Poverty, pathology and pills

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A New Consultation Model For Emotional Problems in Primary Care

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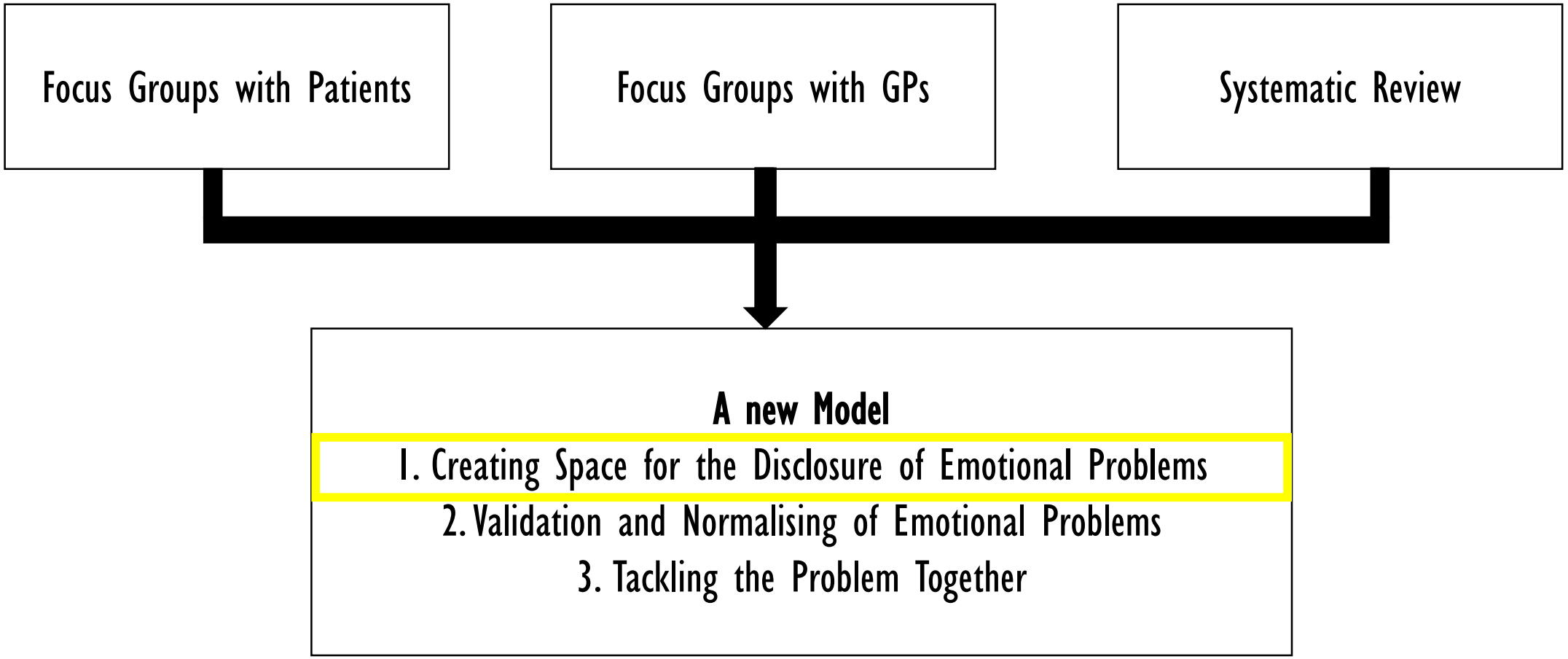

Focus Groups with Patients
Focus Groups with GPs
Systematic Review
A new Model
1. Creating Space for the Disclosure of Emotional Problems
2. Validation and Normalising of Emotional Problems
3. Tackling the Problem Together

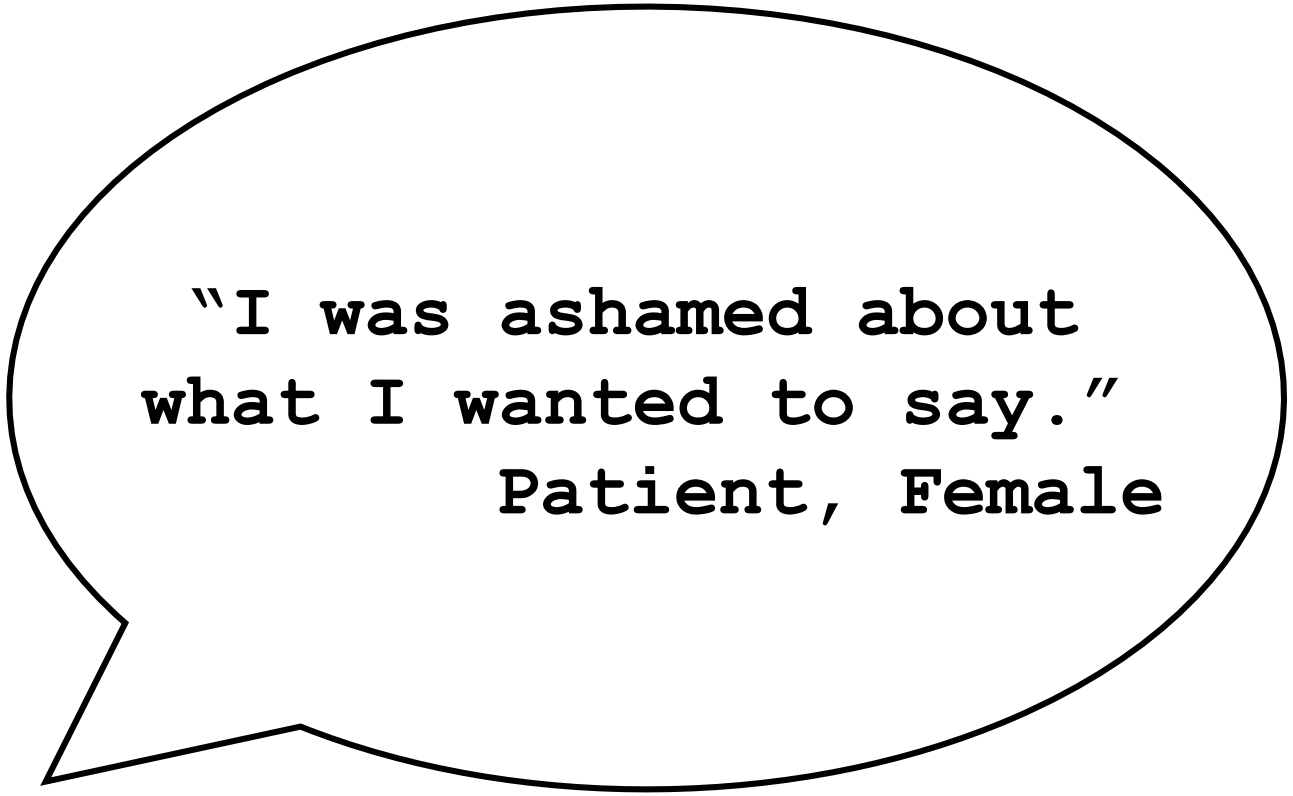
Disclosure of Emotional Problems

- Disclosing an emotional problem in general practice consultations has a number of challenges:

Disclosure of Emotional Problems

Stigma:

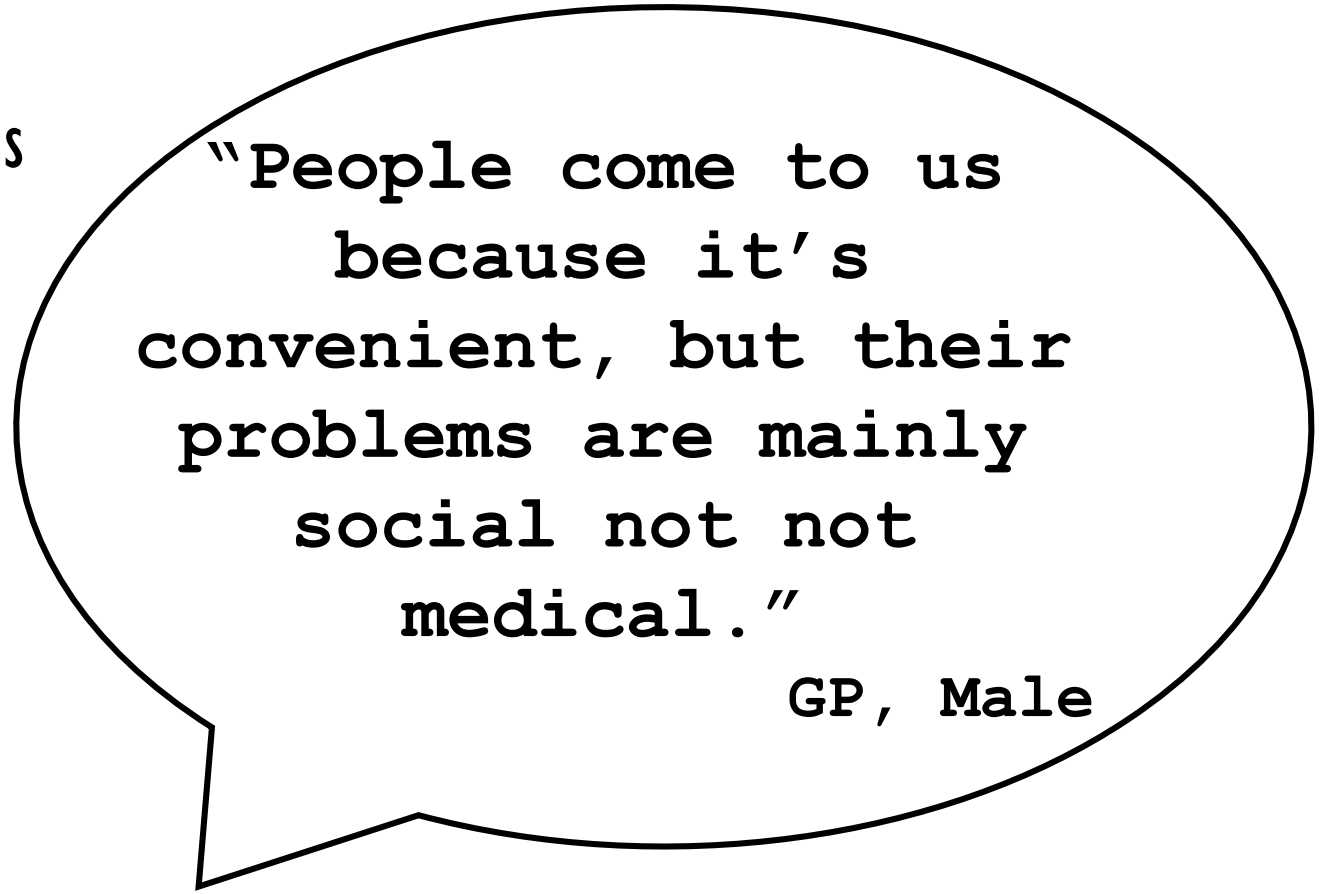
- Shame
- Not able to cope
- Stigma higher for unemployed or low income patients



Disclosure of Emotional Problems

Legitimacy

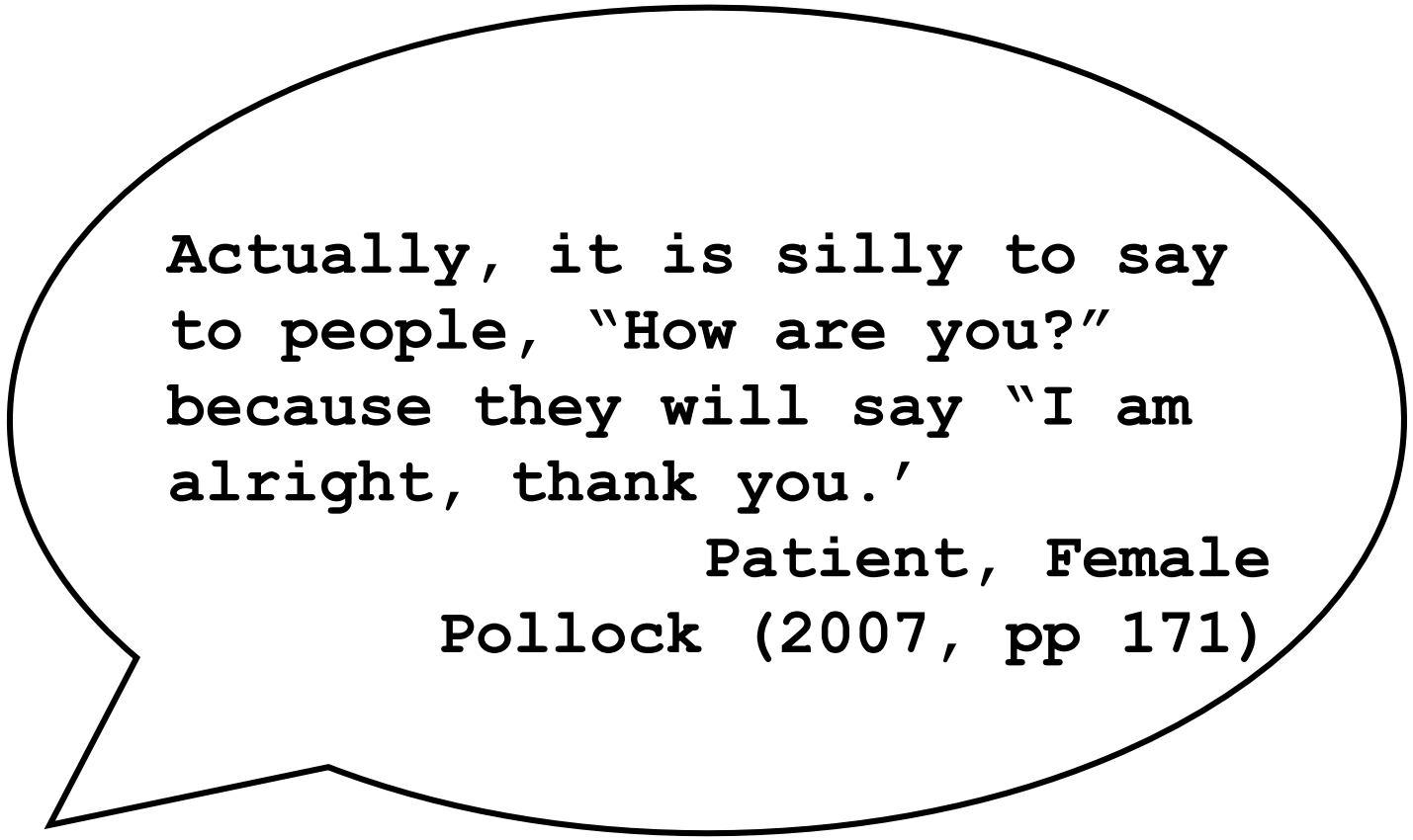
- Ambivalence about emotional problems as a medical problem
- Patients concerned about legitimacy
- GPs may see low income patients' concerns as an unavoidable reaction to life stress



Disclosure of Emotional Problems

Interaction

- Rules of politeness
- Social norms



Creating Space for the Disclosure of Emotional Problems

1. Recognising Emotional Cues and Clues

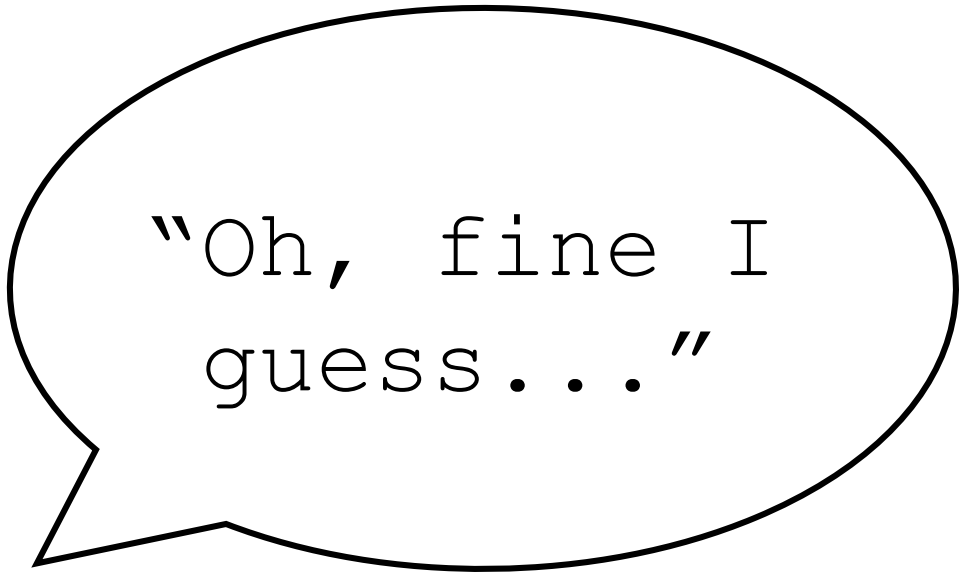
Why do patients use clues?

- Troubles resistance (Jefferson, 2015)
- Legitimacy (Pollock, 2007)

Patients drop clues in around 52% of primary care visits (Levinson, 2000)

I. Recognising Emotional Cues and Clues

- What do clues look like?
  - "Downgraded conventional response to inquiry" (Jefferson, 2015)
  - Emotional talk embedded in physical examinations (Levinson, 2000)
  - Expressions of frustration (Tarber, 2014)



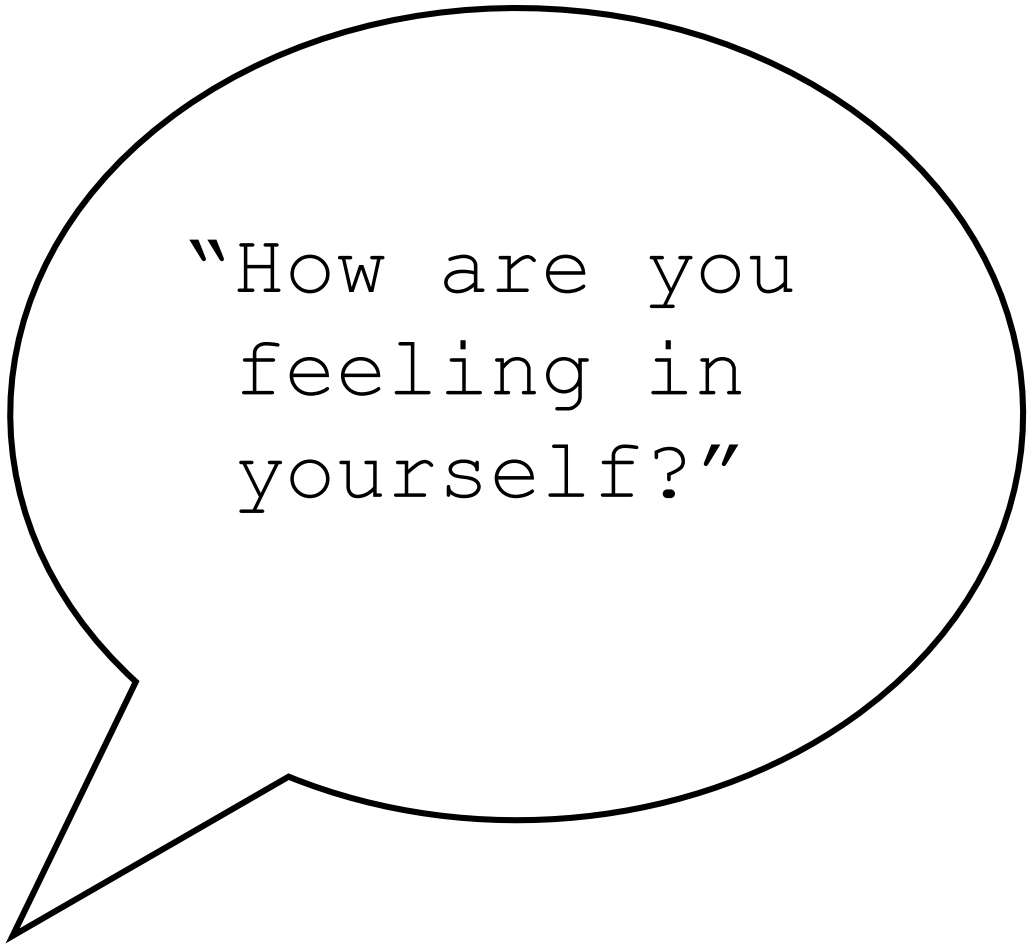
2. Effective Question Design

- Heritage and Robinson (2006): Questions:

1. Set Agendas
2. Have an epistemic stance
3. Have a preference

2. Effective Question Design

- Direct questions about emotions - put them on the agenda
- Ask the question in a way that makes it easier for patients to give an affirmative response (Miller, 2013)



3. Attentive Listening

Demonstrating attention:

- Eye contact, an attentive posture, and not interrupting, are all associated with increased identification of emotional problems (Goldberg, 1993)
- Turn to completely face the patient during the problem presentation (Ruusuvori, 2001)
- Continuers such as 'mm hm' help patients to keep the floor and give a full story (Gardner, 2001; Suchman, 1997)

The Issue of Time

- **Missing emotional agenda may cost more time**
  - Consultations with missed opportunities are 3 minutes longer (Levinson, 2000)
- **Intrinsically therapeutic**
  - Recognising emotional clues = better GP-patient relationship (Suchman, 1997)
  - Quality of the time valued over amount (Pollock, 2002)
  - More listening = higher patient satisfaction (Cape, 1996)
  - Good relationship = Therapeutic benefit over antidepressants (Malt, 1999)

Investing in the Beginning

Current	Opening	Problem	History taking	Treatment recommendation (persuasion and negotiation)	Close

Proposed	Opening	Problem Presentation	Exploration, Validation, Normalising	Shared management plan and/or book follow up	Close

Take Home Message

1. Non-disclosure of emotional problems is more complicated than patients simply withholding concerns.
2. Simple techniques such as recognising and responding to clues, effective questioning, and attentive listening improve disclosure of emotional problems
3. **Creating space is therapeutic**

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Thank you

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