CBT in general practice

Dr Carmen Wong
Senior GP registrar
September 2006 – March 2007
Current GP practice

Rating of depression, assessment of anxiety
Blue book: Defeating depression
Yellow book: Coping with stress and anxiety
Counselling +/- antidepressants +/- anxiolytics
Regular review
Waiting list for psychology
Prescription of antidepressant +/- anxiolytic
Med 3
Current GP practice

Feeling of helplessness from GP
- GPs do not read or use blue/yellow book
- Unproductive reviews awaiting psychology
- Resort to prescription of medication/med 3

Learned helplessness from patient
- Patients do not use blue/yellow book
- No direction whilst awaiting psychology
Uniqueness of GP practice

Knowledge of patient and family issues
Continual assessment and formulation
Regular contact
Antidepressant as adjunct
Referral if necessary
Bridge to secondary care and psychology
CBT principles

Education of cognitive model
Thought > Mood > Behaviour

Automatic negative thoughts affect mood
Challenging negative thoughts
Positive self talk – trigger ‘happy’ pathways
Life skill: treatment and relapse prevention
Identification of goals: change is necessary
Overcoming Depression: Initial steps - behaviour

Changing your behaviour
Breaking down large problems
Being a positive activist
Coping with boredom
Increasing activity and distraction
Creating ‘personal’ space
Knowing your limits
Dealing with sleep difficulties
Overcoming Depression: Initial steps – body works

Antidepressant drugs
Changing the way you treat your body
Eating a healthy diet
Taking exercise
Reducing your alcohol intake
Tranquilisers
Learning to relax
Breathing
Muscular relaxation
Creative visualisation
Helpful Tools

Blue book: Defeating depression
Yellow book: Coping with stress and anxiety

The Mental Health Handbook - Trevor Powell
Mind over mood - Christine Padesky
Overcoming depression – Paul Gilbert
CBT experience

57 y.o. m  chronic depression  (15 x 1hr)
27 y.o. f  CFS, depression, OCD  (15 x 1hr)
38 y.o. f  mild depression  (6 x 30mins)

27 y.o. f  anxiety, opiate abuse  20mins weekly

20 supervision sessions CBT
Supervised by Dr Rashmi Shankar
Commissioning in Mental Health
Meeting 28th February 2007

Reading PCT & Berkshire Healthcare Trust

Issues raised
- Psychology waiting list
  (4 weeks - assessment, 12 weeks treatment)
- Referrals likely to increase
- Re-organisation of mental health services
- Secondary care - severe and enduring illness
- Primary care - mild and moderate illness
Possible solutions

- Increase number of therapists
- Extending CBT training to clinicians
- Link mental health care workers
  - advisory and liaison role

Potential problems with extending CBT role

- Clinical governance and quality control
- Training issues and supervision
Future Role

Advocate for promotion of self help material in primary care
Role in promotion and training of CBT in everyday clinical practice
Service re-design/ training with Berkshire Healthcare trust and Reading PCT
Liaison role between primary care and secondary mental health services
Continuing CBT experience in general practice
Additional experience in psychiatry

Weekly session in outpatient clinic
Weekly session in emergency clinic and triage

Experience in old age psychiatry
Experience in child and adolescent psychiatry
Experience in learning disability
Experience in mental health of young offenders
Multi-disciplinary team and mental health agencies
Role for GPwSI in Mental Health

Department of Health

National Service Framework for Mental Health (1999)

The NHS Plan (2000)

Guidelines for GPwSI Mental Health (2003)

Fast forwarding Primary Care Mental Health (2003)
Achievements

Links with mental health professionals in Berkshire Healthcare Trust
Use of CBT skills as therapist
Use of CBT skills within general practice
Further experience in psychiatric assessments
Extended experience in psychiatric specialties
Practice base commissioning
Quality improvement in Primary Care
Leadership skills