about management of adolescents who present with depression.
- The tendency to refer paediatric mental health cases can therefore be quite high - double that of adults.
- Parents seeking referral with regard to their children experiencing depression.
- Understanding the literature - what is consistent/different with adult patients versus adolescent patients who present with depression. For example:
    - Young people may present with irritability rather than lowered mood.
    - Understanding the commonality that a barrier for patients with depression in seeking help is cognitive understandings that acknowledging they have depression in some way makes them not normal. (That is, the belief that depressed is who they 'are' as a human, rather than understanding they are a 'normal human being' with an illness that can be treated).
- Understanding a young person presenting for any problem may have underlying mental health issues. Therefore, it is important to undertake a holistic engagement and assessment process whenever seeing young people.
- Understanding adolescent patients expect autonomy and therefore shared decision-making is key, otherwise this can become a barrier to treatment.
- Understanding parents may seek/push for a referral, which may/may not be appropriate, but that the registrar needs to speak with the patient alone to establish connection, trust/confidentiality, understanding or etiology of depression and shared decision-making.
- Registrars being comfortable and knowledgeable around the nuances of guidelines for SSRI medication prescribing for young people.
- Registrar anxiety about how to appropriately safety net a patient who may be at risk of self-harm is important to deal with.

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What do I need to teach my registrar about dealing with young people with depression?

Dedicate a scheduled teaching session(s) with your registrar about dealing with young people with depression. During this session you should cover the following:

- Encourage the registrar to continue to manage the patient rather than immediately refer.
- Encourage the registrar to seek advice from you; this makes them feel safe to seek advice and/or reassurance from you as their supervisor.
- Ensure your registrar has reviewed and is practising effectively the Royal Children's Hospital Guidelines for engaging with and assessing the adolescent patient at https://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/
- Complete a random case analysis of their patient files with them to establish if they are using a HEADSS (Home, Education and employment, Activities, Drugs and alcohol, Sexuality, Suicide risk/depression) assessment correctly, and appropriately safety netting their patients as a result of the history taken.
- Establish the importance of confidentiality. That is, see the patient with the parent as well as the patient on their own, and role play explaining this process to the patient and their parent. In addition, role play negotiating which information is shared with parents or others.
- Role play how to manage the difficult consultations/conversations where a parent is seeking a very specific outcome in response to the presentation.
- Role play how your registrar would go about navigating and explaining the etiology of depression with respect to knowing this is a barrier to treatment in adults and adolescents. How would the approach they take vary? How would the approach you take as their supervisor vary? Why?
- Provide your registrar with links to the literature, or get them to prepare for your in-practice teaching session by researching and presenting the literature to you during the session.
- Ask the registrar for a summary of the research and how it will inform how they approach their next adolescent patient who presents with depression.
- Complete a case study about how to manage (and why) an adolescent patient who wishes for their doctor not to disclose information to their parents.
- Share personal experiences of challenges faced: what you learned as a supervisor in dealing with patients, adolescents and adults and their parents, and how to manage these types of patients.
- If you apply no SSRIs on the first consult rule, explain why and how to explain that to a parent pushing for the same.
- Discuss with your registrar how to appropriately safety net a patient:
  - When no SSRIs prescribed.
  - When SSRIs prescribed.
  - Medication monitoring/intervals.

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Why should I encourage my registrar to consistently practice within treatment guidelines for young people with depression?

The treatment guidelines provide a path for GPs to follow in the treatment of young people with depression. Explain to your registrar that it is easier to justify their approach if their practice is broadly consistent with the guidelines. If they act outside of the guidelines, then there is the potential to be criticised.

For more information, read *Treating depression in young people: Guidance, resources and tools for assessment and management* at https://www.orygen.org.au/Education-Training/Resources-Training/Resources/Free/Clinical-Practice/Treating-depression-in-yp

What pressure points for prescribing should my registrar be prepared to manage when treating a young person with depression?

Registrars need to learn to remain confident and practise within the guidelines, even if faced by pressure from the young person's:

- Parents/other family
- Young person themselves
- Psychologists and other therapist
- Other workers
- School nurse
- School counsellor
- Friends

Some of these pressure points will be indirect. For example, if the young person presents and says: *"My psychologist/school counsellor (etc) thinks I need anti-depressants,"* or *"My friend is on anti-depressants, and says she is feeling a lot better. She thinks it would be good for me too."*

What are some ways I can teach my registrar to manage these pressure points?

Again, remind your registrar that closely following the guidelines justifies their practice. If following the guidelines, your registrar can then explain expectations to the young person, or adults who may be placing direct pressure for medication.

Role play (and role model) the following explanations:

- **Normalising practice**
  "What I normally do is see young people a few times before prescribing…"
- **Young people**
  (When a young person presents voicing someone else's views) "What do you think about treatment?"
- **Family and friends**
  "I'm hearing your concerns, although I need time to properly access and consider…"

How can I teach my registrar to manage the barriers they may face in treating a young person with depression?

During your teaching session you can discuss case studies, practise patient/parent management techniques, and discuss the ensuing path of following the treatment guidelines for treating a young person with depression.

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Case Study: Sarah, 15, year 9

Sarah presents to GP registrar with her mum who explains Sarah has been anxious and depressed for six months. Her mum says Sarah is irritable and causing lots of family conflicts. Sarah has had six sessions of counselling, which her mum says did not help.

The registrar attempts to engage Shara more into the conversation, but it has become clear her mum is going to answer most of the questions, even though the registrar is directing the questions to Sarah.

About five to 10 minutes into the consults, Sarah's mum says: "Sarah needs to be put onto anti-depressants.'

HOW TO MANAGE THE SITUATION

At this point in your teaching session, discuss with your registrar what could be done to manage the situation.

You could say: *"It's important to spend some time seeing Sarah alone, because at this stage you are only getting Sarah's history from her mum. It's pretty clear that this dynamic will continue if you do not interrupt it."*

Discuss/practise options of how the registrar can tell Sarah's mum he/she would like to see Sarah alone, and asking Sarah for her consent to do so.

Explain to your registrar that speaking to Sarah alone, with her consent, is usual practice, and role play how he can explain this to Sarah and her mum.

CONFIDENTIALITY

At this point, it is important to emphasise to your registrar the need to clearly outline the limits of confidentiality with Sarah and her mum while they are still in the room together.

You could say: *"You must be clear with Sarah and her mum that what you discuss with Sarah alone is confidential, but if you have serious concerns around safety, of course you will need to breach that confidentiality."*

Also explain to your registrar that some people have an "all or nothing" mindset; so, during the private consult with the young person it will be important for the registrar to clarify with the young person what things they are happy to share with their support person, and what is reasonable and achievable. This clarification helps empower and engage young people, because they feel like they have a say in their treatment.

This case study is explored in detail in GPSA webinar, *How to teach your registrar about young people with depression*. View the webinar at http://gpsupervisorsaustralia.org.au/educational-resources/webinar-recordings/

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What are the key components a registrar needs to learn about getting a patient history from a young person if investigating for depression?

A patient history for a young person should include:

- HEADSSS (and headspace assessment).
  Read headspace Psychosocial Assessment for Young People at https://headspace.org.au/assets/Uploads/headspace-psychosocial-assessment.pdf
- Formulation framework.
- Predisposing factors. For example, patient's mum has a history of depression.
- Precipitants. For example, patient has had a falling out with best friend at school.
- Perpetuating. For example, family pressure in the context of patient's mum and dad increasingly fighting: "Mum is stressed."
- Protective factors. Are there AOD issues? Does the patient feel well connected to family.
- Check patient's risk of self-harm or suicide.

What examinations does the registrar need to be taught to perform, once he/she has consent to see the young person alone, and has explained boundaries of confidentiality with the patient and parent (support person)?

The registrar needs to learn it is important to do a mental examination, and offer to do a basic physical examination, with the young person's consent.

The registrar should also explore for more information which might be helpful to the patient's history. For example, if the patient (or parent) has mentioned the young person has had cognitive behaviour therapy which "did not work", ask: *"Why do you think your previous counselling didn't help?"* or *"What did you find useful/unuseful about your counselling?"*

What advice can I give a registrar who discovers a young person has self-harming behaviour, but the patient views this as "a habit" rather than recognising it as self-harm?

Explain to your registrar it is common for a young person to not recognise self-harming behaviour. Acknowledge this scenario is challenging for a GP because, while it raises the level of concern about the young person's insight into what is really going on, he needs to educate the patient on how/why to stop the behaviour.

During your teaching session with the registrar, you could role play how the registrar can explore/discuss the following with the young person:

- After discussing the patient's wound (or other) management, what else should you assess for?
- What about comorbidities?
- What messages to give the patient?
- Shared decision-making – what to keep confidential and agreeance on what is necessary to tell the parent or support person.

What are some examples of take home messages a registrar can learn to give a self-harming patient (during private consult), and with the parent (when all in room)?

To patient (alone) - emphasise patient care and confidentiality:

- *"You came to the right place," or, "It's good you came to see me."*
- *"I am concerned about your wound (or other)."*
- *"It is important you see me regularly for follow-ups."*
- *"You are my patient, not Mum, so you can see me alone if that is what you would prefer."*

To patient and parent - set clear boundaries:

- *"It is important (patient's name) has follow-up appointments."*
- *"I agree (patient) needs some treatment, but I am seeing (patient's name) as the patient. It is normal practice for a GP to see an adolescent alone, if that is what the patient prefers."*

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What advice can I teach my registrar on managing parental pressure to prescribe anti-depressants for their son/daughter?

Your registrar needs you to re-assure them:

- To apply no SSRIs on the first consult rule. You can role play how to explain this to the parent pushing for an anti-depressant prescription on the patient's first visit.
- Become familiar with, and consistently practise the Royal Children's Hospital Guidelines for engaging with and assessing the adolescent patient.
- Encourage the registrar to continue to manage the patient rather than immediately refer. You can role play how to explain to a parent reasons the registrar will not immediately refer a patient on their first visit.

What are the key points of the guidelines my registrar needs to remember?

In short, your registrar needs to remember the following:

ASSESSMENT

- Careful assessment of the young person over time.
- Use validated tools where appropriate.
- Consider differential diagnosis.

TREATMENT

- Staged treatment.
- Shared decision-making (with patient).
- Appropriate monitoring of SSRIs (weekly, for at least the first four weeks – if prescribed).

What validated tool should my registrar use to support a diagnosis of depression?

The Patient Health Questionnaire (PHQ9) aligns well with the diagnostic criteria for a young person with depression. The PHQ9 is a multi-purpose tool for screening, diagnosing, monitoring and measuring the severity of depression.

Download the *PHQ9* at https://patient.info/doctor/patient-health-questionnaire-phq-9

What are the benefits of using a PHQ9?

Tell your registrar the benefits of using a PHQ9 are:

- Objective assessment of severity of symptoms.
- Some young people are more comfortable disclosing information via a tool than via a face-to-face history.
- Helps registrar to understand the young person's history and its consistency.
- The severity score of depression on a patient's PHQ9 will give your registrar a guideline for stage care of treatment.

Are there any risks to using a tool like PHQ9, and if so how can the registrar navigate these?

Yes, there are some risks. These include:

- Can disengage some young people - therefore, it is important for your registrar to seek permission from the young person to complete it.
- Young person not understanding the questions - therefore, it is important your registrar checks the young person understands the questions.
- Not validated for all young people - talk to your registrar about specific tools that have been adjusted for cultural gaps/specific populations. For example, for Aboriginal and Torres Strait Islanders.

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What staged treatment will a PHQ9 score give a registrar who is treating a young person with depression?

DEPRESSION SEVERITY	TREATMENT
Mild depression (PHQ 5-9)	1. Information and guided self-help. E.g., depression, healthy headspace. 2. Non-directive support or group therapy. 3. Lifestyle advice. For example, sleep, diet, exercise, relationship break-ups.
Mild - moderate depression (PHQ 10-14)	1. Psychological therapy (CBT or IPT). 2. Guided self-help E.g., MoodGYM, e-couch, ReachOut Central.
Moderate - severe depression (PHQ 15-19	1. Psychological therapy (CBT or IPT). 2. Plus, fluoxetine if necessary. E.g., if six sessions of CBT has not been effective.
Severe depression (PHQ 20-27)	1. Psychological therapy (CBT or IPT). 2. Plus fluoxetine to reduce symptoms in the short term.

When should I advise my registrar to consider prescribing a young person SSRIs?

Again, refer your registrar to read Treating depression in young people: Guidance, resources and tools for assessment and management at https://www.orygen.org.au/Education-Training/Resources-Training/Resources/Free/Clinical-Practice/Treating-depression-in-yp. In short, this will guide your registrar to consider SSRIs in the following circumstances:

- PHQ score indicates moderate to severe depression (NOT mild).
- When psychological treatment has failed, has been refused, or is not available.
- In context of a therapeutic relationship.
- When the registrar is able to provide weekly monitoring for at least four weeks.

Who can help a registrar make a final decision on prescribing SSRIs for a young person?

Your registrar should be encouraged to include the following people when prescribing SSRIs:

- **The patient** - It is important the young person is involved in the shared decision-making.
- **Family and friends** - If a young person presents on their own and asks for medication, your registrar should engage them on what they think their family and friends' views would be.

If a parent or adult friend is in the waiting room, the registrar could ask the young person for permission to bring that person into the room and ask what they think about the possibility of medication.

- **Therapist feedback**
- **GP supervisor**
- **Psychiatric opinion** - A good option for someone younger than 18, especially those under 16.

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What points do I need to emphasise to my registrar about shared decision-making with a young person with depression?

Discuss what shared-decision making is, and why it is important.

Shared decision-making is a two-way exchange to guild understanding of:

- Young person's knowledge of treatment options.
- Registrar's knowledge of the young person's values and preferences.

Then, explain to your registrar how to involve the young person in shared decision-making.

- Registrar and young person should discuss possible risks and benefits (of each option).
- Encourage the young person to explore their values and preferences.
- Select an option that is consistent with the values and preferences of the young person.

Emphasise why shared decision-making is important. For example, *"A young person is likely to become disengaged if you prescribe SSRIs, despite them telling you they are not interested in taking an anti-depressant."*

Should a registrar prescribe SSRIs to adolescents?

Prescribing SSRIs to adolescents should NOT be a GP registrar's first treatment pathway: working within the guidelines remains important to the treatment of adolescents with depression.

Concerns about using SSRIs in young people include:

- SSRIs might be less effective than first thought for treating adolescent depression.
- SSRIs might be associated with worrying side-effects, with the most significant potential risk being suicidal ideation or behaviour among people aged 12-18 years who are prescribed SSRIs for the treatment of depressive illnesses.
- Trials have shown modest effects in improvement of symptoms, but most trials exclude young people with complex needs, and there is a lack of long-term data.

Ask your registrar to read the following literature for you to discuss during your teaching session on treating young people with depression:

- The most recent Cochrane study on treating young people with depression - *Psychological therapies versus antidepressant medication, alone and in combination for depression in children and adolescents (Review)* http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD008324.pub3/pdf/abstract
- Evidence Summary: *Using SSRI Antidepressants and Other Newer Antidepressants to Treat Depression in Young People: What are the issues and what is the evidence* https://headspace.org.au/assets/download-cards/ssri-v2-pdf.pdf

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How can I put in context for my registrar the risks to adolescents of suicidal ideation or behaviour if prescribed an SSRI for treatment of depression?

Explain the following to your registrar:

- All SSRIs' median risk increases from 24 to 40 per 1000.
- NNTH (additional harm of suicidal ideation or behaviour:
  - 32 fluoxetine; 66 all SSRIs.
- Most people who start on SSRIs are not going to have suicidal ideation or behaviour, but any risk to a young person is a problem.
- There is no strong evidence showing the benefits of SSRIs for young people.
- There is no evidence of increased completed suicides with SSRIs.
- Suicidal ideation on SSRIs can be a result of the depression.

What is the youngest age fluoxetine can be used?

Your registrar needs to understand it is important to answer this question in context of the evidence. That is, there is not very strong evidence of any benefit for young people. Your registrar should also presume the younger the adolescent, the more careful GPs need to be about making a decision.

A registrar should seek their supervisor's advice if considering fluoxetine for a young person, and you should emphasise it is good practice to get an opinion from a psychiatrist before starting any dose. Also, importantly, refer your registrar to the guidelines, which outline reduced starting doses for young people.

What checklist should my registrar complete before prescribing SSRIs?

The following checklist should be used before prescribing an SSRI to a young person (or adult).

All components need to be ticked before prescribing an SSRI, which demonstrates why it should/will not be possible to prescribe an SSRI on the first visit.

SSRIS CHECKLIST

(Tick **a ll** boxes before prescribing)

- ☐ Confirmed the diagnosis and stability of symptoms
- ☐ Used a valid tool to support this
- ☐ Considered the differential diagnosis
- ☐ Completed an adequate trial of non-drug treatment
- ☐ Explained the benefits and harms
- ☐ Explained delayed effect, duration of treatment
- ☐ Explained discontinuation symptoms
- ☐ Particularly discussed risk of self-harm or suicide
- ☐ Explained interactions with medication, alcohol, drugs
- ☐ Adequately assessed risk
- ☐ Limited access to medication (if significant risk)
- ☐ Developed a safety plan
- ☐ Organised weekly monitoring
- ☐ Involved family and friends as appropriate
- ☐ Given everyone time to think about all of this

Is weekly monitoring of adherence, side effects and risks of SSRIs achievable in every centre?

Explain to your registrar weekly monitoring is usually achievable in the majority of practices, however there is also the possibility they may work in a practice where weekly monitoring is not possible, for various reasons. If they find themselves in this situation, your registrar can use a shared review with other health professionals to ensure weekly monitoring of the young person is achieved. For example, the shared review could include: nursing staff; mental health nurse; and therapist.

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Are there any circumstances in which I should discourage my registrar from treating a young person with depression?

Registrars need to build their confidence in treating young people with depression, and therefore need exposure to young people.

Again, emphasise they should use the guidelines as their treatment pathway, and to seek your opinion whenever required. They should especially seek support and opinions from their GP supervisor, and a psychiatrist, for the following:

- Younger age adolescents.
- Complex presentation.
- Suspected bipolar disorder.
- Unclear diagnosis.
- Significant comorbidities. For example, OCD, AOD, personality disorder.
- Discordant treatment views (young person/family).

What does my registrar need to know about headspace National Youth Mental Health Foundation?

Headspace is the National Youth Mental Health Foundation, funded by the Federal Department of Health. It is a very successfully branded free or low-cost care for young people (12-25 years) in a youth friendly environment.

There are more than 100 headspace centres throughout Australia. While most people are familiar with the headspace centres, the service also has a presence in some school programs, and operates eheadspace.

The four core service streams at headspace centres are, at minimum:

1. Physical health
2. Mental health
3. Alcohol and other drugs
4. Vocational and educational support

GPs are the heart of the Headspace model, navigating as necessary the young person through multidisciplinary team-based care (including psychiatry and allied health services and other supports).

Depending on your practice's location, encourage your registrar to become familiar with the services and resources available at their nearest headspace centre. For example, on-site psychiatry or tele- psychiatry service, family counselling etc.

What GP resources are available from headspace which will support a registrar in treating young people?

Encourage your registrar to access the following resources from headspace:

- Evidence-based tools: www.headspace.org.au/Clinical-toolkit
- Free accredited online training (ALMs:
  1. Youth mental health
  2. Young people drugs and sex
  3. Developmental disorders

https://headspace.org.au/health-professionals/gps-and-general-practice-at-headspace/

Does a registrar need to write a referral for headspace if he/she would like a young person to access one (or more) of its services?

The majority of young people self-refer to headspace. So, the problem that arises in general practice is a GP can "lose" the holistic care of a young person to headspace.

So, if a registrar is considering headspace services as an option for their young patient, it is important they are **advised to refer the patient**, rather than simply recommend: *"You might think about going to headspace."*

Instead, advise your registrar to make a written referral to ensure:

1. Reason for referral is clear (assessment, CBT, psychiatry, etc).
2. Communication and ongoing involvement is provided.

To find your nearest headspace centre and check referral mechanism, visit www.headspace.org.au

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Resources:

- The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing:
  https://www.health.gov.au/resources/publications/the-mental-health-of-children-and-adolescents
- Referral rates of general practice registrars for behavioural or mental health conditions in children:
  https://www.racgp.org.au/afp/2016/march/referral-rates-of-general-practice-registrars/
- Treating depression in young people: Guidance, resources and tools for assessment and management:
  https://www.orygen.org.au/Training/Resources/Depression/Clinical-practice-points/Treating-depression-in-yp
- Engaging with and assessing the adolescent patient:
  https://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/
- GPSA webinar, How to teach your registrar about young people with depression:
  http://gpsupervisorsaustralia.org.au/educational-resources/webinar-recordings/
- Patient Health Questionnaire (PHQ9):
  https://patient.info/doctor/patient-health-questionnaire-phq-9
- Evidence-based tools:
  www.headspace.org.au/Clinical-toolkit
- Free accredited online training (ALMs) provided by headspace:
  https://headspace.org.au/health-professionals/gps-and-general-practice-at-headspace/
- headspace National Youth Mental Health Foundation:
  www.headspace.org.au
- headspace Psychosocial Assessment for Young People:
  https://headspace.org.au/assets/Uploads/headspace-psychosocial-assessment.pdf
- RACGP article on headspace assessment tool Psychosocial assessment of young people: Refining and evaluating a youth friendly assessment interview:
  https://www.racgp.org.au/afp/2010/august/psychosocial-assessment-of-young-people-%E2%80%93-refining-and-evaluating-a-youth-friendly-assessment-interview/

Does this resource need to be updated? Contact GPSA: P: **03 9607 8590**, E: admin@gpsa.org.au, W: gpsa.org.au
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