

# A new approach: Promoting resilience for mental health

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



*Dr Dobbin: Focused on providing GPs with the tools necessary for treating emotional distress*

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<sup>(1)</sup>, 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 discharge).

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<sup>(2)</sup>. Seeing marked similarities between the processes of hypnosis and mindfulness – 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, I 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 preventative role, promoting resilience in individuals.

This sports programme was largely self-administered, and the system came about through recognising the benefits of self-hypnosis (paralleling 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<sup>(3)</sup>. Benchmarking our results against all the major primary care mental health studies showed that our self hypnosis programme, administered in one 20-minute consul-

## POSITIVE MENTAL TRAINING (PosMT)

**Positive Mental Training** is an evidence-based, self-help, psychotherapeutic programme for emotional distress. Through watching a 13-minute video once, then listening to a sequence of audio tracks, the mind and body can develop relaxation, beneficial thinking styles, positive memories, confidence and problem solving skills. It is safe, easy to use and available in CDs or MP3s.

### PosMT can:

- Improve patient mood and well-being
- Reduce depression and anxiety
- Improve patient choice with immediate psychological treatment in primary care
- Consolidate the GP/patient relationship
- Increase the GP's sense of personal efficacy

tation with a nurse, and telephone follow-up, was as effective in moderate to severe depression as face-to-face counselling and Cognitive Behavioural Therapy, and Computerised CBT.

It also demonstrated that it was safe and significantly more popular than anti-depressants. We obtained support from our local Pharmacy Development Fund and Community Health Partnership (Scottish PCT) to train primary care staff to use PosMT, and have spent the past four years refining the delivery of the training.

We have trained 550 primary care staff including 300 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<sup>(4)</sup>.

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 resilience is positive emotion<sup>(5)</sup>. Subsequent research has shown that positive emotion results from autonomous autobiographical memory<sup>(6)</sup>: from such memories we can access the emotions we need to cope effectively with difficult events. We are currently developing a research programme with McGill University (Montreal) looking at the effect of PosMT on memory 'networks'<sup>(7)</sup>, key groups 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 my opinion, this is not only due to the direct impact of having immediate psychological tools available, thus improving the care pathway for patients and removing the gate-keeping role of the GP – hence empowering both – but is also due to the adoption of a developmental rather than a clinical model.

In the clinical model, the responsibility for illness is all put back on 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 tales of catastrophe and re-traumatise 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 model for treatment of emotional distress by frontline primary care staff.

If the model of primary care is all about referral rather than shared knowledge, everyone sitting on their own area of expertise, then the GP is deskilled and demotivated and ends up thinking 'I haven't got the time, energy or skills to deal with this, I'll just refer on', 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 exhaustion and cynicism, and a significant increase (from low to high) in personal efficacy<sup>(8)</sup>. 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 felt 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<sup>(9)</sup>. 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 a normal GP consultation and is easily fitted into other health professionals' working patterns. It is used for the treatment of depression, anxiety-based disorders, psychosomatic and chronic pain syndromes.

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## THE TRAINING PROGRAMME

### Target audience

All NHS staff – GPs, CPNs, nurses, psychologists; speech, physio- and occupational therapists. Also Third Sector.

### Learning objectives

- An increased understanding of the nature of depression, anxiety and emotional vulnerability.
- An appreciation of the theoretical underpinnings of resilience and psychological therapy
- An understanding of the background and research basis of PosMT
- The confidence and knowledge to integrate and use PosMT in everyday practice.

### Training environment

- Multi-disciplinary networking with discussion of local mental health needs and services
- Stimulating learning environment – interactive demonstrations, video material of patient experiences, patient histories and some lecture-style presentation.
- Comprises two half days.

## References

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- (9) [www.refhelp.scot.nhs.uk/index.php?option=com\\_content&task=view&id=623&Itemid=1401](http://www.refhelp.scot.nhs.uk/index.php?option=com_content&task=view&id=623&Itemid=1401)

Refs (1) and (3) are also available at [www.foundationforpositivementalhealth.com/index.php/links](http://www.foundationforpositivementalhealth.com/index.php/links)

## 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) more able to cope with their own working practice.

GPs also expressed that they:

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

## Prime yourself for Primhe

**Dr Dobbin will lead a workshop on Emotional Resilience for GPs at the Primhe Conference at the Novotel, 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 for children and RCGP Chair Dr Clare Gerada on how GP commissioning will meet patient needs. Government mental health 'tsar' Hugh Griffiths and David McDaid discussing the health economics impact of GP commissioning complete the morning line-up. A summit on Medically Unexplained Symptoms will take place in the afternoon.

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