

General Practice Liaison Officer Program presents

Connecting The Dots

Navigating Mental Health in Primary Care



Managing acute distress in primary care

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BRISBANE NORTH
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 **Queensland Government**
Metro North Health

Borderline Personality Disorder



Shatter the Stigma

Metro North Mental Health

Managing Acute Distress for General Practitioners

A Case Study of JS

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Metro North
Health



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Recognition of Lived Experience

Metro North Mental Health recognises the lived and living experience of people living with mental illness, problematic alcohol, and other drug use, as well as those impacted by suicide and trauma, their families, carers, and support people. We respect and value their opinions and their input into service delivery and change.



Trigger Warning

- Today's presentation includes discussion of suicide and domestic violence

Case Study

- JS is a 19-year-old male
- Books appt requesting help with his mental health and substance use
- Becomes angry with reception staff in the waiting room due to long wait to see a GP.
 - The clinic admin attempt to manage this by explaining there was an urgent appointment for someone who had a broken arm that needed to be prioritised
- Comes into the appointment annoyed and combative
- When you attempt to explain the delay JS becomes visibly distressed crying
- Making comments about wanting to end his life "I just can't do it anymore", "I don't want to be here", "I just need it to all stop", "Nobody cares about me", "nobody is helping me"
- You observe fresh wounds on his arms consistent with NSSI/DSH (cutting), superficial in nature and healing

Case Study Continued

- When you ask what has been going on you elicit the following:
 - Traumatic background with a domestically violent father who was physically abusive in the home and a Mo who was emotionally unavailable due to the abuse she was suffering
 - Recent relationship breakdown with girlfriend
 - Using Cannabis and drinking
 - Unstable accommodation
 - Unemployed
 - A Hx of psychiatric admissions
 - On antidepressants
 - Notes from previous hospital admissions indicate Borderline Personality Disorder

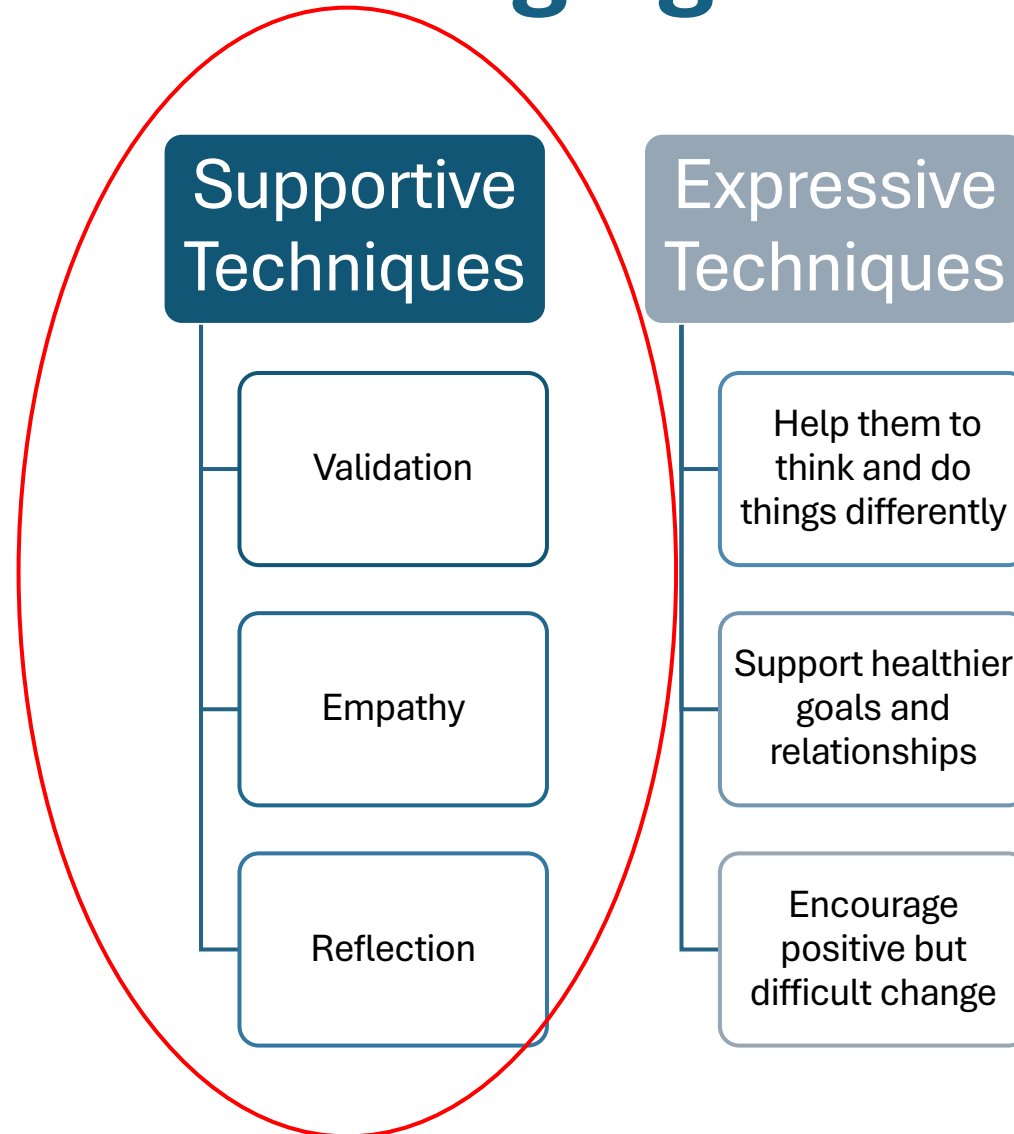
Can you identify the red flags or risks in this scenario?

What would you do?

Micro Skills of Managing Distressed People

- Active Listening (your body needs to be communicating I am listening)
 - Eye contact
 - Leaning in
 - Sit back from your computer, turn and face the person
 - Relaxed
 - Gentle nodding/minimal encouragers
 - Avoid overdoing it
- Reflection/Paraphrase
 - Repeating back a summary of what you heard in your own words "So when your girlfriend rejected you it felt like you had nothing left, Am I getting that right?"
 - Use sparingly
 - Seek clarification
 - Avoid labelling people's emotions or telling them how they feel.
- There is no right thing or magic statement you can say to someone who is really distressed; mostly it is about reflecting what you see and hear and being empathic
 - "I can see how hard this is for you to talk about"
 - "Thank you for sharing with me"
 - "I am sorry that happened to you"
- Be curious
- The person is the expert on their own life and their own experiences

Micro Skills of Managing Distressed People



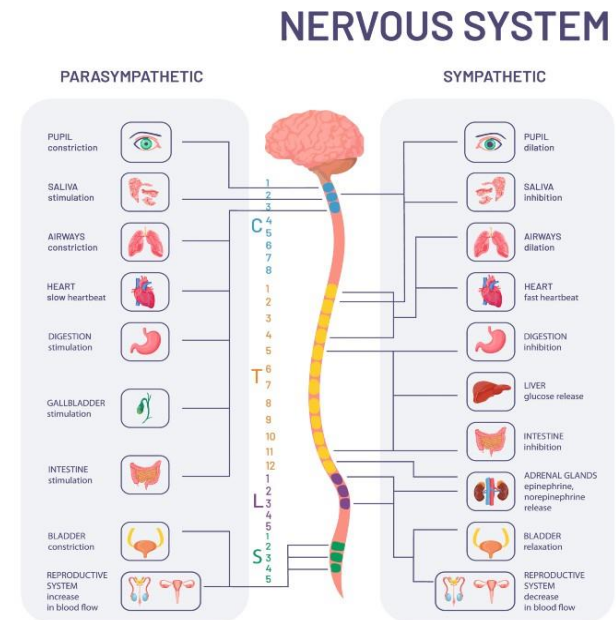
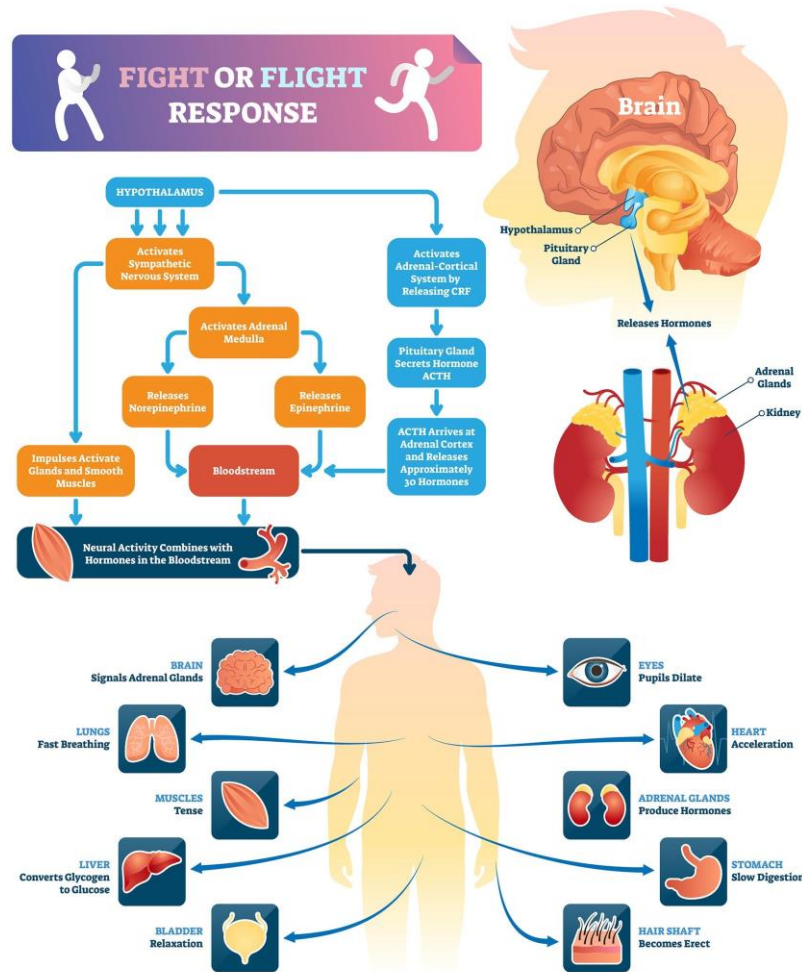
Validation and Empathy – Get out of problem-solving mode and into feeling

- [Brené Brown on Empathy](#)
- [Inside Out Sadness comforts Bing Bong](#)



- Empathy– Holding time and space to sit in someone's pain with them and be able to tolerate that.
- Validation - Seeing and recognising someone's pain and meaning that deeply.
- People typically know the solutions to their own problems and just need to be seen and heard before being gently guided to solutions.

The (very basic) Neuroscience of Distress



The (very basic) Neuroscience of Distress

When people are distressed (their sympathetic nervous system is activated) they are operating in the primitive emotion/amygdala/survival driven part of the brain. There is no capacity for problem solving or rational thinking here.

They need to calm their body to get their pre-frontal cortex back online to make clear, calm rational decisions and problem solve

So when someone is distressed we work in the body first always. Less talking less thinking. Calm the body.

The Hand Model of the Brain

What happens when we "flip our lid"

When our brain is working efficiently, both the upper and mid-brain are communicating effectively. Information comes in and is processed logically. Sometimes too much information is coming in for the upper brain to process and it disconnects. The "Flip out" and cut us from access to the functions controlled by the upper brain.



Quick skills to calm the body

- Abdominal Breathing/Box Breathing
 - Only ever done with the psychoeducation about the nervous system
 - Imagine being told to "just breath" when you are having the worst day of your life with no context
 - Breath comes from down in the belly
 - Outbreath always longer than the in breath
 - [Box Breathing Practice](#)
 - [take a deep breath](#)
- Dive Reflex
 - Place face in a bowl of ice cold water/ice packs and stick your head between your knees
 - [Mammalian Dive Reflex Demonstration](#)
- Grounding
 - 54321 - [The 5-4-3-2-1 Method: A Grounding Exercise to Manage Anxiety](#)
 - Dropping Anchor - [Dropping the Anchor](#)
- Mindfulness
 - Body Scan - [The Body Scanner! Mindfulness for Children](#)

Tips for working in your 15mins....

- Setting warm but firm boundaries:
 - Sign post for people that the appt is only 15mins but how can we use this time effectively
 - Giving choice (where possible)
 - Involve others (where possible) - do you have a practice nurse who could assist?
 - "Wow it seems like there is a lot going on for you right now, I can hear how difficult this all is for you. I am mindful that we only have 15minutes together today, what would be most helpful for you today?"
- Make a plan:
 - Make a follow-up and suggest a longer appt if necessary
 - "I really want to help you with this and understand better what is going on, could we make another appointment later in the week, perhaps a longer one so we have time to really talk about this".
- Escalate where you need to (e.g. crisis support lines or ED)
- You would be surprised what a small amount of containment can do for people