# Conducting mental health reviews in primary care – a GPP approach

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# Why I started conducting mental health reviews

- GPs initial approach after joining practice – I said no
- 6 months later further GP approach – I said yes
- Why?
  - Had found my feet
  - To help meet practice needs
  - To push myself
- Apprehensive but wanted to give it a go
  - Note: not a prescriber, no prior experience, new to role



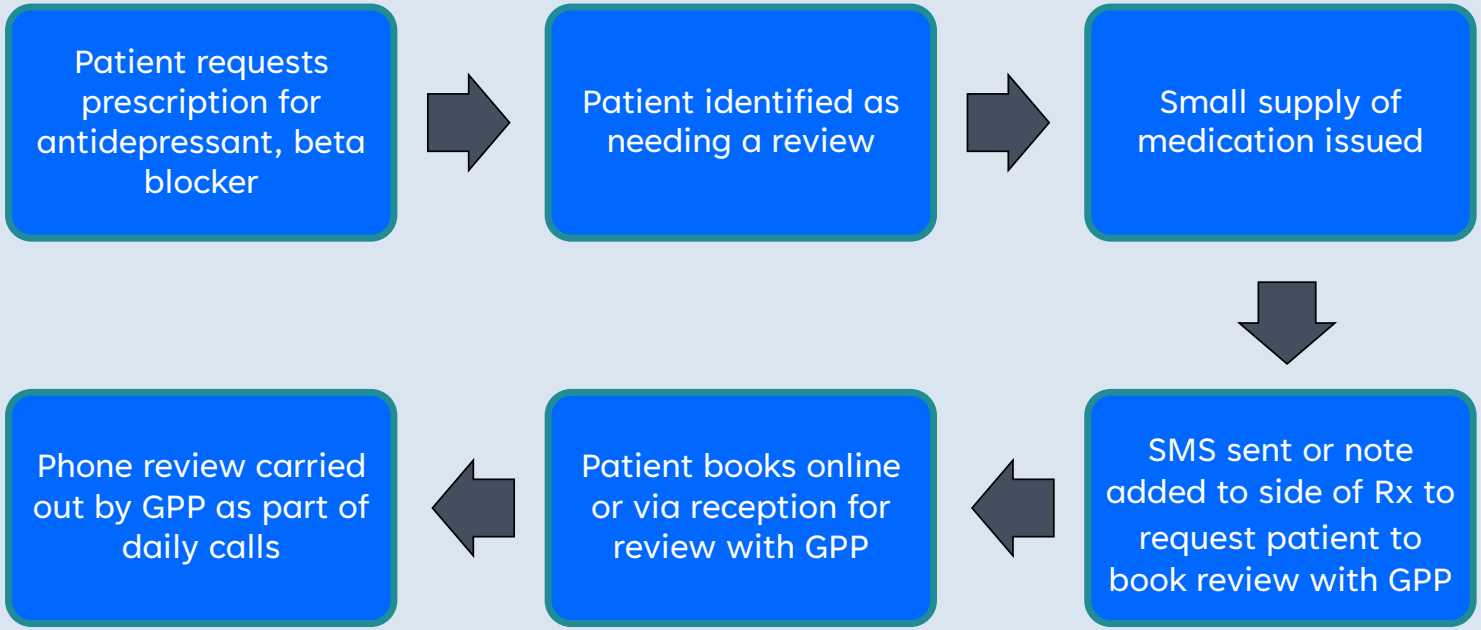


# Before I began

- Brand new area for me
- When starting out had to think about where I was and where I needed to be

| Area of concern | How I managed this |
|---|---|
| Clinical knowledge needed improved | NICPLD e-learning (Depression, Anxiety Disorders) |
| What to do if a person advises they are suicidal | Spoke with GP colleagues<br>Completed Zero Suicide Alliance suicide awareness training<br>https://www.zerosuicidealliance.com/suicide-awareness-training |
| Consultation skills – what a good review looks like | Spoke with GP colleagues<br>Developed protocol |
| How to switch medicines | NICE CKS Depression – Switching antidepressants<br>Spoke with Secondary Care colleague |

# What happens with my reviews

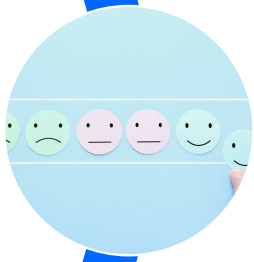



Excluded from routine GPP review: patients under secondary care, patients with more complex psychiatric history e.g. schizophrenia, psychoses; patients who are pregnant

# What is involved?

Components of the review





**Indication**

Depression? Anxiety? Something else?
Duration of therapy? Taking meds as prescribed? Side effects?

**Current MH**

How have things been from a MH perspective over the last while/since we last spoke? If expresses dark thoughts/suicide see next slide.

Establish picture of daily life, routine. Exercise? Socialising/contact with others?

Would counselling be helpful?

**Plan**

What's important to the patient?
Have they considered reducing/stopping?
What are the patient's long-term goals?
Agree plan and set next review date.

# The S-Word

What do I do if a patient tells me they have thoughts of ending their life?

- Don’t panic! Talking about suicide DOES NOT increase the likelihood of a suicide attempt.
- Explore further – new? Chronic?
- Active plan or intent?
- Protective factors?
- If any concerns whatsoever – book call with GP same day

# Main Challenges



Deciding how best to switch patients onto different medicines

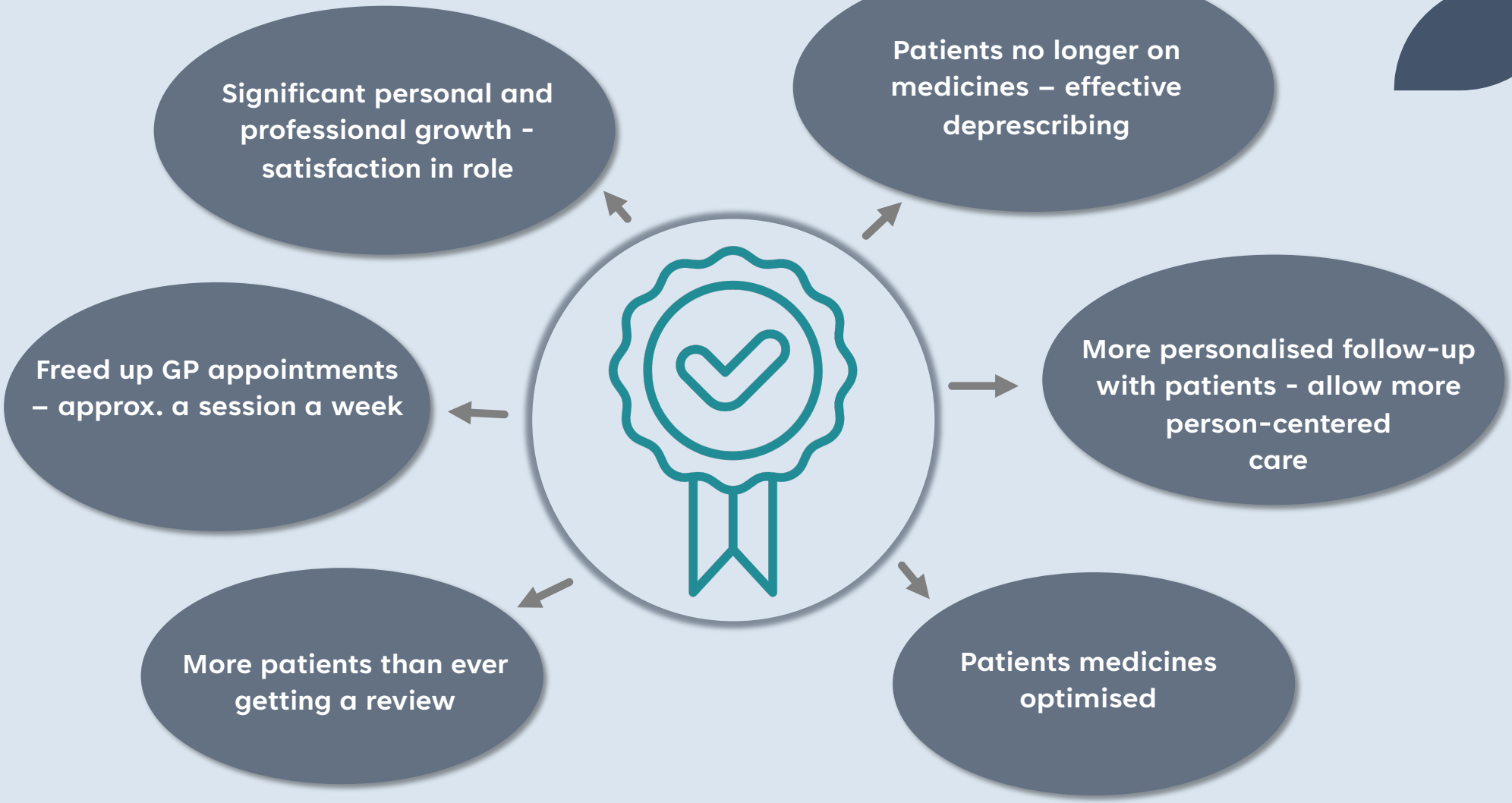
Accepting that I can only do so much

Time – may be longer than other reviews

Initial upskilling before starting reviews

Knowing what to cover and accepting my own limitations

# Main Successes



# Top tips

1. Have a structure or outline of what you want to cover in your review - don't need to be rigid with it but helps guide your review.

2. If you don't get everything covered, book a follow-up call.

3. Pre-book your follow-ups. This removes barriers for patients who you want to make sure are definitely followed up.

4. Try and agree a protocol in your practice with a GP colleague – helps with queries, keeps processes right and allows appropriate referral and signposting

5. Have non–drug options to hand to signpost patients to. e.g local groups, counselling, exercise, meditation.

6. Create a favourites folder in your internet browser so you can refer to certain resources during or after a call, and for texting links to patients.

7. If you have a mental health practitioner in practice, have a chat with them to see how your roles overlap and differ.

# Where can GPPs get further support?

## NICPLD

Open learning courses on depression, anxiety

## NICE CKS

Depression

## Colleagues

MDT, other GPPs, secondary-care contacts

## Zero suicide awareness training

zerosuicidealliance.com – free online course

## Switching antidepressants

https://wiki.psychiatrienet.nl/wiki/SwitchAntidepressants