GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

PODCAST WEBINAR

# How to Teach Registrars About Managing Mental Health Conditions - Top Tips

The management of mental health conditions can be one of the most confronting aspects of general practice, especially for Registrars. With so much of their medical education focused on charging in to "fix" their patients' ailments, the concept of taking a more passive role to support and empower someone who is suffering is often counterintuitive.

GP supervisors are charged with the responsibility of introducing Registrars to the concept of relational medicine. This goes a long way to providing Registrars with the tools to make their mental health consultations more comfortable and successful.

These tips are offered as a reinforcement and extension of those tools.

## Important and simple communication skills

**Good communication skills are the most important part of engaging patients/building rapport and making patients feel safe.**

1. Spend time with Registrars teaching them these skills. Role model, and watch your Registrars demonstrate how they deal with patients who are distressed.
    - Validation is super important: recognise or affirm that a person or their feelings or opinions are valid and worthwhile
    - acknowledge that what the patient is disclosing sounds "really difficult", or say something like "ouch this sounds hard" or even "if I was dealing with what you are dealing with I would feel sad or anxious too"
    - it's ok to not be ok… WE NEED TO MAKE OUR SPACE SAFE FOR THE PATIENT TO BE VULNERABLE
2. Face the patient, make eye contact (this activates our safe, soothing, connecting system - Oxytocin released); ensure your body language and voice tone are relaxed/ not threatening.
3. Some Registrars don't feel comfortable with a crying patient - the more distressed the patient, the more pressure the Registrar will feel to "fix it" or "find a solution". Letting them cry/ sitting with them in their distress goes a long way. Often their loved ones may also be trying to problem solve: you may be the first person that allows them to be vulnerable.
4. If judgements show up - encourage your Registrar to debrief with you - this is common and takes practice. We are there to provide "supportive counselling" - listening, validating, empowering: our role is not to problem solve, esp in the first few visits.
5. Encourage your Registrar to congratulate patients for being vulnerable. This takes away the shame they may be feeling for presenting with emotional issues. This is much braver than staying away and continuing to suffer.

- Validate, validate, validate
- Give them time to talk and listen actively
- Reflect back the key things you have heard
- Be non judgemental and discuss confidentiality
- Make good eye contact, lean in, use soft gentle tone of voice
- Allow crying - don't rush this - offer tissues
- Remind them they are safe with you
- Don't try to problem solve - offer options - and 'walk beside them'
- Congratulate patients who present asking for help - "It takes courage".

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## Psycho-education - simple strategies you can use

In order to normalise how these patients feel, it is really important to explain how our brain works... The key to this is to KEEP IT SIMPLE!

Exciting advances over the last 5-10yrs courtesy has given us a much greater understanding of the mind-body, mind -gut connection. These short YouTube videos can help the education process (for patients and Registrars alike):

Dr Dan Siegel "Hand as Brain"

Russ Harris, "Happiness Myths - Our Caveman Mind"

World Health Organisation, "I had a Black Dog named Depression"

## Creating a simple and useful Mental Health Plan

- Make it useful for you too (get to know your patient's story)
- DASS 21 vs K10
  - DASS 21's outcome tools better, helps in quick identification of stress, anxiety or depression
  - K10 considerably shorter than DASS 21, but much less informative
  - detail required to complete DASS 21 might be too much for one consult: do what you can to get them back in to complete it with you (billable under 2713, act as a follow-up)
- MSE (we are not Psychiatrists, so keep it simple and relevant - but also good to go through so you don't miss anything)
- HEADSS (not just for adolescents)
- Enquire re patient's upbringing - you will often be surprised, but ACEs are not always something a patient can share
- List the problems with patient input (reduce focus on Psychiatric diagnosis)
- Set a small simple, achievable and realistic goal if you can (eg exercise)
- Small goal = big priority

## Using HEADSS for ALL not just adolescents

Patient-centred medicine is so important when we are dealing with clients who present with emotional distress.

Encourage your Registrars to move away from making a diagnosis via DSM5 or ICD -11: this tends to put a label/ pathologise our patients. Instead help them see the value in getting to know their patient's story - to uncover the factors that are impacting their emotional health.

Often their critical needs come back to practical concepts eg find safe home / or lack of sleep or exercise:

**H - Home and environment**
**E - Education or employment status and type**
**A - Activities they do that they enjoy, especially exercise**
**D - Drugs (including alcohol), Diet**
**S - Suicide/ Self-harm, Supports, Sleep, Spirituality**
**S - Sexuality/ Intimate relations**

## Diagnosis applicable for MHP

- Depression
- Bipolar Disorder
- Other mood disorder
- Anxiety disorder
- Panic disorder
- Phobic disorder
- PTSD
- Personality disorders
- Mixed anxiety/ depression
- Schizophrenia
- Other Psychotic disorders
- Adjustment disorders
- Eating disorders
- Sleep disorders
- Sexual disorders
- Substance related disorders
- Somatoform disorders
- Complex trauma

By hearing the patient's story, following the HEADSS questionnaire, and doing the DASS21, you will often have a good feel re the problem list and also can decide on an acceptable diagnosis that qualifies for MHP.

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## Moving towards a recovery focus

This is what we are moving more towards: the newly revised MHP in GPmhsc, now called the "Patient Wellbeing Assessment and Recovery Plan"

The set up is different to the previous MHP - much more patient centred, not pathologising or focussing on a DSM5 diagnosis.

**Moving towards a recovery focus**
**The CHIME framework for personal recovery**

**Connectedness**
- Peer support and social groups
- Relationships
- Support from others
- Community

**Hope & optimism**
- Belief in recovery
- Motivation to change
- Hope-inspiring relationships
- Positive thinking and valuing effort
- Having dreams and aspirations

**Identity**
- Rebuilding positive sense of identity
- Overcoming stigma

**Meaning**
- Meaning in mental health experience
- Meaning life and social roles
- Meaning life and social goals

**Empowerment**
- Personal responsibility
- Control over life
- Focusing upon strengths

Leamy et al.2011

## Creating the right team

It is important to create a cohesive team, with clearly defined roles for its members, and to liaise well with them:

- Psychologist /Counsellor
- Psychiatrist
- Dietitian
- Physiotherapist
- Exercise Physiologist
- Others ….(eg employers if you feel would help)

It is also important to include family and close friends/ supports as part of the team, not just health professionals:

- Very important to include in the team (24/7 support may be possible)
- Educate the family/supports - it goes a long way
- My personal experience - I have often avoided sending my patients to ED because I know and trust their family.
- They can take them home/ watch over them /call CATT if need
- This is much less traumatic for our clients
- This is empowering for our patients and their family/ supports

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## Ensuring patient safety

**Safety issues - for the patient**

- Ask about suicidality - do they have a plan ?
- Have they had previous suicide attempts? - If so how long ago/how serious
- If possible ensure client cannot access mode (eg tablets -lock up)* need family
- Create a safety plan -this will help you and the client feel safe **which includes
- CATT number
- If possible involve an important other
- Teach the Registrar what qualifies for an Assessment Order/and how to do this
- If concerned /not sure call CATT or send to ED
- Self harm is different to suicidality

One of the things Registrars worry about alot is how to assess their patient's suicide risk and what if they get it wrong.

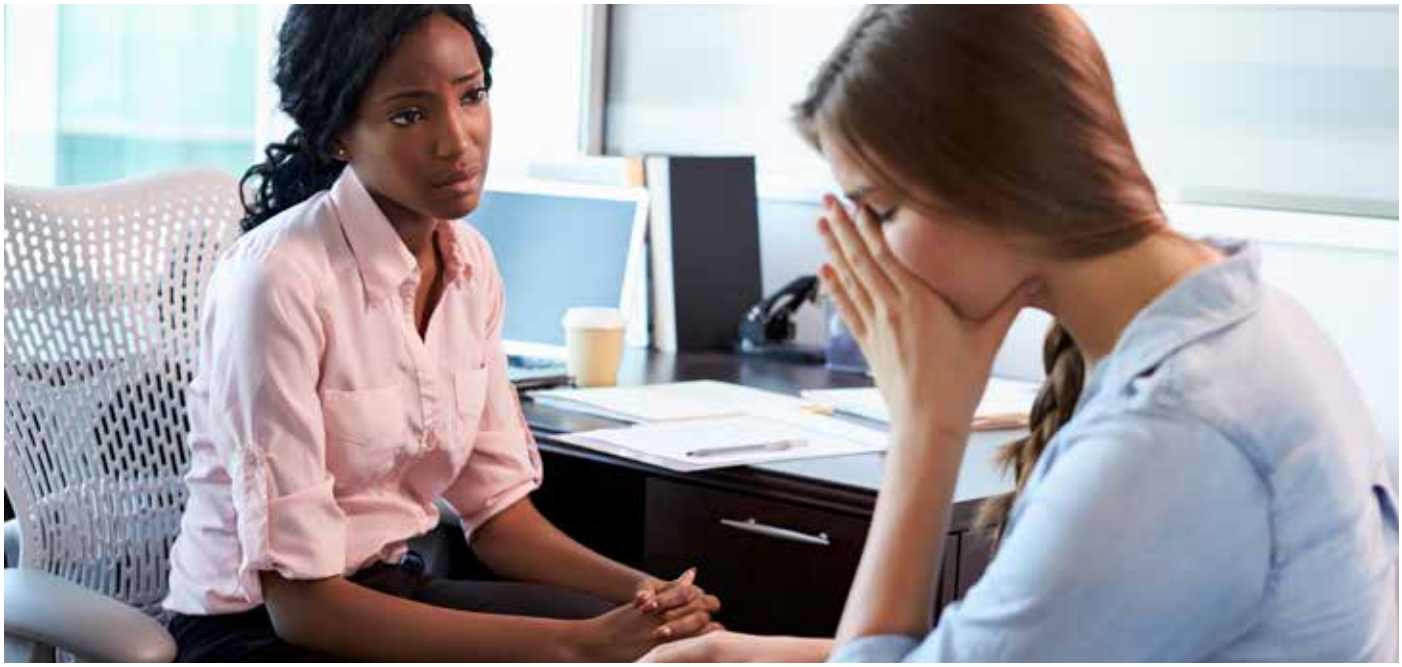
There are a number of short suicide prevension courses - encourage your Registrars to do one of these or read up about it. Knowledge is power and there are good processes you can set up to be a "safer GP with suicide prevention".

Some helpful resources include:

- GP Mental Health Standards Collaboration
  - gpmhsc.org.au/guidelines/index/e8fd4107-4667-4d97-9a7b-a0c2a87023e8
  - www.ourphn.org.au/wp-content/uploads/Suicide-prevention-and-first-aid-a-resource-for-GPs.pdf
- RACGP:
  - www.racgp.org.au/afpbackissues/2006/200605/200605bridge.pdf
- Beyond Blue:
  - www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning

**Safety issues - for the GP/registrar**

- Have clear boundaries – know early what is ok & what is not ok
- Remember your role is not to carry them but to walk beside them
- If you are working harder in their recovery than they are – you may be carrying them
- Having a team of others – it makes a huge difference – then YOU ARE NOT ALONE
- Get supervision -create your own support team



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**Some useful/simple/efficient tools that you can use for common presentations**

### THE HEALTHY MIND PLATTER


**The Healthy Mind Platter for Optimal Brain Matter**



### 3, 2, 1 EXERCISE

1. **NOTICE 3 THINGS YOU CAN SEE**
2. **NOTICE 2 THINGS YOU CAN HEAR**
3. **NOTICE YOUR RIGHT BIG TOE, & MOVE IT UP AND DOWN**

[Good for panic symptoms to bring yourself back into the room]

### SLOW RHYTHM BREATHING

1. **Do a short exercise for 30 secs of srb**
2. **4 Breaths in /4 breaths out**

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## Activity Scheduling

Note: Grade activities **M** for mastery and **P** for pleasure

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|
| AM | 6.00<br>6.30 | | | | | | | |
| | 7.00<br>7.30 | | | | | | | |
| | 8.00<br>8.30 | | | | | | | |
| | 9.00<br>9.30 | | | | | | | |
| | 10.00<br>10.30 | | | | | | | |
| | 11.00<br>11.30 | | | | | | | |
| PM | 12.00<br>12.30 | | | | | | | |
| | 1.00<br>1.30 | | | | | | | |
| | 2.00<br>2.30 | | | | | | | |
| | 3.00<br>3.30 | | | | | | | |
| | 4.00<br>4.30 | | | | | | | |
| | 5.00<br>5.30 | | | | | | | |
| | 2.00<br>2.30 | | | | | | | |
| | 2.00<br>2.30 | | | | | | | |

**Mastery** - accomplished, achieved something
**Pleassure** - fun, amusement, enjoyment

**Scale 0–5** (0=none, 5=most)

- Very powerful tool to use -to understand your px life /and to then set goals
- Set small simple, achievable goals
- Review them - congratulate patient for any small step forward

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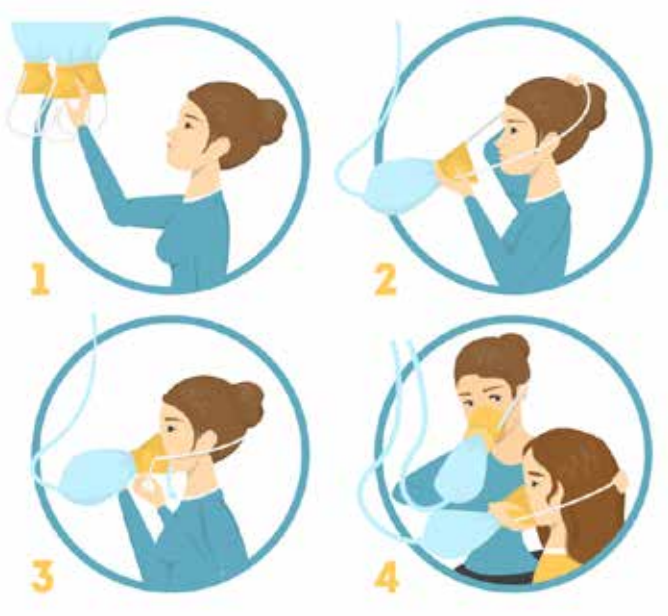
## Oxygen Mask first - self care

Excellent tool for stressed carers or parents




## Time management

- Very hard to do this well in under 20 mins
- Early on – see patient regularly and for 30-45 min sessions
- Book in frequent regular appointments until things have stabilised (similar to wound management)
- Aim to do the MHP on the second visit not on the first presentation
- You can bill a long MHP (item number 2717) – over 40 mins
- 20 min consult – Let them talk for about 8 mins, reflect back what you have heard
- Give them 1 suggestion to try before you next see them (keep it simple/achievable)
- Simply letting them know you are there for them/ there is hope – makes a huge difference

## Healthy - Happy family needs

- Mum to have time for herself
- Dad to have time for himself
- Mum to have time with children
- Dad to have time with children
- Mum and Dad have time with children
- Mum and Dad have time together

## Financially making it work

- Unfortunately our current medicare billing does NOT reflect this complex work (bill 36 and 44 if time and complexity fits – often does)
- Stacking 23 with a 2713 – you can separate any GP issue with the mental health component
- Utilise billing – MHP and MHP reviews, GPMP/ TCAs, Case Conferences
- Explain to patients about the safety net
- If you are FPS2 accredited – the FPS item numbers – Patient gets better rebates* (also possible to bill a gap).

## Resources

- Psycho-education - Hand as brain - Dr Dan Siegel Hand as Brain
- Happiness myths - Our caveman mind - Russ Harris
- I had a black dog named depression
- Webinar Slides
- Beyond Blue
- Black Dog Institute
- Head Space
- Learn Act with Russ Harris
- Mindsight institute - Dr Dan Siegel

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: ceo@gpsupervisorsaustralia.org.au, W: gpsupervisorsaustralia.org.au
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