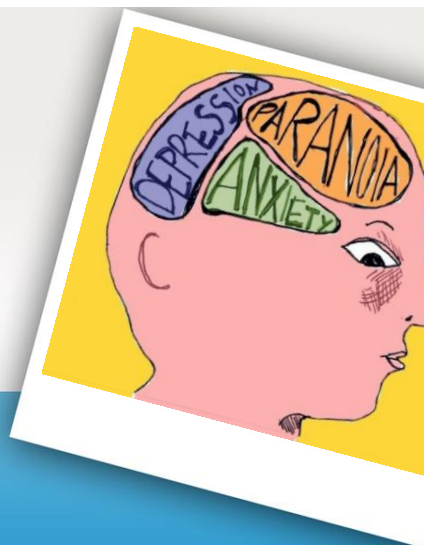


Mental Health

Dr Nick Pendleton
1st October 2019



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Some facts...

From NHS England <https://www.england.nhs.uk/2013/10/24/ed-mitchell-3/>

- **1/3 of GP consultations are related to mental health**
(150, 000,000 consults/year)
- **1/4 NHS burden of disease but only 11% of the funding**

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Some facts...

- **92% of diabetics are being treated for diabetes but only 28% of people with mental illness get treatment for their problems**

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Some facts...

- **Up to 40 per cent of A&E attendances are related to mental health, drugs, and alcohol** (London figures)

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Some facts...

- **There is increasing evidence of what a huge effect mental and physical problems have on each other**

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Some facts...

- **Having a co-morbid mental health problem increases the costs of services for a patient with a long term condition by 40 to 75 per cent**

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Some facts...

- **People with serious mental illness are at risk of dying up to 25 years earlier than those without such illness**

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- **In the NHS we have separate services for Mental Health problems and services for Physical Health problems**

<https://www.england.nhs.uk/2013/10/24/ed-mitchell-3/>

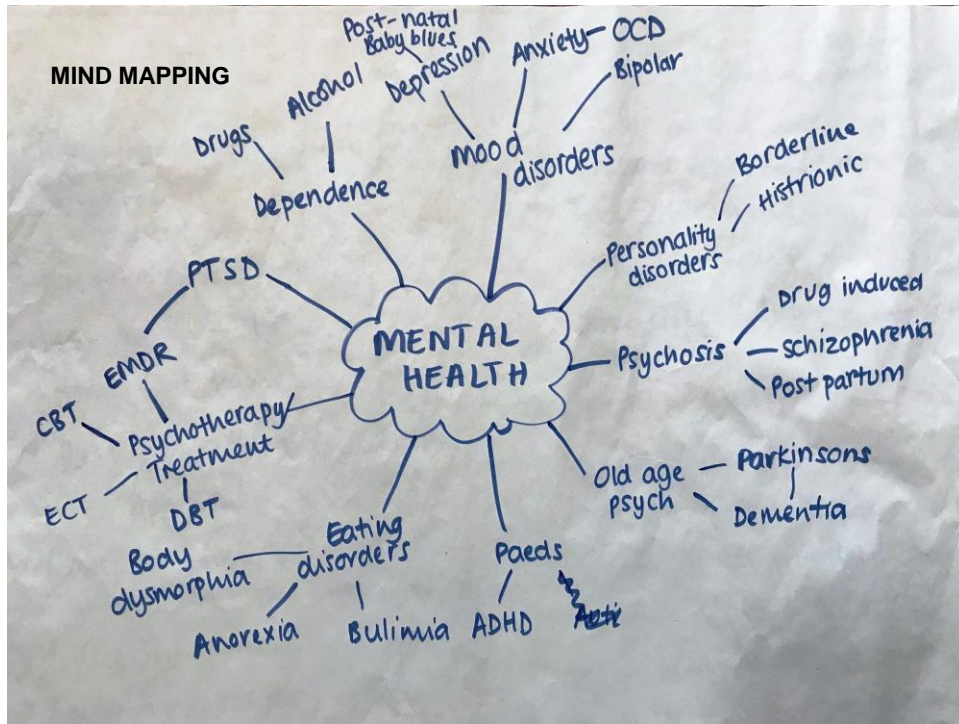
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- If money grew on trees and we had unlimited resources what would an ideal NHS look like for a patient?
- And what would an ideal NHS look like for a GP?



G.P	EXAMPLE OF GROUP SMALL GROUP WORK	Patients	- Modern Mental Health - social medi - global west.
<ul style="list-style-type: none"> • better comms between 1^o, 2^o + patients. • longer appt times. • less admin - PA's. • Home Visit team. • Restructuring / Of Revalidation / Appraisal • Complex Clinic Referrals - for those medically w-morbid. • dedicating phonecall appt GP. • Community radiology services. 		<ul style="list-style-type: none"> • shorter waiting times - same day - 1WW rule. • True 24^o service. • 1 to 1 nursing • more staff - doctors/nursing staff social. • patient choice of ? x • Radiology services 24^o - MR's over CT's where approp's. • Greater funds for drug/ETOH services - detox (self referral) • Healthcare / social / economic policy change. • Homeless care services - social housing 	



- MHA** **FOCUSED LEARNING**
- 5:2 - medical holding, 72 hours
- cant be renewed.
 - 5:4 - nursing power, cant be renewed, 6 hours.
 - 136 - police powers. public area → place of safety.
 - 135 - private dwelling → place of safety.
 - S(2) - Ax of ~~medical~~ mental disorder. 2 doctors +
- 28 days.
 - S(3) - Ax or Tx
- up to 6 months holding.
 - S(4) - if sec 2 delayed (emergency)
- 72 hr Ax order.
- GP/nearest rel / MH prac.
 - S17a - supervised comm Tx order.
- Mental Health Prac
→ or Family member that applies.

Suggestions on how to learn this topic

- **What does good mental health look like?**
- **Recognising depression and explanation to a patient**
- **Recognising anxiety and explanation to a patient**
- **What is burnout and how do you prevent it?**

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Suggestions on how to learn this topic

- **Suicide risk assessment**
- **Non-pharmacological treatments for low mood/depression/anxiety**
- **Starting an antidepressant**
- **Stopping an antidepressant/relapse advice**

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New GP Curriculum

- <https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/Curriculum-2019/Curriculum-Topic-Guides-300819.ashx?la=en>
- **Page 205, 'How to learn this area of Clinical Practice' and 'How might this be tested in MRCGP'**

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- **RCGP SAMPLE AKT QUESTIONS 25- 50**

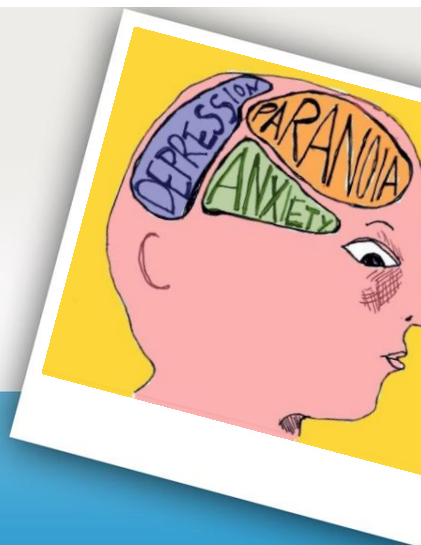
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Upcoming Sessions

22nd October 2019: Physical Activity in Clinical Practice (Dr Emma Pimlott)

5th November 2019 : Respiratory Problems (Dr Andrew Thurston)

19th November 2019: Psychosomatic Illness and Chronic Pain (Dr Damien Herron)



Other Mental Health Learning Resources

Sertraline Study Sept 2019

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30366-9/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30366-9/fulltext)

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NICE CKS - DEPRESSION

- Detailed evidence-based guidance:
<http://cks.nice.org.uk/depression#!scenario>

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Cognitive Distortions in Depression

- **All or nothing thinking** (1 failure = complete failure)
- **Overgeneralisation** (assumptions)
- **Mental filter** (noticing –ves, ignoring +ves)
- **Disqualifying the positive**
- **Magnification** (of –ves) & **Minimisation** (of +ves)
- **Jumping to** (-ve) *conclusions*
- **Emotional reasoning** (assessing by feelings)
- **Should statements** (leads to disappointment)
- **Labelling & Mislabelling** (I am obviously a Failure because)
- **Personalisation** (blaming self when –ve events occur)

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Risk factors for suicide

- Male gender (three times more likely than women).
- **Age (formerly elderly, now highest in the age group 39-45 years).**
- Unemployed.
- Concurrent mental disorders.
- The treatment and care received after making a previous suicide attempt.
- Alcohol and drug abuse.
- Physically disabling or painful illness, including chronic pain.

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Risk factors for suicide

- Low socio-economic status, loss of a job.
- Previous psychiatric treatment.
- Certain professions - doctors, students.
- Low social support/living alone.
- Significant life events - bereavement, family breakdown.
- Institutionalised - eg, prisons, army.
- Bullying (sometimes a factor in children and adolescents where social media and/or pro-suicide websites play a part).

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Switching Antidepressants

Example:

- **To switch Fluoxetine to Sertraline...**
- Stop Fluoxetine. Wait 4-7 days; start Sertraline at 25 mg per day and increase slowly

Consult a switching table (you will need to register once):

<https://www.mims.co.uk/antidepressants-guide-switching-withdrawing/mental-health/article/882430>

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Antidepressants in young people

NICE GUIDELINE CG28 (MARCH 2015)

- <https://www.nice.org.uk/guidance/ng134>

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Antidepressants in Young People

STEPPED CARE – FIVE STEPS

1. Detection and Risk Profiling
2. Recognition in Children referred to CAMHS
3. Mild Depression – watchful waiting/supportive therapies/CBT/ guided self-help
4. Mod/severe depression – brief psychological therapy +/- fluoxetine
5. Unresponsive/recurrent/psychotic – Intensive psychological therapy +/- fluoxetine, sertraline, citalopram, augmentation with antipsychotic

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Antidepressants in pregnancy

- Many women stop taking so relapse rates are high
- Depressed women are more likely to smoke, drink alcohol and are less likely to attend for antenatal care leading to poorer outcomes
- **Link to Depression in Pregnancy Information:**
<http://patient.info/doctor/Depression-in-Pregnancy.htm>

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Antidepressants in pregnancy

- **Risks:** The risk to fetus and neonate posed by medication, the risk of untreated mental illness, the risk of abrupt cessation of current medication
- **2-3% of pregnancies exposed to SSRIs**
- Data conflicting but Paroxetine seems to be assoc with cardiovascular malformations, Sertraline with omphalocoele and SSRIs generally with pulmonary hypertension

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Antidepressants in pregnancy

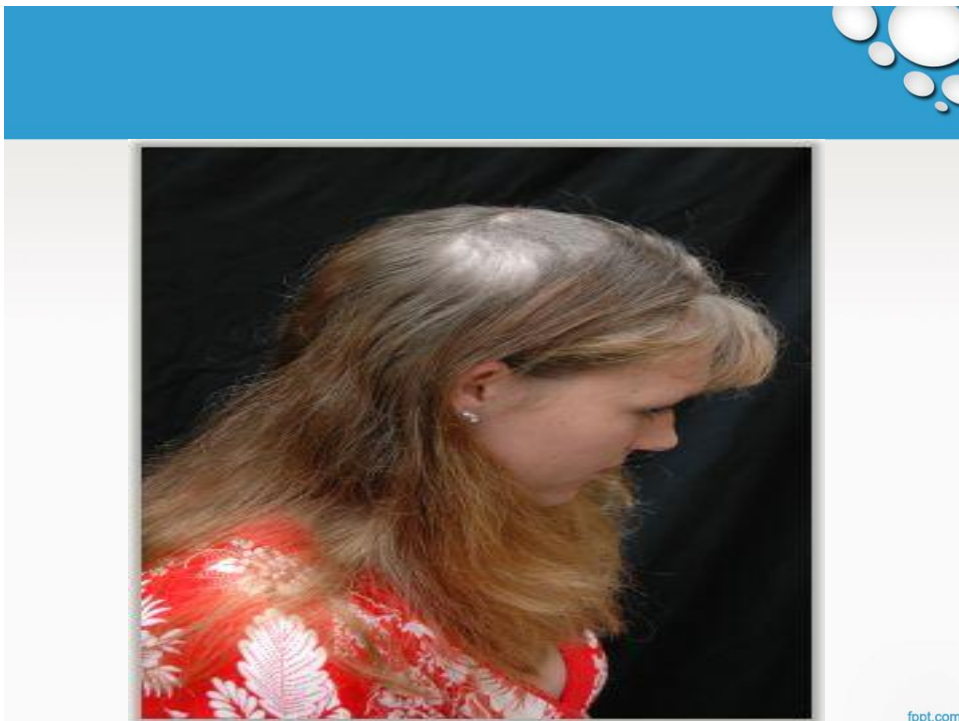
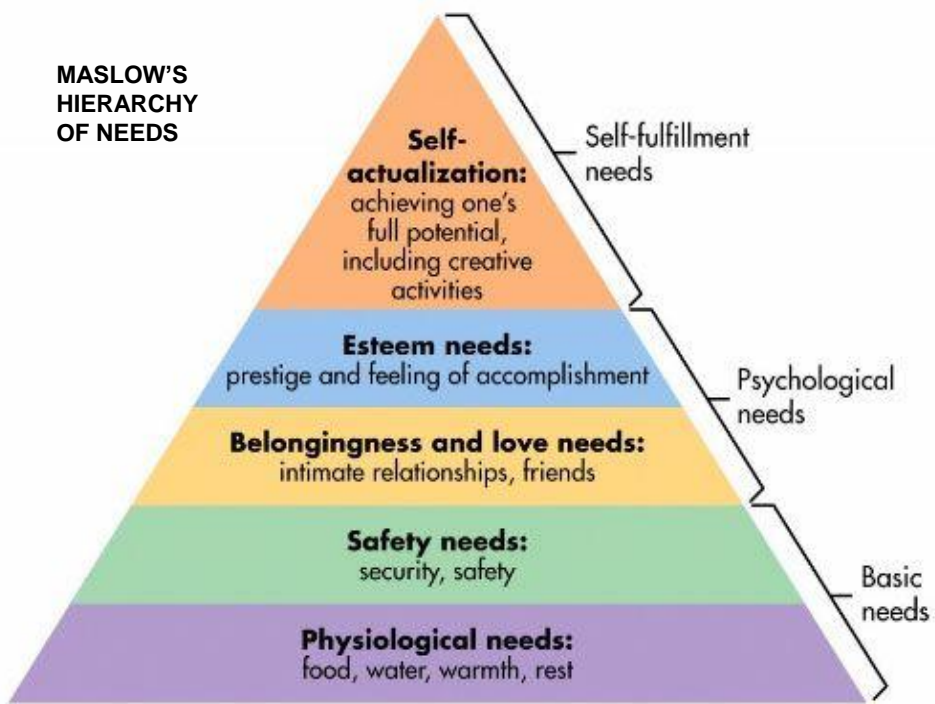
- Venlafaxine increases blood pressure during pregnancy
- In general, the advice is to avoid mirtazapine, reboxetine, moclobemide or venlafaxine
- Avoid St John's wort in pregnancy
- All antidepressants carry the risk of withdrawal or toxicity : neonatal hypotonia, irritability, excessive crying, sleeping difficulties and mild respiratory distress

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Breastfeeding on Antidepressants

- **Not usually recommended except when both the benefits of treatment for depression (or other mental health conditions) and the benefits of breastfeeding the baby outweigh the potential risks**
- **Paroxetine or Sertraline normally recommended**

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Trichotillomania - An impulse control disorder



OCD

- **OBSESSION**
 - ↓
 - **ANXIETY**
 - ↓
 - **COMPULSION**
 - ↓
 - **TEMPORARY RELIEF**
- 

Real Patient Stories (comments section):
<http://www.nhs.uk/conditions/Obsessive-compulsive-disorder/Pages/Introduction.aspx>

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The SCOFF questions

- Do you make yourself **S**ick because you feel uncomfortably full?
 - Do you worry you have lost **C**ontrol over how much you eat?
 - Have you recently lost more than **O**ne stone in a 3 month period?
 - Do you believe yourself to be **F**at when others say you are too thin?
 - Would you say that **F**ood dominates your life?
- One point for every “yes”; a score of ≥ 2 indicates a likely case of anorexia nervosa or bulimia

BMJ 1999;319:1467

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Tools to assess Memory and Cognitive Function

- **MMSE**

http://www.sco.edu/assets/1813/course_5_b_handout.pdf

- **MOCA**

http://dementia.ie/images/uploads/site-images/MoCA-Test-English_7_1.pdf

Instructions and scoring:

http://dementia.ie/images/uploads/site-images/MoCA-Instructions-English_2010.pdf

- **GP COG**

[http://www.alz.org/documents_custom/gpcog\(english\).pdf](http://www.alz.org/documents_custom/gpcog(english).pdf)

- **6CIT**

<http://www.wales.nhs.uk/sitesplus/862/opendoc/246891>

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Assessing Capacity

To have capacity to make a decision, someone must be able to:

- Understand the information relevant to the decision.
- Retain the information
- Use that information as part of the process of making the decision
- Communicate his/her decision either by talking, signing, or any other means

<http://bma.org.uk/mentalcapacity>

www.patient.co.uk/doctor/mental-capacity-act

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