

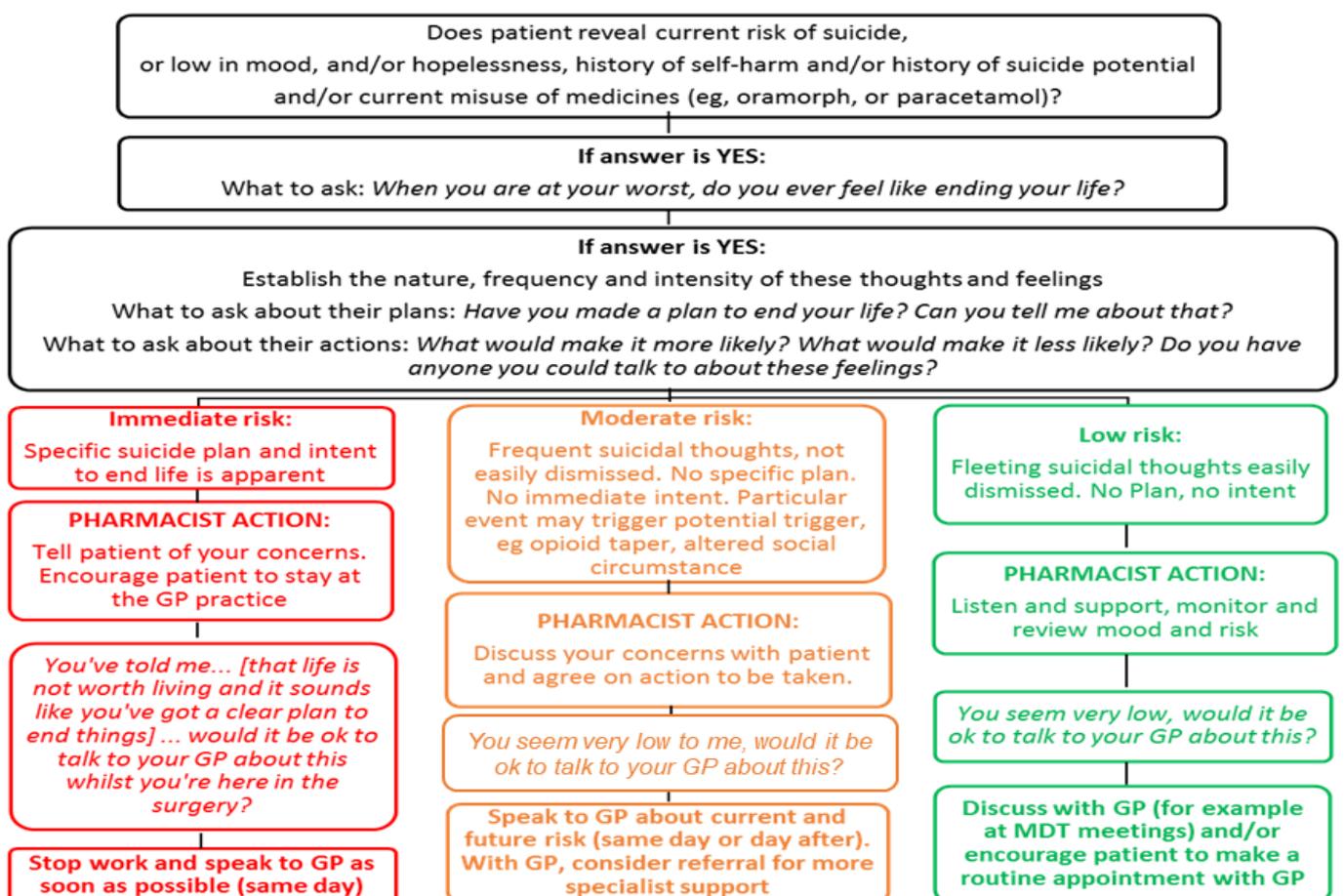
Responding to concerns

Concerns about Mental Health

Responding to concerns about mental health

It can be difficult to live with pain and it is not uncommon for patients consulting with pain to have low mood or anxiety. It is also likely that some patients will have mental health problems unrelated to their pain.

The decision tree below may help you have conversations with your GP about concerns that you may have about a patient's mental health:



Seek advice and support from a GP if:

- Patient discloses suicidal thoughts
- Patient reports new onset or worsening anxiety/ depression
- There is evidence or suspicion of self-neglect
- There is evidence or suspicion of recent self-harm

Supplementary information

- Patient reports hallucinations (hearing or seeing things that aren't there), delusions (fixed, false or irrational beliefs, despite being confronted by the rational facts), excessive paranoia or an apparent detachment from reality

If a patient discloses suicidal thoughts or intent, the urgency of having a discussion with a GP will depend on the perceived risk. The figure below outlines what to ask patients if they express suicidal thoughts and what action to take, if needed.

Mental health support services

Mental health support services (for example IAPT services) often offer help for a broad number of emotional problems, or physical symptoms that can cause emotional distress (including pain) (see box) and they often use a range of treatments including cognitive behavioural therapy, counselling, and guided self-help.

Consider signposting mental health services when patients with low mood or anxiety are looking for practical support and talking therapies when there is no immediate risk.

Some services will allow patients to self-refer.

Find out what is available in your GP practice / your local area and how to make a referral.

Concerns about Social Circumstances

Living with persistent pain can impact many areas of life and can contribute to an increased sense of isolation. Patients may have non-clinical needs that impact on their health including problems with housing, employment, finances, lifestyle, loneliness and lack of social support.

Social Prescribing

Social prescribing link workers provide support, information and signpost within the local community by linking in with voluntary, community sector and other agencies. The aim of social prescribing is to improve wellbeing of individual patients by connecting patients with their community.

Social prescriptions help people to:

- Adjust to lifestyle changes (weight loss, smoking cessation, exercise uptake)

Common conditions treated by mental health support services

Depression (low mood)
Generalised anxiety (worry)
Obsessive compulsive disorders
Post traumatic stress disorder
Health anxiety (excessive anxiety caused by physical symptoms, or thoughts of serious illness)
The emotional effects of living with/ managing long-term conditions
The emotional effects of the covid-19 pandemic
Bereavement
Phobias
Panic attacks
Stress management (including work-related matters)

Supplementary information

- Look after themselves (for example, signposting to social care, & when they're not eligible for social care)
- Find work/ volunteering support.
- Manage money/ finances.
- Address issues around accommodation due to changing needs
- Manage long term conditions (for example, by finding support groups)
- Gain new networks and friends

They may require a referral from a GP. Find out what is available in your practice and how to access their support if they are available where you are working

Concerns about Changing pain

Responding to concerns about changing pain

Persistent pain often varies in intensity and sometimes location. It is common for patients on opioids for persistent pain to report gradual worsening of their pain over time and their pain may also flare-up from time to time. Sometimes the reason for this may be apparent but often it is not and this is the natural course of persistent pain.

Physiotherapy services

Musculoskeletal (MSK) conditions are the most common presentation of persistent pain in GP. Many MSK health issues can be dealt effectively by a physiotherapist but access to physiotherapy services do vary from practice to practice. Some practices may offer self-referral to Physiotherapy whereas in other practices experienced MSK physiotherapists with advanced practice skills undertake the first patient consultation instead of GPs (First Contact Physiotherapists).

Find out what Physiotherapy services are available in your GP practice / in your local area and how to make a referral.

Concerns about pain-related distress and impact on quality of life

Some patients attending pain reviews may present with pain-related distress and suffering due to the impact that pain has on their life (their everyday living, relationships, sleep, mood, work and finances, hobbies and activities). These patients often have complex needs in terms of their physical health (for example, co-morbidities), mental health, and social circumstances.

Such patients may benefit from a referral to specialist pain management services. There is considerable geographical variation in pain service provision across the UK. Multidisciplinary pain management services, focus on supporting patients to adjust to living *with* pain, rather than reducing or controlling pain, using psychologically based approaches. Patients benefit most from this type of approach once they have completed all active investigations and treatments (such as scans, injections and surgery) that aim to fix, or cure their pain.

Find out what pain services are in your local area and how to refer to them.

Supplementary information

Seek advice from a GP if, you have concerns that pain is affecting a patient's quality of life and you think a referral to a pain management service may be of value.



- With permission, explain to the patient that you will seek advice / make a referral
- Check that the patient knows how to contact you if they have questions
- Check that the patient knows what information you may need to pass on and why

Before speaking to a colleague/ making a referral

- Collect the relevant information about the patient's condition and history
- Check what is the best way to seek advice from colleagues (face to face, messaging, email, MDT meetings)
- Consider why you are seeking advice/ making a referral
- Check who is best to make a referral (patient, GP, or yourself)

If you feel you need to ask for advice or make a referral, then it is absolutely appropriate to do so

