



Perspectives for GP mental health training

People living with anxiety and depression, their friends, family and carers

beyondblue and the General Practice Mental Health Standards Collaboration (GPMHSC) have developed this fact sheet to assist GPs to understand the perspectives of people living with anxiety and depression, including their friends, family and carers. It looks at common issues and concerns that people experience when seeking assistance from their GP.

The GPMHSC accredits training providers to undertake Mental Health Skills Training (MHST) and Focused Psychological Strategies (FPS) training for GPs. The GPMHSC strives to ensure optimal mental health for people in Australia through ensuring high quality GP education and training in mental health. The GPMHSC requires the involvement of people with anxiety and depression, their friends, family and carers in the education of GPs in mental health.

The first part of this fact sheet covers important issues in the journey of a person with anxiety and/or depression, from pre-diagnosis through to treatment, possible relapse and recovery. GPs have a key role to play in each stage of this journey – both as care providers and as ‘gatekeepers’ to specialist mental health services. A collaborative relationship between the GP and person experiencing a mental health condition is integral to the success of treatment and recovery.

The second part of the fact sheet covers issues that are important to supporters and carers as they accompany a friend or family member with a mental health condition on the journey from pre-diagnosis through to treatment, possible relapse and recovery.

This fact sheet can be used as a handout after training to provide GPs with additional insight into what people want their GP to know and understand.

Perspectives from people with anxiety and/or depression

It is helpful if the GP...

- acknowledges the step taken by the person in asking for help and shows understanding of his or her perceptions of stigma
- listens not only to what the person is saying, but what he or she isn't saying
- looks for non-verbal clues – these may include avoiding eye contact, sighing, slouching, being teary, fidgeting or being distracted easily
- is proactive if the person is showing signs of depression, or talks or behaves differently from the way he/she normally does.

It is not helpful if the GP...

- bases all discussion around a depression checklist and score – these can be useful starting points, but they don't identify the causes of the problem

- dismisses a person's distress – everyone needs to feel that he or she is being taken seriously
- rushes the discussion. If necessary, cover the essentials and book a double appointment for a longer follow-up discussion
- is afraid to ask about self-harm, or suicidal thoughts or intentions. Some people worry that by raising the topic, it may make someone consider suicide who had previously never thought about it. This is not the case. Always explore referral options and support networks for the person at risk.

Before diagnosis – the need for understanding, empathy and respect

The experience of anxiety, depression and other mental health conditions –

A person with a mental health condition may experience a wide range of debilitating symptoms, both mental and physical, and may have had these symptoms for some time. Often, the person does not know what is wrong with him or her, and may be feeling isolated, alone and scared.

Attitudes to help-seeking –

The perceived stigma and shame associated with mental health problems often prevents many people from seeking help. They may feel like they're making a fuss about nothing and that they should be able to sort things out for themselves. A *beyondblue* survey found that 80 per cent of people with depression are embarrassed to consult their GP, and around half think that they will be wasting their GPs time.¹



“In the first appointment, the person probably can’t tell you what they feel or think, especially ‘why’. Most of the time you don’t know why, and that’s one of the worst things.”

Barriers to discussion – Getting to the first appointment with a GP is often the hardest step to take. This difficulty may lead to people cancelling appointments. When they do attend, they may display hiding behaviours such as:

- presenting with physical concerns
- waiting until the end of the consultation before they raise their mental health symptoms
- being confused and not able to articulate the problem
- being hesitant about discussing personal issues
- not being honest about the seriousness of their symptoms.

“When I first consulted my GP in relation to my mental health, I was contemplating acting on my suicidal intentions in the following hours or days. Although I did not tell him, I was looking to him for any reason why I should not take those actions.”

Encouraging open discussion –

Having the GP provide a safe and supportive environment, and encouraging open discussion, can help to overcome barriers and build trust and confidence from the first appointment. Essential to this is an attitude of empathy (rather than pity), validation of the person’s experience and feelings, and respect for the person’s cultural background and beliefs.

“A person suffering from anxiety doesn’t always think logically and the GP needs to try and recognise this in questioning the patient.”

Implications of a diagnosis –

It’s important that the GP does not make assumptions about a person’s understanding of his or her diagnosis and its implications. It can be a life-altering moment and involve a range of emotions – often relief, but also sadness, shame and worry about the future. The stigma of anxiety and depression can make a person feel that he or she would prefer to be diagnosed with a more ‘socially acceptable’ medical condition (even cancer) rather than anxiety or depression.

“The doctor conducting the examination should describe in simple terms the nature of the mental illness together with facts, supported by statistics, that make it clear the person is not alone and that many other people also have the same or similar health issues.”

Providing reassurance –

After being diagnosed, a person should be reassured that:

- having a mental health condition is both common and treatable, just like many other medical problems
- he or she is not alone and there are many different types of support available
- recovery is more likely when a person feels empowered to continue to seek support and is encouraged and motivated to actively participate in his or her treatment plan.

“We are not different in any way, shape or form. We simply require help and other methods of coping and enjoying life. A mental health illness is no different to any other treatable medical condition.”

After diagnosis – taking a collaborative, supportive approach

Initiating treatment – A holistic, collaborative approach to care involves talking to the person about his or her treatment goals, offering a variety of quality treatment options and services to help meet those goals, and helping the person to decide the combination of options that is best for him or her. Let the person know that if a particular treatment doesn't work, there are plenty of other options to try.

Formulating a treatment plan – It is helpful for the GP to discuss the different aspects of a Mental Health Treatment Plan with the person and involve him or her in its preparation. The plan should articulate clearly what to do in a crisis, including emergency contact information. The person should be encouraged to keep a copy of his or her file, which would include the treatment plan.

Evaluating available support – It's important to understand personal situations, including the person's social network and family support, and if he or she wants other people to be involved with the treatment plan.

Supporting adherence to treatments – It is helpful if the GP assists the person to understand the possible side-effects of medication and the need to adhere to all parts of the treatment plan, even though he or she might not start to feel better straight away. Successfully making lifestyle changes (e.g. exercise, relaxation) can help to give a person the incentive to adhere to other parts of the treatment plan.

Cost of treatment – The cost of consultations, psychological therapy and medications could be a major concern and might deter the person from continuing his or her treatment. It is helpful to tell the person early on about government programs such as Mental Health Treatment Plans under the Better Access initiative and the Access to Allied Psychological Services (ATAPS) program, and any financial assistance available to him or her.

"I had no idea of the rebates/PBS etc. available to me. If I had known early on, then I wouldn't have gone to all different chemists for my tablets."

Closing the session – It is helpful if the GP does this in a positive way, ensuring that the person feels validated that he or she has taken this difficult first step, and has a partner in his or her treatment who cares about progress and wants to see him or her again soon to continue the process. If possible, people should be encouraged to arrange a follow-up appointment before they leave – it takes courage for a person to keep asking for help and he or she may not have the mental strength to follow up once he or she has left the appointment.

"When scheduling the next appointment, emphasise that this is not because you expect significant signs of recovery, but to ensure that the condition has not become worse. I was dead scared to attend early follow-up appointments because I felt no better and in my sick mind, this was going to cause my GP to get angry with me."

Referral and continuing care

Referral – A person is more likely to get the mental health treatment he or she needs if referred to the right service early on. This may be a GP with experience in mental health, a psychologist, psychiatrist, mental health nurse, social worker or occupational therapist in mental health. It's important for the GP to explain the role of each of these health professionals in the person's recovery. If possible, make an appointment with an appropriate service during the consultation so that the person knows what the next step is. If that option doesn't work, help the person to find a service that is more suitable. Encourage him or her to provide feedback on the quality of the referral.

Providing information and resources – Culturally appropriate materials (e.g. brochures, DVDs) can be useful to reinforce information given during the GP consultation. Information on local and online resources may also be useful. This includes self-help





and assisted help support groups, telephone support, online forums and websites.

“My GP always asks me how I found the different services she recommended for me so she can advise future patients.”

Working towards recovery – It is helpful if the GP can maintain regular contact with the person until his or her treatment plan is on track and his or her condition has stabilised. It’s important that the person knows that relapses are part of the journey towards recovery, and that identifying and acting on early signs of a relapse will minimise its impact on this journey.

Family, friends and carers

It is helpful if the GP...

- respects the family member, friend or carer’s understanding and knowledge of the person they are supporting and, where possible, involve him or her in discussions relating to diagnosis and treatment
- builds a positive relationship with the family member, friend or carer. This person can be a great support in ensuring the person with anxiety or depression adheres to treatment and attends appointments
- acknowledges the impact of living with a person with a mental health condition and suggests steps to help him or her maintain mental health and wellbeing, including referral to mental health services if appropriate

- provides information about the condition and treatment of the person they support and gives them the opportunity to ask questions
- stays informed about available mental health services, support groups, websites and helplines.

It is not helpful if the GP...

- assumes that the person they are treating will speak openly in front of the family member, friend or carer or vice versa
- treats the family member, friend or carer as though he or she is the patient
- makes comments that may leave the family member, friend or carer feeling blamed for the development and/or progression of the condition
- leaves the family member, friend or carer to be responsible for ensuring that follow-up takes place
- dismisses requests for help or advice from the family member, friend or carer, particularly if they seem distressed.

Living with a person with a mental health condition

There are many effects of living with a person who has anxiety or depression. Being a supporter or carer can have an enormous impact on relationships, work, education and social life, as well as the person’s own physical and mental health. Although every personal experience is unique, there are aspects of the role that are common to many family members, friends or carers.

Ongoing stress – Supporting and caring for someone with a mental health condition can be overwhelming, unrelenting and associated with high levels of responsibility. Carers often have limited (if any) periods of respite, which can leave them feeling unable to lead their own lives or feeling like they are losing their identity.

“You have to be ever vigilant. ... It’s like, you know, when a dog goes to sleep it’s always got one ear up? That’s what it’s like caring for someone with depression.”

Impact on family – The effects of living with a person with a serious mental health problem may have a significant impact on many areas of family life, hindering usual activities and routines within a family. In some cases, the extra attention and sensitivity given to the person with the condition may leave other family members feeling unhappy and/or resentful, and affect bonds within the family.

“In terms of what effect this illness had on the family, it’s had a multidimensional effect.”

Loss of social networks – Many supporters and carers report that they are not supported in their role by friends, family members and the wider community, often because of stigma associated with mental health conditions or a lack of community awareness. This lack of support networks increases the strain, isolation and difficulty associated with supporting and caring for a person with a mental health condition.

“They didn’t come near me because they didn’t know what to say.”

Financial impact – In many instances, having a family member with a mental health condition has financial implications that may worsen the stresses and strains the family is experiencing.

“He hasn’t worked since last August. I’ve had to re-finance our home.”

Remember – There are also many positive aspects to supporting or caring for someone. Friends, families and carers are acting in the best interests of their loved one and they want to be able to assist the person on the road to recovery.

“Changing my attitude to realise that he didn’t choose to be like this... I just feel as much in love with him now as I’ve ever been. And more so perhaps through the difficulties that we’ve faced together, it made me realise just how much I do love him.”

Before diagnosis – collaborating with the family member, friend or carer

Recognising that there is a problem – Many people live with a family member with a mental health condition for some time without being able to put their finger on just what is wrong. It’s often only when things reach crisis point that they seek help. By this time, the condition may have become more severe and the family member, friend or carer may be experiencing considerable stress. For many people in this position, the family GP is the first person they turn to for help. If they don’t receive adequate information about the nature of the condition, its management and accessing appropriate services early on, the process can be prolonged. There is then increased potential for negative

impact on both the person and the family member, friend or carer’s mental health and wellbeing.

“I had no experience, no background. I didn’t know who to turn to. You don’t want to tell your friends so I really didn’t know who to turn to.”

Support or carer involvement in diagnosis – Family members, friends or carers have an intimate understanding of the people for whom they support and can provide valuable insight into a person’s mental health.

“I’ve sort of seen all these little bits and pieces of the jigsaw, but really hadn’t put them all together.”

Response to the diagnosis – Supporters and carers may feel grief and loss together with shock when receiving a diagnosis and considering its implications. Some people may experience feelings of guilt, blame or worry. They may also fear for the future of the person with the condition and worry about how he or she will cope with the complexity and demands of the condition. However, the prospect of treatment and recovery can also bring relief.

“I felt pretty terrible because I hadn’t recognised it... so I felt shattered in that sense, but I also felt a great relief that now we know what’s wrong and it’s fixable.”

Providing information and reassurance – Having the GP provide clear information to the family member, friend or carer about the condition and its treatments provides a greater sense of understanding, context and ultimately control of the situation and may lessen the burden of care.

“The more you understand the situation, the more it gives you strength.”

After diagnosis – continuing care

Involvement of the family member, friend or carer in treatment decisions – Lack of involvement in treatment decisions can have a negative effect on their capacity to deal with the effects of the condition on their lives. The carer’s views and insights should be validated as important in the treatment process. Involving the supporter or carer also often benefits the patient and helps improve their adherence to treatment.

“We are part of the team. And I don’t care if I am the problem. I would rather they told me, ‘look you’re doing this wrong’, it would be better. But don’t ignore me. I’m the one she comes home to.”



Managing the person's privacy –

It can be difficult for the GP to balance respect for the person's privacy with involvement of his or her supporter or carer in ongoing management. It may be useful for the GP to discuss this with the person and his or her support person and find an arrangement that suits them both. In most cases, family members, friends or carers do not seek for doctors to breach confidentiality. However, they can better support the person's adherence to treatment, and keep his or her recovery on track if they are kept informed. It is helpful if the GP can also provide the carer with advice and contact details in case of an emergency.

Caring for the family member, friend or carer –

More than one-third of carers experience severe depression, and being a carer is one of the main causes. Providing information about coping strategies, managing family difficulties, educational and peer support programs for carers, and respite options – including encouragement to pursue or maintain hobbies and interests – may help them to maintain mental health and wellbeing. In some cases, the GP may suggest that they seek mental health assessment.

"It's been so beneficial to me being involved in carers' groups... just hearing everybody's story, and hang on, I'm not the only one going through this."

Caring for the family – In some families, symptoms of mental health conditions come to dominate relationships and daily living. In these cases, it is helpful for the GP to acknowledge this and advise the family member, friend or carer on how they can extricate themselves and the family from the situation, as well as offering strategies for treating the affected family member.

"I really believe that a family doctor ought to be a family doctor again... Where he looks at the family as a whole, not at a single individual."

Case management – If a family member, friend or carer considers that healthcare providers are not adequately managing the situation, they may take control of the process, assuming the role of a case manager to some extent. This additional responsibility can worsen the strains associated with being a supporter and carer.

"Unless there's a family member involved somehow or there's some other back-up, things can often drift on for months."

"They leave the onus and the responsibility to us. And it's a nightmare."

Cost of treatment – The cost of consultations, psychological therapy and medications is also a major concern. It is helpful for the GP to provide information early on about government programs such as Mental Health Treatment Plans and any financial assistance available.

"I realised that I wasn't making ends meet because the psychologist fees are huge. And he needed so much, you know, he needed intensive [care]. So I just got a slush fund from the bank of a \$20,000 loan."

beyondblue would like to thank members of blueVoices – *beyondblue's* reference group and online community for people who have personal experience of depression and anxiety, or support someone who does. – for sharing their personal experiences for this fact sheet.

References

¹ *beyondblue* (2010). *beyondblue* Depression Monitor 2009. Melbourne: *beyondblue*

Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information and advice, and point you in the right direction so you can seek further support.

☎ 1300 22 4636

✉ Email or 💬 chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect

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