

## Integrating Wellbeing Groups Into Primary Care

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## Overview of Shared Mental Health Care (Calgary)

- Began in 1998 as a pilot project, but now has permanent program status due to strength of outcomes
- Fully collaborative model with consultants (clinicians and psychiatrists) working with family physicians.

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## Calgary Shared Care Model

- Physician in room at all times for shared care sessions
- Physicians gradually increase involvement with patients, and do some assessment and basic counselling
- Education and Service model (assessment, management and short term therapy – 4-6 session maximum)

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### Integrating Groups in SMHC

- Shared care anxiety groups started in 2001, CBT based.
- Co-led by family physician and shared care consultant
- Six sessions, 1 ½ hours each.
- Six patients selected by physician

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### Outcome of Anxiety Groups

- Significant decrease in anxiety reported by participants
- Reduced doctor's visits post group
- Physicians gained knowledge and confidence in treating patients with anxiety following group
- Physicians had better appreciation of effectiveness of groups

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### Innovations Working Group

- Consists of two consultants, and one family physician
- Physician driven request to develop a group for dysthymia, because of the prevalence in family practice and impact on patient's lives and relationships
- Group development began in 2008

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## Dysthymia

- High comorbidity and disability with co-existing medical problems, sleep disorders, chronic fatigue, somatoform disorders
- Heavy social consequences of low productivity, interpersonal difficulties, poor health and coping ability
- Prevalent sub threshold depression with chronic, relapsing nature

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## Dysthymia

- Most common in young adults, three times more prevalent in women than men
- Increased risk of heart disease, stroke, breast cancer, substance abuse, eating disorders, anxiety, compromised immune function and major depression (Thase and Lang, 2004)
- A significant public health problem comparable to major depression
- Few psychotherapy studies done with dysthymia

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## Goals of Wellbeing Group

- Promote change and help improve mood and overall functioning
- If successful, could result in decreased burden in primary care
- Enhance physician education in earlier identification and treatment of dysthymia

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## Goals for Physicians

- Physicians will generalize skills learned from co-leading the group, into their daily practice
- Possibly reduce physician's compassion fatigue and frustration level, from frequent office visits by patients with dysthymia

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## Objectives for Participants

- Will learn about dysthymia and explore the impact on their lives and relationships
- Will experiment with new ways of thinking by challenging thought distortions
- Learn strategies for improved lifestyle and personal agency
- Share experiences and learn from other group members

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## Goals for Sessions

- Establish rapport
- Help participants shift their focus from **past** negative thinking patterns to **future possibilities**
- Develop tools for stress management and empowerment
- Address thought distortions, goal setting, boundaries, problem solving, foresight and critical thinking etc.

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## Patient Selection

- Population includes clinical (meeting criteria for dysthymia) and "at risk"
- Exclusion criteria
- Initial identification of patients by physician

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## Actual Group Operation

- Sessions take place in physician's office
- 6-8 participants, 6 sessions over 6 weeks; 1 ½ hour length
- Physician is active co-leader
- Mixture of didactic material and group interaction
- Homework

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## Group Rules

- Confidentiality
- Personal disclosure not required
- Regular attendance and completing homework

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## Overview of Sessions

Session #1

### What Happy People Know

*"I Guess That's Why They Call it the Blues"*

- The Experience of Dysthymia
- Stress and Vulnerability Model
- Happiness Formula (Seligman)
- Happiness - 12 Qualities, 6 Tools and 5 Traps
- Gratitude Inventory (Appreciation Audit)

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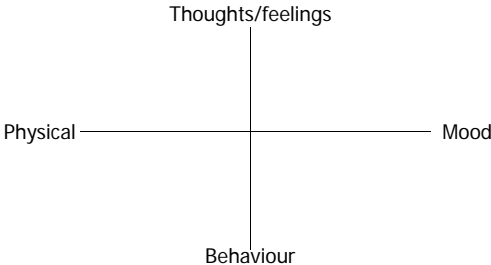
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## Cognitive Behavioural Framework

- The Experience of Dysthymia:



Thoughts/feelings

Physical ————— Mood

Behaviour

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## Session #2

### Goals and Lifestyle

*"The Long and Winding Road"*

- Stages of Change
- Lifestyle Issues
- Setting Goals
- Problem Solving

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**Session # 3**

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**Beliefs**

*"I'm a Believer"*

- Cognitive Framework – how thoughts impact mood
- Constraining Beliefs: perfectionism, need for approval and need for control
- Cognitive Distortions
- Thought Records

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**Session #4**

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**Taking Responsibility**

*"I'm Looking At the Man in the Mirror"*

- Relating Styles
- DESC script
- Saying NO and Disarming Anger
- External versus Internal Locus of Control
- VERB'S – Victim, Entitlement, Rescue, Blame

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**Session #5**

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**Relationships**

*"You are the Wind Beneath My Wings"*

- Accepting individual differences
- Realistic Expectations
- Boundaries
- Communication
- Love Languages

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## Session #6

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### Putting it all together

*"What a Wonderful World"*

- Good and Bad Guilt
- Responsibility Pie and dealing with Guilt
- Preventing Relapse
- Forgiveness
- Taking Action

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## Preventing Relapse

- Becoming a critical thinker (importance of foresight)
- Self talk
- Stay in the present
- Know your purpose
- Define boundaries
- Accept Reality
- Focus on what you can control

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## Group Evaluation

Pre-group

- Ham-D
- Dysthymia Questionnaire – Likert scale

1. To what degree is low mood a problem in your life?
2. How important was your physician/patient relationship in your decision to join the group?
3. Are you taking medication for the treatment of mood disorders?
4. Have you previously been in therapy for low mood?

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## Group Evaluation

Post group:

- Ham-D
- Dysthymia Group Feedback Sheet

1. To what degree is low mood a problem for you at this time?
2. To what extent did this group help you understand your mood better?
3. To what extent have you learned strategies that have helped you manage your mood more effectively?
4. To what degree did you try the homework?
5. What was the most useful part of the experience for you?
6. What was the least useful part of the experience for you?
7. What would you change about the group?

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## Group Evaluation

Post group evaluation continued:

5. What was the most useful part of this experience for you?
6. What was the least useful part of this experience for you?
7. What would you change about this group to make it more helpful?

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**"Are there any questions?"**

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