

# Brief psychological interventions

*Thursday, 7 September 2023*

*Webinar*

*Dr Caroline Clancy – GPLO, Metro North Health and Brisbane North PHN*



## Acknowledgement

Metro North Hospital and Health Service and Brisbane North PHN respectfully acknowledge the Traditional Owners of the land on which our services and events are located.

We pay our respects to all Elders past, present and future and acknowledge Aboriginal and Torres Strait Islander people across the State.

## Program

**Welcome & GPLO Update**

**Brief psychological interventions for GPs**

Mr Anthony Bligh, Director of Psychological Services, Metro North  
Mental Health

**Q&A**

# What's New?

## Metro North Clinical Advice

### 1. Phone advice

Specialty	Catchment*	Exclusion Criteria
General Medicine and Rapid Access Clinic	TPCH	<ul style="list-style-type: none"> <li>Excludes Cardiology, Heart Failure or Respiratory Conditions</li> <li>Excludes Residential Aged Care residents (Call RADAR - 1300 072 327)</li> </ul>
Haematology	Metro North	<ul style="list-style-type: none"> <li>Excludes Patients under 16 years</li> </ul>
Heart Failure Service and Rapid Access Clinic	Redcliffe TPCH	<ul style="list-style-type: none"> <li>Excludes New heart failure patients</li> <li>Excludes Patients seen by another heart failure service</li> </ul>
Inflammatory Bowel Disease	Redcliffe Caboolture	<ul style="list-style-type: none"> <li>Excludes Patient anticipated to require surgical input</li> </ul>
<a href="#">Rapid Access to Community Care</a>	Metro North	<ul style="list-style-type: none"> <li>Excludes Patients under 16years</li> <li>Excludes Acute mental health, alcohol or drugs related.</li> <li>Excludes Residential Aged Care Facility Residents (Call RADAR - 1300 072 327)</li> </ul>
Sexual Health	Metro North	<ul style="list-style-type: none"> <li>Excludes Patients under 14 years</li> </ul>
Sleep Disorders	TPCH Caboolture Redcliffe	<ul style="list-style-type: none"> <li>Excludes Patients seen by another Sleep Unit</li> </ul>
Termination of Pregnancy	Metro North	<ul style="list-style-type: none"> <li>Excludes Outside Metro North referral catchment</li> </ul>
Vestibular Rapid Access Service	TPCH	<ul style="list-style-type: none"> <li>Out of catchment for TPCH</li> </ul>

\*Catchment - where the patient would usually be referred for a face to face specialist outpatient clinic appointment.

Note: If you think your patient is new to any of these services on the page, please ensure your patient is aware you are seeking advice and they consent to their demographic details, including Medicare number, being provided to Metro North Health at the time of the call.

Call the Clinical Advice Line, Monday to Friday 8:30am to 4.00pm on

**1800 569 099**

Note: this is for GPs only and the phone line is not open to patients.

### 2. Written request for advice

GPs can seek advice via the written "request for advice" (RFA) via GP Smart Referrals (GPSR) for the specialties listed below. Details of how to send the RFA in GPSR and how the response is provided via [the Request for Advice function on GPSR information sheet. \(PDF\)](#)

Specialty	Catchment*	Exclusion Criteria
General Medicine	TPCH	<ul style="list-style-type: none"> <li>Cardiology, Heart Failure or Respiratory Conditions</li> <li>Residential Aged Care residents (Call RADAR)</li> </ul>
Paediatric Medicine	Redcliffe	<ul style="list-style-type: none"> <li>Out of catchment for Redcliffe</li> </ul>
Rheumatology (available from 24 July 2023)	Redcliffe	<ul style="list-style-type: none"> <li>Out of catchment for Redcliffe</li> </ul>
Urology	RBWH	<ul style="list-style-type: none"> <li>Out of catchment for RBWH</li> </ul>

\*Catchment - where the patient would usually be referred for a face to face specialist outpatient clinic appointment.

Please do not request urgent advice via this method. If there are no in-catchment services that offer Request for Advice for your patient, the Service will show as 'Out of Catchment'. In this instance it is recommended that a referral is created to an appropriate service within catchment for the patient.

# What's New?

## Rapid Access Clinics

### Rapid Access Services

**On this page**

- [General Medicine Rapid Access Clinic \(RAC\) – The Prince Charles Hospital Catchment](#)
- [Rapid Access to Community Care Service – Metro North wide catchment](#)
- [Rapid Access Heart Failure Treatment Service \(RAHFTS\)](#)
- [Eye Casualty](#)

Metro North Health is piloting a number of Rapid Access Clinics and Services. These services provide assessment and treatment to patients requiring escalation of care. They aim to bypass the need to attend ED where this is avoidable.

Referrals for most Rapid Access Clinics can be made by calling the [Metro North Clinical Advice Line](#) on 1800 569 099, Monday to Friday, 8:30am – 4pm. Eye Casualty is a walk in only clinic, please send referral information with the patient.

This page will be updated as further services are made available.

### General Medicine Rapid Access Clinic (RAC) – The Prince Charles Hospital Catchment

This clinic provides **adult** patients in the TPCH catchment area with a rapid **general medicine** clinic assessment and treatment (**within 2-3 business days**). The aim is to prevent an avoidable Emergency Department (ED) presentation by providing an early specialist intervention (but shouldn't be seen as an alternative to an outpatient clinic referral).

Operates Monday to Friday 8am -4pm.

- + Eligibility Criteria
- + How to Refer
- + Referral information required
- + How will I know the outcome of the visit?
- + More information

**Contact us**

**Metro North Clinical Advice Line**  
 Phone: 1800 569 099  
 Hours: Monday to Friday, 8am – 4pm

**Rapid Access to Community Care (RACC)**  
 Phone: 1300 220 922

### Rapid Access to Community Care Service – Metro North wide catchment

Rapid Access to Community Care (RACC) provides timely access to community care for community adult clients to prevent avoidable hospital presentations.

RACC accepts direct clinician to clinician referrals via phone from GPs for adult patients experiencing chronic disease exacerbation and illness requiring rapid community response.

Operates Monday to Friday 8am – 4pm.

- + Eligibility Criteria
- + How to Refer
- + Who will see the patient?
- + Referral information required
- + How will I know the outcome of the visit?
- + For more information

### Rapid Access Heart Failure Treatment Service (RAHFTS)

The aim is to prevent an avoidable Emergency Department presentation for heart failure by providing early specialist nursing intervention within 24 to 72 hours. IV diuretics can be administered.

- + Eligibility Criteria
- + How to Refer
- + Referral information required
- + How will I know the outcome of the visit?
- + For more information

### Eye Casualty

This clinic provides adult patients in the Metro North catchment area with a rapid eye assessment and treatment on a walk in basis only. Eye Casualty is a Rapid Access Clinic for acute or urgent eye assessment and patients are triaged on arrival; and seen in order of assessed urgency.

Operates Monday to Friday 8am – 3:30pm.

- + Eligibility Criteria
- + How to Refer
- + Referral information required
- + For more information

# Metro North – Refer Your Patient

## Metro North Health

# Refer your patient

Information for GPs and other health professionals to help you refer patients to our services.

**Specialist Referral Guidelines**  
(condition and specialty based)

### Latest updates

**Rapid Access Services**  
Metro North Health is piloting a number of [Rapid Access Clinics and Services](#) until 30 June 2023. These services provided assessment and treatment to patients requiring escalation of care.

### Specialist outpatient services

Specialist services are coordinated through the Central Patient Intake.

Search by speciality   Search by condition

Central Patient Intake GP Enquiry Line: **1300 364 938**

**GP education and events**  
(previous events, presentations and resources)

- Smart Referrals
- Brisbane North Health Pathways
- Health Provider Portal
- Update GP practice details
- GP Liaison (GPLO) Program
- GP education & events**
- Specialists list

The phone numbers on this page are for *referrers only* and not available to patients.

### Community health services

Select a service

**Enquiry hotline:**  
**1300 658 252**  
Fax: 3360 4822

### Clinical advice services

[Metro North Virtual ED](#)  
1300 847 833  
Monday to Sunday 8am-10pm

[Metro North Clinical Advice Line](#)  
1800 569 099  
Monday to Friday 8am-4:30pm

- Rapid Access Services →
- Voluntary Assisted Dying →
- Mental Health services** →
- Oral Health services →
- Sexual Health & HIV Service →
- Alcohol & Drug Service →

### Does your patient reside in the Metro North Health catchment?

In most cases, referrals are only accepted from patients residing in the Metro North Health catchment.

Type your patient's suburb or postcode

[July-Prospectus.pdf](#)  
([nyc3.cdn.digitaloceanspaces.com](http://nyc3.cdn.digitaloceanspaces.com))

Link:  
[Refer your patient - Metro North Health](#)

# Mental Health Services

Metro North Mental Health (MNMH) provides mental health and alcohol and other drug services that support people who have severe and complex needs or are in crisis. The service supports the recovery of people with mental illness through the provision of recovery focused services and consumer and carer services in collaboration with primary and private health providers and Non-Government partners.

Care is delivered to people of all ages in the community, in the hospital and in specialist residential settings. The services for people experiencing mental illness include a range of specialist assessment, treatment, rehabilitation and recovery services that also consist of emergency, consultation liaison, forensic, substance use disorders, eating disorders, community mental health and inner-city homeless services.

For people experiencing substance use disorders, MNMH provides access to evidence-based treatments including opioid maintenance, substance withdrawal management, and counselling. For people experiencing substance misuse issues, there are a range of harm minimisation and brief intervention services.



## Programs and services

[Royal Brisbane and Women's Hospital](#)

[The Prince Charles Hospital](#)

[Caboolture and Redcliffe Hospitals](#)

[Alcohol and Drug Service](#)

[Queensland Eating Disorder Service \(QuEDS\)](#)

[Perinatal Mental Health](#)

[Queensland Health Victim Support Service \(QHVS\)](#)

Queensland Forensic Mental Health Service (QFMHS)



## Consumers, families and carers

We recognise that people on a recovery journey need to be working in equal partnership with their treating team, family and carers. [View information for consumers, families and carers.](#)



## Resources

[Help lines, counselling and support groups](#)

[Understanding mental health and reducing stigma](#)

[Your rights in treatment](#)

[Queensland Health Mental Health website](#)

[Queensland Mental Health Act](#)

[My Mental Health website](#)

[MNMH Prospectus July - December 2023 \(PDF\)](#)

# GP Smart Referrals

## Why should I use it?

1. Allows you to attach any test results, imaging reports and other clinical documents (eg ECG, photos) from the patient's clinical record or your PC to the referral
2. GPSR supports you in provision of essential clinical information, reducing the number of referrals being returned to you requesting additional clinical information
3. Integrated with a service directory to ensure the appropriate speciality closest to the patient's address is identified
4. Can be use to request written advice from certain specialties within Metro North

**Brisbane North PHN Digital Health Support Officers**  
[GPSR@brisbanenorthphn.org.au](mailto:GPSR@brisbanenorthphn.org.au)



### GP Smart Referrals features

✓ A quicker and easier way to refer

✓ Refer to the right service first time

✓ Templates are linked with referral criteria

✓ Referral receipt acknowledgements


- Integrates with *Best Practice* and *Medical Director* software
- Aligned with state-wide referral guidelines to prompt essential referral information required to triage, decreasing the number of referrals returned for additional clinical information.





# Metro North Virtual ED

## Virtual Emergency Department

 Open: 7 days  
(8am-10pm Monday to Sunday)



Metro North Virtual ED offers alternative pathways that can help avoid waiting in an Emergency Department.



### Patients


You can use this service if you:

- Live, are visiting or receive your treatment in Queensland
- Have a device that can enable a telehealth consultation (video, audio, internet)
- Can't make an urgent appointment with a General Practitioner

[Virtual ED \(patients\) >](#)

**DO NOT** use the Virtual ED for the following medical problems:

- Chest pain
- Breathing problems or turning blue
- Comatose or unconscious
- Sudden inability to move or speak, or sudden facial drooping
- The effects of a severe accident

 **In an Emergency  
DIAL 000**



### GPs

The Virtual ED provides GPs and other primary healthcare clinicians with access to specialist emergency medicine assessment, by telephone or video conferencing.

It is a safe, fast and efficient way for you to consult with an emergency physician and use real-time technology to align treatment and ongoing services for your patient.

[Virtual ED \(clinicians\) >](#)

**The Metro North Health Virtual ED Service is for Queensland GPs only.**

This is a clinician only service. Patients can contact the Virtual ED direct via the [Patient Virtual ED service](#).



### QAS

The Virtual ED provides QAS clinicians with access to specialist emergency medicine assessment, by telephone or video conferencing.

Virtual ED is focussed on working with clinicians to extend the options available to patients who access healthcare through the QAS but may not require assessment or admission at an emergency department.

[Virtual ED \(clinicians\) >](#)

This is a clinician only service. Patients can contact the Virtual ED direct via the [Patient Virtual ED service](#).

## How to access Metro North Virtual ED:

Call 1800 847 833 (1300 VIRTED)

7 days: 0800 – 2200

*Virtual ED is aware that your time is precious.*

**GP calls are prioritised.**

You will be connected to an experienced emergency nurse and will speak with a FACEM. Please have the following information ready:

- Your name and phone number
- The patient's name, date of birth, hospital number (if available) and brief description of the problem
- The practice phone number

# Brisbane North Health Pathways



## Brisbane North HEALTHPATHWAYS

### Health Alert

Metro North Public Health Unit has issued a measles alert after a confirmed case on Brisbane's northside. [Read more...](#)

TGA - Safety warning for medicines used in arthritis and other inflammatory conditions. [Read more...](#)

### Latest News

4 September

#### Making sense of Primary Sense

Last month members from the Primary Sense implementation team hosted a webinar to support general practice staff to implement and the new Primary Sense clinical support tool into their practices. [Read more...](#)

### Pathway Updates

*Updated - 31 August*  
Fitness to Drive and Licensing Assessment

*Updated - 30 August*  
GP Education

*NEW - 29 August*  
Termination of Pregnancy (TOP) Follow-up

*Updated - 28 August*  
Immunisation - Childhood

*Updated - 25 August*  
GP to GP Referrals

[VIEW MORE UPDATES...](#)

 HEALTH PROVIDER PORTAL

 METRO NORTH HHS

 PHN

 LOCAL RESOURCES

 CLINICAL RESOURCES

 PATIENT RESOURCES

 GP EDUCATION

 NHSD

## Brisbane North HealthPathways

**Username: Brisbane**  
**Password: North**

## Statewide Portal

<https://qld.healthpathwayscommunity.org>

**Username: Queensland**  
**Password: Pathways**


# Mental Health

## In This Section

[Addictions](#)

[ADHD in Adults](#)

[ADHD in Children and Youth](#)

 [Anxiety in Adults](#)

[Bipolar Affective Disorder](#)

[Child and Youth Mental Health](#)

[Deliberate Self-harm](#)

 [Depression in Adults](#)

[Eating Disorders in Adults](#)

[GP Mental Health Treatment Plan](#)

[Mental Health Stepped Care](#)

[Pandemic Mental Health](#)

[Physical Health and Mental Illness](#)

[Perinatal Mental Health](#)

[Problem Gambling](#)

[Psychosis](#)

[Suicide Prevention in Adults](#)

[Trauma-informed Care](#)

[Mental Health Requests](#)



[Home](#) / [Hospitals & services](#) / [Mental Health Services](#) / 1300 MHCALL (1300 64 2255)

## 1300 MHCALL (1300 64 2255)

1300 MHCALL (1300 64 2255) is your first point of contact for mental health services providing support, information, advice and referral.

### What happens when I call the number?

When you call 1300 MHCALL, you will be guided to an available mental health operator who will be able to assist you. If you're distressed and need immediate assistance from emergency services, please call Triple Zero (000) in the first instance.

### Who will answer my call?

Your call will be answered by a trained administration officer who will briefly gather some personal information to assist us in providing you the best service. You will then either be transferred to a clinician to discuss the reason for your call if your matter is very urgent, or we will arrange for a clinician to call you back at a time convenient to you.

### What happens when I am transferred to a clinician?

All mental health clinicians are trained and experienced professionals. They will give you the opportunity to talk about your concerns and then discuss a management plan with you. This may involve further mental health assessment. This process is called a triage and usually takes between 15 and 30 minutes.

# GP Psychiatry Support Line

The screenshot shows the top section of the website. At the top is a dark blue navigation bar with a speech bubble icon, the text 'GP PSYCHIATRY SUPPORT LINE', and links for 'ABOUT', 'OUR PSYCHIATRISTS', 'ENQUIRY', 'FAQ', and 'WEBINARS'. A red 'REGISTER' button is on the right. Below this is a light blue banner with the title 'GP Psychiatry Support Line' and the phone number '1800 16 17 18'. The banner features illustrations of a female doctor on the left and a male doctor on the right, with a large white speech bubble icon in the center. Below the illustration, it says 'Helping GPs manage the care of Mental Health Consumers'. At the bottom of the banner is a purple navigation bar with four buttons: 'ENQUIRY' (Call or Book Session Online), 'FAQ' (Frequently Asked Questions), 'ABOUT' (GP Psychiatry Support Line), and 'WEBINARS' (Educational Series).

## ENQUIRIES

1800 16 17 18

Monday - Friday  
Excluding public holidays

7am to 7pm (AEST)  
Australian Eastern Standard Time

Advice is available regarding all age brackets of patients, including children and young adults

This is NOT a triage or referral service

This is NOT an emergency service  
In case of emergency, please ring 000

This service is for GPs only

Email Enquiries:  
[admin@gpsupport.org.au](mailto:admin@gpsupport.org.au)

[BOOK A SESSION ONLINE](#)

# HEAD TO HEALTH

- The national **Head to Health phone service** provides assessment and navigation to connect people to the right mental health services for them.
- Head to Health is a free service, available for anyone who needs mental health and wellbeing support. Head to Health is also available to friends, carers, families, **GPs and other health professionals to help find a suitable service for the people their supporting.**
- When you call, you will be asked to enter your post code and then the call is routed through to the local Head to Health team. You can call Head to Health on 1800 595 212 (Monday to Friday 8.30 am – 5.00 pm)

**[headtohealth.gov.au](https://headtohealth.gov.au)**

Head to Health is a collaborative initiative of Primary Health Networks and funded by the Australian Government.

1800 595 212

# HEAD TO HEALTH

Head to Health will support General Practice by:

- Making it easier for GPs and other health professionals to navigate and understand the mental health system, including their capacity to find and refer their patients to services.
- Gain access to service navigation support to understand services available in the region, including eligibility wait-times and costs
- Access to specialist assessment expertise to help identify the appropriate level of mental health care to meet patient needs
- Support in completing referrals to PHN-commissioned services using the rediCASE e-referral form

**[headtohealth.gov.au](https://headtohealth.gov.au)**

Head to Health is a collaborative initiative of Primary Health Networks and funded by the Australian Government.

1800 595 212



⚠ For crisis support call Lifeline on 13 11 14, MH Call 1300 642 255 or in an emergency call 000



Select Language



Services

Resources

News and events

Consumers and carers

About

Contact



# The help I need

Connecting me to the support services I need  
in the North Brisbane and Moreton Bay  
region.

[What if I'm outside of North Brisbane and Moreton Bay region?](#)



I'm seeking support for  
myself or a loved one



I'm a healthcare  
professional

# My Mental Health Services Map

Access to a greater range of mental health services in North Brisbane and Moreton Bay

Access an expanded range of mental health, alcohol and other drug, and suicide prevention services commissioned by Brisbane North PHN. Most services below can be accessed using the My Mental Health Services eReferral. There is no cost to the client. Some services have eligibility and exclusion criteria.

For acute/hospital presentations, please contact **1300 MH Call - 1300 64 2255** or if an emergency, contact **000**.

	Low intensity			Mild/moderate intensity		Moderate intensity	High intensity	Crisis services	
SERVICE	<b>IUIH Social and Emotional Wellbeing (Institute for Urban Indigenous Health) 1800 254 354</b> Provides an integrated social health model, including primary mental health services, alcohol and other drug treatment services and suicide prevention services								
	<b>Richmond Fellowship Queensland - New Access</b> 1300 159 795	<b>World Wellness Group - Problem Management Plus</b> 07 3333 2100	<b>Peach Tree Perinatal Wellness - Sunshine Parenting Program</b> 0468 449 430	<b>headspace</b> Caboolture 07 5428 1599 Nundah 07 3370 3900 Redcliffe 07 3897 1897 Indooroopilly 07 3157 1555 Strathpine 07 3465 3000	<b>Change Futures: Psychology in Aged Care Wellbeing Program</b> 07 3857 0847	<b>Brisbane MIND</b> 1800 752 235 Healthcare/pension card required	<b>ASHA</b> 07 3283 8769	<b>Mental Health Hubs</b> <b>Community: The Recovery and Discovery Centre, inner north Brisbane</b> 07 3510 2777 <b>Neami: The Living and Learning Centre, Strathpine</b> 07 3493 6780 <b>Stride Hub: Caboolture</b> 07 4593 0500	<b>Safe Spaces</b> <b>Community</b> 07 3004 0101 <b>Neami</b> 07 3493 6710 <b>Stride Caboolture</b> 07 5232 1590 <b>Redcliffe Youth Space</b> 07 435 827 817
AGE	12 years and older	18 years and older		12 - 25 years	65 years and older	All ages including children 0 - 11	12 - 25 years	18 years and older	All ages
DESCRIPTION	Supports people to tackle day-to-day pressures and set practical goals (6 session coaching programs designed by Beyond Blue).	For people who identify as culturally and linguistically diverse to help manage stress and adverse situations (Group, phone and face-to-face sessions).	Mothers of infants aged 0-12 months experiencing mild postnatal depression and/or anxiety symptoms (6-week group program).	Provides early intervention mental health services and assistance in promoting young peoples' wellbeing.	For residents of aged care facilities. Provides group and individual support to people over the age of 65.	Short term psychological therapy for those who cannot access the universal service <i>Better Access</i> . Eligible clients must identify in one of the following under serviced groups: <ul style="list-style-type: none"> <li>children 0-11 years</li> <li>culturally and linguistically diverse communities</li> <li>LGBTIQ+ communities</li> <li>people who have experienced trauma or abuse</li> <li>people at risk of suicide</li> <li>residents of Bribie Island and Kilcoy</li> </ul>	Provides mobile outreach support to vulnerable young people in the Moreton Bay north region. Please contact the service directly for referral pathways.	Delivering integrated clinical and non-clinical services for people with severe mental illness. Service types: <ul style="list-style-type: none"> <li>care coordination (including mental health nursing)</li> <li>psychological group therapy</li> <li>one-on-one psychosocial support.</li> </ul>	Safe Spaces provides people experiencing emotional distress, friendly and welcoming support, in a safe environment, as an alternative to emergency departments. Safe Spaces open from 5.00 pm -9.00 pm on weekdays and participate in a coordinated calendar of opening hours amongst the 4 spaces, over the weekends.
REFERRAL	GPs can complete a referral to these services through the My Mental Health Services eReferral via the rediCASE GP Integrator. Referrals can also be made by the My Mental Health Services Referral eLink available at <a href="http://phnbnws.redicase.com.au/#!/referral/create">phnbnws.redicase.com.au/#!/referral/create</a> . Self-referrals can be made directly with the provider or by contacting Head to Health Service Navigators on 1800 595 212. For further information about referral pathways, please visit <a href="http://www.mymentalhealth.org.au">www.mymentalhealth.org.au</a> or contact the Head to Health Service Navigators.							No referral required.	

## SERVICE DIRECTORIES

### Head to Health Service Navigators (Brisbane North PHN)

1800 595 212  
8.30 am - 5.00 pm

Help to navigate mental health services and supports in the North Brisbane and Moreton Bay region.

### Head to Health (Department of Health)

[www.headtohealth.gov.au](http://www.headtohealth.gov.au)

National website with information, advice and free or low-cost phone and online mental health services and supports.

### My Mental Health

[www.mymentalhealth.org.au](http://www.mymentalhealth.org.au)

A guide to Mental Health Services in north Brisbane including Moreton Bay and parts of Somerset.


### 1300 MH CALL – 24/7 (Queensland Health)

1300 64 22 55

The first point of contact for public mental health services providing support, information, advice and referral..

## SUICIDE PREVENTION SERVICES

### The Way Back Service

Delivers community based psychosocial support to people at risk of suicide, following a suicide attempt or crisis. 

#### Inner City Communityfy

07 3510 2727

#### Redcliffe/Caboolture

Richmond Fellowship Queensland


1300 180 608

Please contact the service directly for referral pathways.

### Suicide Prevention Services for the LGBTIQ+ Community


#### Queensland Council for LGBTIQ Health

07 3017 1777

Provides culturally inclusive, age appropriate support to LGBTIQ+ Sistergirl and Brotherboy people aged 16 years and over who are facing a suicide crisis or are bereaved community members. 

#### Open Doors Youth Service

07 3257 7660

Wrap around support, for LGBTIQ+ people aged 12 – 24 years who have recently attempted suicide, are experiencing a suicidal crisis or have been impacted by suicide. 

#### Centre for Human Potential

3211 1117

Provides holistic support for LGBTIQ+ Sistergirl and Brotherboy people, over 12 years of age, following a recent suicide attempt or suicidal crisis.

### Suicide Prevention Services for the Aboriginal and Torres Strait Islander Community

#### Kurbingui Youth Development


07 3156 4800

Delivers social and emotional wellbeing services to Aboriginal and Torres Strait Islander people who are experiencing a suicide crisis, have recently made a suicide attempt or have lost a loved one to suicide.

## ALCOHOL AND OTHER DRUG SERVICES


### ADIS 24/7 Alcohol and Drug Support

1800 177 833

For referral, confidential information and counselling. 


### Lives Lived Well

1300 727 957

Alcohol and other drug treatment located in Caboolture, Morayfield, Redcliffe and Strathpine. 




### Brisbane Youth Service

07 3620 2400

AOD program/counselling service for young people with substance use and mental health problems (12-25 years). 


### Queensland Aboriginal and Islander Corp. Alcohol and Drug Dependence Service (QAIAS)


07 3358 5111

Outreach, day and residential rehabilitation services for Aboriginal and Torres Strait Islander people.   
  


### QulHN - Queensland Injectors Health Network

1800 172 076 | 07 3620 8111

Outpatient rehabilitation services for people experiencing co-occurring mental health and substance-related disorders. 

-  helpline
-  support coordination
-  counselling
-  group support
-  digital
-  withdrawal
-  outpatient services
-  residential rehab

# Thank you!

[MetroNorthGPLO@health.qld.gov.au](mailto:MetroNorthGPLO@health.qld.gov.au)

- Feedback/evaluation forms
- Future topic suggestions

# Brief Interventions in General Practice

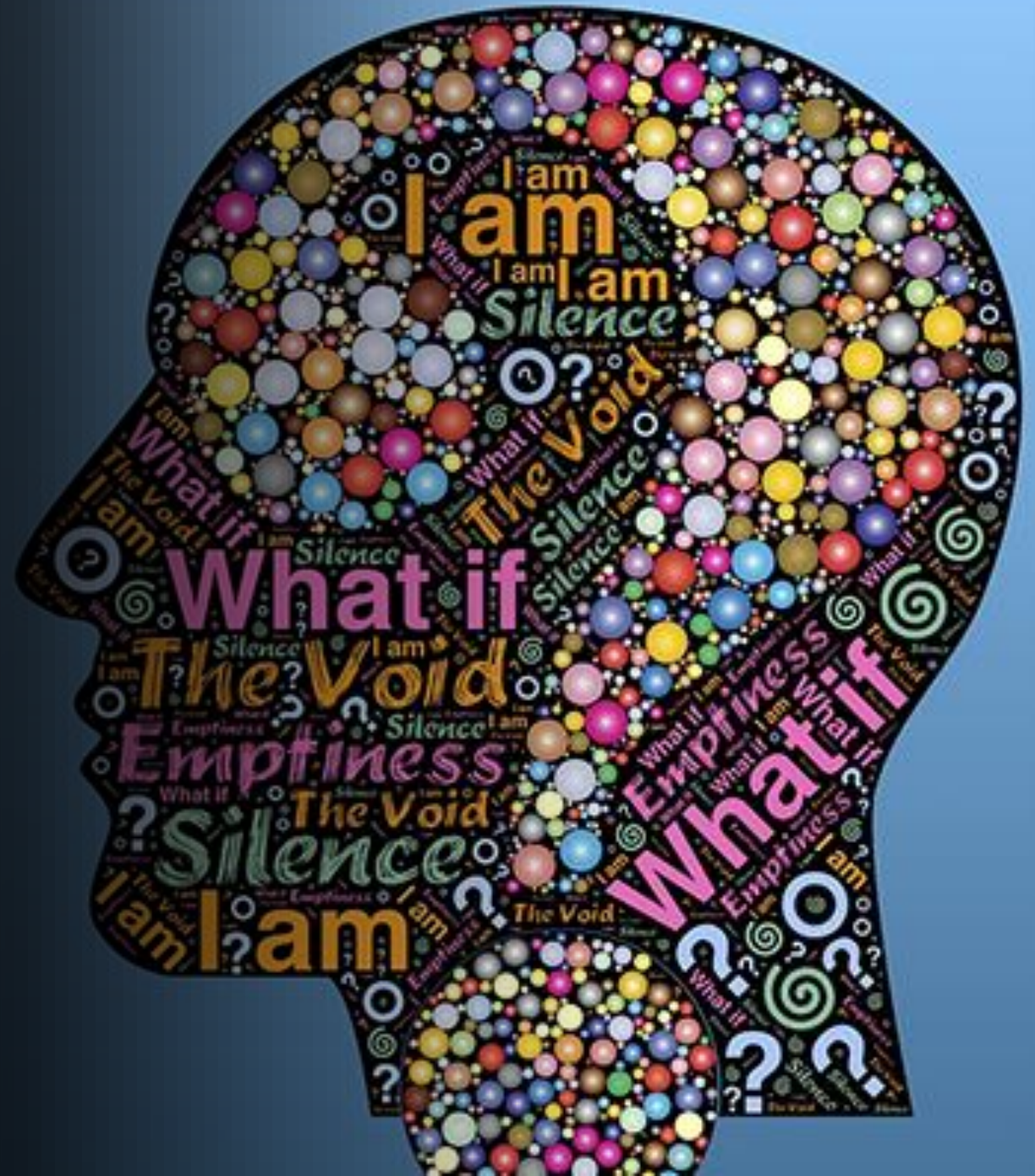
“It’s more about *how* than *what* you do...”

# Overview

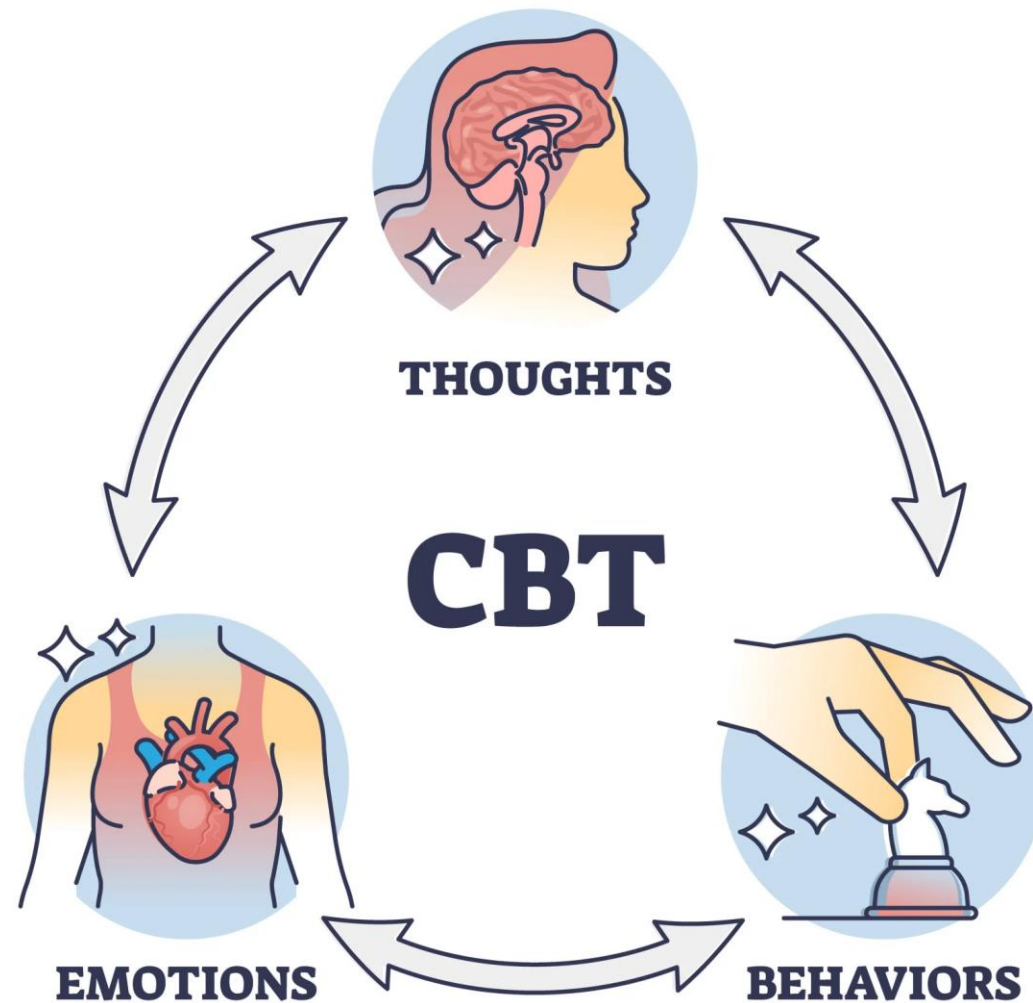
- Common Presentations?
  - Crisis
  - Mood disorders
  - Anxiety
  - Personality Disorders
  - Trauma
  - Alcohol and Drug Concerns
- Associated brief psychological interventions (CBT, ACT, DBT, Trauma-informed)
  - Lots of overlap, some variety depending on presentation
    - Don't get too hung up on the presentation – some brief intervention is better than nothing
  - Helpful to give patient something to help understand what is happening – psycho-education
  - Goal to give patient something that shows caring & teaches a skill/s to use and resources to take home (as may need memory prompt)

# Psycho-education

- Firstly important to teach the patient what is going on with them
  - Simple psycho-education can assist to make sense of confusing / frightening symptoms
- Cognitive-behavioural models often a good starting place
  - Although other models great too – e.g. ACT, DBT, Trauma, etc...
- Lots of online resources for handouts etc...



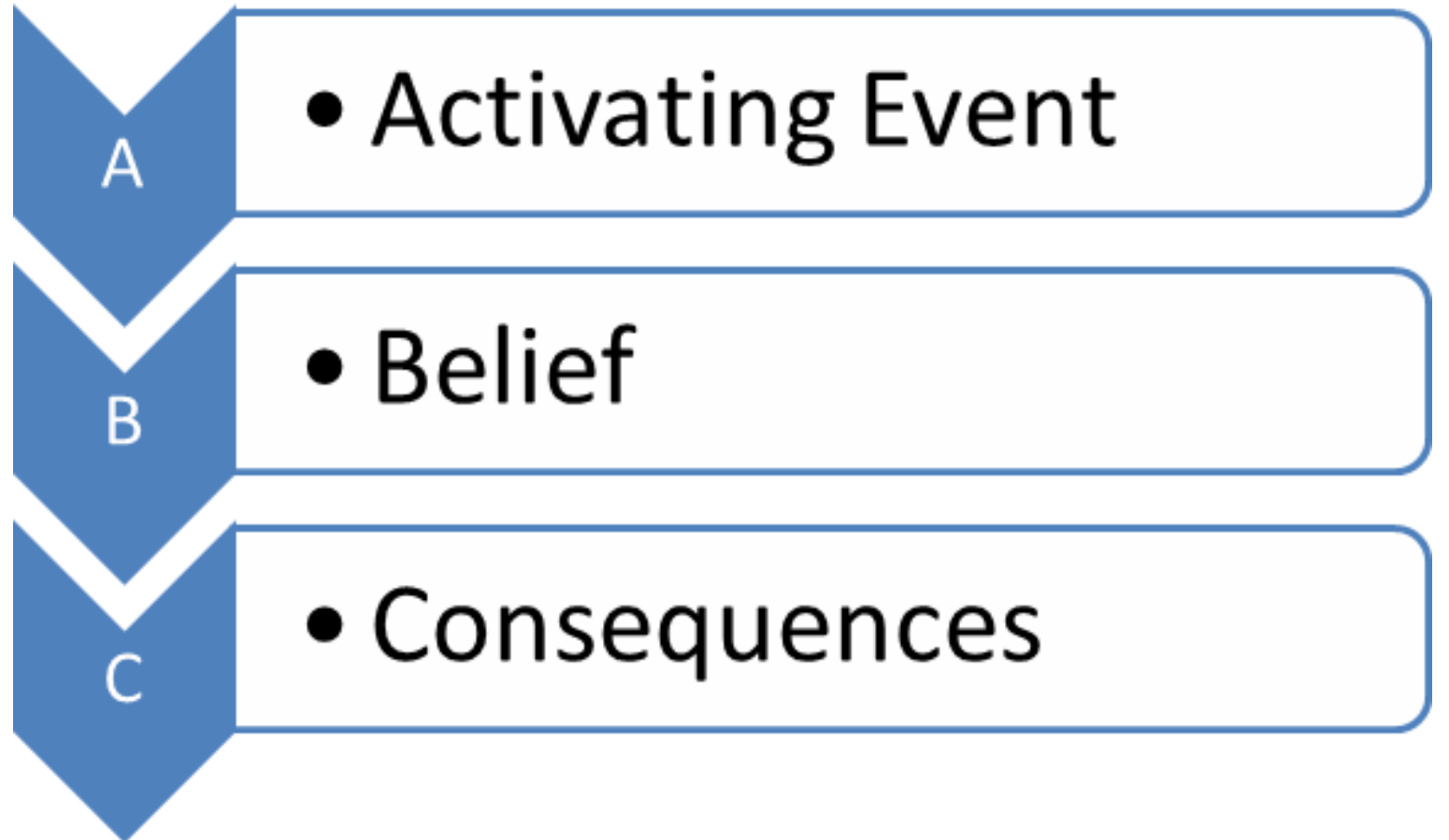
# Psycho- education – Cognitive Behavioural Models



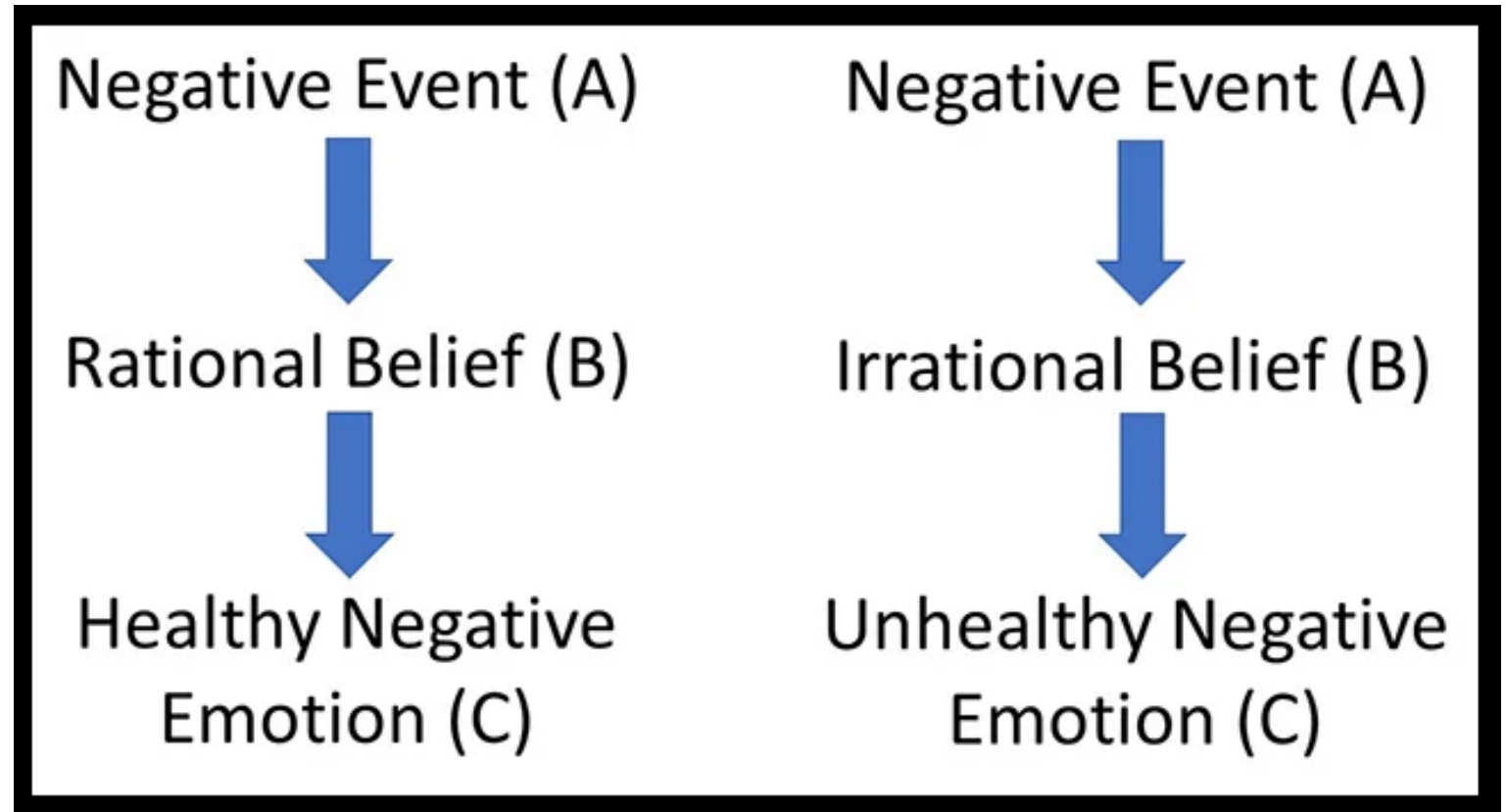
Source: [Cognitive Behavioral Therapy \(CBT\): Types, Techniques, Uses \(simplypsychology.org\)](https://www.simplypsychology.org/cbt-types-techniques-uses/)



# Psycho- education – Cognitive Behavioural Models



# Psycho- education – Cognitive Behavioural Models



# Irrational vs Rational Ideas Examples

Ten Common Irrational Beliefs	Ten Rational Ideas
I must have love or approval from all the people I find significant.	I want to be loved or liked and approved of by some of the people in my life. I will feel disappointed or lonely when that doesn't happen, but I can cope with those feelings, and I can take constructive steps to make and keep better relationships.
I must be completely competent, make no mistakes, and achieve in every possible way, if I am to be worthwhile.	I want to do some things well, most of the time. Like everybody else, I will occasionally fail or make a mistake. When this happens, I will feel bad, but I can cope with that, and I can take constructive steps to do better the next time.
When people act obnoxiously or unfairly, I should blame them and see them as wicked individuals.	Most of us do some things from time to time that other people don't like but that doesn't mean we are wicked and should be punished.
It is dreadful, nearly the end of the world, when things aren't how I would like them to be.	It is disappointing when things aren't how I would like them to be, but I can cope with that. Usually I can take constructive steps to make things more as I would like them to be, but, if I can't, it doesn't help me to exaggerate my disappointment.
Human unhappiness, including mine, is caused by factors outside of my control, so little can be done to control or change my feelings.	My problem(s) may be influenced by factors outside my control, but my thoughts and actions also influence my problem(s), and they are under my control.
If something might be dangerous, unpleasant or frightening, I should worry about it a great deal.	Worrying about something that might go wrong won't stop it from happening; it just makes me unhappy now! I can take constructive steps to prepare for possible problems, and that's as much as anyone can do. So, I won't dwell on the future now.

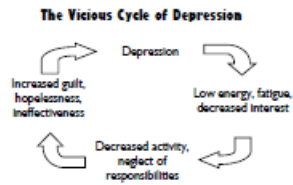
# Psycho-education handouts – Depression and Anxiety

## the vicious cycle of depression

The symptoms of depression can bring about some drastic changes in a depressed person's life, daily routines, and their behaviour. Often it is these changes that makes the depression worse and prevents the depressed person from getting better.

For example, a lack of motivation or a lack of energy can result in a depressed person cutting back on their activities, neglecting their daily tasks and responsibilities, and leaving decision-making to others. Have you noticed these changes in yourself when you are depressed?

You may find that you have become less and less active, don't go out much anymore, avoid hanging out with friends, and stopped engaging in your favourite activity. When this happens, you have become locked in the vicious cycle of depression, which might look like this:



When your activity level decreases, you may become even less motivated and more lethargic. When you stop doing the things you used to love, you miss out on experiencing pleasant feelings and positive experiences. Your depression could get worse.

Similarly, when one begins neglecting a few tasks and responsibilities at work or at home, the list may begin to pile up. As such, when a depressed person thinks about the things they have to do, they may feel overwhelmed by the pile of things they have put off doing. This may result in them feeling guilty or thinking that they are ineffective or even, a failure. This will also worsen the depression.

### Reversing the Vicious Cycle of Depression

One of the ways of breaking the vicious cycle of is through the use of medication. Medication such as antidepressants can help change your energy level and improve sleep. Another way is to increase your activity level, especially in pleasurable activities and

tackling your list of tasks and responsibilities, but doing it in a realistic and achievable way, so that you set yourself up to succeed.

Becoming more active has a number of advantages:

- Activity helps you to feel better
- Activity helps you to feel less tired
- Activity can help you think more clearly



When the depression cycle is broken, it will look like this:

### Reversing The Vicious Cycle of Depression



Here's a list of possible fun things to do. You can add your own to this list.

1. Soaking in the bathtub
2. Collecting things (coins, shells, etc.)
3. Going for a day trip
4. Going to see a comedy at the movies
5. Going to the beach
6. Playing squash/tennis/badminton
7. Having a barbecue at the park
8. Going for a walk, jog, or hike
9. Listening to uplifting music
10. Gardening

Try some of them out and evaluate how you feel before and after the activity. Chances are, you'll find that you'll feel a little better. The important thing is to persist – keeping your activity levels up is the first step to breaking out of that vicious cycle!

The second step is to look at how **thinking patterns** contribute to the vicious cycle of depression. The "Improving how you feel" information sheet starts to look more closely at this.

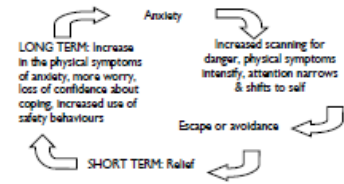


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## the vicious cycle of anxiety

The essence of anxiety is worrying about some potential threat. It is trying to cope with a future event that you think will be negative. You do this by paying more attention to possible signs of potential threat, and looking internally to see whether you will be able to cope with that threat. When you notice your anxious symptoms, you think that you can't cope with the situation, and therefore become more anxious. This is the start of the vicious cycle of anxiety.

### The Vicious Cycle of Anxiety



### How Avoidance Contributes to Anxiety

If you feel anxious, or anticipate feeling anxious, it makes sense that you will do things to reduce your anxiety. People sometimes try and reduce the anxiety by avoiding the feared situation altogether. This avoidance instantly decreases the anxiety because you have not put yourself in a distressing situation. However, while avoidance makes anxiety better in the short term you have also made the anxiety worse in the long term.

An illustration of this is when you avoid going to a supermarket to do the shopping because that's where you experience fear. As a result you successfully avoid the distress you associate with supermarkets. In the short term, you do not feel anxious. However in the long term you become even more unwilling to confront anxiety. You continue to believe that emotion is dangerous and should be avoided at all costs. You do not disconfirm your catastrophic predictions about what may happen in the shopping centre. You continue scanning your environment for signals of danger and signals of safety. In this way your anxiety may increase and generalise to other situations.

### How Safety Behaviours Contribute to Anxiety

In addition to avoidance many people use "safety behaviours" or subtle avoidance to help cope with anxiety. These may include relying on medication, the security of your mobile phone, always having an exit plan for potentially-anxious situations, or making sure you have someone else with you.

These safety behaviours also play a part in the vicious cycle of anxiety. When you become dependent on them you do not learn that emotion per se is not dangerous. You do not learn that distressing emotions tend to come down from their apex of their own accord. You try to suppress emotion, which has the contradictory effect of heightening the emotion, increasing the distress. Also can you imagine how stressing it would be if one day your safety behaviours were not available to you? This predicted catastrophe will probably increase your avoidance. Ask yourself, what do you learn in the safety of your living room? The answer may not be encouraging!

### Reversing the Vicious Cycle of Anxiety

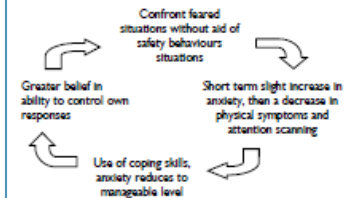
Vicious cycles play an important role in maintaining anxiety. However, you can turn this cycle around to create a positive cycle that will help you overcome anxiety. One important step in this cycle is gradually confronting feared situations. This will lead to an improved sense of confidence, which will help reduce your anxiety and allow you to go into situations that are important to you.



Some people might encourage you to tackle your biggest fear first – to "jump in the deep end" and get it over and done with. However, many people prefer to take it "step-by-step". We call this "graded exposure". You start with situations that are easier for you to handle, then work your way up to more challenging tasks. This allows you to build your confidence slowly, to use other skills you have learned, to get used to the situations, and to challenge your fears about each situational exposure exercise. By doing this in a structured and repeated way, you have a good chance of reducing your anxiety about those situations.

When the anxiety cycle is broken, it will look like this:

### Reversing the Vicious Cycle of Anxiety



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# Psycho-education handouts – Crisis and Emotional Overwhelm

## What is distress intolerance?

### What is distress intolerance?

All humans experience a range of emotions. Some emotions may be comfortable to us, and others may be uncomfortable. There are varying types of emotions that people might find distressing, which include...

**The Sad:** This group includes emotions that reflect sadness at varying degrees of intensity. This includes emotions such as disappointment, hurt, despair, guilt, shame, sadness, depression, grief and misery.



**The Mad:** This group includes emotions that reflect anger at varying degrees of intensity. This includes feelings such as irritation, agitation, frustration, disgust, jealousy, anger, rage and hatred.



**The Scared:** This group includes emotions that reflect fear at varying degrees of intensity. This includes feelings such as nervousness, anxiety, dread, fear, panic and terror.



Most people dislike feeling uncomfortable, and so when we experience emotional discomfort, we may evaluate it negatively. Below are some of the common beliefs that people might have when they start to experience negative emotion...

- I can't stand this
- I hate this feeling
- Take it away
- I will lose control
- I'll go crazy
- It's bad to feel this way
- It's unbearable
- I must stop this feeling
- I can't cope with this feeling
- It's weak to feel this way
- This feeling will go on forever
- It is wrong to feel this way

The more strongly we hold these kinds of beliefs about our emotions, the more bothered we will be by our emotions, and the more we will want to get rid of them. Our level of tolerance towards emotions is based on how much we fear emotions, how unpleasant they feel to us, how unbearable they seem, and how much we want to get away from emotions, rather than the intensity of the emotions themselves.

Distress intolerance is when someone believes they are unable to cope with their uncomfortable emotions, and tries to escape or avoid them.

### How does distress intolerance develop?

It is likely a combination of biological and environmental factors that lead some people to be more intolerant of emotional distress than others.

There is some suggestion that some people are biologically more sensitive to negative emotions, experiencing negative emotions more easily, at a higher level of intensity, and for a longer duration than other people. This means that some people experience negative emotions as more painful, and hence have greater difficulty coping with the experience.

It is likely that our experiences growing up through childhood, adolescence and through adult life, may shape how we deal with emotions. Some people may not have been shown ways to tolerate emotional discomfort appropriately, for example being punished for expressing normal emotions like crying when they were sad. Others may have only been shown unhelpful ways of dealing with their emotions, such as seeing a loved one use alcohol to deal with their own emotions.

### The problem with distress intolerance

It makes a lot of sense to try to get away from things that feel unpleasant. This strategy seems to work for other things that make us uncomfortable (e.g., heat, cold, pain, hunger). Unfortunately, when we apply the same strategy to our emotions, it seems to backfire. The more we fear, struggle with, and try to avoid any form of distress, generally the worse that distress gets. Our fear and avoidance of the distress actually amplifies the distress.

### What can be done to help?

Instead of fearing and fighting uncomfortable emotions and desperately trying to get rid of them, it is possible to learn how to sit with and tolerate emotional distress, such that we learn the emotion will pass and that we can cope.

This will involve identifying and challenging beliefs we hold about emotions, and learning to balance tolerating emotional discomfort when it does arise, with taking action to improve our emotional experiences.

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# Psycho-education example

Gina – age 28 presents in crisis following long-term depression symptoms and a recent relationship breakdown. She is feeling lost and alone and is blaming herself for being so “hopeless” leading to her partner leaving her. She spends most of her time on the couch, feeling too tired to leave the house and believing she just needs to sleep, but also finding sleep is not restful for her.

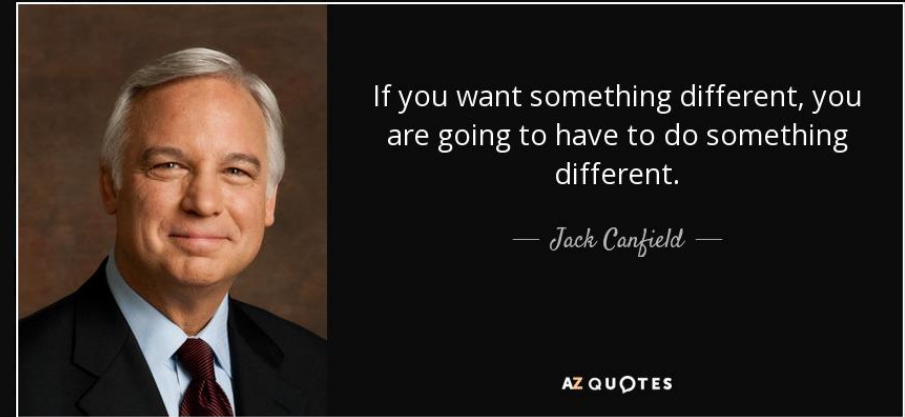


Psych-education for Gina would be teaching her about the cognitive model of depression and that her beliefs about herself as hopeless are leading to her feeling sad and even less motivated to do the things that might most help her.

She isn't her depression, she is just caught in a cycle that can be changed

Turning this around may involve her challenging her negative thinking as well as getting up and out even if she doesn't feel like it.

# Behavioural Interventions



If you want something different, you are going to have to do something different.

— Jack Canfield —

AZ QUOTES

- **Behavioural interventions changing what you do, to change how you feel**
- For depression - activity scheduling to engage in positive activities
  - Noting what is positive is very much **case by case**
  - Mindfulness can also assist
- For anxiety - relaxation and calming
  - Breathing
  - PMR
  - Guided Imagery
  - Mindfulness
    - although the goal of mindfulness is not relaxation
- For emotional overwhelm – distraction / self-compassion and/or distress tolerance
  - What works best depends what is causing emotional overwhelm and individual preferences

# Behavioural Intervention handouts – Behavioural Activation for Depression

## Fun Activities Catalogue

The following is a list of activities that might be fun and pleasurable for you. Feel free to add your own fun activities to the list.

1. Going to a quiz or trivia night
2. Spending time in nature
3. Watching the clouds drift by
4. Debating
5. Painting my nails
6. Going ice skating, roller skating/blading
7. Scheduling a day with nothing to do
8. Giving positive feedback about something (e.g. writing a letter or email about good service)
9. Feeding the birds
10. Spending an evening with good friends
11. Making jams or preserves
12. Going out to dinner
13. Buying gifts
14. Having a political discussion
15. Repairing things around the house
16. Washing my car
17. Watching TV, videos
18. Sending a loved one a card in the mail
19. Baking something to share with others (e.g. family, neighbours, friends, work colleagues)
20. Taking a sauna, spa or a steam bath
21. Having a video call with someone who lives far away
22. Organising my wardrobe
23. Playing musical instruments
24. Going to the ballet or opera
25. Lighting scented candles, oils or incense
26. Spending time alone
27. Exercising
28. Putting up a framed picture or artwork
29. Flirting
30. Entertaining
31. Riding a motorbike
32. Wine tasting
33. Going to the planetarium or observatory
34. Birdwatching
35. Doing something spontaneously
36. Going on a picnic
37. Having a warm drink
38. Massaging hand cream into my hands
39. Fantasising about the future
40. Laughing
41. Flying a plane
42. Playing tennis or badminton
43. Clearing my email inbox
44. Planting a terrarium
45. Playing lawn games (e.g. bowls, croquet, bocce)
46. Going to a party
47. Getting out of debt/paying debts
48. Seeing and/or showing photos
49. Going on a city tour
50. Going to an agricultural show
51. Jogging, walking
52. Going to home opens
53. Researching a topic of interest
54. Going to the beach
55. Redecorating
56. Volunteering for a cause I support
57. Smelling a flower
58. Opening the curtains and blinds to let light in
59. Going to the zoo or aquarium
60. Doing jigsaw puzzles
61. Donating old clothes or items to charity
62. Lying in the sun
63. Learning a magic trick
64. Talking on the phone
65. Listening to a podcast or radio show
66. Walking around my city and noticing architecture of buildings
67. Doing arts and crafts
68. Going on a ghost tour
69. Sketching, painting
70. Mowing the lawn
71. Going horseback riding
72. Doing the dishes
73. Sitting outside and listening to birds sing
74. Going to a free public lecture
75. Travelling to national parks
76. Going to a fair or fete
77. Playing cards
78. Putting moisturising cream on my face / body
79. Volunteering at an animal shelter
80. Re-watching a favourite movie
81. Gardening
82. Going camping
83. Playing volleyball
84. Going bike riding
85. Entering a competition
86. Doing crossword puzzles
87. Patting or cuddling my pet
88. Cooking a special meal
89. Soaking in the bathtub
90. Having a treatment at a day spa (e.g. facial)
91. Putting extra effort in to my appearance
92. Playing golf
93. Doing a favour for someone
94. Building a bird house or feeder
95. Looking at pictures of beautiful scenery
96. Having family get-togethers
97. Listening to music
98. Learning a new language
99. Taking a free online class
100. Working
101. Washing my hair
102. Singing around the house

## Behavioural Activation Worksheet FUN & ACHIEVEMENT

One simple way of combating depression is to prescribe some fun for yourself. By engaging in some simple, pleasant activities, you can actually improve your mood and your energy level. Try it and see!



You may also want to engage in some simple tasks or responsibilities that you have neglected for some time. Often, accomplishing tasks can improve your motivation and give you a sense of achievement. Start with tasks that are simple and achievable. BUT remember that it is important to BALANCE both responsibilities and pleasurable activities. Try not to go overboard on one and leave out the other.

Use the following rating scale to rate your depression, pleasant feelings, and sense of achievement BEFORE and AFTER the activity.

0	1	2	3	4	5	6	7	8
Absolutely None	Minimal	Slight	Mild	Moderate	Much	Higher	Very High	Extreme

		Depression	Pleasure	Achievement
Activity & Date:	Before:			
	After:			
Activity & Date:	Before:			
	After:			
Activity & Date:	Before:			
	After:			
Activity & Date:	Before:			
	After:			

What did you notice about yourself?



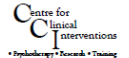
# Behavioural Intervention handouts – Relaxation for Anxiety

## [How to Relax - Headspace](#)

### Monitoring Your Relaxation Level

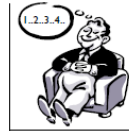
It is important to practice relaxation to achieve the best results, as this is a new skill that you are learning. You can monitor your own progress by keeping a relaxation diary that records the when, where and how of your practice. This will help you to identify particular situations and / or times of the day when you are most tense. Use the scale to indicate your level of relaxation before and after you complete your relaxation.

The most relaxed and		0	1	2	3	4	5	6	7	8	9	10	The most tense or anxious	
Date & Time	Comments / Reactions	Relaxation level before	Relaxation level after	Comments / Reactions:										
				<ul style="list-style-type: none"> <li>• What parts of your body relaxed easily?</li> <li>• What sensations were you aware of in your body?</li> <li>• Was your mind relaxed?</li> <li>• What sorts of images were most relaxing for you?</li> </ul>										



### Daily Record of Your Breathing Rate

- Instructions**
- Monitor your breathing rate at the times shown below.
  - If you have just done some form of activity (e.g. walking upstairs, etc.) that increases your breathing rate, take your breathing rate about 20 minutes after you have finished the activity.
  - Try to be sitting or standing quietly when you count your breathing. Don't try to alter your breathing rate as you are counting.
  - Breathing Exercise:
    - a) put your writing hand on your stomach and the other hand on your chest,
    - b) breathe in through your nose and out through your mouth. Remember...jaw relaxed, breathe low and slow
    - c) Do this for approximately 5 minutes three times per day.
  - Remember to: 1) monitor your breathing rate, 2) practise the breathing exercise, and 3) monitor your breathing rate again.



- CALMING TECHNIQUE**
1. Ensure that you are sitting on a comfortable chair or laying on a bed
  2. Take a breath in for 4 seconds (through your nose if possible)
  3. Pause for 2 seconds
  4. Release the breath taking 6 seconds (through your mouth).

Date	10:00 a.m.		2:00 p.m.		7:00 p.m.	
	Before	After	Before	After	Before	After

Breathing Rate: Number of breaths (in and out) in one minute.



# Practical Example – Deep Breathing



## Deep breathing

When we're anxious our breathing tends to be shallow and rapid. One of the simplest ways to relax is to take some deep diaphragmatic breaths, also called belly breathing. By shifting our breathing rate and pattern we can stimulate the body's parasympathetic nervous system, and trigger a calming response, which decreases our heart rate, blood pressure, and muscle tension.

### Here's how to practice deep breathing:

- Sit comfortably in a chair with your feet on the floor or lie down. Place one hand on your stomach, and the other hand over your heart.
- Inhale slowly through your nose until you feel your stomach rise
- Hold your breath for a count to three
- Exhale slowly, feeling your stomach fall

Variations of this technique may have you hold your breath for several counts after the inhale, or breathe out for a count of 5 or 7, for example. The idea, no matter how long you hold it, is to slow down the pace of the breath. The effect of breathwork is cumulative, meaning the more you do it the better it works, so practice it every day, even when you're not stressed.

# Behavioural Interventions - Mindfulness

- [The Mindful Movement - YouTube](#)

## what is mindfulness?



Have you ever noticed that when you are doing quite familiar and repetitive tasks, like driving your car, or vacuuming, that your mind is often miles away thinking about something else? You may be fantasising about going on a vacation, worrying about some upcoming event, or thinking about any number of other things.

In either case you are not focusing on your current experience, and you are not really in touch with the 'here and now.' This way of operating is often referred to as **automatic pilot mode**.

**Mindfulness** is the opposite of automatic pilot mode. It is about experiencing the world that is firmly in the 'here and now.' This mode is referred to as the **being mode**. It offers a way of freeing oneself from automatic and unhelpful ways of thinking and responding.

### Benefits of Mindfulness

By learning to be in mindful mode more often, it is possible to develop a new habit that helps to weaken old, unhelpful and automatic thinking habits. For people with emotional problems, these old habits can involve being overly pre-occupied with thinking about the future, the past, themselves, or their emotions in a negative way. Mindfulness training in this case does not aim to immediately control, remove, or fix this unpleasant experience. Rather, it aims to develop a skill to place you in a better position to break free of or not 'buy into' these unhelpful habits that are causing distress and preventing positive action.

### Core Features of Mindfulness

#### Observing

The first major element of mindfulness involves observing your experience in a manner that is more direct and sensual (**sensing mode**), rather than being analytical (**thinking mode**). A natural tendency of the mind is to try and think about something rather than directly experience it. Mindfulness thus aims to shift one's focus of attention away from thinking to simply observing thoughts, feelings, and bodily sensations (e.g., touch, sight, sound, smell, taste) with a kind and gentle curiosity.

#### Describing

This aspect of mindfulness relates to noticing the very fine details of what you are observing. For example, if you are observing something like a tangerine, the aim is to describe what it looks like, what is its shape, colour, and texture. You might place a descriptive name to it, like "orange", "smooth", or "round". The same process also can be applied to emotions (e.g. "heavy", "tense").

#### Participating Fully

An aim of mindfulness is to allow yourself to consider the whole of your experience, without excluding anything. Try to notice all aspects of whatever task or activity you are doing, and do it with your full care and attention.

#### Being Non-judgemental

It is important to adopt an accepting stance towards your experience. A significant reason for prolonged emotional distress relates to attempts to avoid or control your experience. When being more mindful, no attempt is made to evaluate experiences or to say that they are good, bad, right, or wrong, and no attempt is made to immediately control or avoid the experience. Accepting all of one's experience is one of the most challenging aspects of mindfulness, and takes time and practice to develop. Bringing a kind and gentle curiosity to one's experience is one way of adopting a non-judgmental stance.



#### Focusing on One Thing at a Time

When observing your own experience, a certain level of effort is required to focus your attention on only one thing at a time, from moment to moment. It is natural for distracting thoughts to emerge while observing, and there is a tendency to follow and 'chase' these thoughts with more thinking. The art of 'being present' is to develop the skill of noticing when you have drifted away from the observing and sensing mode, into thinking mode. When this happens it is not a mistake, but just acknowledge it has happened, and then gently return to observing your experience.

### How to Become Mindful

Mindfulness is a skill that takes time to develop. It is not easy, and like any skill it requires a certain level of effort, time, patience, and ongoing practice. Mindfulness can be taught in a number of ways. Meditation is one of the key techniques used in mindfulness training, but not the only technique. Contact your mental health professional for further information on mindfulness training and whether it may be suited to your needs.



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# Practical Example – 7 Minute Mindfulness



# Mindfulness Debrief

- How did you find it?
- Was it hard to do?
- What did you do when your mind wandered?



# Cognitive Interventions

## challenging unhelpful thinking styles

**Evidence Testing** is all about trying to be objective about our thoughts. It is about asking yourself questions that will help you look for other information and make an informed decision about your thoughts, instead of just accepting them as fact.

### 1. CHECK THE EVIDENCE



If this thought was put on trial, what evidence would the defence present (what facts support the thought being true)?

What evidence would the prosecution present against (what information works against the thought or shows that it isn't true all the time)?

### 2. CHALLENGE UNHELPFUL THINKING STYLES

Unhelpful Thinking Style	Disputation Questions
Mental Filter	Consider the whole picture - Am I taking all the information into account? - What else is going on that I'm ignoring?
Jumping to Conclusions	You know what they say about assuming... - How do I know this? - What are some alternative explanations for this? - If I was feeling differently, would I still think this?
Personalisation	Find all the causes - Was this entirely my responsibility? - What other factors might have affected the outcome?
Catastrophising	Put it in perspective - What are the possible outcomes – best, worst, most likely? - Am I jumping ahead of myself? - How important is this in the scheme of things?
Black and White Thinking	Find the shades of grey - Am I being extreme or rigid? - Is there an in-between where things are not perfect but not a disaster?
Shoulding and Musting	Be flexible - Is this a strict rule, or is it a desire or possibility that didn't work in this instance? - Can I replace this with a "could" or "would have liked to"?
Labelling	Judge the situation, not the person - Does this behaviour or situation reflect how things always are? - Are there examples where this label hasn't been true?
Overgeneralising	Be specific - Does this apply to all situations or am I overgeneralising? - What are the facts and what are my interpretations?
Disqualifying / Ignoring the Positives	Acknowledge the good - Am I downplaying or ignoring some of the evidence? - What are the good things in this situation?

### 3. CHANGE MY PERSPECTIVE

What other ways are there of viewing the situation?

If I was giving advice to someone I care about in this situation, what would I say?

If I want to act in a certain way, how would I have to think differently?

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# Cognitive Intervention Example

## Back to Gina

- When she is triggered by thoughts about her ex-partner what is the belief about herself?
  - “I am hopeless”
- What is the evidence for this belief?
  - He left me because I couldn’t get anything done. I’m depressed and didn’t do enough about it.
- What is the unhelpful thinking style here?
  - Personalisation? (can be more than one)
    - Ask the disputation questions associated with this to explore alternative interpretations:
      - “Well, it’s not entirely my fault I guess. I was trying to get help and he never wanted to do anything to help me with it. He was always so critical of me, it made it hard to feel like I could get better. Maybe he just wasn’t the right person for me.”

# Useful Websites

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[CCI - Mental Health Resources for Clinicians - Overview](#)

[Home | Head to Health](#)

[Adis QLD Homepage | ADIS \(health.qld.gov.au\)](#)

[Headspace National Youth Mental Health Foundation](#)

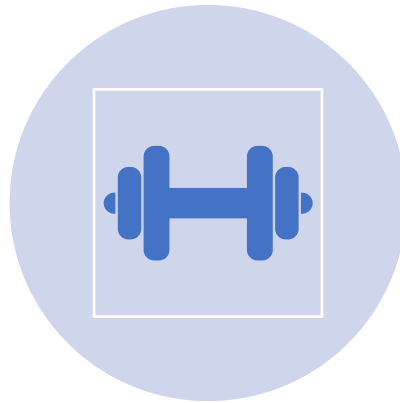
[Beyond Blue | 24/7 Support for Anxiety, Depression and Suicide Prevention](#)



# Useful Apps



[SMILING MIND](#)



[MOOD GYM](#)



[HOW TO FIND OTHERS?](#)

Questions?

