

Tips for using Mental Health module tools and resources

The Mental Health module from the GPSC's Practice Support Program (PSP) offers training for family physicians to help them screen patients for a wide range of mental health conditions. The treatment approaches presented through the module enhance family physicians' skills and confidence in providing effective primary care for patients with mild to moderate depression and anxiety.

Most family physicians in BC have limited training in the field of mental health care, yet family physicians are often the sole care providers for British Columbians diagnosed with a mental health disorder. The Mental Health module addresses the family physician's need for improved skills in diagnosing and treating patients with mental health problems.

Doctors are compensated for mental health planning and treatment through financial incentives, including the GP Mental Health Planning fee (14043), the GP Telephone/E-mail Management Follow-up fee (14079), and the Community Patient Conferencing fee (14016). These incentives ensure that physicians can take the time to provide comprehensive care for patients with mental health issues.

While the Mental Health module is one of the most popular in the suite of training sessions the PSP provides, some physicians find it hard to start using the new tools and learning they have acquired through attending the module learning sessions. Victoria general practitioner Dr Frank Egan has been using the module for more than 3 years and has some advice on how to integrate these tools and

resources into everyday family practice.

Just try it

Commit to trying to use the module assessment tools—they're so intuitive that you'll immediately recognize their usefulness. They include common screening scales, a diagnostic assessment interview tool, a tool for organizing patient issues, a cognitive-behavioral skills program, and a patient self-management workbook.

Use the technology

Dr Egan's office uses electronic medical records, so he's got computers in each exam room, allowing him to have a PDF file of the PSP's Mental Health algorithm (which details the module tools and resources) on his desktop for easy access.

Be prepared

Dr Egan recommends knowing where the tools are kept in your office and how to access them so you have them ready to use when a situation presents itself. He has a printer in the exam

room so he can print out resource pages for patients without having to leave the room, which could interrupt the flow of conversation.

Involve your MOA

Medical office assistants are key players in effective use of the Mental Health module learnings and tools. Keep MOAs up-to-date on the module, and bring them into the picture with patient developments. MOAs can time manage or make notes on the schedule to advise if a patient might need extra mental health support, be ready for the patient after a tough situation with tissues or a comb, schedule follow-up appointments, and more. Dr Egan often holds short "huddles" with his MOA so that they can brief each other, as needed.

For more information on the PSP Mental Health learning module, visit www.pspbc.ca.

—Liza Kallstrom
Lead, Content and
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More tips for bringing the Mental Health module into regular practice

1. Maintain a friendly, welcoming, and safe office culture; it helps set the right tone for mental health treatment.
2. When going through the PHQ-9 assessment, have your patients read and score with you to give them the feeling of getting started.
3. When discussing your patient issues, have them write down a problem and a corresponding resource (e.g., internal strengths or external people or supports).
4. Have your patients check in regularly to keep the therapeutic process in motion (e.g., a phone call once a week).
5. Encourage your patients to bring support people or family members to appointments to keep those people in the loop and involved.
6. When getting started, just get going. Build momentum and soon it will be a natural part of everyday family practice.

This article is the opinion of the GPSC and has not been peer reviewed by the BCMJ Editorial Board.