Mental Health Professionals Network

Welcome to MHPN's webinar on collaborative care for people with chronic pain and mental health issues.

We will begin shortly.

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Webinar

An interdisciplinary panel discussion

Working together, working better to support people with chronic pain and mental health issues

Wednesday 4th July 2012

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by

Panel

- Dr Stephen Leow (GP)
- Mr Nick Economos (physiotherapist)
- Dr Jacqui Stanford (psychologist)
- Dr Tobie Sacks (pain psychiatrist)

Facilitator

- Dr Michael Murray (GP)

Learning Objectives

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At the end of the session participants can expect to have:

- A better understanding of the relationship between mental health and chronic pain
- A better understanding of the role of different disciplines in contributing to the assessment, treatment and management of mental illness in people with chronic pain
- Explored tips and strategies for interdisciplinary collaboration in supporting people with mental health and chronic pain issues

GP perspective

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Key points:

- Negative Investigation Results
- Failure to progress
- No action taken at critical points
- Psychological Yellow Flags
- No Red Flags

Dr Stephen Leow

GP perspective

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Negative Investigation Results:

- Confusing
- If there is nothing wrong, why is the patient still in pain?
- Where is the pain coming from?
- What action do you take?
- Is the treatment justified?

Dr Stephen Leow

GP perspective

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Failure to Progress:

- She does not progress with time
- This is a warning that something is not right
- Continuing a treatment regime which is clearly not working
- There are time "markers" or expectations of progress

Dr Stephen Leow

GP perspective

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No Action:

- At the 3 month mark, warning bells should be going off
- In most cases, healing should have taken place
- Closer assessment at this time would identify risk factors for progression to chronic pain
- If GP cannot identify risk factors, a multidisciplinary team approach should be undertaken

Dr Stephen Leow

GP perspective

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Yellow Flags:

- Indicators of high risk to progression to Chronic Pain
  - Workers Compensation
  - Overly Supportive Spouse
  - Catastrophising
  - Fact that the "physio really understands me" i.e. the doctor doesn't
  - Focus on a "cure" and physical disease

Dr Stephen Leow

GP perspective

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Summary:

- MOST Patients get better
- Although, Bron is an all too common scenario
- Failure to act is damaging
- Negative results tend to confuse
- The notion that Injury = Pain
- Pain as an Experience, not a Sensation
- Impact of psychological factors on pain

Dr Stephen Leow

Physiotherapist perspective

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Assessment:

- Current treatment is passive which is not evidence based for the management of chronic pain
- Knee and back pain continue despite scans clearing sinister pathology
- High Orebro score signifies that addressing psychosocial factors in a co-ordinated approach is necessary
- Current physiotherapy treatment may be providing supportive "counselling" and social contact

Mr Nick Economos

Physiotherapist perspective

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Management:

- **Education that pain may not relate to further harm but it is real**
- **Shift from passive to active approach required**
- **Importance of increasing function/re-engage in meaningful activity to reduce pain**
- **Set goals and communicate**

Mr Nick Economos

Physiotherapist perspective

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Management:

- Provide graded exposure to movement through exercise and through gradual upgrades in activity (cooking/walking/dancing/work/household chores)
- Utilise the benefits of returning to work
- Communicate with other treatment providers and employer/insurer
- Develop self management strategies

Mr Nick Economos

Psychologist perspective

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Key Assessment Issues:

- Standard psychosocial assessment
  - Including mood and sleep
- Pain Assessment
  - Factors at the time of injury that may have precipitated the presentation
  - Understanding and beliefs about pain
  - Impact on function
  - Acceptance

Dr Jacqui Stanford

Psychologist perspective

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Formulation:

- Identify *p*redisposing and *p*recipitating factors
- Identify *p*erpetuating factors – target of intervention
- Identify *p*rotective factors – intervention aims to increase these factors

Dr Jacqui Stanford

Psychologist perspective

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Goals and Treatment Plan:

- **Functional goals are very important, not simply focusing on symptom reduction**
- **The goals are the client's and therefore ideally all treatment providers know the goals, and can look at how their intervention can facilitate achievement**
- **The formulation and goals should determine the treatment plan**

Dr Jacqui Stanford

Psychologist perspective

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Treatment:

- **Biopsychosocial approach – need to consider the whole person.**
- **Communication with other stakeholders/ treatment providers is needed**
- **Cognitive Behaviour Therapy and Acceptance and Commitment Therapy**
- **Functional focus**

Dr Jacqui Stanford

Psychiatrist perspective

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Bron has decompensated:

- **Unable to cope with the persistent, intractable pain and its consequences, she has become depressed, i.e. she has, in addition to the chronic pain disorder, developed an adjustment disorder with anxiety & depressed mood.**

Dr Tobie Sacks

Psychiatrist perspective

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Bron's failure to adjust to the chronic pain is the result of her:

a) Lack of understanding about the nature of her pain (she believes that the persistent pain reflects continuing damage)

b) Lack of any effective strategies to deal with her pain when it arises or flares up (other than passive ones that result in escalating dependence on either drugs or other people) resulting in kinesiophobia, reduced self-efficacy, reduced self-esteem, and demoralization

c) Lack of any strategies or avenues to grieve for or to deal with her losses – financial, personal and emotional – resulting in feelings of helplessness, hopelessness and despair

Dr Tobie Sacks

Psychiatrist perspective

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If Bron were referred to me I would be focusing on:

a) Reducing her emotional distress by
   - providing her with information about the underlying pathology (central sensitization of her pain pathways)
   - facilitating her gaining understanding of the relationship between her pain (the sensation), her emotions (how the pain makes her think and feel) and her behaviours (how the pain affects her gait, posture and other behaviours)
   - I might also introduce an antidepressant drug.

Dr Tobie Sacks

Psychiatrist perspective

Mental Health Professionals Network

If Bron were referred to me I would be focusing on:

b) Deconditioning her responses to pain by:

- providing self-management strategies to control her pain
- reducing her reliance on medications and passive treatments
- changing social and environmental contingencies that enhance sick-role behaviours (e.g. Bill taking over all of her former domestic activities)

Dr Tobie Sacks

Psychiatrist perspective

If Bron were referred to me I would be focusing on:

c) Facilitating her re-engagement in normal meaningful activities by:
- encouraging her to become an active participant in her own recovery
- engaging in moderate exercise
- reinstating some of her former social and other meaningful activities.

Dr Tobie Sacks

Psychiatrist perspective

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Key Messages:

1. **Anxiety and depression are *very common* in patients suffering from chronic pain.**
2. **Chronic pain both *aggravates* and is *aggravated by* anxiety and depression.**
3. **Treatment of patients with chronic pain disorders needs to address not only the management of the pain itself but also the emotions and behaviours that result (a) from the changes in the patient's circumstances and (b) their mistaken/erroneous beliefs (and expectations) about their pain**
   - **Physical treatment alone – fails**
   - **Passive treatment alone –fails**
   - **Psychotherapy alone - fails**

Dr Tobie Sacks

Thank you for your participation

- **Please ensure you complete the exit survey before you log out (If it does not appear automatically, click the exit button on the webinar screen)**
- **To continue the interdisciplinary discussion please go to the online forum on *MHPN Online***
- **Each participant will be sent a link to online resources associated with this webinar within 48 hours**
- **The next MHPN webinar will be '*Working together, working better to support families dealing with parental mental illness*' on August 15, 2012**

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Thank you for your contribution and participation

For more information about MHPN networks and online activities visit
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Artwork courtesy of Arts Project Australia and Q Art Studio

Steven Perrette
In the bay, Port Philip Bay
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