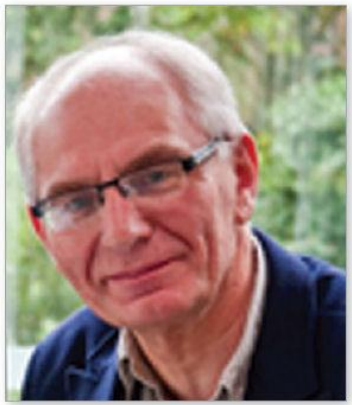


Professor Tony Dowell

Professor of Primary Health Care and General Practice

University of Otago

Wellington

RN Anna Elders

Clinical Lead

Just A Thought

Nurse Practitioner/Cognitive Behavioural Therapist

Friday, August 09, 2019 (Room 8)

16:30 - 17:25 WS #50: Common Mental Health Problems: Tools and Resources for the GP Consultation

17:35 - 18:30 WS #60: Common Mental Health Problems: Tools and Resources for the GP Consultation (Repeated)

Common Mental Health Problems: Tools and Resources for the GP Consultation

Tony Dowell
Department of Primary Health Care and General Practice
University of Otago – Wellington – New Zealand

Anna Elders

just a thought
your mind, your way

Today

- Current trends in mental health
- Importance of the life course
- Diagnosis and therapy options
- Digital
- Stigma

The mental health consultation

Primary care mental health

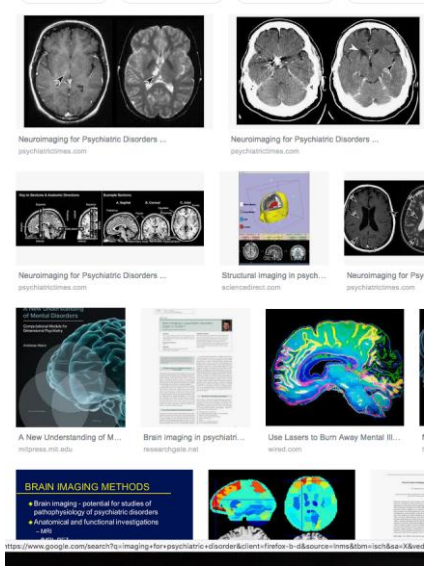
Nataly is 34 and has been on antidepressants for 10 years. Her previous doctor started them because she was having ‘panic attacks’ and depression over a bad relationship. She says that her current dose of 20 mg Fluoxetine isn’t working any more, she is becoming more depressed, she doesn’t like talking about problems and she is thinking of having a baby with her new boyfriend.

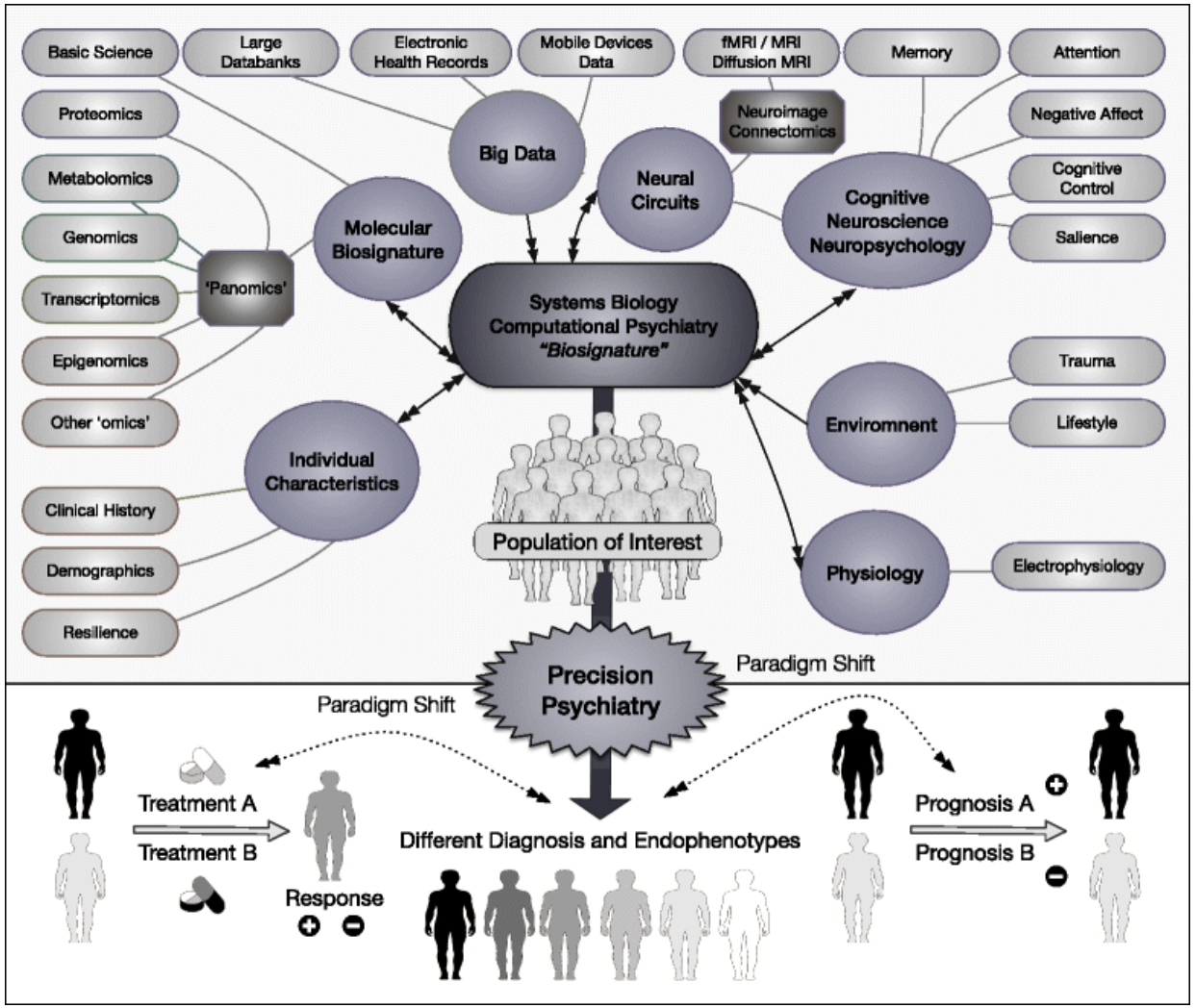
Mental health 2019

- Unclear about aetiology / causation
- Or neuroanatomy
- Or psycho-neuro-immunology
- Or diagnosis
- Or primary / secondary care alignment and activity
- Or societal viewpoints

- New theories
- New genomics
- New drugs
- New imaging

Precision psychiatry





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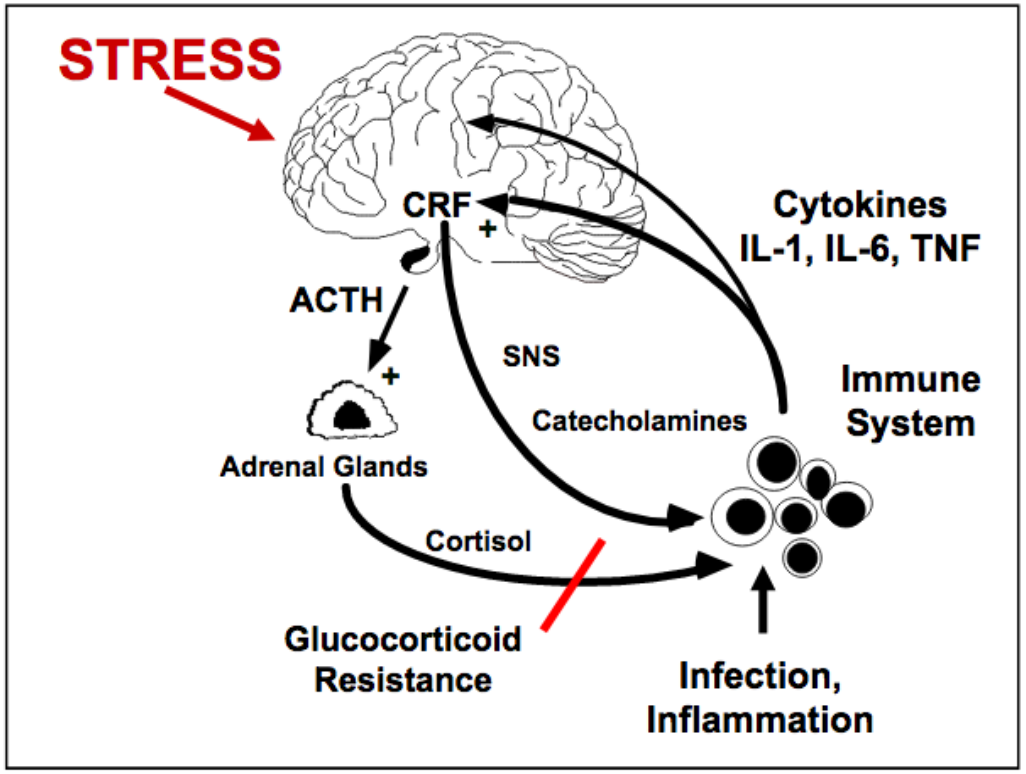
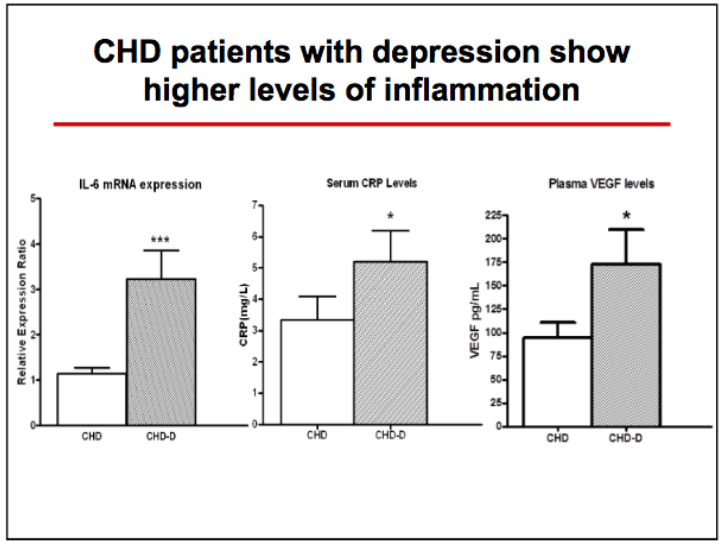
New theories ?



- Inflammation and mental health
- Therapy trials of anti-inflammatories

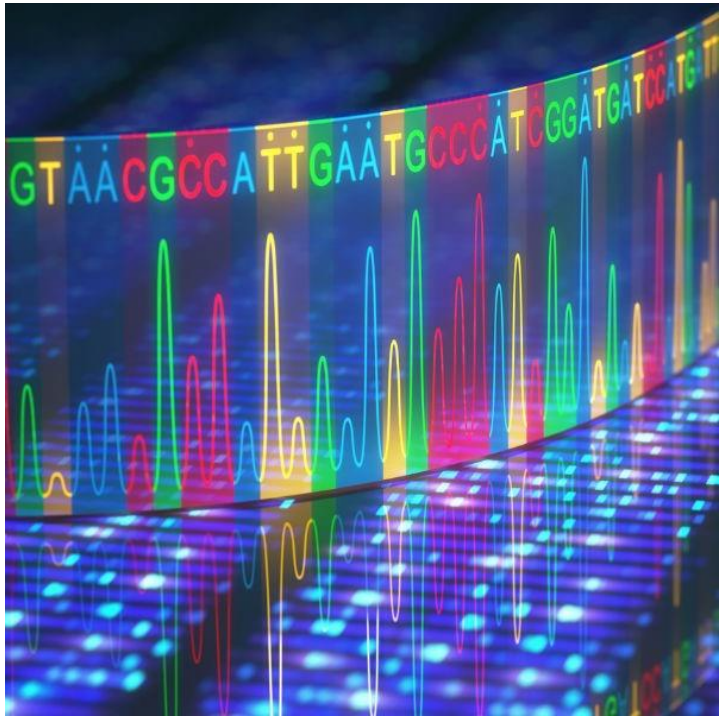


Pariante CM, Lightman SL. The HPA axis in major depression: classical theories and new developments. Trends in neurosciences. 2008 Sep 1;31(9):464-8.
Köhler O, Benros ME, Nordentoft M, Farkouh ME, Iyengar RL, Mors O, Krogh J. Effect of anti-inflammatory treatment on depression, depressive symptoms, and adverse effects: a systematic review and meta-analysis of randomized clinical trials. JAMA psychiatry. 2014 Dec 1;71(12):1381-91.

Genomics

Substantial familial aggregation for all major psychiatric disorders

- Depression, schizophrenia, bipolar disorder, and alcohol dependence,
- Panic disorder, ADHD, drug abuse, autism, and obsessive–compulsive disorders



Smoller JW, Andreassen OA, Edenberg HJ, Faraone SV, Glatt SJ, Kendler KS. Psychiatric genetics and the structure of psychopathology. Molecular psychiatry. 2019 Mar;24(3):409.
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Mental health at a cross roads

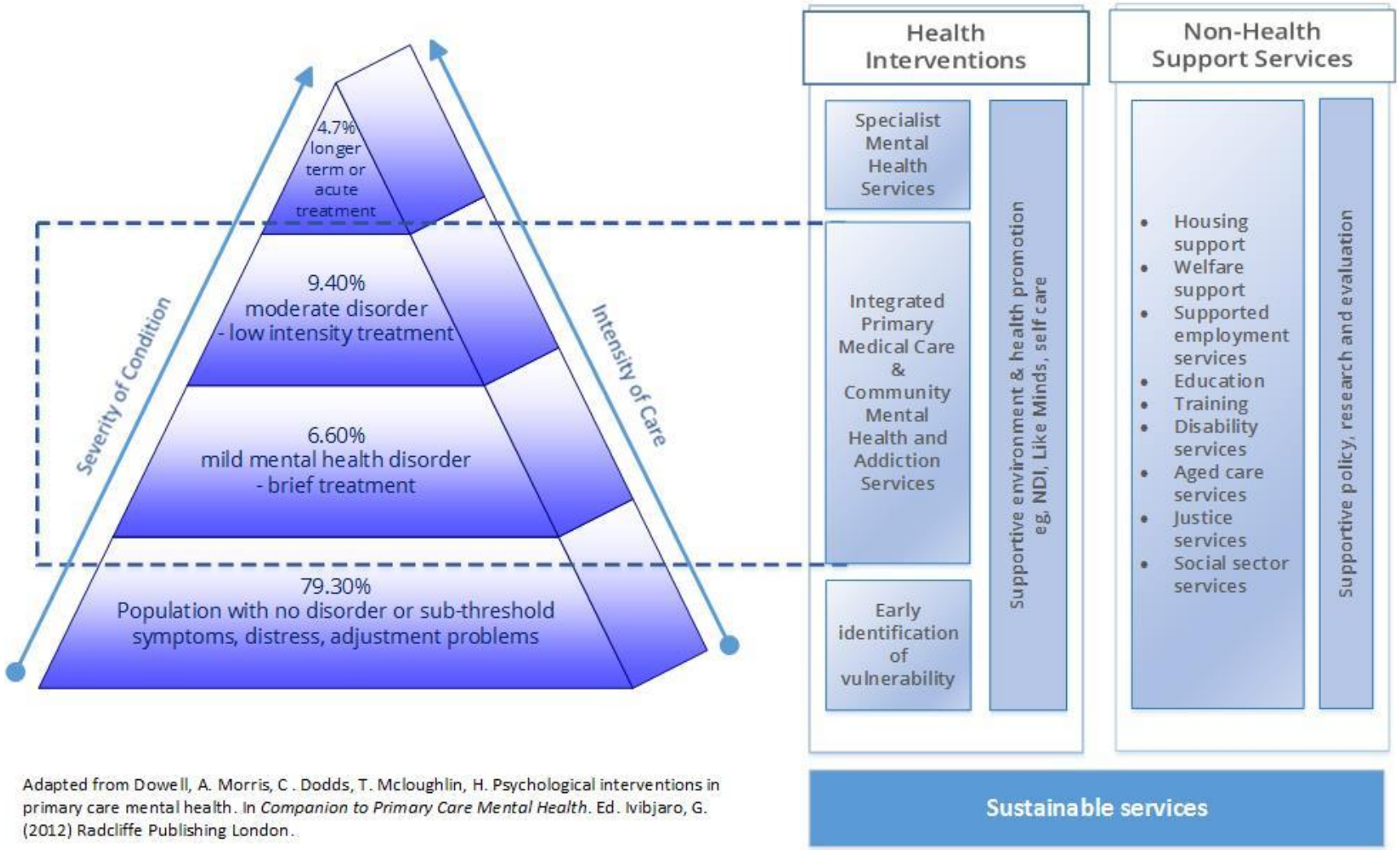
- Drug therapy options – limited advances
- Genomics and epigenetics – still to come

- Split between Psychiatry and Psychology

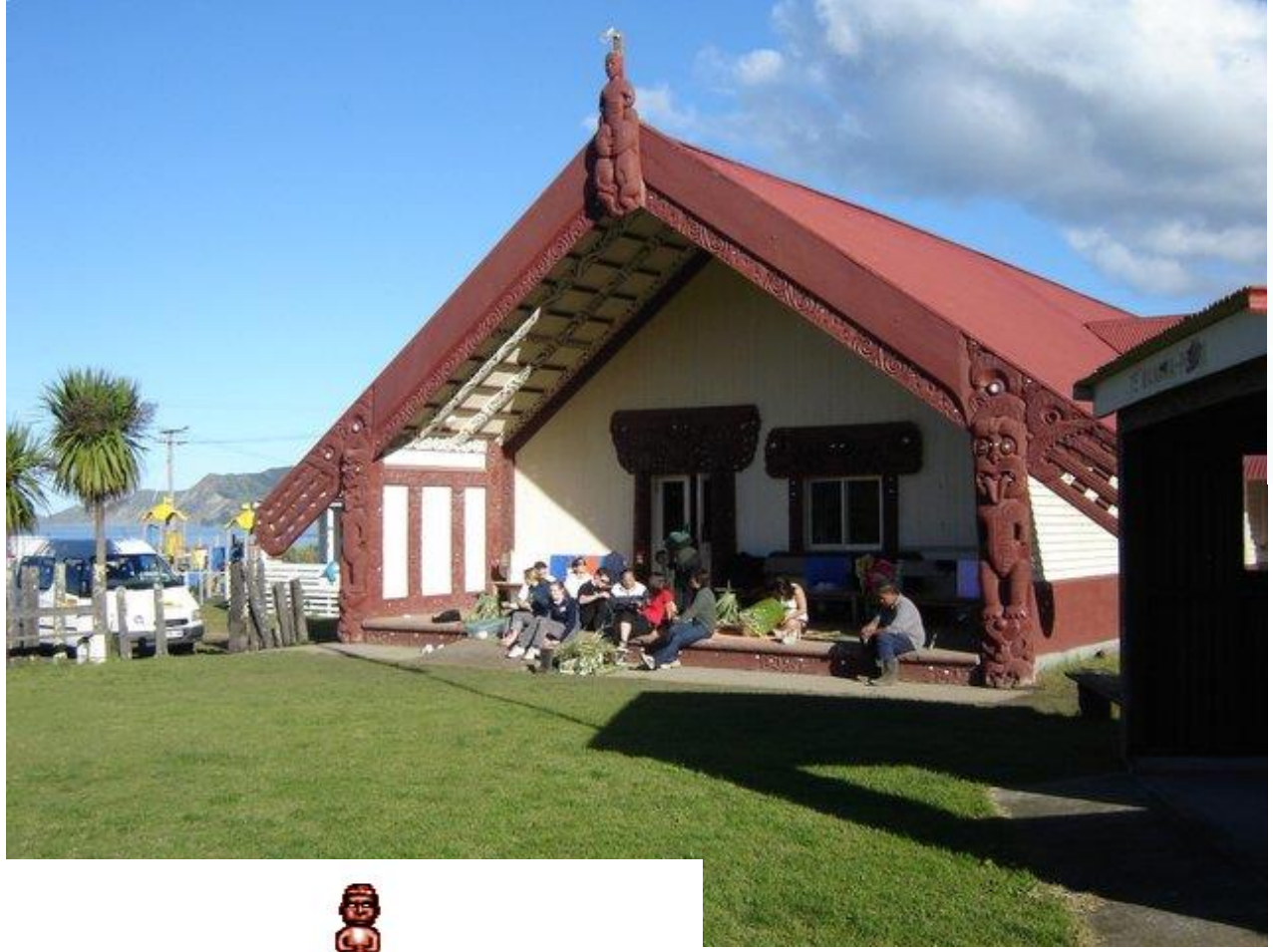
However ……
Tasks and Tools for next Monday

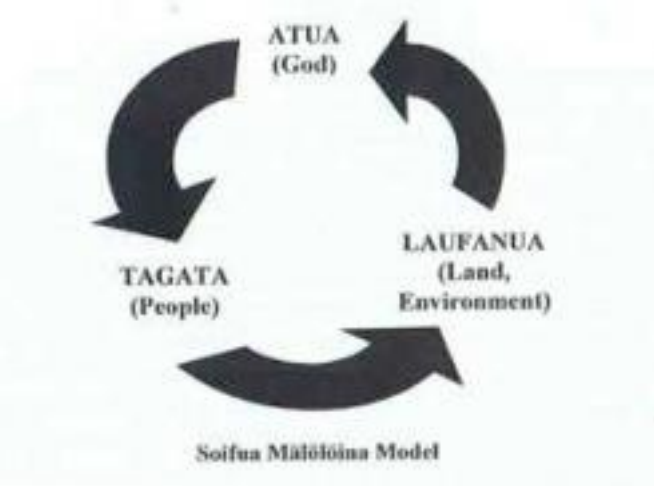
Reality Check

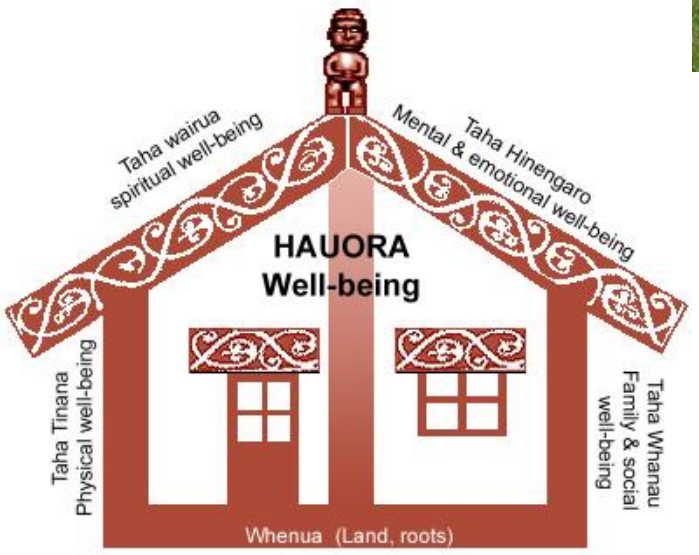
Conceptual model – stepped care



Adapted from Dowell, A. Morris, C . Dodds, T. Mcloughlin, H. Psychological interventions in primary care mental health. In *Companion to Primary Care Mental Health*. Ed. Ivibjaro, G. (2012) Radcliffe Publishing London.







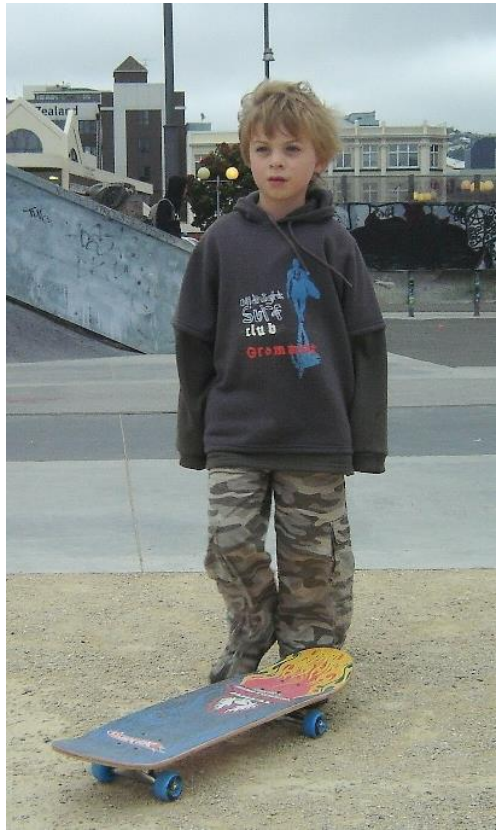
Cultural responsiveness

The importance of the life course

Mood disorder in Pregnancy 10 – 15%

Post natal disorder 20 %

Any disorder pre-adolescence = 18%



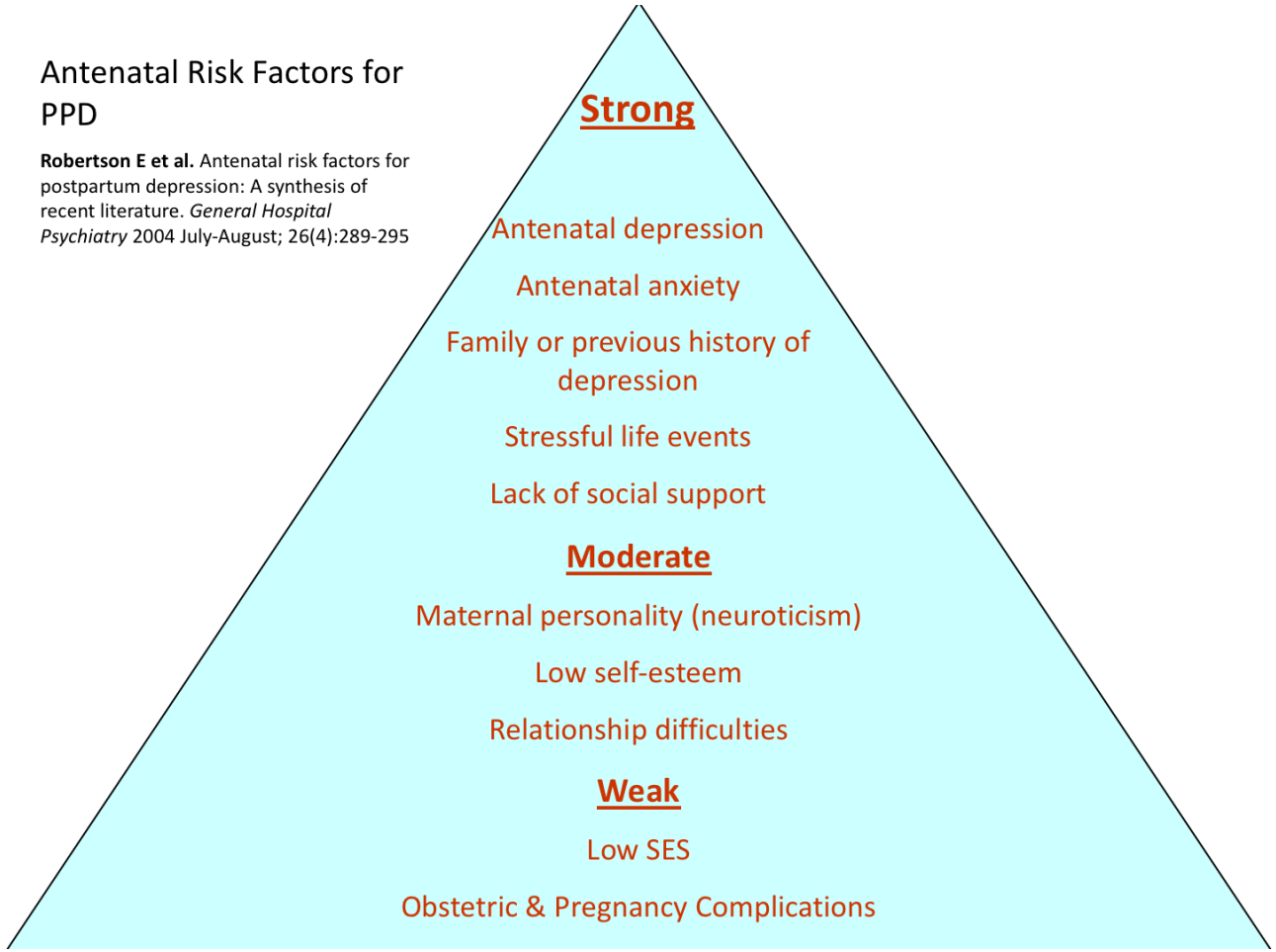
Any disorder – Late adolescence = 42%

Maternal Mental health disorders

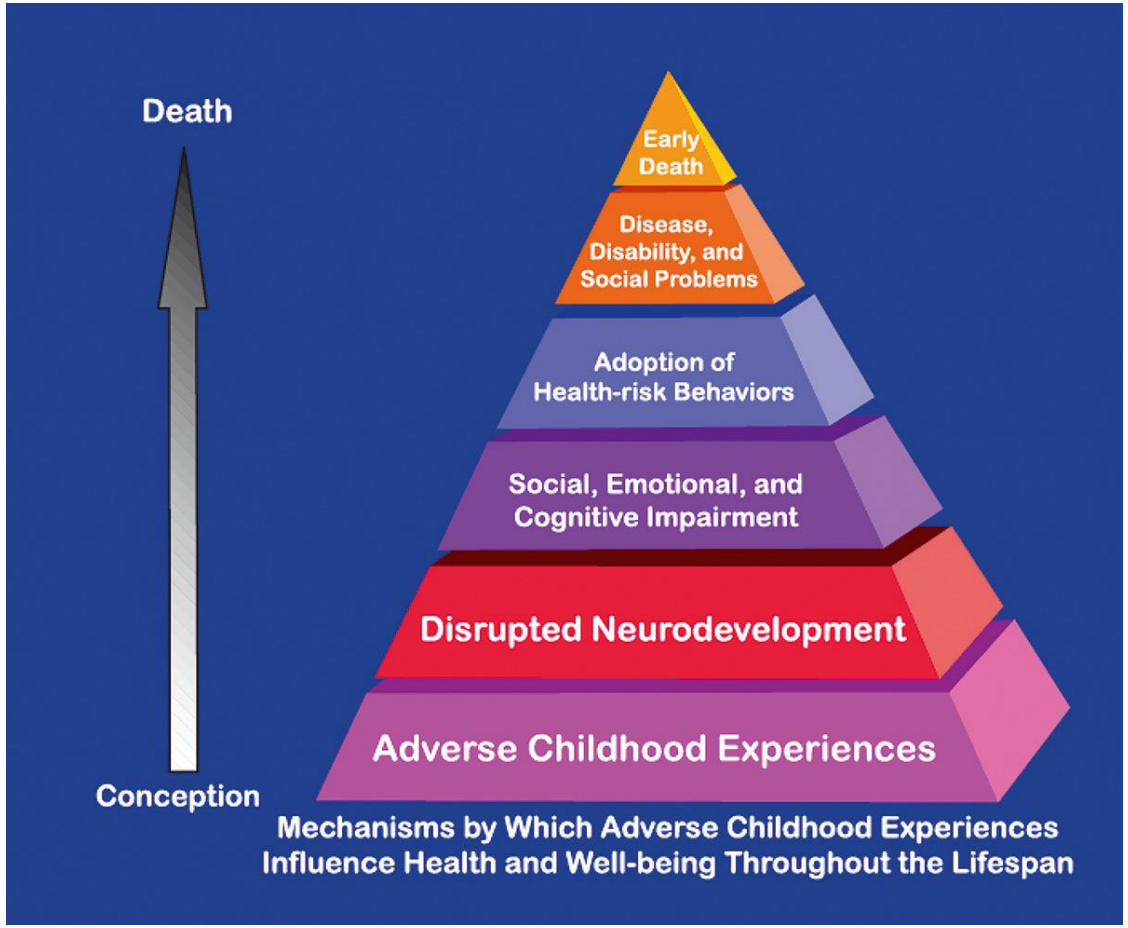
- Characteristics of most mental disorders are similar in pregnancy and the postnatal period to those experienced at other times.
- Women experience anxiety and depression *during* pregnancy at the same rate as postpartum 10-15% (Heron et al.,2004) .
- Postnatal depression is inadequately recognised and treated in New Zealand
- Recognise ante-natal risk factors for PND

Antenatal Risk Factors for PPD

Robertson E et al. Antenatal risk factors for postpartum depression: A synthesis of recent literature. *General Hospital Psychiatry* 2004 July-August; 26(4):289-295



Adverse Childhood Experience (ACE)



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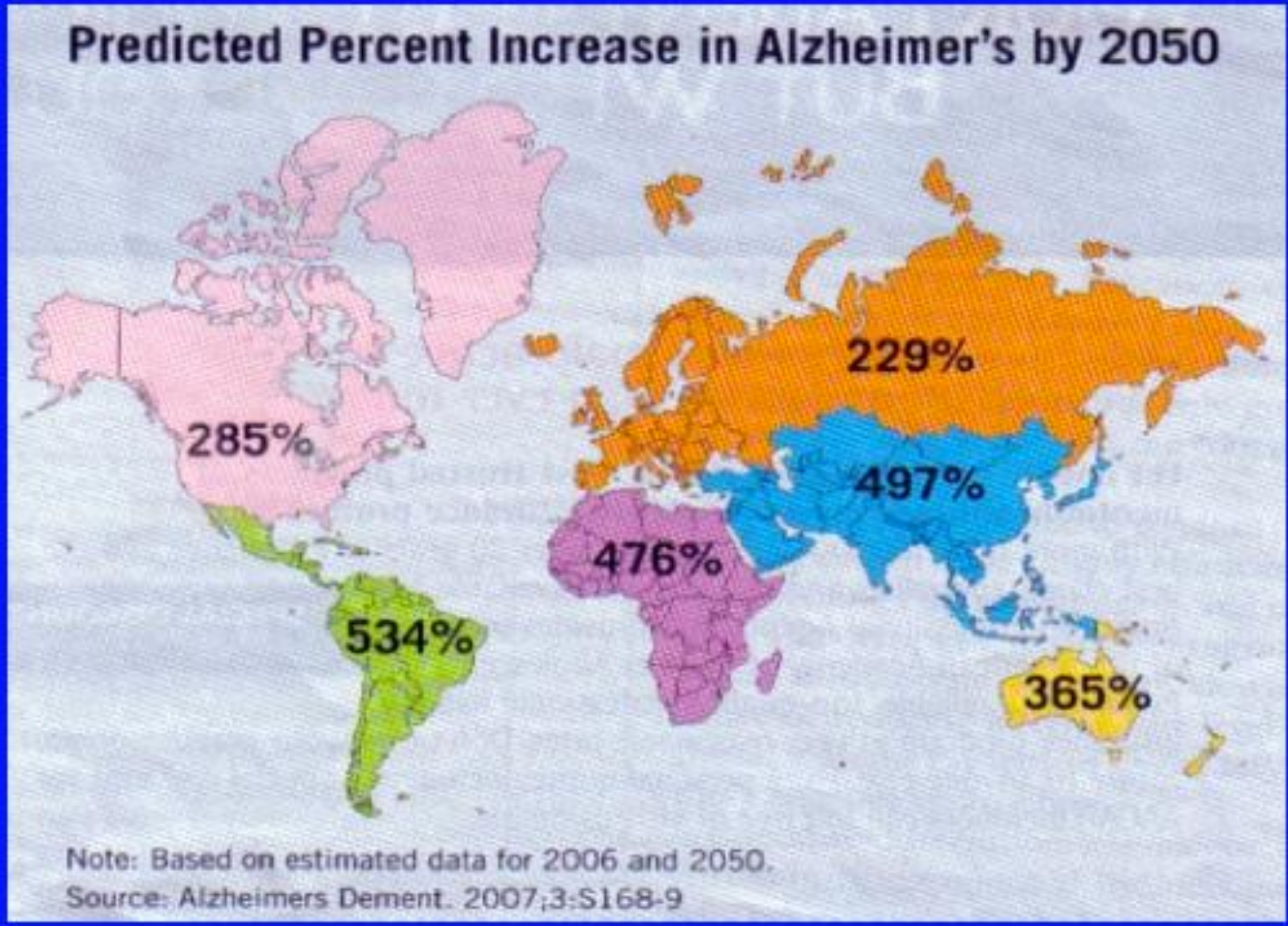
Assessing young children - HEARTS

- Home: conduct, general behaviour, ‘manageability’
- Education : behaviour / progress
- Activities : attention span, ability to finish tasks, friendships.
- Relationships with peers / parents: any changes in the family
- Temper : mood
- Size: weight gain , appetite
- Get information from both child and adult

Adolescent health

Assess with HEADDSS

- The growing brain is vulnerable
- Alcohol is bad news for the growing brain
- Cannabis is bad news for the growing brain
- Risk taking is bad news ……


Predicted Percent Increase in Alzheimer's by 2050
285%
534%
476%
229%
497%
365%
Note: Based on estimated data for 2006 and 2050.
Source: Alzheimers Dement. 2007;3:S168-9

To Diagnose ?
And if so for what ?

- Anxious Depression
- FSUCLS
  - Feeling screwed up ‘cos life sucks
- Substance use
- Bodily stress

Appropriate diagnoses for Primary Care

- International Classification of Disease ICD-11.
- Two ‘new ’ disorders - 2019-20
- Anxious Depression
- Bodily Stress Syndrome

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research paper

Screening for anxiety, depression, and anxious depression in primary care: A field study for ICD-11 PHC

David P. Goldberg[a,*], Geoffrey M. Reed[b,c], Rebeca Robles[d], Fareed Minhas[e], Bushra Razzaque[e], Sandra Fortes[f], Jair de Jesus Mari[g], Tai Pong Lam[h], José Ángel García[d], Linda Gask[i], Anthony C. Dowell[j], Marianne Rosendal[k], Joseph K. Mbatia[l], Shekhar Saxena[b]

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Family Practice Advance Access published July 28, 2012

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doi:10.1093/fampra/cms037

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Proposed new diagnoses of anxious depression and bodily stress syndrome in ICD-11-PHC: an international focus group study

T P Lam[a,*], D P Goldberg[b], A C Dowell[c], S Fortes[d], J K Mbatia[e], F A Minhas[f] and M S Klinkman[g]

[a]Department of Family Medicine and Primary Care, The University of Hong Kong, Hong Kong, [b]Institute of Psychiatry, King's College, London, UK, [c]Department of Primary Health Care and General Practice, University of Otago, Wellington, New Zealand, [d]School of Medical Science, Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil, [e]NCD, Mental Health & Substance Abuse Section, Ministry of Health and Social Welfare, Dar es Salaam, Tanzania, [f]Institute of Psychiatry, Rawalpindi General Hospital, Rawalpindi, Pakistan and [g]Department of Family Medicine, University of Michigan, MI, USA.
*Correspondence to Tai Pong Lam, 3/F, Ap Lei Chau Clinic, 161 Main Street, Ap Lei Chau, Hong Kong; E-mail: tplam@hku.hk
Received 22 February 2012; Revised 2 May 2012; Accepted 17 May 2012

Background. The World Health Organization is revising the primary care classification of mental and behavioural disorders for the International Classification of Diseases (ICD-11-Primary Health Care (PHC)) aiming to reduce the disease burden associated with mental disorders among member countries.

Objective. To explore the opinions of primary care professionals on proposed new diagnostic entities in draft ICD-11-PHC, namely anxious depression and bodily stress syndrome (BSS).

Methods. Qualitative study with focus groups of primary health-care workers, using standard interview schedule after draft ICD-11-PHC criteria for each proposed entity was introduced to the participants.

Family Practice, 2017, 1–7
doi:10.1093/fampra/cmx033

Health Service Research

Primary care physicians' use of the proposed classification of common mental disorders for ICD-11

David P Goldberg[a,*], Tai-Pong Lam[b], Fareed Minhas[c], Bushra Razzaque[c], Rebeca Robles[d], Julio Bobes[e], Celso Iglesias[e], Sandra Fortes[f], Jair de Jesus Mari[g], Linda Gask[h], José Ángel García[d], Anthony C Dowell[i], Marianne Rosendal[j] and Geoffrey M Reed[k,l]

[a]Institute of Psychiatry, King's College, London, United Kingdom, [b]University of Hong Kong, Hong Kong, People's Republic of China, [c]Institute of Psychiatry, Rawalpindi, Pakistan, [d]National Institute of Psychiatry 'Ramón de la Fuente Muñiz', Mexico City, Mexico, [e]University of Oviedo, Oviedo, Spain, [f]Rio de Janeiro State University, Rio de Janeiro, Brazil, [g]Federal University of São Paulo, Sao Paulo, Brazil, [h]University of Manchester, Manchester, UK, [i]University of Otago, Wellington, New Zealand, [j]Research Unit for General Practice, University of Southern Denmark, Denmark, [k]World Health Organization, Geneva, Switzerland and [l]Global Mental Health Program, Columbia University Medical Center, New York, USA.

*Correspondence to David P Goldberg, Institute of Psychiatry, King's College, London, 7 Woodhall Drive, London SE21 7HJ, UK; E-mail: davidpgoldberg@yahoo.com

Abstract

Background. The World Health Organization is revising the classification of common mental

Journal of Psychosomatic Research 91 (2016) 49–54

Contents lists available at ScienceDirect

Journal of Psychosomatic Research

Multiple somatic symptoms in primary care: A field study for ICD-11 PHC, WHO's revised classification of mental disorders in primary care settings

David P. Goldberg, D.M. [a,*], Geoffrey M. Reed, Ph.D. [b,c], Rebeca Robles, Ph.D. [d], Julio Bobes, M.D. [e], Celso Iglesias, M.D. [e], Sandra Fortes, M.D. [f], Jair de Jesus Mari, M.D. [g], Tai-Pong Lam, M.D. [h], Fareed Minhas, M.D. [i], Bushra Razzaque, M.D. [i], José Ángel Garcia, M.Sc. [d], Marianne Rosendal, M.D. [j], C. Anthony Dowell, Linda Gask, M.D. [i], Joseph K. Mbatia, M.D. [m], Shekhar Saxena, M.D. [b]

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[d] National Institute of Psychiatry 'Ramón de la Fuente Muñiz', Mexico, DF, Mexico
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[l] University of Manchester, Manchester, United Kingdom
[m] Sebastian Kolowa Memorial University, Lushoto, Tanzania

ARTICLE INFO

Article history:

ABSTRACT

Objective: A World Health Organization (WHO) field study conducted in five countries assessed proposals for

Anxious depression

3 anxious and 3 depressive symptoms - **two weeks**:

"*Anxiety symptoms*" :

Feeling nervous, anxious or on edge
Not been able to control worrying

"*Depression symptoms*":

Persistent low mood
Markedly diminished interest or pleasure

Anxiety symptoms as important as Depression

Bodily Stress Syndromes

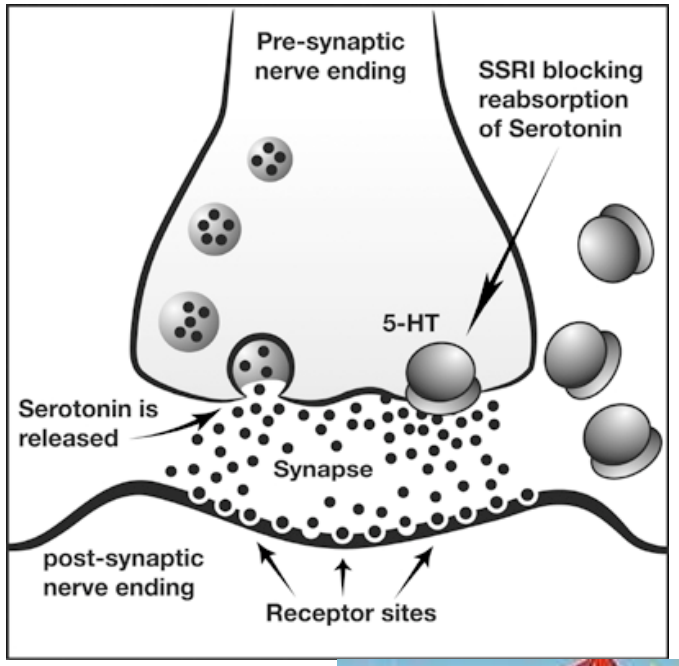
- Patients suffer from various physical symptoms of bodily distress.
- Positive diagnosis
- Not one of exclusion

- Gastroenterology – IBS, Non ulcer dyspepsia
- Rheumatology – Fibromyalgia
- Cardiology – Non cardiac chest pain
- Respiratory – hyperventilation
- Dental - TMJ syndrome
- Neurology – ‘ headache’
- Gynaecology – chronic pelvic pain
- Psychiatry – somatiform disorders
- Chronic fatigue Syndrome

Management – Bodily Stress syndrome

- Appropriate explanation reassurance
  - Autonomic hyper-arousal
- Avoid iatrogenic over-thinking and investigation
- Psychological approaches
  - CBT variants / Lifestyle

Treatment options



Drug or talking therapy

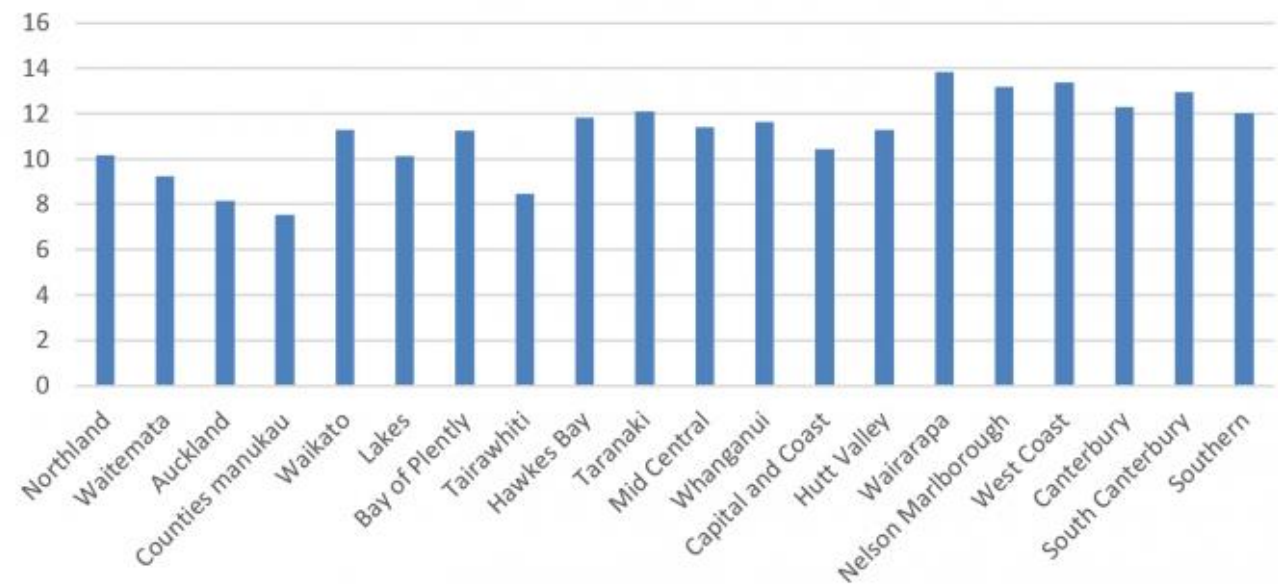
- 11 randomized controlled trials compared a second generation antidepressant and CBT
- No statistically significant difference in effectiveness
- Response (risk ratio 0.91,- 0.77 to 1.07),
- Remission (0.98,- 0.73 to 1.32)

- Amick HR, Gartlehner G, Gaynes BN, Forneris C, Asher GN, Morgan LC, Coker-Schwimmer E, Boland E, Lux LJ, Gaylord S, Bann C. Comparative benefits and harms of second generation antidepressants and cognitive behavioral therapies in initial treatment of major depressive disorder: systematic review and meta-analysis. BMJ. 2015 Dec 8;351:h6019.

Variations in SSRI prescribing

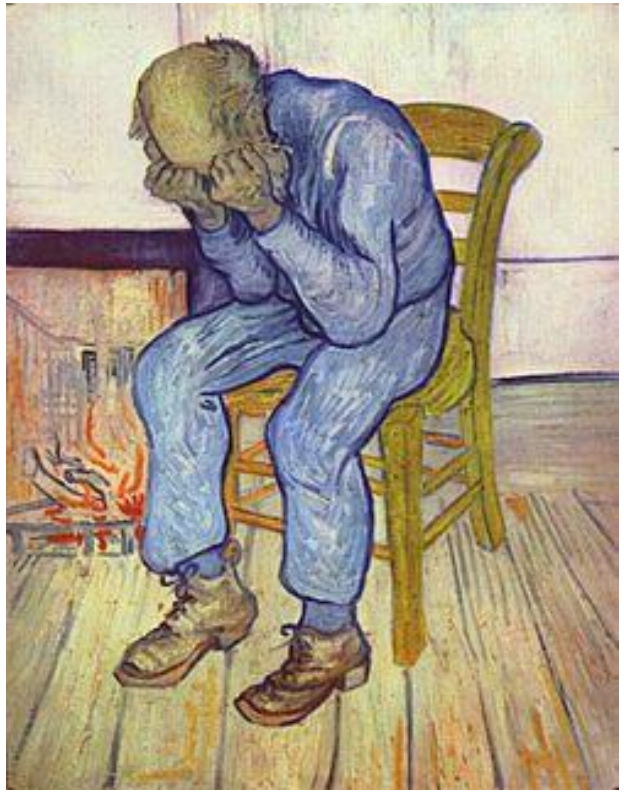
- 12.6% of all New Zealanders prescribed an antidepressant
- Two fold variation

Figure 4: Antidepressant use by DHB in 2015.



Wilkinson S, Mulder RT. Antidepressant prescribing in New Zealand between 2008 and 2015. The New Zealand Medical Journal (Online). 2018 Nov 9;131(1485):52-9.

Are antidepressants effective ?



Latest review 2018

- 522 trials of 21 antidepressants
- 116 477 participants
- Differing interpretations
- OR. 1.66 for response. (50%↓ HAM-D)
- OR 1.56 for remission
- **BUT** 40% likely 'natural resolution' / 'placebo' response
- NNT ? 10

Cipriani A, Furukawa TA, Salanti G, etal . Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis. Lancet 2018:S0140-6736(17)32802-7.
Turner EH, Matthews AM, Linardatos E, Tell RA, Rosenthal R (January 2008). "Selective publication of antidepressant trials and its influence on apparent efficacy". *The New England Journal of Medicine* **358** (3): 252–60. doi:10.1056/NEJMsa065779

Is one better than another ?

- Not very often
- Side effects likely to be more effective than effects in determining choice
- And not without discussion in adolescence
- Can use in pregnancy if warranted

https://3d.healthpathways.org.nz

Medication choice – co-existing conditions and side effects

Concern	Avoid	Recommend
Weight gain	Citalopram, escitalopram, paroxetine, mirtazapine, venlafaxine, atypical antipsychotics and valproate	SSRI e.g., Sertraline
Insomnia (recommendations are not evidence based)	Fluoxetine, Sertraline and venlafaxine	Paroxetine is the most sedating of the SSRIs. Consider mirtazapine.
Frail or elderly patient	Avoid TCAs, tetracyclics and atypical antipsychotics.	Low dose SSRI
Medical illness		Lowest protein binding SSRI e.g., escitalopram, venlafaxine.
Renal impairment	Lithium	Low doses of recommendations for medical illness (above)
Diabetes	Atypical antipsychotics, tricyclics, MAOIs, paroxetine, mirtazapine	Use recommendations for Medical Illness
Psychomotor retardation	Paroxetine	Fluoxetine, sertraline or venlafaxine.
Chronic pain		Use SSRI but avoid concomitant tramadol. Consider using low dose tricyclic if no contraindications and low risk patient.
Sexual dysfunction	All SSRIs are prone to causing sexual dysfunction.	Mirtazapine, moclobemide
Patient is taking tamoxifen	Fluoxetine and Paroxetine which inhibit CYP2D6	Venlafaxine, citalopram, escitalopram

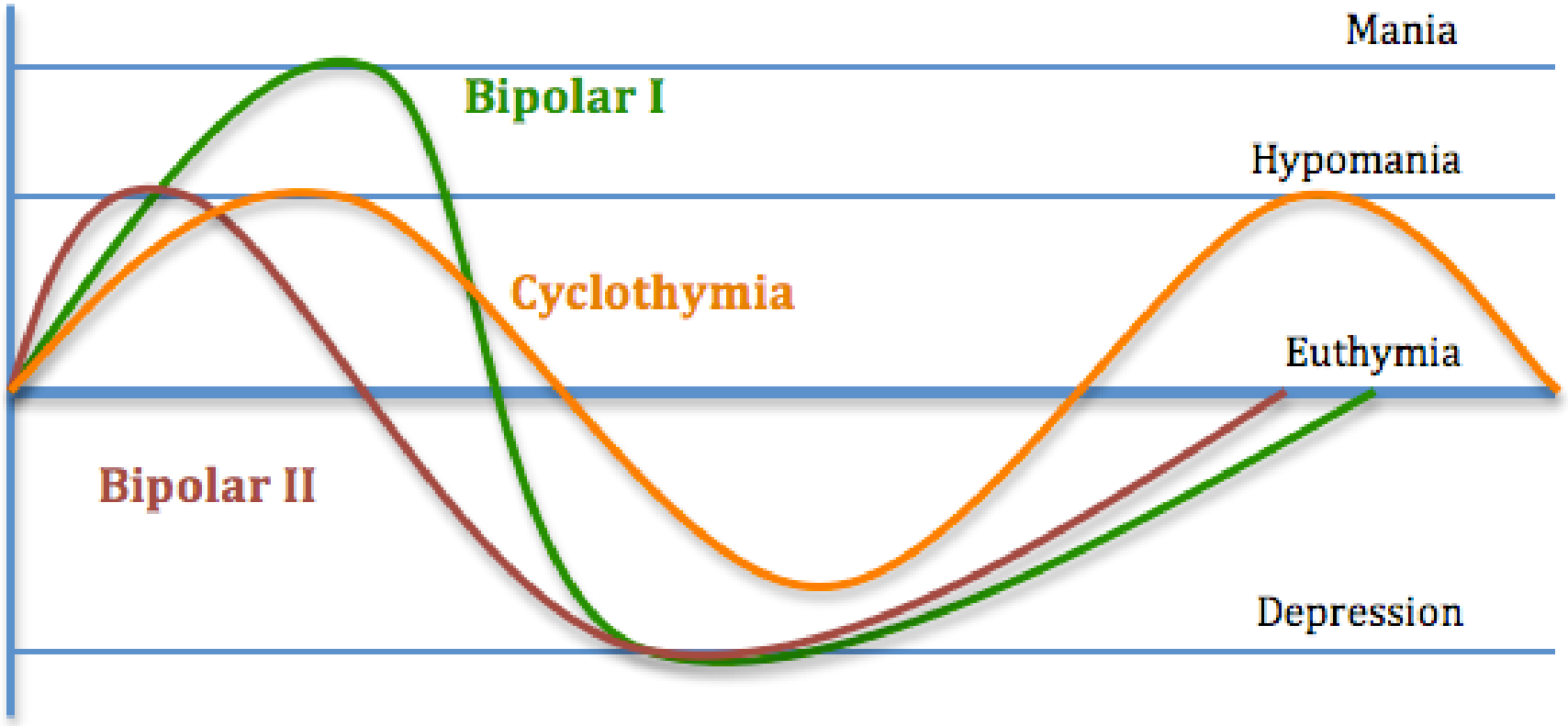
Coming off SSRI's

- Yes –we can

- RCT of continuing or tapering off Fluoxetine to prevent recurrence
- **For every 17 patients taking maintenance antidepressant medication only 1 was unable to discontinue successfully**
- At 18 months 47% of the taper group and 4% of the continuation group were no longer taking antidepressants

Mangin D; Dowson C; Mulder M; Wells E; Toop L; Dowell A; Arroll B . NAPCRAG 2015

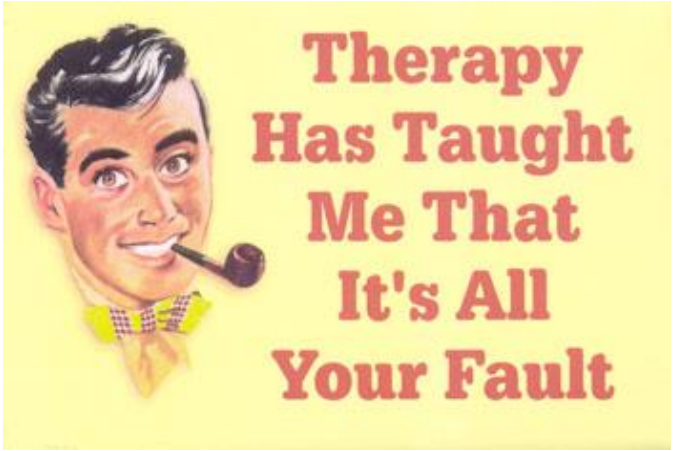
Bipolarity

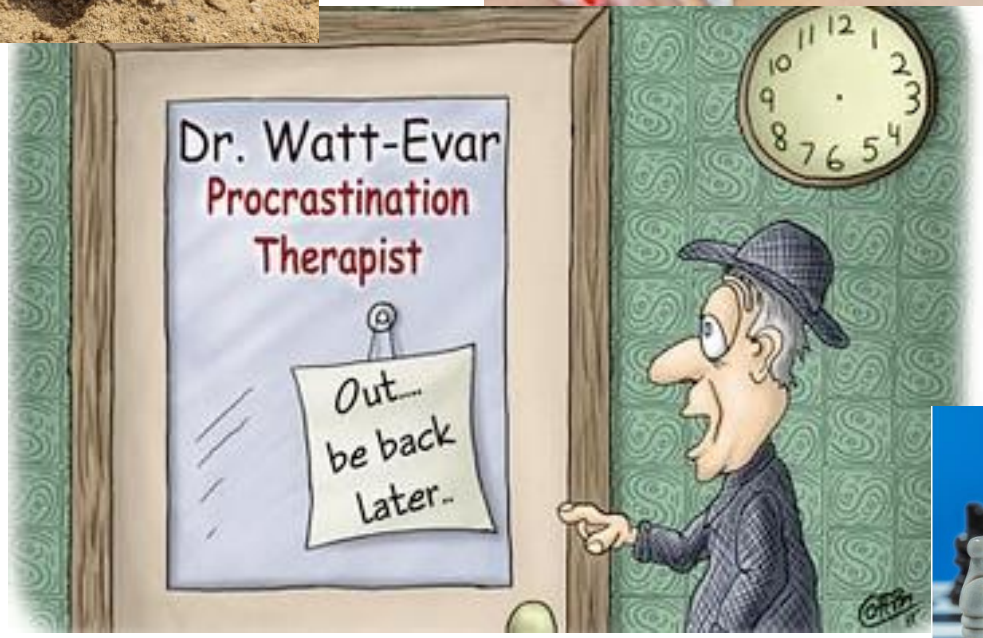

Mania
Bipolar I
Hypomania
Cyclothymia
Euthymia
Bipolar II
Depression

Bipolar disorder

- Up to 20% Bipolar Disorder missed as Depression?
- 3117 Primary care depression (UK) .
- Conservative' midestimate' = 9.6%
- Questions about primary care Bipolar?
- WHO – Is it a psychosis or 'emotional disorder'?

Psychological Therapy





Psychological therapy in the consultation

(Like what you already do without realizing it)

CBT style

A – Identifying ‘**A**ctive ‘problem

B – What **B**eliefs does that produce

C – What Consequences – depression

D – **D**ispute the thoughts / belief

E – Find **E**ffective thinking

F – Reframe into new **F**eeling

Problem solving style

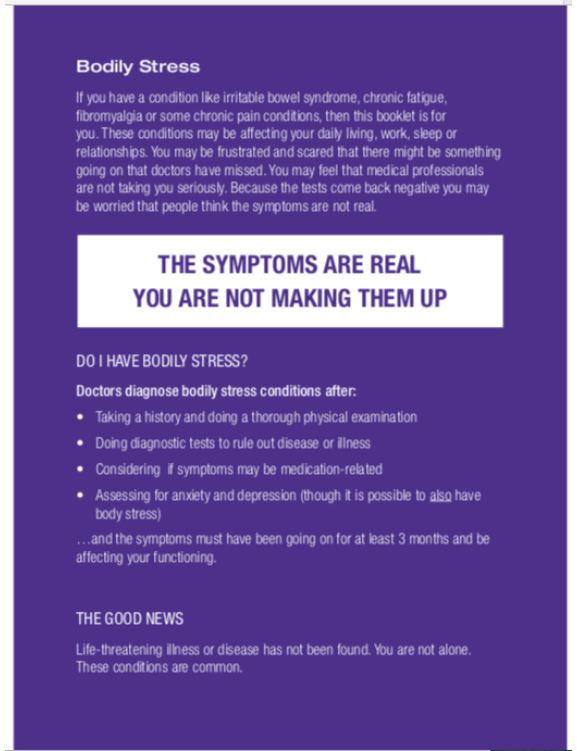
- Identify Problems
- Prioritise Problems
- Choose 1
- Make a work plan to address it
- Review
- Choose another problem

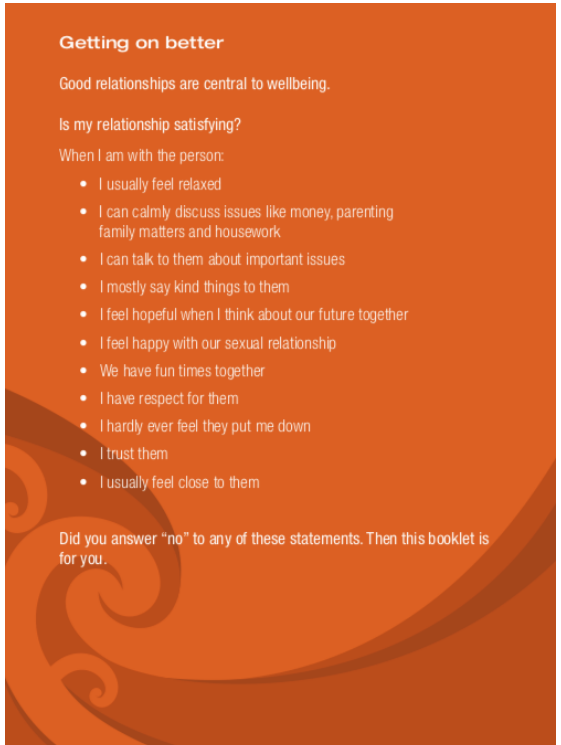
(UBI) Ultra Brief intervention Extended consultation model

- A more structured approach to mental health consultations.
- Setting goals at the end
- Homework
- Guided coaching

Tools for Monday

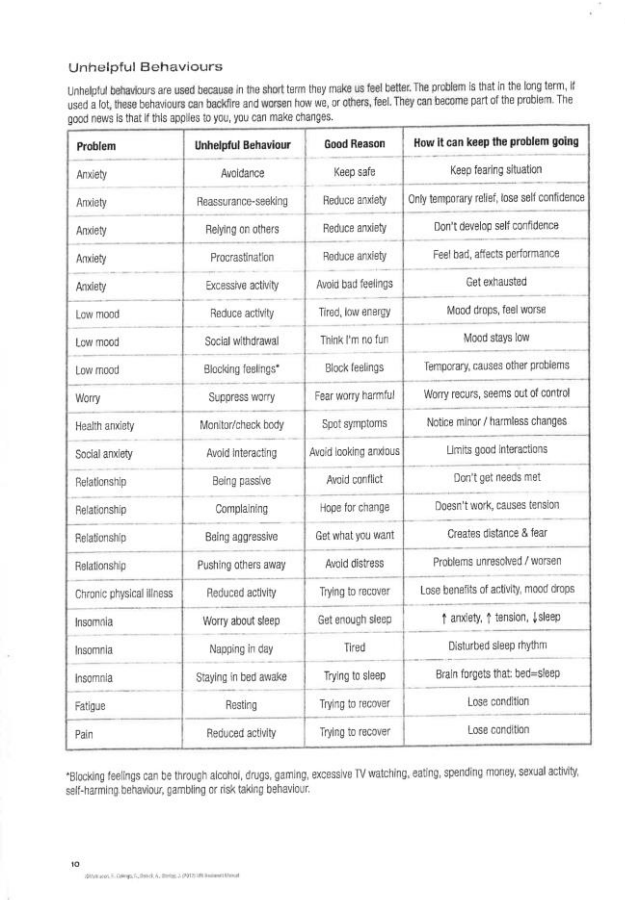
- The resource booklets
- https://www.otago.ac.nz/wellington/departments/primaryhealthcaregeneralpractice/research/otago708047.html





Behaviours

- Unhelpful behaviours
- Short term they make us feel better.
- Long term, can backfire and worsen how we, or others, feel.
- They can become part of the problem.



Unhelpful Behaviours

Unhelpful behaviours are used because in the short term they make us feel better. The problem is that in the long term, if used a lot, these behaviours can backfire and worsen how we, or others, feel. They can become part of the problem. The good news is that if this applies to you, you can make changes.

Problem	Unhelpful Behaviour	Good Reason	How it can keep the problem going
Anxiety	Avoidance	Keep safe	Keep fearing situation
Anxiety	Reassurance-seeking	Reduce anxiety	Only temporary relief, lose self confidence
Anxiety	Relying on others	Reduce anxiety	Don't develop self confidence
Anxiety	Procrastination	Reduce anxiety	Feel bad, affects performance
Anxiety	Excessive activity	Avoid bad feelings	Get exhausted
Low mood	Reduce activity	Tired, low energy	Mood drops, feel worse
Low mood	Social withdrawal	Think I'm no fun	Mood stays low
Low mood	Blocking feelings*	Block feelings	Temporary, causes other problems
Worry	Suppress worry	Fear worry harmful	Worry recurs, seems out of control
Health anxiety	Monitor/check body	Spot symptoms	Notice minor / harmless changes
Social anxiety	Avoid interacting	Avoid looking anxious	Limits good interactions
Relationship	Being passive	Avoid conflict	Don't get needs met
Relationship	Complaining	Hope for change	Doesn't work, causes tension
Relationship	Being aggressive	Get what you want	Creates distance & fear
Relationship	Pushing others away	Avoid distress	Problems unresolved / worsen
Chronic physical illness	Reduced activity	Trying to recover	Lose benefits of activity, mood drops
Insomnia	Worry about sleep	Get enough sleep	↑ anxiety, ↑ tension, ↓ sleep
Insomnia	Napping in day	Tired	Disturbed sleep rhythm
Insomnia	Staying in bed awake	Trying to sleep	Brain forgets that: bed=sleep
Fatigue	Resting	Trying to recover	Lose condition
Pain	Reduced activity	Trying to recover	Lose condition

*Blocking feelings can be through alcohol, drugs, gaming, excessive TV watching, eating, spending money, sexual activity, self-harming behaviour, gambling or risk taking behaviour.

10

Unhelpful behaviour

Problem	Unhelpful behaviour	Good reason	How it keeps the problem going
Anxiety	Avoidance	Keep safe	Keep fearing situation
Anxiety	Procrastination	Reduce anxiety	Feel bad – Affect performance
Low mood	Social withdrawal	Think I'm no fun	Mood stays low
Relationship	Complaining	Hope for change	Doesn't work causes tension

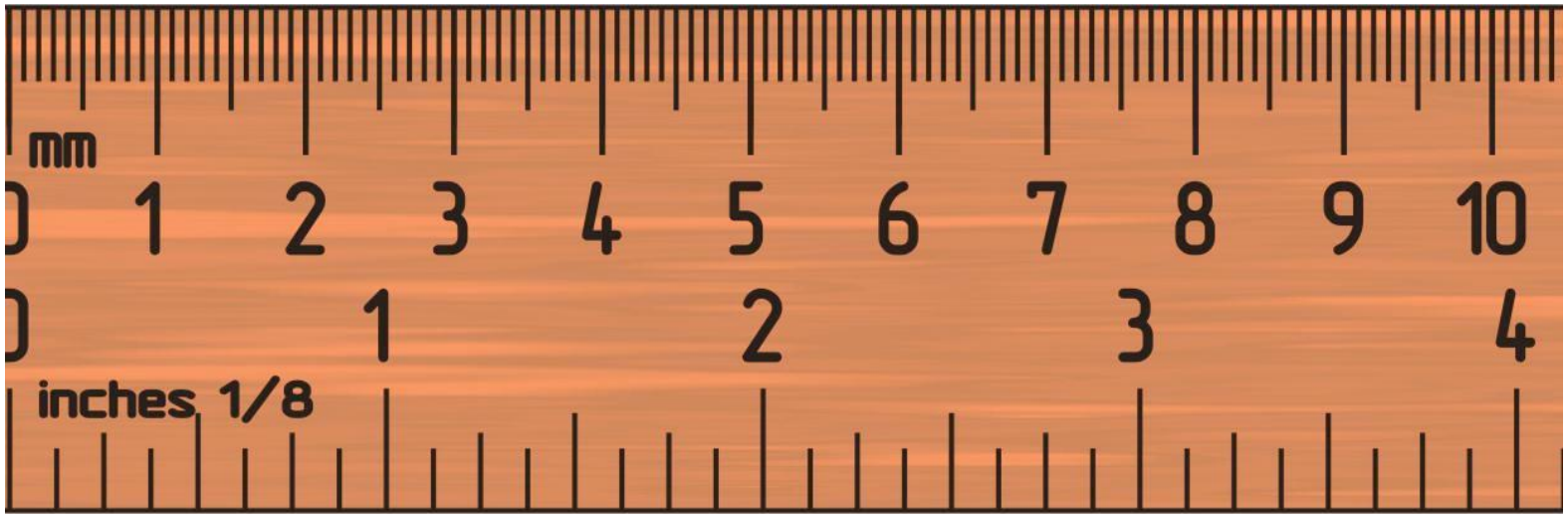
Helpful behaviours

- Helpful behaviours are things you can do that help you to cope. They don't 'undo' unhelpful behaviours. The idea is to reduce unhelpful behaviours and also to increase helpful behaviours.

Helpful Behaviours

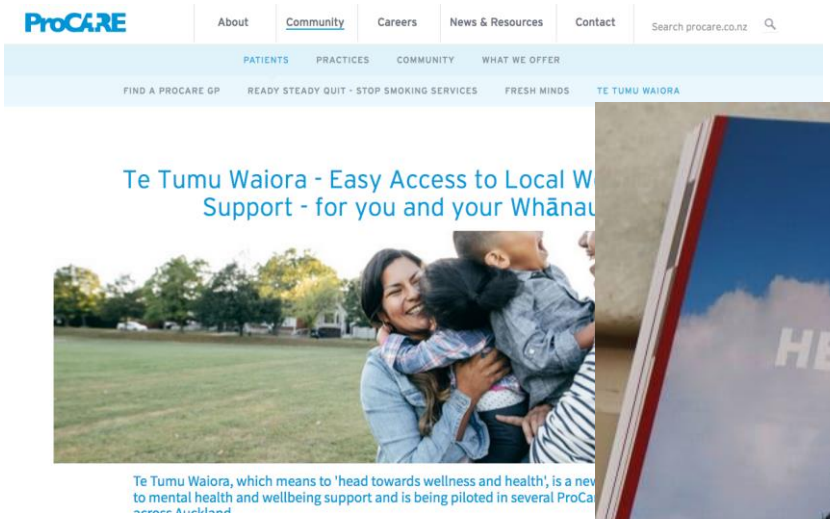
- Being good to myself e.g. eating regularly and healthily
- Doing things for fun and pleasure, e.g. hobbies
- Seeking support from others
- Community support
- Self- help materials Socialising,.
- Reflecting on other ways of seeing things,
- Keeping active
- Sense of humour to cope?
- Planning time for myself
- Prescribed medication regularly
- Relaxation techniques

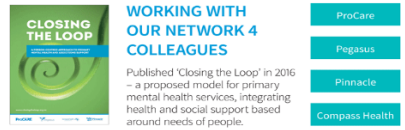
Changing perspectives
How Committed / How Capable

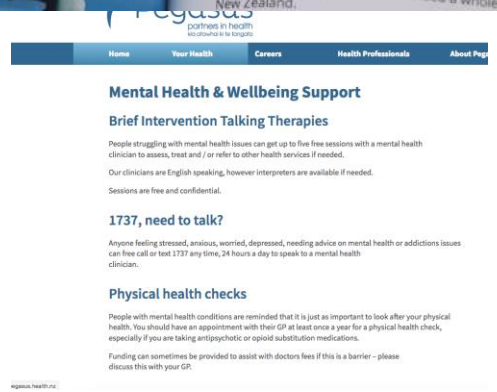


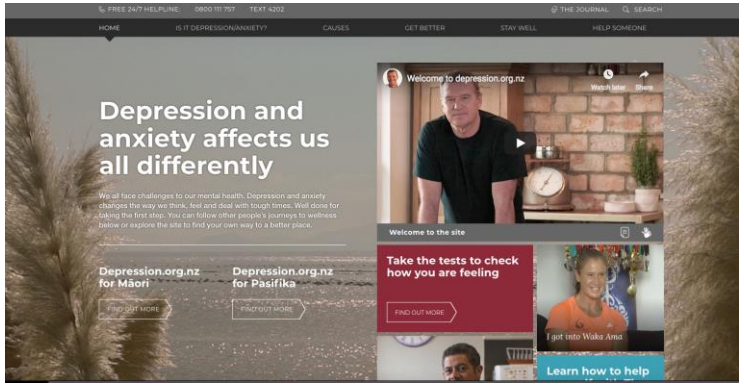
- How committed are you to making those changes
- X …..
- Why isn’t it zero

New ways of working – New people to work with









New kids on the block

New mental health roles funded for Piki pilot targeting young people. Associate health minister Julie Anne Genter and minister David Clark as they launched Piki, aiming to reach 10,000 young people in the Wellington region

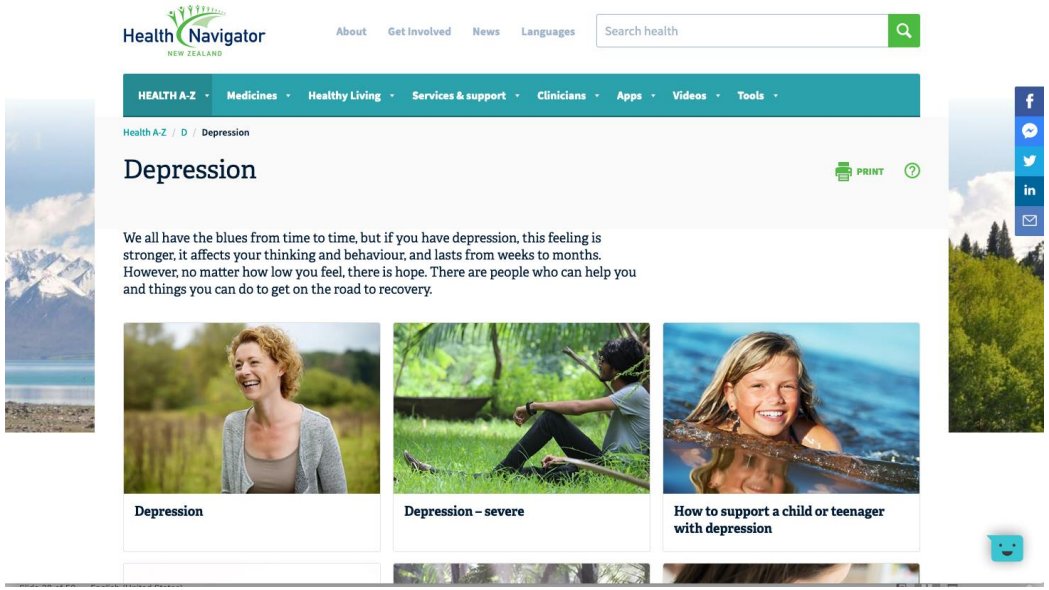
New ways of working for the GP and Primary care team

- Additional psychological therapy resources
- Enhanced use of IT and telehealth
- Role of the GP ?

The Internet and virtual

Awareness and Navigation

- National Depression Initiative. https://depression.org.nz/
- Youth guided navigation site – the Lowdown http://www.thelowdown.co.nz
- Mentalhealth Foundation www.mentalhealth.org.nz/page/5-home
- Health navigator site
- Depression , anxiety, psychosis www.healthnavigator.org.nz/health-topics/depression/
- 1737



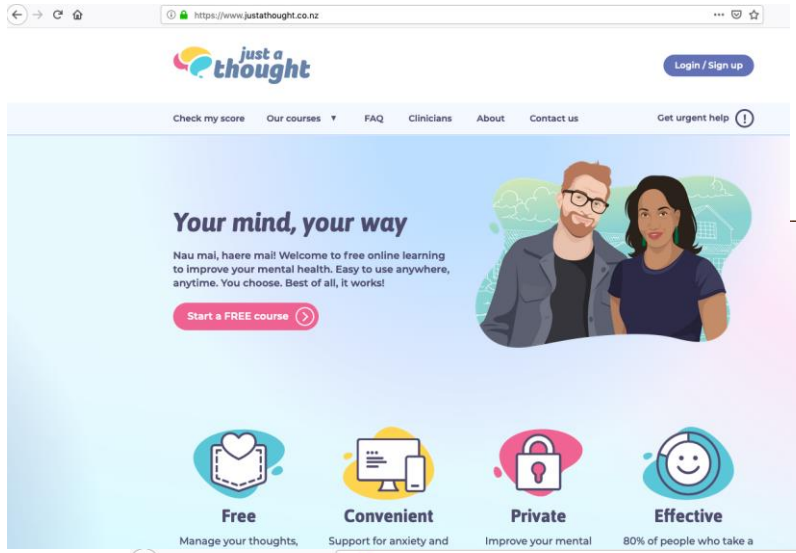
E – therapies

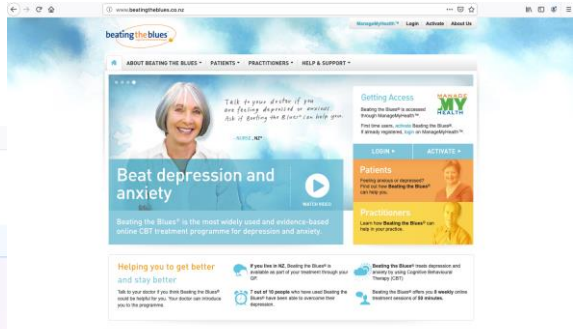
https://www.clearhead.org.nz/
https://www.justathought.co.nz/

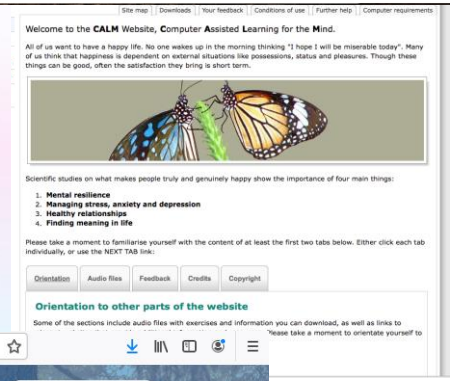
- http://www.calm.auckland.ac.nz/
- http://www.depression.org.nz

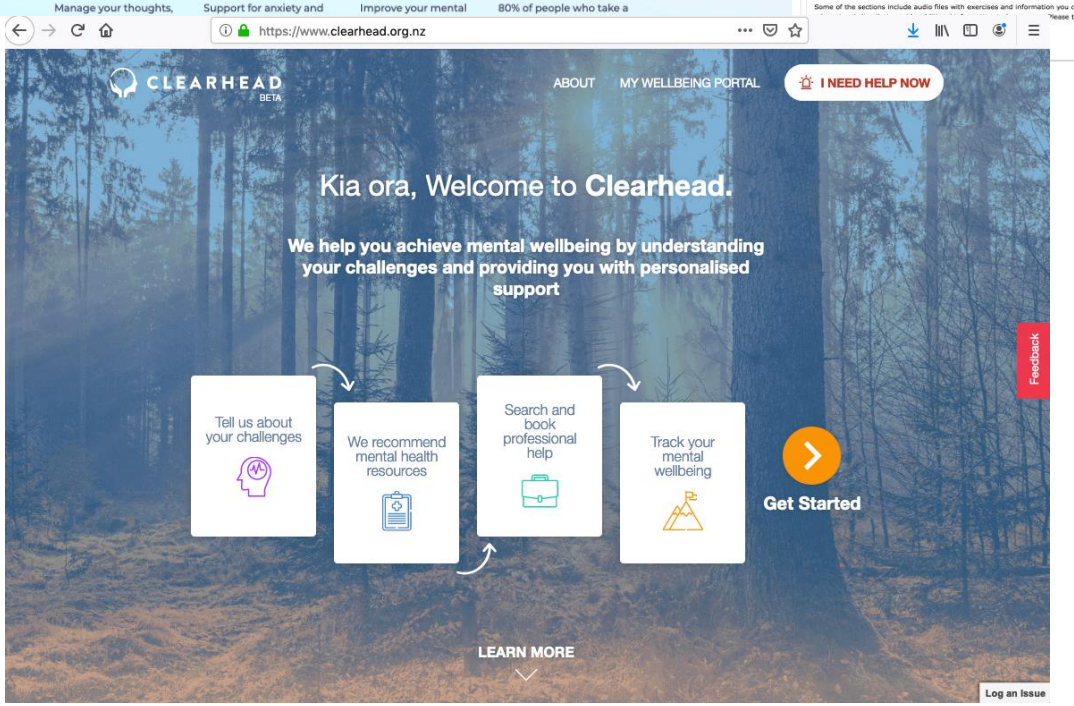
UBI Resource materials

- https://www.otago.ac.nz/wellington/departments/primaryhealthcaregeneralpractice/research/otago708047.html
- Beating the Blues
  - MOH funded – 8 x 50 minute sessions
    http://www.beatingtheblues.co.nz



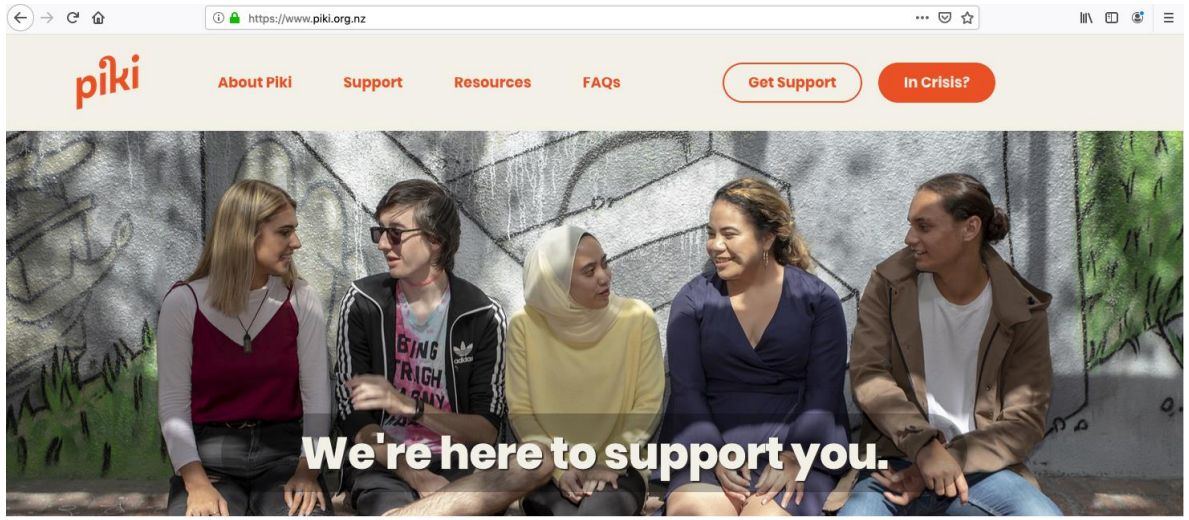






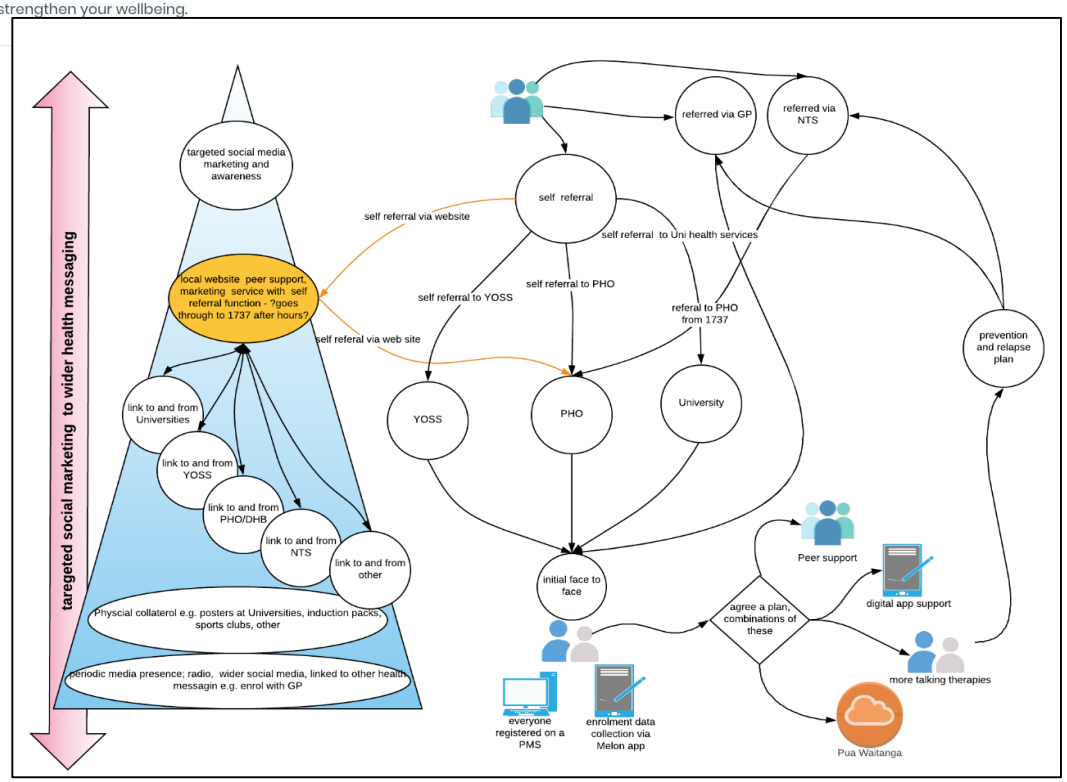
Piki

- New Service for 18-25 year olds
- Multiple entry points to service
- Strong use of IT
- Service user involvement



Piki empowers and supports young adults towards better health and wellbeing.

Through specifically selected peers, professionals and technology, Piki aims to equip you with tools to help overcome adversity and strengthen your wellbeing.



Getting better, one click at a time...

Anna Elders - MH Nurse Practitioner/CBT therapist & Clinical Lead

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Swimming against the tide…

33% people who present to GP have a MH disorder

(WHO, 1995)

"…significant proportion of cases then were, and still are today, untreated"

(pg 4, WHO, 2018)

World Health Organization

1 in 20 present with MH as main issue, HOWEVER **1 in 5** had **associated MH concerns** as part of presentation

(Bushnell et al, 2003)

Lack of availability of psychological interventions identified as part of the problem

(WHO, 2018)

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Could e-CBT be part of the answer…

- Immediate access incredibly valued (Perera-Delcourt & Sharkey, 2018)
- Quick and cost-effective dissemination of psychological knowledge and skills
- Effect sizes considered equivalent to face to face therapy (Andersson and Cuipers, 2009; Griffiths et al., 2010; Carlbring et al., 2018)
- Systematic review and meta-analysis showed moderate post-treatment effect size (Richards & Richardson, 2012)
- Mean completion rates identified at 67% with ‘very high’ or ‘high’ levels of acceptance for patients (Rost et al., 2017)

So the search began…

- ✓ E-therapy tool with a great evidence base
- ✓ Easy to use and immediately accessible to all
- ✓ Free
- ✓ High fidelity to a proven psychological treatment
- ✓ Able to be adapted for the NZ culture
- ✓ Effective and empowering
- ✓ Motivating and validating

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- ✓ Provides privacy and ensures data security
- ✓ Choice around how people use it
- ✓ Target multiple life-challenging conditions
- ✓ Inbuilt screening to individualise treatment
- ✓ Identify increasing distress & risk and signposts help
- ✓ Feedback to engaged clinicians
- ✓ Easy to implement into clinical practice

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We searched far and wide…

Collaboratively developed by University of NSW and St Vincent's Hospital

Used globally by:

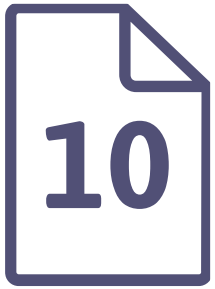
36,000+

people

9,800+

clinicians

RCTs involving 2,000+ patients



Academic papers on effectiveness in clinical practice

18

Disorder-specific and general wellbeing courses

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Free for all New Zealanders

Self-care

– or –

Prescribed & supervised by GP or clinician

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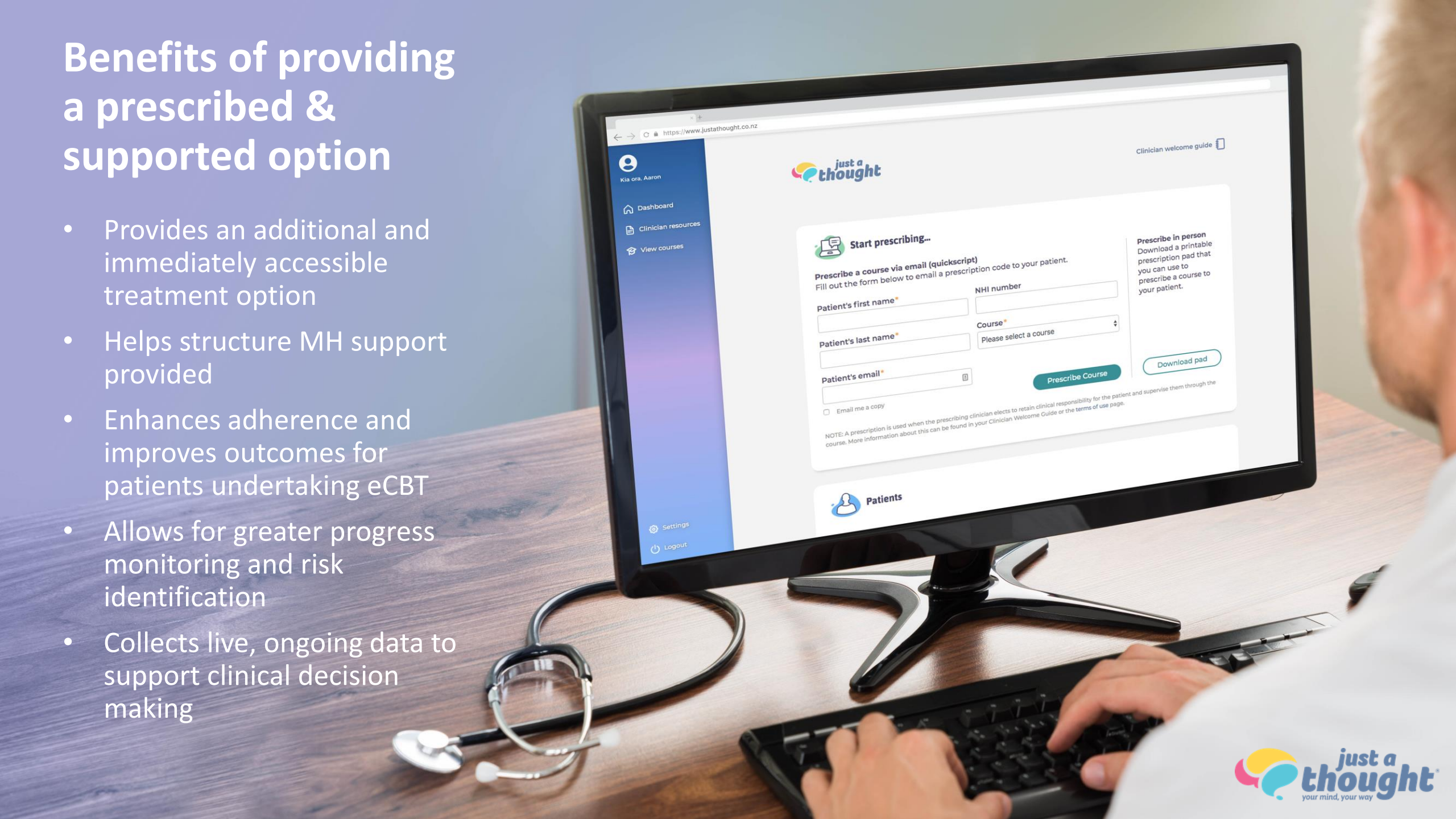
Benefits of providing a prescribed & supported option

- Provides an additional and immediately accessible treatment option
- Helps structure MH support provided
- Enhances adherence and improves outcomes for patients undertaking eCBT
- Allows for greater progress monitoring and risk identification
- Collects live, ongoing data to support clinical decision making



How it works...

Clinician registration

Prescribe

Patient sign up

Course selection

Learning

Clinical supervision

Support & encourage

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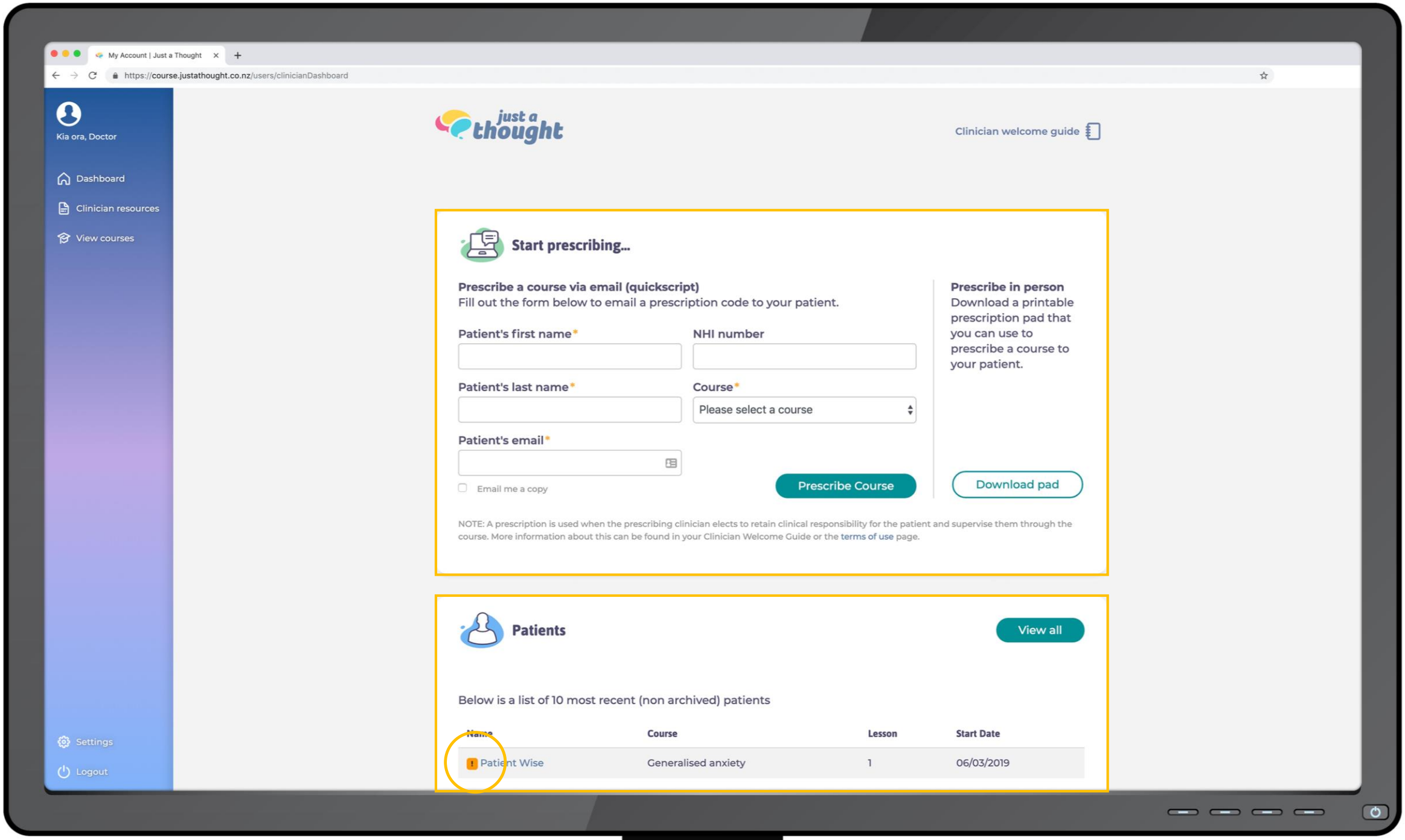
My Account | Just a Thought
https://course.justathought.co.nz/users/clinicianDashboard
Kia ora, Doctor
Dashboard
Clinician resources
View courses
Settings
Logout
just a thought
Clinician welcome guide
Start prescribing...
Prescribe a course via email (quickscript)
Fill out the form below to email a prescription code to your patient.
Patient's first name*
NHI number
Patient's last name*
Course*
Please select a course
Patient's email*
Email me a copy
Prescribe Course
Prescribe in person
Download a printable prescription pad that you can use to prescribe a course to your patient.
Download pad
NOTE: A prescription is used when the prescribing clinician elects to retain clinical responsibility for the patient and supervise them through the course. More information about this can be found in your Clinician Welcome Guide or the terms of use page.
Patients
View all
Below is a list of 10 most recent (non archived) patients
Name
Course
Lesson
Start Date
Patient Wise
Generalised anxiety
1
06/03/2019

Patient experiences

"…being quite immediate was really useful"

"I think it's a very good first step…"

"The more I did it, the better I felt about it"

"..it really helped me having someone who was really interested and supportive"

"I think that if there were a long waiting list it would be quite good … and probably would have done the groundwork for therapy"

(Perera-Delcourt & Sharkey, 2018)

The future…

- Depression
- Generalised anxiety disorder
- Mixed depression and anxiety
- Mindfulness-based CBT
- Panic disorder
- Social Phobia
- Obsessive compulsive disorder
- Health anxiety
- Coping with stress
- Post traumatic stress disorder
- Chronic pain
- Insomnia
- TeenSTRONG

Register and check it out now

www.justathought.co.nz

For any queries or support contact us at hello@justathought.co.nz

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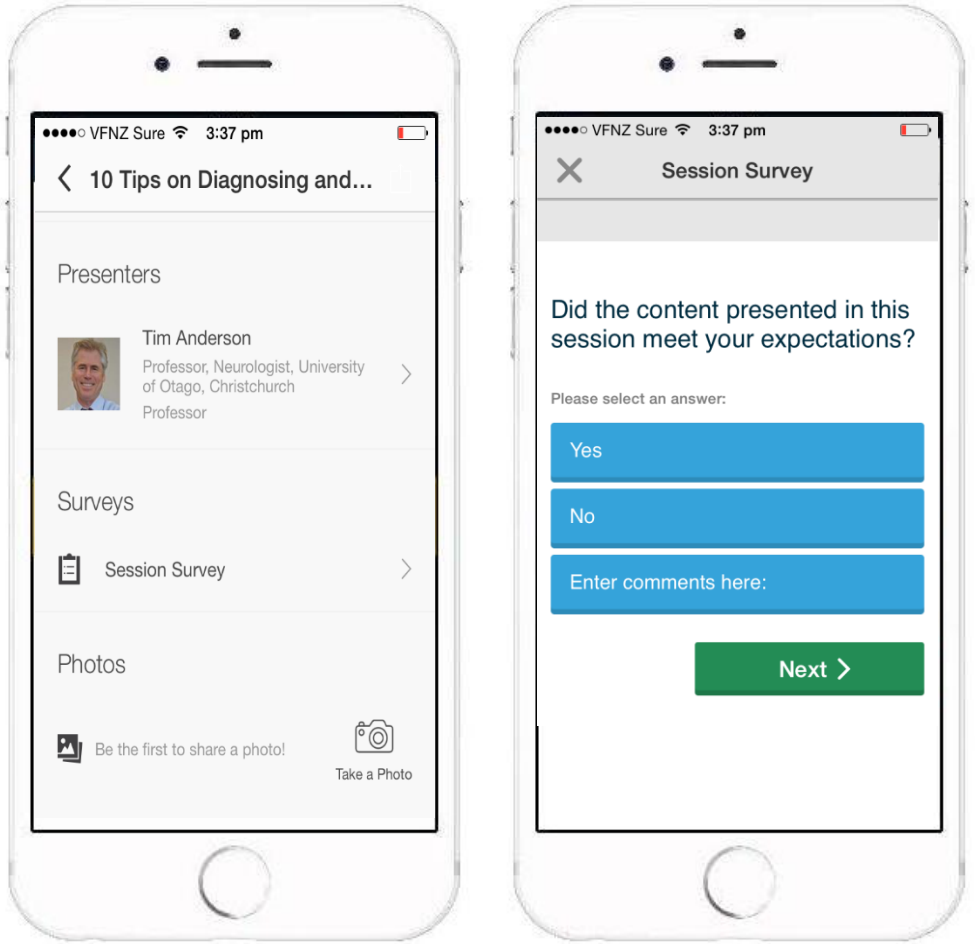
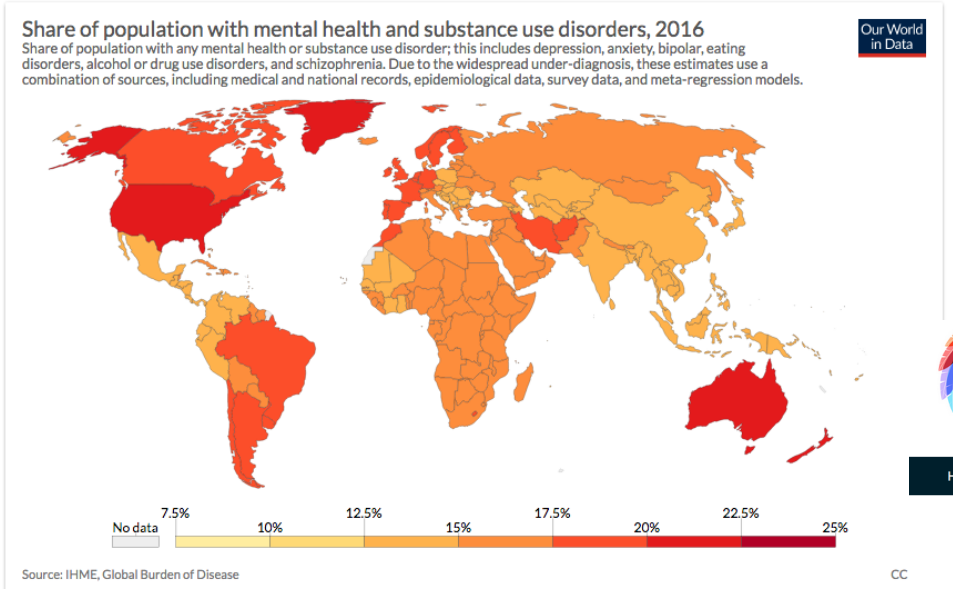
Don't forget to take the session survey!



A rising tide ?



GOVERNMENT INQUIRY INTO
Mental Health and Addiction
Oranga Tāngata, Oranga Whānau

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Home / Inquiry report / He Ara Oranga / Chapter 3: What we think / 3.2 Our conclusions

3.2 Our conclusions

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3.2.1 We can do more to help each other

New Zealand is experiencing a rising tide of mental distress and addiction. Our experience is mirrored in other countries, including Australia, Canada, England and the United States.[34] The fact we are not alone in this is hardly reassuring, but it suggests some of the shared problems reflect common features of life in contemporary Western countries:[35]

World Health Organization

Health Topics | Countries | News | Emergencies

World health report

World health report
Previous reports
Press kit

Mental disorders affect one in four people

Treatment available but not being used

Geneva, 4 October— One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.

Rising depression and anxiety among Kiwi youths

Megan Gattey • 12:48, Nov 18 2017

IAN ESPINOSA/UNSPLASH

About 79,000 Kiwi youths are affected by psychological distress.

Acknowledging and supporting those we walk alongside

Double Jeopardy

Mental illness
Multiple stigma = Double Jeopardy

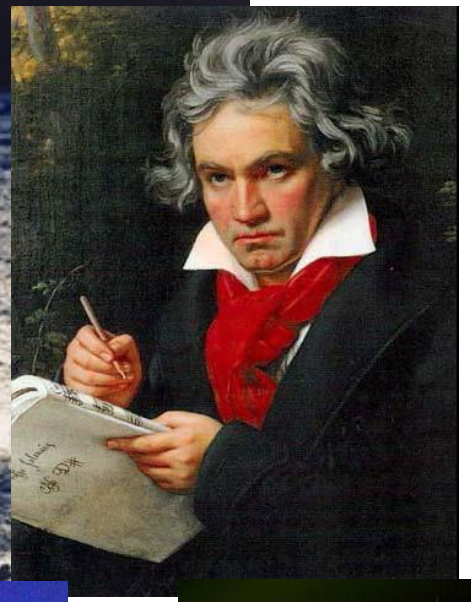
- Feeling crap
- And it’s your fault.
- 80% of all mental health media stories are negative
- 45% UK Tabloid headlines use abusive , pejorative language

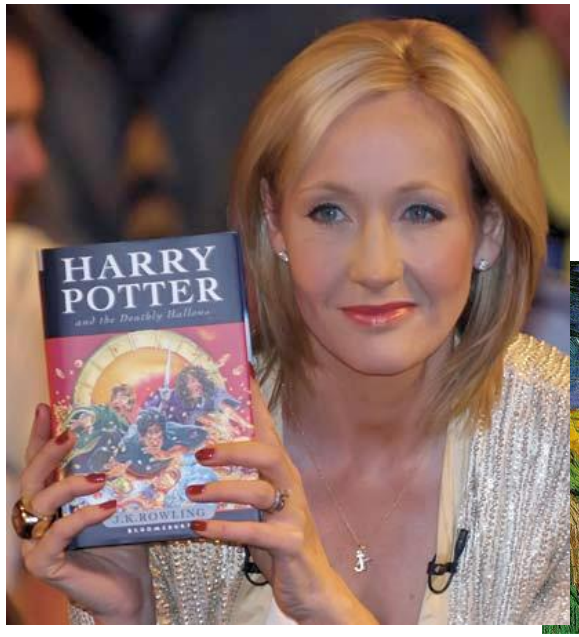
The cause of stigma

▲ Trump laughs after audience member suggests shooting migrants – video

"Mental illness and hatred pulls the trigger, not the gun," Trump said, while calling for reforms that "better identify mentally disturbed individuals who may commit acts of violence".

He said authorities should "make sure those people, not only get treatment, but when necessary, involuntary confinement", but did not elaborate.




HARRY
POTTER
and the Deathly Hallows
J.K. ROWLING

Questions?