A new approach: Promoting resilience for mental health

Alastair Dobbin (right) is a GP in Edinburgh and also a co-director of the Foundation for Positive Mental Health, a charity set up in Scotland to develop resilience training in all sectors of life. He describes the Mental Training – a self-help tool for treating anxiety and depression – in 2002.

Many years ago I set up a clinic within NHS Lothian treating people referred from primary care with mental health problems using hypnosis. Along with the Department of Neurophysiology at Imperial College and the Department of General Practice in Edinburgh, we co-ordinated a two-year study of the outcomes, and as well as significant improvements in anxious patients in SF-36 Quality of Life indices – mental health, social function and emotional role – we also found widespread ongoing use of simple self-hypnosis tools (77 per cent at six weeks after therapy).

In discussion with the Chief Scientist in Scotland and working with the Department of General Practice in Edinburgh, we then chose to investigate new possibilities for the treatment of people with depression. At that time, John Teasdale and Ed Watkins were doing groundbreaking empirical work in thinking style and mindfulness, culminating in the successful treatment of depression using mindfulness-based CT(1). Seeing marked similarities between mindfulness, hypnosis and self-hypnosis – both promoting an experiential perspective – I considered using self-hypnosis for the treatment of people with depression.

Along with Sheila Ross, a health promotion specialist, we developed Positive Mental Training (PosMT) from a sports-based peak performance programme from Sweden, created for the development of excellence in sport and used successfully in Olympic training for many years. This was based on a developmental model (looking at what Olympic gold medal winners did right) rather than the prevailing clinical model, looking at what the losers did incorrectly. It seemed to us that this model reversal could beneficially be applied to treatment of emotional distress (depression and anxiety) while also fulfilling a preventive role, promoting resilience in individuals.

This sports programme was largely self-administered, and the system came about through recognising the benefits of self-hypnosis (parallel to my own observations) and the recognition that at the core of hypnosis, as with mindfulness, are a number of beneficial mental skills that can be simply taught and which, when systematically developed, can be transformational. This approach serves both arenas of sport and health, sharing one important aim: to increase the resilience of the trained mind. Athletes reach the top level because they can ‘bounce back’ from poor performances. In 2004/5 we conducted a randomised preference study of Positive Mental Training (PosMT) versus anti-depressants for depression, with referrals from GPs. Benchmarking our results against all the major primary care mental health trusts showed that our pilot programme, administered in one 20-minute consultation with a nurse, and telephone follow-up, was as effective in moderate to severe depression as CBT, and better than no therapy, with self-hypnosis being far cheaper. We went on to develop a programme for depression that is lasting and versatile, and found that it can be easily and cost-effectively implemented by GPs and nurses.

We have trained 150 primary care staff including 30 GPs, 70 CPNs, 70 nurses and various interested mental health workers, and we estimate 40 to 50,000 patients have been given the programme with no reports of harm (4).

One of the most interesting observations from clinicians is the change it can bring about in patients’ memories. Patients remember events, sometimes traumatic, from a place of safety and stability, and are able to change their relationship to the memory; there have been no reports of ‘flooding’ with PosMT.

Barbara Fredrickson showed that the key to reducing negative emotions is to increase the positive emotions. Subsequent research has shown that positive emotions result from autonomous autobiographical memory (5): from such memories we can access the emotions we need to cope effectively with difficult events. We are currently developing a research programme to look at the effect of PosMT on memory ‘networks’ (6). This key group of memories that have a direct influence on resilience and depression.

As a GP myself, I have particularly focused on providing GPs with the tools necessary for treating emotional distress. A key aspect of PosMT is its ability to build the resilience of GPs and other staff.

In conclusion, this is not only due to the direct impact of having immediate psychological tools available, thus improving the care pathway for patients, but also because of its ability to fill a developmental role in a clinical model.

In the clinical model, the responsibility for ill mental health falls to the doctor; the doctor holds and understands the therapy. When things are going well this is great; doctor and patient feel good. But let’s face it, progress can be slow or nonexistent; the patients come back with tides of catastrophe and re-traumatising themselves and us, and we blame ourselves for our failure. The developmental model shifts the focus from pathology to education.

There needs to be a fundamental shift in our approach to mental health in primary care which involves all of us – GPs, psychiatrists, nurses, psychologists, therapists – signing up to the same understandings. IAPT achieved much, raising the profile and rationale for mental health treatment and establishing some centres of excellence and good practice. What it did not do is establish a culture of emotional distress by front-line primary care staff.

If the model of primary care is all about referring people out, then sitting on their own area of expertise, then the GP is deskilled and demotivated and ends up thinking ‘I haven’t got the time or skills for this‘, I’ll just refer‘, and the message to our patients and implicitly to ourselves is ‘I can’t help my mental health patients’ and more importantly ‘I can’t help myself‘.

A recent independent study using Positive Mental Training to treat occupational health referrals in the NHS showed a significant decrease (high to moderate in examinations, interviews and evaluation, and a significant increase (from low to high) in personal efficacy (7). This bears out our survey (see box below) which showed that GPs who attended the training felt more able to treat people with mental health problems, and also more able to deal with their practice overall. Could this be a model for a mentally healthy practice?

PosMT is in its fifth year in primary care where it is now integrated into stepped care (8), its use is being expanded to the third sector – such as carers, counsellors and in prisons.

The programme is designed to be used as part of on-going training, and in addition can be easily fitted to other health professionals’ working patterns. It is suitable for the treatment of depression, anxiety-based disorders, psychosomatic and chronic pain syndromes.

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GP survey

In 2009, an anonymous questionnaire on using PosMT was sent to GPs in Edinburgh; 53 (of 222) who attended training replied. 100% (53/53) found the training helpful. 100% (53/53) were using PosMT for their patients. 85% (45/53) felt more able to cope with their mental health patients; 47% (25/53) more able to cope with other patients; 47% (25/53) felt more able to cope with their own working practice. GPs also expressed that they:

- felt more motivated to work with anxious and depressed patients
- had become much more interested in non-pharmaceutical methods of dealing with mental illness
- had improved management of anxiety

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References

(11) www.ncbi.nlm.nih.gov/pmc/articles/PMC1242634.html
(12) www.rcgp.org.uk

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Prime your self for PrimeH

Dr Dobbin will lead a workshop on ‘Emotion & resilience for GPs at the Prime Conference at the Novotel in St Pancras, London, on 16 February.

This year’s theme is Examining the future strategic direction of primary care mental health. The programme includes Lord Layard on psychological therapies and PCHP Chair Dr Clare Gerada on how GPM commissioners will meet patient needs. Government mental health ‘bar’ Hour with Professor David Nutt and Dame Sally Davies. A summit on medically unexplained symptoms will take place in the afternoon.

For information or to book direct, ring 0121 557 4615 or email admin@primhe.org.uk Website: www.primhe.org.uk