



## Thinking Differently about mental health consultations

### A reminder why this matters

As generalists, we would all agree that people need to be able to access the right mental health care for their individual needs.

Previous research, including work led by people in Liverpool<sup>1</sup>, has shown that getting this wrong means that we can over diagnose depression in some people<sup>2</sup>. Whilst in others, we underdiagnose – and fail to recognise and manage their distress. Getting it wrong contributes to inequalities in health and health care<sup>1</sup>.

The **BOUNCEBACK** project describes a different approach to understanding mental health need that seeks to engage patients in being part of the solution to their problems - building resilience.

Our approach focuses on



- *understanding* the disruptive situation a person is in which contributes to their **distress** (an **imbalance** between the **demands** on them and the **resources** they have available to manage)
- *working together* to find practical solutions to **reduce demands, enhance resources and so build resilience**.
- Leaving people better able to deal with similar problems arising in future. *Promoting positive mental health.*



### Some resources for you to use

Based on your feedback from our morning together, we have put together some 'Top Tips' – ideas for you to try out in practice. We welcome your feedback on whether they are useful.

Our Top Tips include:

- Helping the patient make sense of their distress: the **BOUNCEBACK** story
- A 5 step consultation model (based on the SAGE generalist consultation model) – with ideas for each step to try out

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<sup>1</sup> [www.amproject.org.uk](http://www.amproject.org.uk)

<sup>2</sup> [www.economistinsights.com/healthcare/opinion/global-crisis-depression-reality-or-hype](http://www.economistinsights.com/healthcare/opinion/global-crisis-depression-reality-or-hype)

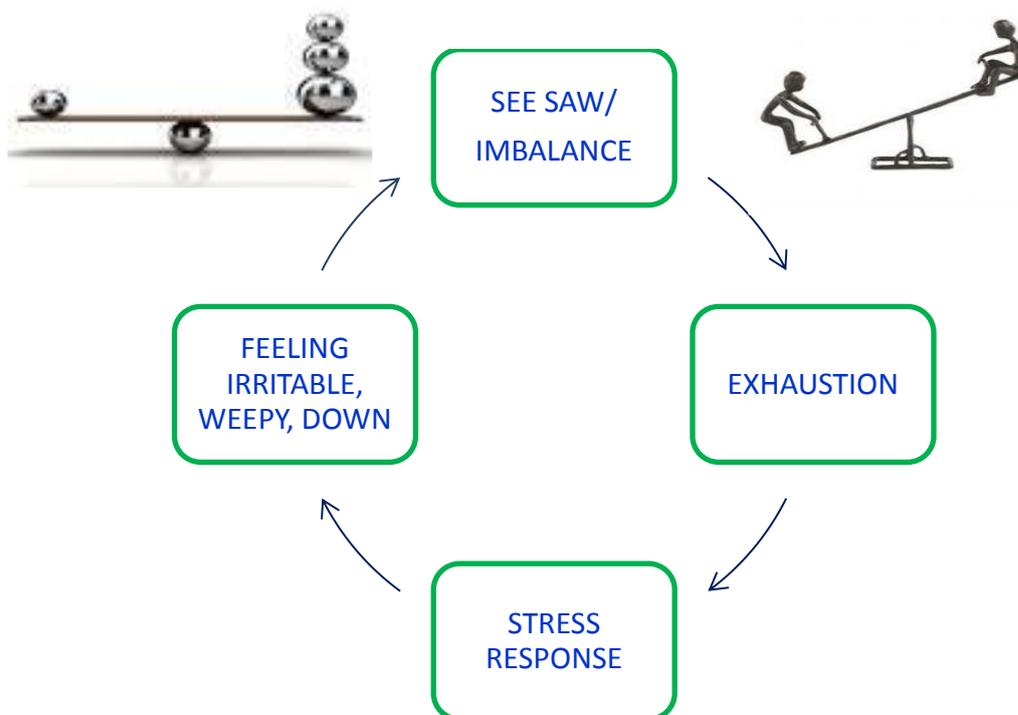
## Making sense of distress: a story to use

The story we have in our head when we talk with patients matters. It changes the way we interpret what they tell us. And so it changes the stories we tell with our patients.

At our FDA event, we talked about changing our way of thinking about distress – moving from a biopsychosocial model to a **socio-psycho-bio** model.<sup>3</sup>

Many of us were trained in a biopsychosocial approach: to check whether someone has biomedically defined depression, and then explore the psychological and social implications of that diagnosis to help decide treatment (antidepressants or counselling)

Our approach turns this the other way round: starting with a 'social' story of disruption – from which we understand the psychological responses/impact; only coming to the medical if we need to...



Next time you speak with a patient who is distressed, instead of starting with a medical story, you might try using this framework to help you explore and understand their distress.<sup>4</sup>

### *Practice Tips:*

- Try discussing this cycle with the next patient you think it would be suitable. Note down their response, questions.
- Try using both stories (remember the role plays) with patients and observe the impact on the consultation...
- Try using your see saw postcard as a prompt for you and your patient

<sup>3</sup> Mark Gilman spoke eloquently about a social model of recovery. Also see Dowrick, *Beyond Depression* (2009); Emmy Gut & John Bowlby, *Productive & unproductive depression: its functions and failures*, 1989.

<sup>4</sup> Instead of a more biomedical model of symptom questions and PHQ9

## Talking with patients: a consultation model

You asked us for some practical suggestions about putting this into practice: examples of questions we use, ways we frame the story. Drawing on the best traditions of GP training, we put together a consultation model for you to have a think about.

Five steps to use in a consultation<sup>5</sup>

### 1. The lens through which we view the consultation: Disruption to daily living (see saw)



When a patient comes to see us, our goal is to work with them to make sense of the disruption/distress that they are experiencing. The explanation we construct will depend on the position from which we view a problem, or an experience. We can see it as a medical (biopsychosocial) problem or a **disruption to daily living** (sociopsychobio problem – see above).

### 2. Info gathering (question to explore the imbalance and understanding)



Our goal is to understand the (im)balance of demands and resources: **how out of balance are things?** How long has it been like that for? What are the resources and demands on each side of the see saw? What impact are these having in their everyday life?

Examples of questions and statements you might use to explore these questions

“You sound exhausted” or “That sounds exhausting” *to open up a conversation about current imbalance*

*Exploring resources:* “When was the last time you did something that made you smile?” Getting the basics right – eating, sleeping etc. Who is at home/work/etc. with you, have you had any of these problems before? If so, how did you manage then?

*Exploring drains:* Ask explicitly about work, home, money, and caring roles, any significant life events. Feeling overwhelmed (red flags)



Describe the ‘social story of depression’ and ask (if they haven’t already interrupted you) “Does that sound like what you’ve been experiencing?”

Through exploring these questions you will find you have also covered the biopsychosocial

### 3. Individually Tailored decisions about care

The expertise of the generalist is to weigh up all the info available to us to create a **personalised** explanation of this person’s distress and so suggestions for actions. So if the social model feels right for this individual...

- a. Describe model and the specific Action plan arising – specific tasks for the patient
- b. Follow up is important

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<sup>5</sup> Based on Reeve J. Supporting Expert Generalist Practice: the SAGE consultation model. British Journal of General Practice. *In press*

#### 4. Checking in: have you missed something, or has something changed?

Safety netting for yourself. Ask yourself the questions: *does my explanation offer a reasonable understanding of everything the individual has told me? Would I make the same decision with someone else and if not, why not? Is my decision really based on this patient's unique perspective, or has something else got in the way - my own views, preferences, prejudice even?*

#### 5. Following up – reviewing impact

Gabby and le May<sup>6</sup> remind us that shared professional reflection is important for generalists who are working 'beyond a standard protocol'. Two main sources for this

- a. With the patient – bring them back, review the plan
- b. With colleagues – e.g. in practice team, groups like GP Forum meetings. Or even a Balint group (see resource list below)

#### **Other resources to look at**

<http://www.wellbeingliverpool.org.uk/index.php>

<https://www.futurelearn.com/courses/mental-health-and-well-being>

<http://www.amazon.co.uk/Beyond-Depression-approach-understanding-management/dp/0199545294>

Wirral Mind: Provides services for people experiencing mental health problems including: befriending, supported housing, counselling etc  
[www.wirralmind.org.uk](http://www.wirralmind.org.uk)

Age Uk: Working with and for older people: financial advice, health & well-being, home and caring  
[www.ageuk.org.uk](http://www.ageuk.org.uk)

Involve North-West: benefits/employment advice, mediation, reach out, debt service etc.  
[www.involvenorthwest.org.uk](http://www.involvenorthwest.org.uk)

Wirral Change: Black and racial minorities outreach service offering information, advice, education/training & health promotion [www.wirralchange.org.uk](http://www.wirralchange.org.uk)

Women's Enterprising Breakthrough: A community organisation developed by women for women: support, empowerment, skills –building  
[www.womensenterprisingbreakthrough.org](http://www.womensenterprisingbreakthrough.org)

AiW Health: Wirral's best known charitable organisation serving those with mental health or long term health problems. Providing advocacy and support in drug and alcohol use, employment, debt, caring also provides therapeutic interventions such as Cognitive Behavioural Therapy.  
[www.aiw.org.uk](http://www.aiw.org.uk)

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<sup>6</sup> Gabbay J, le May A. Practice based evidence for healthcare: clinical mindlines. 2010

PCAAL (Citizen's Advice Bureau) within Group Practices – Wirral & Liverpool CCGs.

WIRED (carer's support) Working with and for disadvantaged people and carers across the North-West.

[www.wired.me.uk](http://www.wired.me.uk)

The Livewell Programme: Supporting people to live longer, healthier lives – be more active, eat healthier, smoking cessation, relax and unwind.

[www.wirralct.nhs.uk](http://www.wirralct.nhs.uk)

The **GP Forum** is a local professional peer support group now run by Kath Jones. See [www.primarycarehub.org.uk/gp-forum](http://www.primarycarehub.org.uk/gp-forum). Contact Kath for more information:

[kathjones@doctors.org.uk](mailto:kathjones@doctors.org.uk)

Professor Chris Dowrick is exploring interest in establishing a **Balint group**<sup>7</sup> in Liverpool. The group would be facilitated by Chris and Sue Martin, meeting monthly for an hour and a half on a Saturday morning at a venue in North Liverpool. There would be a small charge. If you would be interested in finding out more, you can contact Chris directly – [cfd@liv.ac.uk](mailto:cfd@liv.ac.uk)

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<sup>7</sup> <http://balint.co.uk/about/>