

MENTAL HEALTH DISORDERS

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NOTTINGHAMSHIRE
ALLIANCE TRAINING HUB

House keeping



- Thanks very much to those of you who attended and fed back on the session - I have tried to act on this for today – please fill out the feedback request you will receive later.
- Please keep your camera on if you can so we can be as interactive as possible
- Ask questions any time – just put your virtual hand up of interrupt – this is a huge topic so this will be only a brief overview but if there is anything you would like to be covered in more depth then please ask!

What are we going to cover?

- Recognition of common mental health conditions
- How to assess (where appropriate)
- What is my role (and what is not!)
- Non medical support for people with mental health conditions
- Looking after ourselves

Why is this important?

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 - Relationships
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- All reasons for which a person might be referred to the social prescribing team

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- Parity of esteem: The need to value mental health equally to physical health, including access to healthcare services
- You may recognise signs that other HCP have missed, either of acute mental health disorder or unhealthy coping. The patient may listen to you because you have taken time to develop a rapport with them

Common mental health conditions

- Anxiety
- Depression
- Psychosis (such as schizophrenia and bipolar disorder)
- Eating disorder
- Personality disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Addiction
- Perinatal mental health
- Dementia

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Common mental health conditions

- A quick poll to understand what conditions you are most commonly seeing...
- Go to www.menti.com
- Enter the code 13012142
- Fill in the types of conditions you are seeing

Depression

Depression

- Symptoms?

Depression

- Psychological
 - Low mood
 - Lack of enjoyment (anhedonia)
 - Guilt, self blame
 - Hopelessness
 - irritability
- Physical
 - Poor sleep and fatigue
 - Increased or decreased appetite
 - Psychomotor retardation or aggritation
- Cognitive
 - Concentration
 - Memory
 - rumination

Depression

- Assessment
- Asking about the core symptoms:
 - During the last fortnight, how often have you been bothered by feeling down, depressed or hopeless?
 - Do you still get pleasure from doing the types of things that you used to enjoy?
- Questionnaires can be helpful to grade severity: PHQ, HAD

Depression

Step 1: Recognition in primary care and general hospital settings

Step 2: Treatment of mild depression in primary care

Step 3: Treatment of moderate to severe depression in primary care

Step 4: Treatment of depression by mental health specialists

Step 5: Inpatient treatment for depression

	Who is responsible for care?	What is the focus?	What do they do?
Step 5:	Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4:	Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3:	Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2:	Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1:	GP, practice nurse	Recognition	Assessment

Anxiety

Anxiety

- Often co-occurs with depression
- 3 main types:
 - Generalised
 - Panic disorder
 - phobias
- Can also get a mixed picture

Anxiety

- Symptoms: What might make you suspect a diagnosis of anxiety?

Anxiety

- Symptoms:
- Mental
 - Difficulty concentrating, forgetful, feeling of not being able to cope or losing control, imagining the worst, feeling panicked, worried or frightened, can't sit still, pacing, talking more, eating, smoking or drinking more, irritability
- Physical
 - Palpitations, stomach disturbances, breathing disturbance, tight chest, heart pounding or sinking, unable to sleep, tense body aching, headaches or dizziness

Anxiety

- Assessment:
 - Asking about symptoms and triggers
 - Coping strategies tried (both healthy and unhealthy)
 - Current sources of stress
 - Family and social support
 - Past history and contact with services
 - HAD score

Anxiety - management

- Lifestyle
- Breathing exercises
- Exposure to feared situations
- Realistic or positive thinking
- Problem solving
- Counselling or CBT
- Medication (background or for panic attacks)

Psychosis

Psychosis

Symptoms:

- Hallucinations, eg. hearing voices when no one is around – can you practice asking the patient about this
- Strange beliefs or fears – out of keeping with culture
- Families may ask for help with behaviour changes that cannot be explained (eg. withdrawal, suspiciousness, threats).
- ‘Change in personality and behavior’ can be a sign of mental illness.

Psychosis

- How to ask?

Psychosis

- How to ask:
- Sign post the question: “This may seem like an unusual thing to ask, but it is important that I fully understand what has been going on for you...”
- Do you ever hear things that nobody else can hear?
- Do you every hear people talking when there is no-one else around
- Do you ever feel like you are receiving a special message, for example via the radio or television?
- When this happens, can you tell that the voice is different from someone being in the room with you?

Mania (Bipolar disorder)

Mania

- feeling very happy, elated or overjoyed
- talking very quickly
- feeling full of energy
- feeling self-important
- feeling full of great new ideas and having important plans
- being easily distracted
- being easily irritated or agitated
- being delusional, having hallucinations and disturbed or illogical thinking
- not feeling like sleeping
- not eating
- doing things that often have disastrous consequences – such as spending large sums of money on expensive and sometimes unaffordable items
- making decisions or saying things that are out of character and that others see as being risky or harmful

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Anorexia & Bulimia

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- Anorexia: low body weight due to restriction of food intake or persistent behaviour which interferes with weight gain, and intense fear of gaining weight.
- Bulimia: recurrent episodes of uncontrolled eating of an abnormally large amount of food over a short time period (binge eating) followed by compensatory behaviour such as self-induced vomiting, laxative abuse or excessive exercise.
- Weight loss may be achieved by: avoidance of food, overactivity, purging (bulimia), excessive exercise, appetite suppressants, laxative or diuretic abuse

Personality disorder

Personality disorder

- Many different kinds but commonest is EUPD, categorised by:
 - Emotional instability
 - Disturbed patterns of thinking or perception
 - Impulsive behaviour
 - Intense but unstable relationships with others
- This is a life long condition, but often go through periods of better or worse functioning. Often complicated with depression or anxiety.
- Management centres around keeping them safe and improving function and quality of life

Quiz time!

- Go back to www.menti.co.uk
- Put in the new code: 38276337

Quiz time!

- Which of the following are recognised symptoms of depression?
 - A) Lack of appetite
 - B) moving very slowly
 - C) Irritability
 - D) All of the above
 - E) A and C only

Quiz time!

- Alex is 35 years old and has been referred due to social isolation. He has previously reported low mood. Last time you met he is very quiet. He is currently not working. On this occasion he is elated and energetic and talking very fast. He reports that he is in several new relationship and hasn't slept in his own bed for a week! He is on his way to the bank to request a loan to buy a new designer wardrobe that is "befitting of him".
- What condition might he be suffering with?
- A) He seems a lot better
- B) Anxiety
- C) Mania

Suicidal ideation

- Can occur alongside many different mental health conditions

Suicidal ideation - Ask

- How?

Suicidal ideation - Ask

- If you are concerned about it, do not be afraid to ask.
- “Given some of the things that you have told me, I think that it is important that I ask, are you thinking about hurting yourself in any way?”
- “do you ever have feelings of wanting to end your life?”
- “I know it is a tricky subject to talk about, but I wouldn’t be doing my job properly if I didn’t ask...”

Suicidal ideation - Assess

- The aim is to distinguish passive thoughts from active plans
- Communicate with kindness “I’m sorry to hear that it has got this bad”
- Create an accepting, non-judgemental space for the client to share their feelings
- Careful consideration of the number and timing of questions

Suicidal ideation - Assess

- How long have you felt like this?
- Have you made a plan of how you would go about ending your life?
- Have you taken any steps towards this?
- When you feel like this, what is it that stops you acting on these thoughts?
- Male sex, social isolation, ready access to means and concomitant drug or alcohol misuse are additional risk factors?
- Have you spoke to anyone about these thoughts?
- These are the types of things that another health professional is likely to ask you about

Suicidal ideation - Act

- Explain to them that you are worried about them and you would like their permission to talk to their GP or CPN – if there is a serious risk to life you may not need consent but its always good practice to get it.
- Conveying to the client that alternatives to suicide exist, even though they may be hard to identify at this time.
- Encourage patients to tell someone
- Samaritans- 116 123
- If you are helping someone with suicidal feelings, there is more information available from [Mind.org.uk](https://www.mind.org.uk) and [Time to Change](https://www.time-to-change.org.uk).
- GP, 111, A&E, crisis team

Suicidal ideation - Upskill

- Suicide awareness training
- www.harmless.org.uk/training
- www.zerosuicidealliance.com (free)
- Mental health first aid

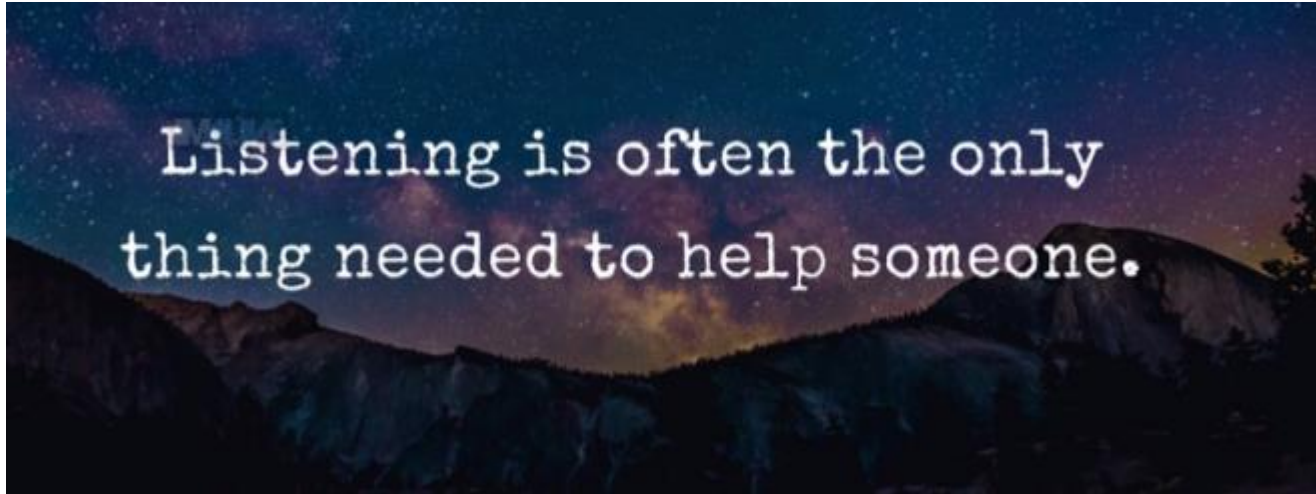
What is my role?

- Suggestions from the floor please!

What is my role?

- Understanding what these conditions might mean for a patient and what additional support they might require in order to access social prescribing services eg. would they prefer to meet in a quiet place (consider own safety)
- Signposting to additional support
- Noting and escalating new risks (to clients health)
- Improved access to psychological therapies for those who need it...
- ...but, reduced waiting lists for psychological services through improved range, choice and availability of primary care provision for those who don't.
- Reduced levels of frequent attendance for non-medical problems
- Reduced levels of inappropriate prescribing of antidepressants for mild to moderate depression
- Noting and escalating safeguarding concerns (eg. to dependents)

Listening



What is not my role?

- Suggestions?

What is not my role?

- Managing complex mental health in isolation
- Making a decision about whether someone is at risk of suicide by yourself (if you don't feel comfortable to).

Sharing our own experiences

- Would anyone like to discuss any of their own experiences with this group of patients?
- Any areas that you have often experienced that I haven't covered?

A general approach

- Listen actively and show you understand what matters most to the person - put this at the heart of every conversation
- Provide non-judgemental support
- Reflect to people what you understand they have said, checking understanding
- Be warm and friendly
- Treat each person with dignity and respect
- Beware 'I am fine' – this is Automated response
- Ask about Activities of daily living (ADL): LUNCH/ WHO'S AT HOME/ FIND OUT THE STORY

Non-medical support with mental health problems

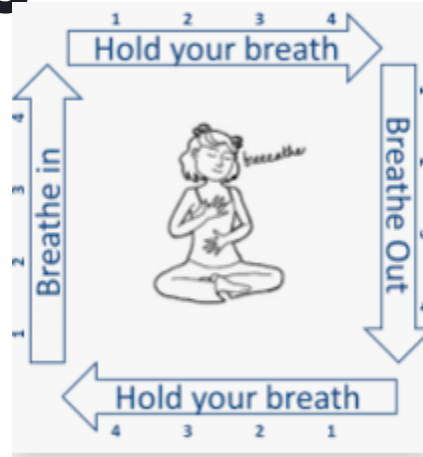
- Connect with others, ideally face to face. Some people with mental health disorders may avoid these types of situations, ask if there is anything that would help make it easier for them eg. plan an exit strategy
- Trying out different relaxation strategies “relaxation menu” might include: music, breathing, meditation, yoga, favourite TV series, reading, swim, tidying or organising
- Self soothe box
- Making time for fun activities and hobbies that draw on creativity
- Keep a gratitude journal
- Taking care of spiritual needs
- Cognitive Behavioural Therapy – the link between thoughts, feelings and behaviours
- Positive psychology: encourage patient to look at their strengths and what is going well rather than badly eg. past accomplishments, challenges that have been overcome

Non-medical support with mental health problems

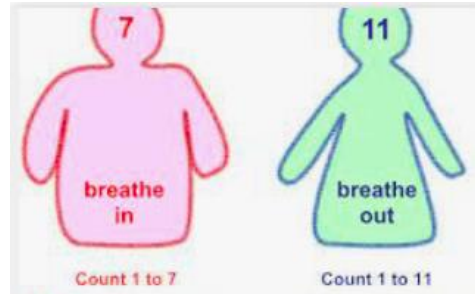


A helpful breathing exercises:

- Square breathing



- 7:11 breathing



Looking after yourself

Looking after yourself

- Taking care of the mental health of providers directly affects their ability to fully serve their patients.
- In addition, provider burnout affects other members of the health care workforce—“physician and staff dissatisfaction feed on each other”



Creating our own relaxation menu!

- One last menti 😊
- www.menti.com
- Code: 59971575

- In the box, write up to suggestions of a constructive way to relax, during or at the end of the day. Together we will create our own relaxation menu, which I will circulate a bit later on.

Keeping to time – for everyone's benefit!

Group work:



Group 1: time keeping strategies



Group 2: How do you look after yourself



Group 3: What aspects of these consultations have you found particularly challenging, and how have you (or others in the group) overcome such challenges?

Time keeping

Time keeping

- Stay in control of the consultation
- Make clear at the outset how long you have “I’m glad to see you today. We’ve got the next 30 minutes to discuss x/y/z”
- Prioritise the issues “given the time we have today, what are the most important things that you would like to discuss, and what might we be able to leave for next time”
- Warning shot when nearing the end “I’m afraid we are near the end of our time so I’d like to ensure we have agreed what happens next”
- Touch typing course?
- Be realistic about what you can fit in “late people are optimists”

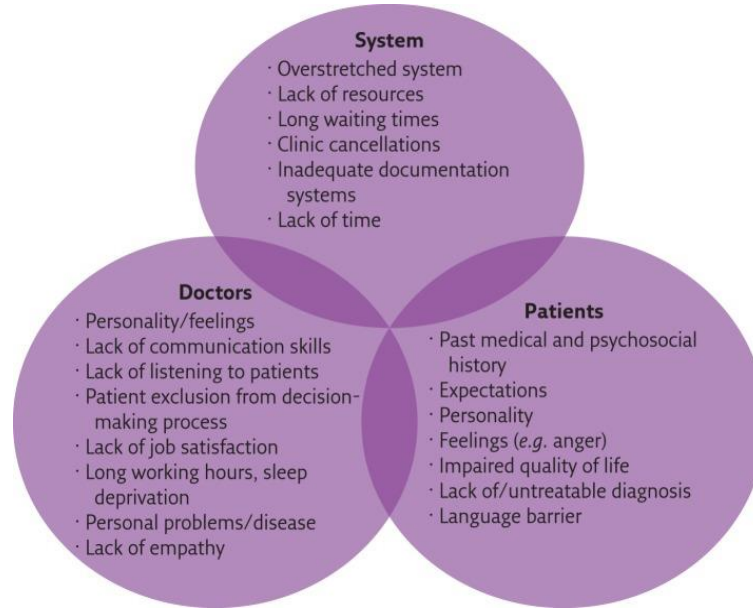
Looking after yourself

Looking after yourself

- Talking to others: one of the ways health care professionals deal with stress or difficult patients is by talking to colleagues – JOIN OUR COMMUNITY OF PRACTICE! (to join, contact me on kate.woolley@nhs.net or 07825558693)
- Debrief
- Tell stories
- Connect to people, develop a network
- Look after your physical needs throughout the day – hydrate, drink healthy snacks, move, take short breaks, use your annual leave

Challenging consultations

Challenging consultations



- Certainly don't blame yourself if a consultation doesn't go the way that you would like!

Challenging consultations

- Roger neighbour consultation techniques: “Housekeeping”
- Am I in a good condition for the next patient?
- Stress levels
- concentration
- self composure
- Evidence shows that a difficult consultation can affect the next few patients and our ability to cope.



What we have covered

- Recognition of common mental health conditions
- How to assess (where appropriate)
- What is my role (and what is not!)
- Non-medical support for people with mental health conditions
- Looking after ourselves

Thank you for listening

- I have prepared a hand out with a summary of the lifestyle management tips and some other useful resources.
- Please fill in the feedback
- Get in touch for a copy of the slides or to join our community of practice whats app group: kate.woolley@nhs.net

NATH Communication Channels



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