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# Improving Our Care of Patients with Depression and Anxiety

Webinar #1, June 25, 2019

Improving Our Care of Patients  
with Depression and Anxiety



World Organization of Family Doctors  
California Academy of Family Physicians  
Healthcare Performance Consulting

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Improving Our Care of Patients with Depression and Anxiety

# Objectives

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Using a case-based approach, our work today includes a discussion of suicide in your patients with mental health issues.

We will also review your in-community activities and answer any questions you might have about the project.

# Suicide Risk

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- **Harm to self**
- Harm to others
- Harm from others
- Self-neglect

# Suicide Risk

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## **Intent**

- thoughts

## **Plans**

- access to the means

## **Actions**

- current and/or past

## **Prevention**

- social network, services

# Are suicidal thoughts common?

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- At some time in their life, 13 percent of Australians have serious thoughts about taking their life.
- Thoughts are more common in women but men are four times more likely to die from suicide.
- Common in depression, bipolar disorder, schizophrenia, anxiety disorder, personality disorder, substance misuse, chronic pain.
- Often no previous history of mental health problems and is related to a crisis.

# Asking about suicide

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It is difficult to ask directly about suicide but we need to overcome our own fear and embarrassment or we can't help the patient.

Some ways of asking might be:

*Have you ever thought that life was not worth living?*

*Sometimes when people feel as badly as you do, they feel like they can't go on. Have you felt that way?*

*Feeling suicidal is common when people are seriously depressed. It's work talking about these thoughts and feelings because we can work together to get some help. Have you had thoughts like these?*

# For our discussion ...

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- Culture
- Language
- Stigma for your patient
- Your personal discomfort
- Knowledge of what to do next
- Fear you'll be putting the thought into your patient's head (PS: This is Not true.)



How would **YOU** ask?



Have you had thoughts of actually hurting yourself?

NO

YES

4 Screening Questions

1. Have you ever attempted to harm yourself in the past?

NO

YES

2. Have you thought about how you might actually hurt yourself?

NO

YES → [How? \_\_\_\_\_]

3. There's a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life some time over the next month?

a. Not at all likely \_\_\_\_\_

b. Somewhat likely \_\_\_\_\_

c. Very likely \_\_\_\_\_

4. Is there anything that would prevent or keep you from harming yourself?

NO

YES → [What? \_\_\_\_\_]

Risk Category	Shaded ("Risk") Response	
	Items 1 and 2	Items 3 and 4
Minimal	Neither is shaded	Neither is shaded
Lower	At least 1 item is shaded	Neither is shaded
Higher		At least 1 item is shaded

# Fatima

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*“I can remember particularly bad days. I would only take the day in 10 minute chunks because that was it. I couldn’t bear to think “oh I’ve got all day at home here not feeling like I can do anything, yet feeling bored and feeling bad about myself.”*

*And thinking all these negative thoughts all the time. Everything in my head was negative.*



# Fatima

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*So I couldn't touch anybody, I couldn't touch anything. And I know in my head I loved my husband and kids but I couldn't feel anything at all. My emotions were completely dead. And I was just very frightened. It was the most frightening, terribly frightening experience, and it looked like it was an unending one. I didn't know where it was going to go.*

*And I thought seriously then about suicide.*

# Fatima

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*And I think what stopped me was that I couldn't figure out ... I mean I'd worked out how I could kill myself. You know, I knew I'd got enough tablets of various sorts in the house for me to easily overdose. And if I did it just after the kids had gone to school, I would certainly been gone by the time they came.*

*But I didn't want them to find me, and I couldn't work out how to do it without them being the ones that would find me. That I didn't want to happen.*



# For discussion

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What is your assessment of Fatima's suicide risk?

- Minimal
- Lower
- Higher

# For discussion

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## What will you do now?

- Tell her to make contact in a week or two if she doesn't feel better
- Offer her a follow up appointment tomorrow
- Offer her a follow up appointment next week
- Refer her to a psychiatrist
- Arrange for immediate admission to psychiatric hospital

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# Your Part of the Project

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Improving Our Care of Patients with Depression and Anxiety

# Your Part in the Project

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- Faculty Training Session
- Webinar Participation
- Conducting Meetings in your Community



# Conducting Meetings in Your Community

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- Set up and conduct 2 training sessions with family medicine doctors in your community
  - Each meeting should have a minimum of 7 physicians
  - Can be independent or part of an already existing meeting
- Submit paperwork
  - Meeting completion Form
  - Participant evaluations
- Post meeting information/ questions to the website

# Compensation

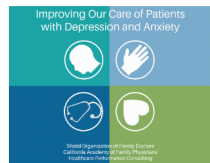
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- \$250 USD Honorarium per meeting
- Meeting expenses up to \$125 USD

All payable with submission of paperwork

- Meeting completion form
- Participant evaluations

# Requirements



## Improving Our Care of Patients with Depression and Mental Health

### Regional Workshop Evaluation

Name: \_\_\_\_\_

Please indicate the extent to which you agree with the following statements.

	Strongly Disagree...	...	Strongly Agree
The content was appropriate to my practice.	1	2	3 4 5
This activity will make me more effective in my practice.	1	2	3 4 5
The activity was free of commercial bias.	Yes	No	

If no, please explain \_\_\_\_\_

Please circle the best response to the following questions.

- Which of the following is a core symptom of depression?
  - Lack of realization that one is having mental health problems.
  - Loss of enjoyment in activities that are normally pleasurable.
  - Fatigue, sleepiness and abnormal behaviour after having a seizure.
  - Using alcohol or other substances.
- With which of the following does anxiety often present?
  - Multiple persistent physical symptoms with no clear cause.
  - Delusions and hallucinations.
  - Confusion and disorientation.
  - Increased sleep and reduced activity.
- Which of the following cluster of symptoms best describes what can occur in depression?
  - Elevated mood, decreased need for sleep, increased activity, loss of normal social inhibitions.
  - Delusions, hearing voices, disorganized thinking, showing signs of neglect.
  - Poor appetite, feeling worthless and guilty, having suicidal thoughts.
  - Severe forgetfulness and disorientation to place and time, behavioural problems.



## Improving Our Care of Patients with Depression and Mental Health

### Meeting Completion Form

Location and description of training session: \_\_\_\_\_

Total number of attendees: \_\_\_\_\_ Number of physician attendees: \_\_\_\_\_

### Meeting Summary

How did the meeting go?

What questions were asked?

What would you do differently for future programs?

### Expenses

\$250 U.S. Dollars Honorarium Requested: Yes No

Amount of meeting costs requested (up to \$125 U.S. dollars): \_\_\_\_\_ (A copy of all receipts >\$25 must be attached)

Faculty Name: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Both forms are available for download on the portal.

# Assistance

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Please contact Chris Larrison via email for any questions you might have about conducting these sessions.

[Larrison@changingperformance.com](mailto:Larrison@changingperformance.com)

Thank You!

# Contacts

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## WONCA Master Faculty

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