

## Recognising Patients in Crisis – A GP's Perspective

South Pacific Private recently spoke with one of our valued referrers about their experience working with SPP. Chris is a GP in private practice who works mainly in the area of mental health. He is also a member of the Australian Society for Psychological Medicine (ASPM [www.aspm.org.au](http://www.aspm.org.au)). He has referred many patients to us over the years and we were interested in learning more about his experience working with us. We were also interested in how he recognizes a patient who is in crisis and who might be appropriate for treatment at SPP.

### **Could you tell us about one of the patients that you have sent to SPP that gave you the confidence that we really could help your patients?**

I would be happy to share a case study with you to highlight what I consider to be the "differentiation" of what the SPP treatment plan offers.

### Case study A:

*John presented with a diagnosis of "anxiety and depression". He described lots of early family of origin traumas and a large amount of resultant shame. John was very emotionally shut off and had developed a compensatory sex addiction. The sex addiction precipitated his admission.*

*John described a very strong connection with his group facilitator in the early stages of his treatment plan. Needless to say, the prospect of "admission" to a hospital, for this problem, was, for John, quite frightening initially. Early normalization of his presenting problem in group therapy really helped him with his feelings of isolation and the associated shame. He felt a strong sense of community and his fears were significantly alleviated through both group and family therapy. His experience of the family program was really powerful. John's initial fears about an admission were also alleviated following a "pre-emptive" visit to SPP where, during that visit and assessment, key messages about working the program and "doing the work" were explained. John described this process as important as it helped reduce the barriers and stigmas he and his family associated with potentially being in a psychiatric facility.*

I believe that a key message that is critical for patients is about the potentially positive experience they will have if they are courageous enough to agree to admission to SPP. Many patients might say in hindsight, "I had no other choice ..." personally, I believe they could have "chosen" to stay stuck, or fearful, or addictive, or anxious, or depressed, etc. Understandably, patients considering an admission to SPP want to know what will happen and how does "the model" work. I genuinely believe that GPs could

benefit from finding out more about the SPP model and being mindful of this information when suggesting an admission with clients who are facing crisis.

### **What do you think are the benefits for your patients of taking time out to address an inpatient stay in a treatment centre such as SPP?**

I see real value in the opportunity for patients to remove themselves from their current situation that is often potentially triggering or supporting their addiction. This is a chance to break the pattern of avoidance and disruption. The idea of offering people that time out is for many an essential part of their recovery.

In my experience, inpatient treatment also enables many clients to develop a much richer sense of who they are and how they came to be there. It provides a safe, but often paradoxically very challenging therapeutic environment where a richer personal narrative for patients can evolve.

### **What do you consider the points of difference about the SPP approach to the treatment of mental illness and addictions?**

Many patients describe the value of the non-hierarchical approach of SPP. Patients so often describe to me that what really helped them in recovery was the experience of and collegiate of the SPP therapists. The therapists have a level of autonomy that is appropriately handled and supervised at SPP that is possibly unique amongst service providers. Clients respond to that rapidly. One of the many strengths of SPP is the staff's democratic, honest and authentic approach to understanding mental health. This is combined with the skill of "the use of self" by the very experienced therapists at SPP.

### **What are the presenting problems that you see which indicate that a patient is in crisis?**

I believe it is critical to have an early ethical curiosity of a "patient" as they reveal their gradual understanding of what potentially sits behind their "anxiety or depression". Depression is a really easy label to apply and I believe many practitioners have a potential naivety about the application of this term and its treatment. Being mindful of a person's "life story" is both important and respectful as it helps to recognise crisis early and to intervene appropriately. My preference ideally is to give patients plenty of information early so that they understand their treatment or recovery options; SPP being one of them. It's important, where possible, to prepare them for a potential admission as one might for a surgical or medical problem. They need to recognise their options. I invite them to familiarize themselves with SPP, to visit and make contact with SPP. They may want to take along the support of a family member. I encourage them to document and ask questions about

their potential admission and, in turn, to read the relevant information about potential treatment.

For many patients their first impression of walking into SPP's reception and whether it feels "safe" has a huge impact on their decision to agree to an admission. Many of them will have never set foot inside a psychiatric facility. Understandably, they may have preconceptions about what it means to be a patient there.

**Do you have any hints about what other GP's can do to improve their ability to recognise a patient in crisis?**

As a healthcare professional we need to recognise when someone is getting more involved in their negative or destructive behaviours, more disorganized, more fearful, more panicked, experiencing more unhelpful or exhausting conflict, not attending work regularly, and how this impacts on close family members and relationships. Some clients have an awareness that they need to break this cycle, but this is often dependent on the individual and their degree of psychological insight.

**There are many challenges in supporting patients into treatment – how do you manage to work with patients on these challenges?**

I think it's often of value to introduce patients to other

clients who have attended South Pacific Hospital. I take an "alumni approach" and ask past clients to be references to new potential inpatients at SPP. It's a helpful way to normalize the process and the experience for people who are often understandably anxious and fearful.

It is my opinion that the use of language is also critical. I try to help patients realize that through admission they have an opportunity to focus on the chance they have to learn how they came to this point, and the opportunity they have to become healthier, and how much this experience will benefit them and their families.

**You are passionate about the work you do – can you tell us a little about that interest?**

It's actually difficult for me to describe, but ... people's lives can change in a way that's hard to put down on paper. It really is about the satisfaction of "making a difference". One major motivator for me, and perhaps all of us involved in mental health and psychological medicine, is the knowledge that, despite how exhausting the work can at times get, we are often breaking old and at times destructive patterns. By facilitating major positive changes, we are in turn, creating a much healthier next generation.

