

The Role of General Practice in the Management of Student Mental Health

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Bodey Medical Centre

- 16,000 patients
- Approx 1/3 students
- 10 GPs + trainees
- 4 Practice Nurses + 2 Health Care Assistants
- General Medical Services
- Additional Services – Sexual Health / Travel



Patient Encounters

- Routine Appointments – 48 hr
- ‘Open Access’ Emergency appointments
- Not a walk-in centre, but will see people in distress
- Encounters with other health care professionals
- Telephone messages

Assessment of Mental Health Problems

- Patient presents with low mood, anxiety, stress, abnormal thoughts
- **Or**, physical symptoms resulting from mental health problems – sleep problems, tiredness, pain, abdominal symptoms
- **History** – duration, triggers, severity, impact, previous episodes, relationships, drugs & alcohol
- Self Harm / Suicide risk
- **ICE** – Ideas. Concerns. Expectations
- Observation – appearance, dress, speech, behaviour

PHQ 9 Assessment

- 9 item depression scoring tool based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).
- Assessment of severity
- Useful to monitor progress
- QOF requirement – at initial presentation and at 6 weeks
- Has limitations. Only a tool.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: _____ + _____ + _____

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: _____

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. PHQ-9 Copyright © 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD™ and PRIME MD TODAY™ are trademarks of Pfizer Inc.

Management

- Shared management plan
- Signposting
- Self-Help Material
- Watch and wait policy
- Referral
- Anti-depressants
- Additional support – letters etc

Antidepressants

- Typically Selective Serotonin Reuptake Inhibitors (SSRI)
- Citalopram / Fluoxetine (Prozac)
- ?Sertraline for anxiety (NICE)
- 4-6 weeks to achieve response
- Side effects- sleep disturbance, gastrointestinal s/e, increased anxiety
- Paradoxical worsening of mood
- !Suicide risk in <18 yo
- Typically commence 7-14 days only

Referral Options

- SCS
- Primary Care Mental Health Team (PCMHT)
- Zion Centre (self help service)
- Community Mental Health Team (CMHT)
- Early Intervention Team
- Others – 42nd Street / Face 2 Face etc / SAFE
- CRISIS team / Accident & Emergency

In Event of Emergency or Concerns

- Contact us – phone / fax
- Try and contact Student's usual doctor
- On-call doctor every weekday
- Can be seen in open-access clinic
- ?Access Crisis Team directly
- Confidentiality
- We will assess / modify treatment / refer

Challenges to General Practice

- Transient population
- Appointment availability
- Time
- Over-burdened services
- Availability of services / nomenclature
- Crisis options
- Communication

Any Questions?