

Tonight's webinar will begin shortly



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2022-23

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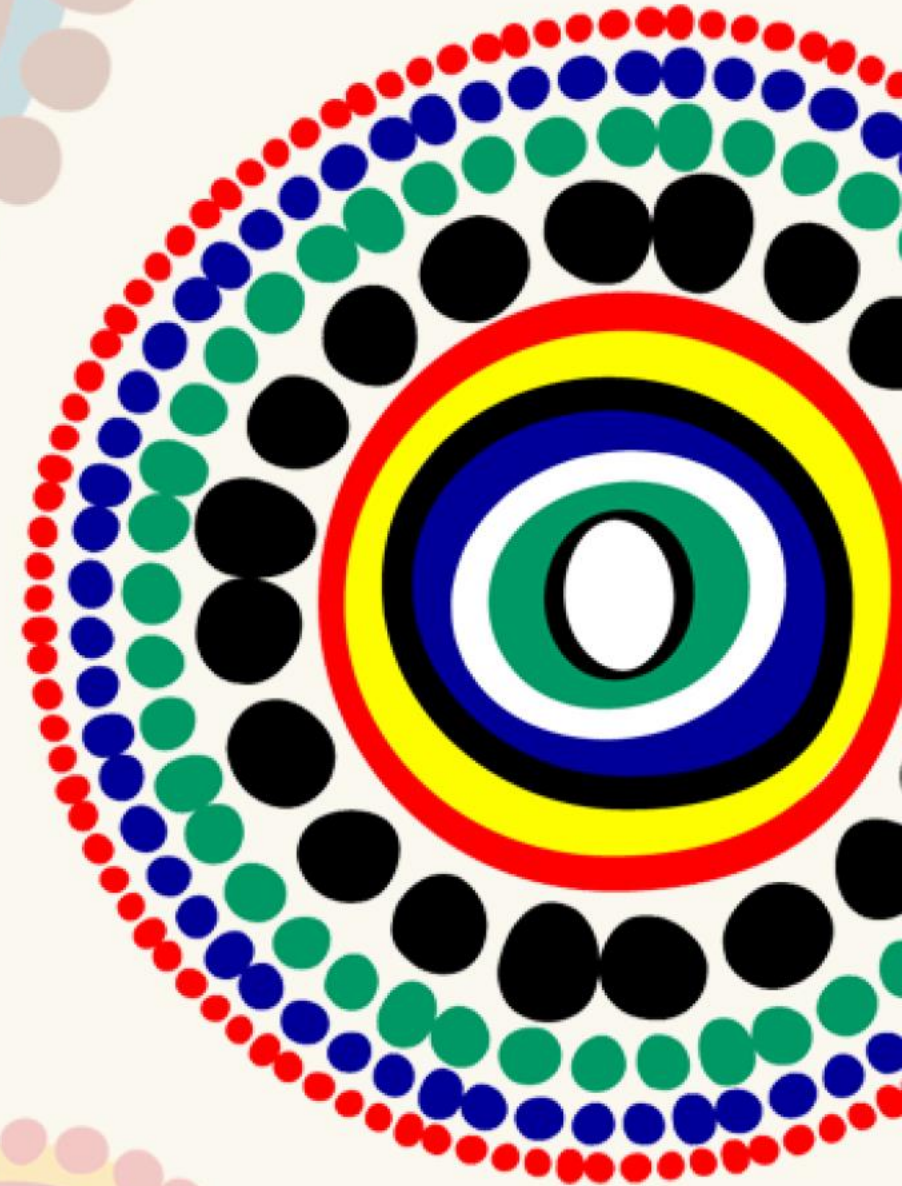


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After six years of diabetes check-ups, you notice that *pigmentation on her cheek.*

You decide to excise the lesion and find early melanoma.

General practice – everything you've trained for **and more**



become a GP



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2023

Sydney, Australia

26–29 October 2023

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Practice Owners National Conference



20–21 May 2023, Adelaide
#GPPracticeOwner

The conference offers opportunities to learn,
knowledge-share with peers, and generate real
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GPBT



General Practice Business Toolkit

Helping you look after the business side of general practice

Establish, manage and enhance your practice using our new General Practice Business Toolkit.

Build a sustainable business with six easy-to-navigate modules and a brand new set of interactive tools.

- Use the billing calculator to learn how to achieve your financial goals.
- Design your ideal practice layout.
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TO FIND OUT HOW YOU CAN GET THE MOST OUT OF THE TOOLKIT, VISIT www.racgp.org.au/gpbt



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We will begin in 30 seconds



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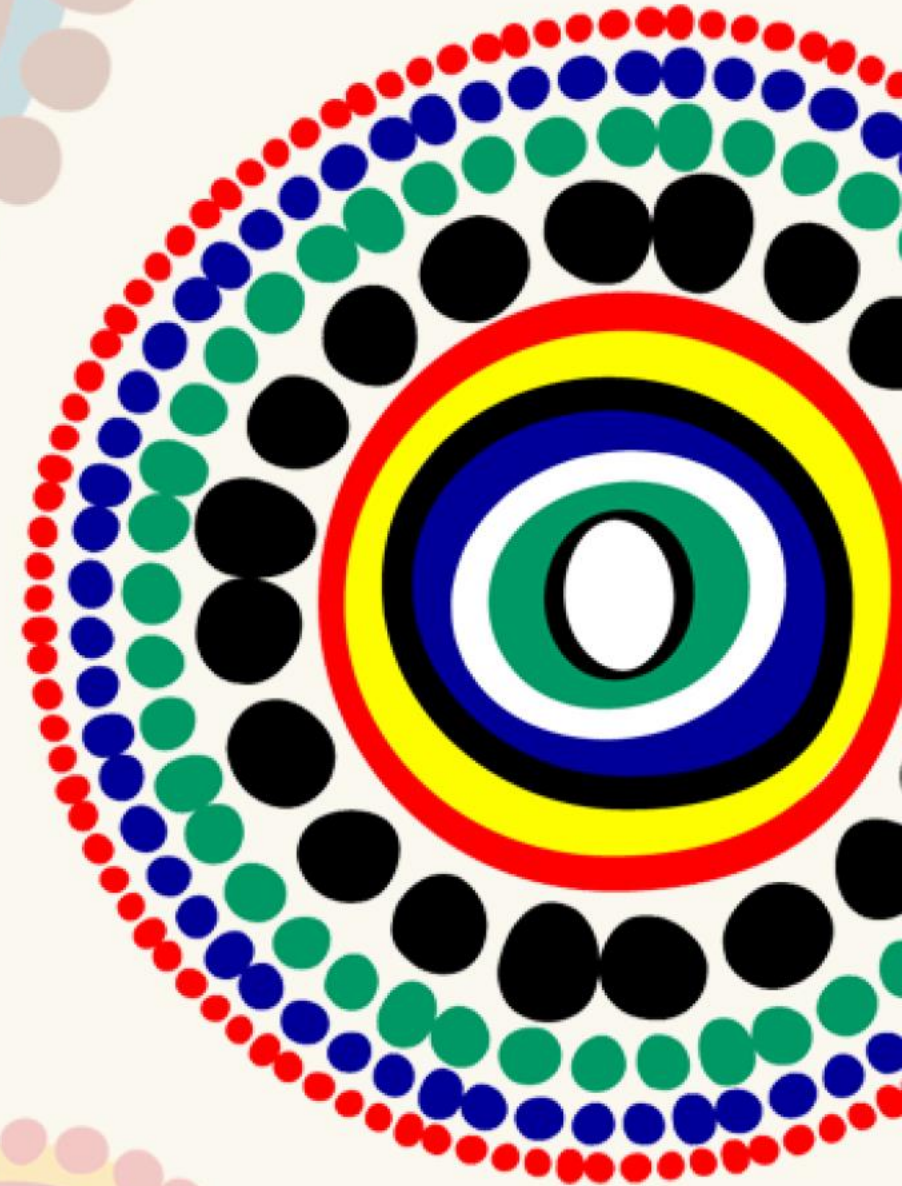


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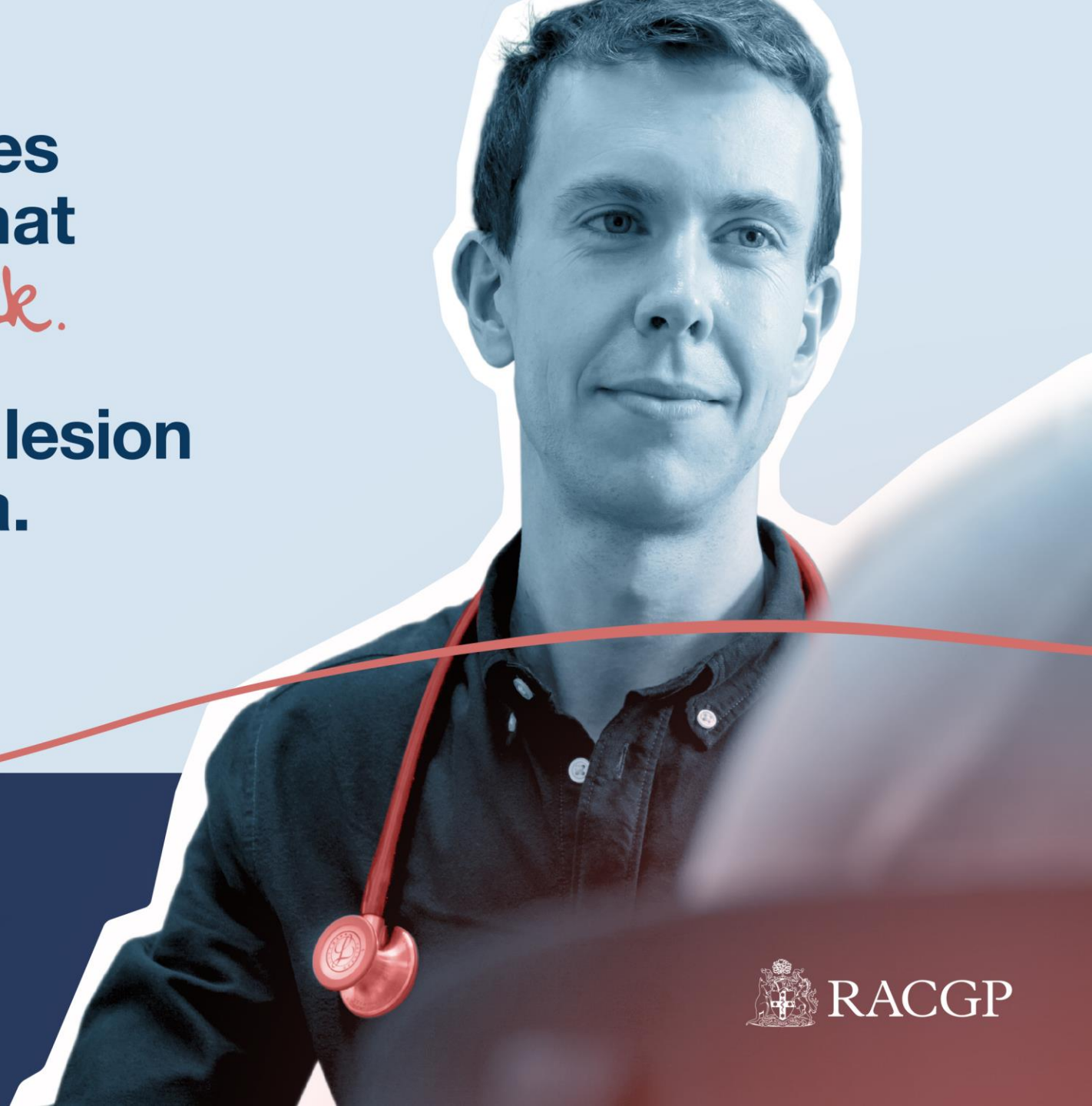
General practice – everything you've trained for **and more**



become a GP



RACGP



Welcome to tonight's webinar



RACGP

Connecting with families: Common practice challenges in child mental health

RACGP and Emerging Minds



Where is my control panel?

Your control panel will appear as a bar at the bottom of the presentation screen

Welcome to tonight's webinar

If you cannot see your control panel, hover your cursor over the bottom of the shared presentation screen and it will appear

Audio Settings ^

Raise Hand

Q&A

Leave Meeting



RACGP

CPD **Approved**
Activity

Educational
Activities

1.5

hours



Dr James Best

GP Host

RACGP chair, Child and Young Persons Health

Acknowledgement of Country

I would like to acknowledge the traditional owners of the lands from where each of us are joining this webinar tonight.

I wish to pay my respects to their Elders past, present and emerging.



Partner



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Poll

Had you heard of Emerging Minds before registering for this webinar?

Poll

Have you used the Emerging Minds website resources or previously completed an Emerging Minds eLearning course?

Who are we?



Dr James Best
RACGP Chair, Child and Young
Persons Health



Amanda Peters
Lived Experience



Dr Cathy Andronis
RACGP Chair,
Psychological Medicine



Dr Ewa Bodnar
Child & Adolescent
Psychiatrist

Learning outcomes


1. Identify challenges that arise when engaging with children and families in general practice setting
2. Outline the benefits of a whole-of-practice approach in supporting families and children.

Case Study





Amanda Peters
Lived Experience and
Emerging Minds Family
Partner



Connecting with families A parent's perspective

Amanda – Emerging Minds Family Partner

Mother of two

The importance of having a mutual respect

- Keep an open mind
- No one knows my children like I do
- Work together with me for the best outcomes for my child



Let me paint you a picture of my experience to illustrate what's important from my perspective when you're connecting with me and my child...



A woman and a young girl are shown in profile, facing each other and smiling. The woman is on the left, and the girl is on the right. They appear to be in a waiting area or a reception desk. The background is slightly blurred, showing what might be a reception counter or a wall with some notices.

How your practice can help me

When we first arrive...

- Small considerations by reception staff can make a world of difference
- A child friendly space while we wait



How your practice can help me

When we enter your room...

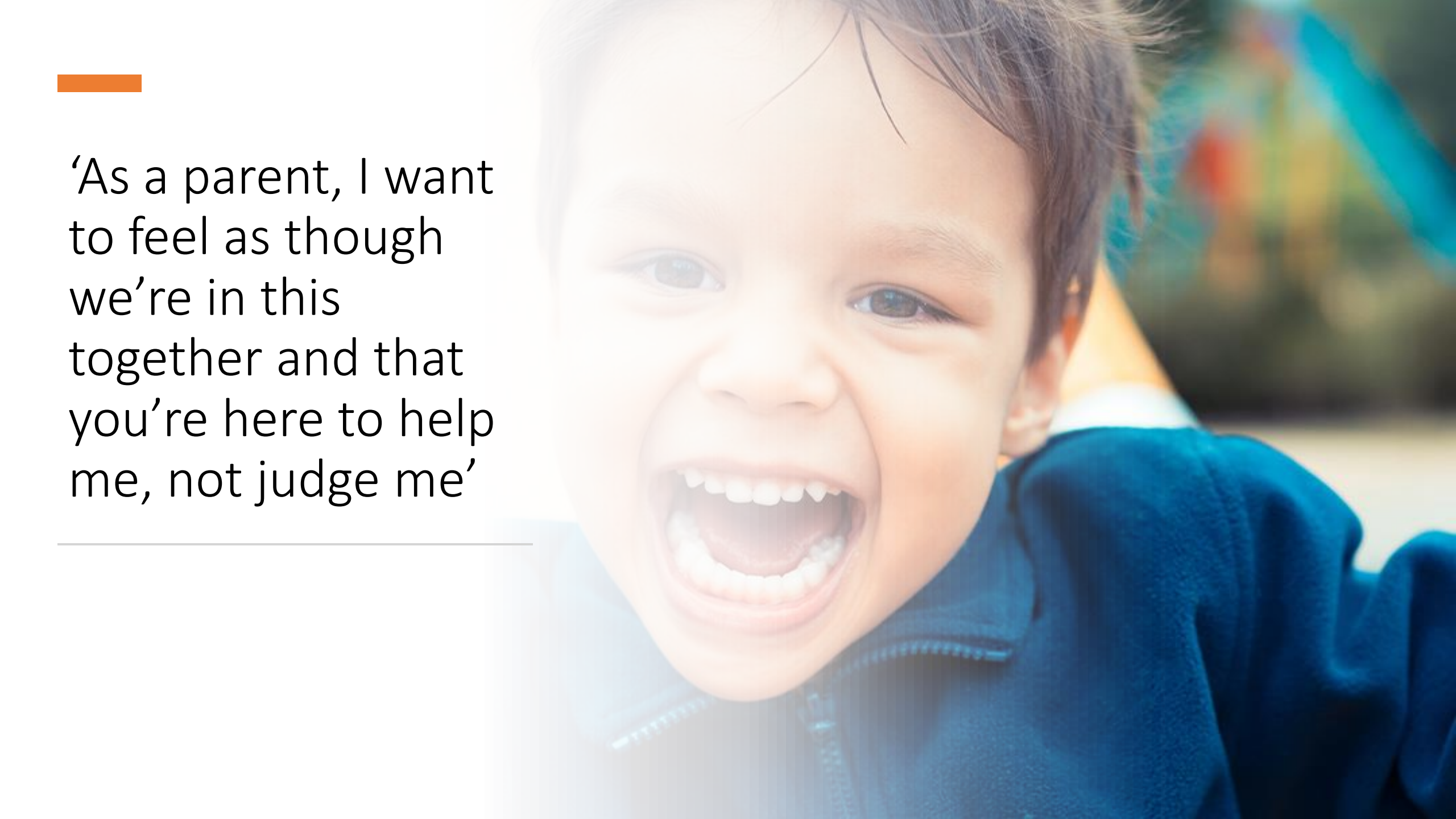
- Acknowledge what it took for me to get to the appointment
- Recognise the impact of an appointment running late
- Use our names
- Take your time and listen to me
- Talk with my child
- Have some balloons, some stickers, some paper for drawing while we talk

How your practice can help me

To keep us coming back to see you...

- If there is more to address than the time we have, make another appointment
- Be non-judgemental and ask how I am managing as well
- Provide written information for me to take away
- Talk with me about how a follow up appointment could look:
 - first appointment of the day?
 - a longer appointment?
 - a phone appointment?
 - what will be the purpose of the appointment?
 - what are some next steps we can take?



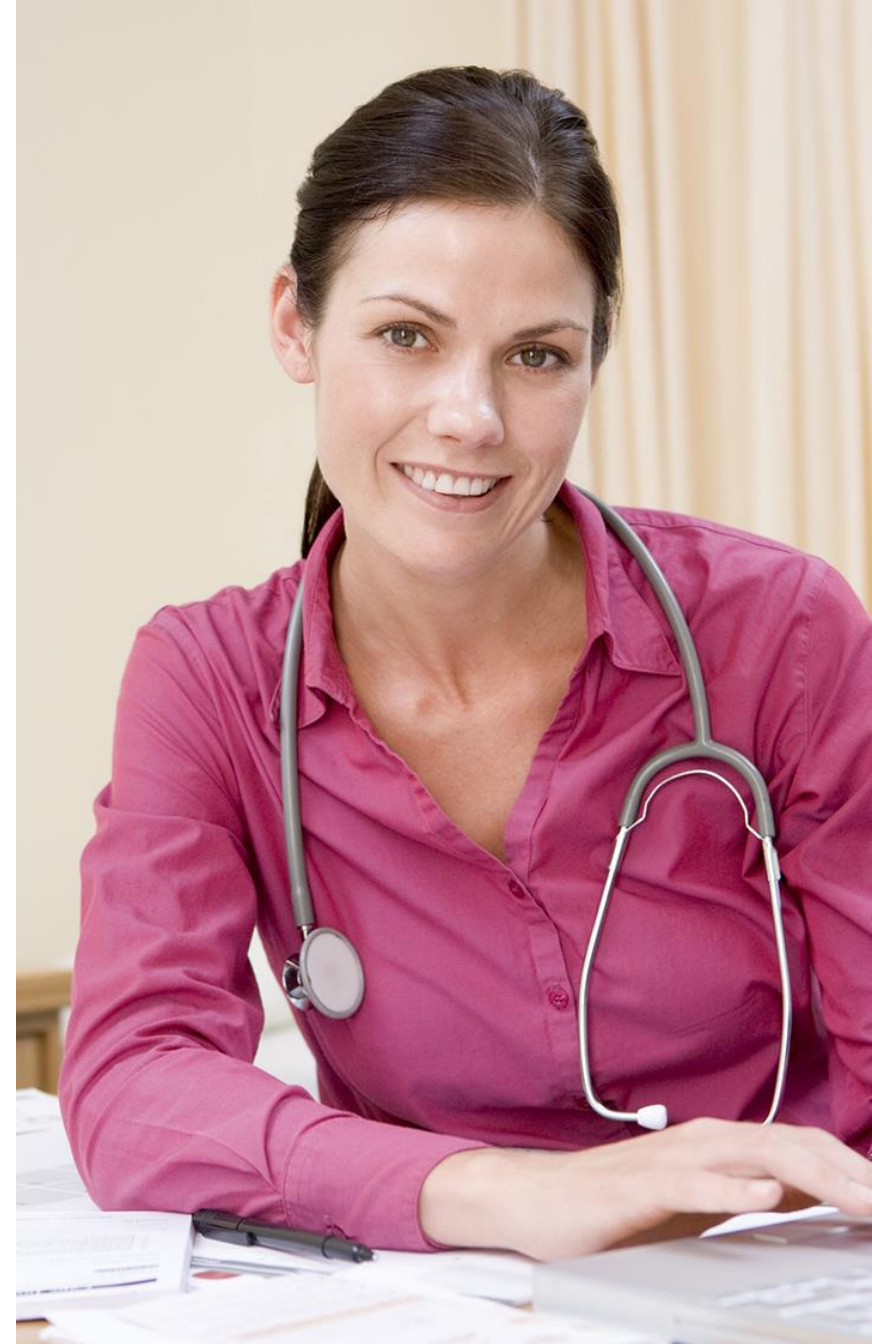
A close-up photograph of a young child with dark hair and eyes, wearing a blue zip-up jacket. The child has a wide, open-mouthed smile, showing their teeth. In the background, a colorful parrot is visible, slightly out of focus. The overall mood is bright and happy.

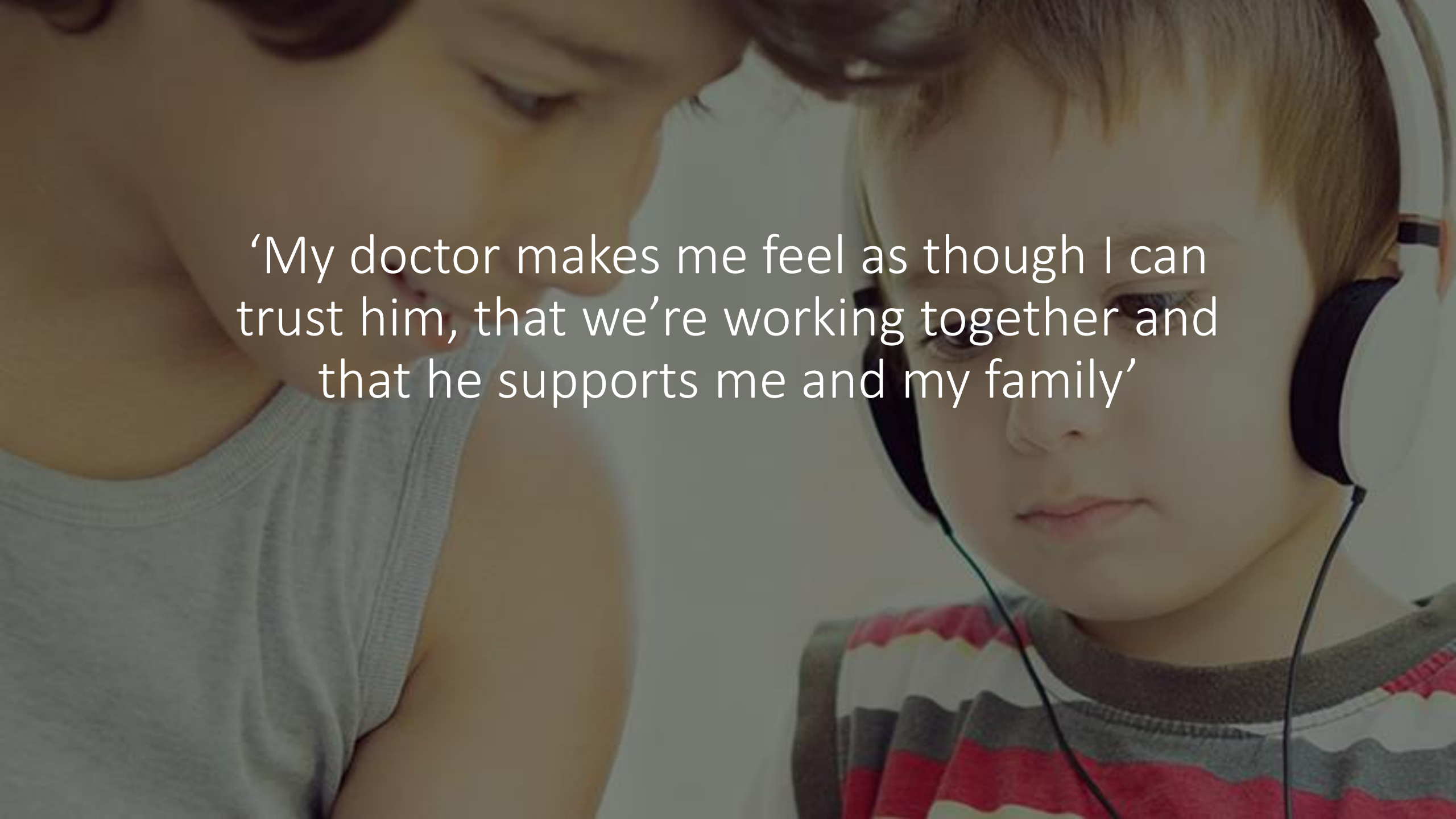
—

‘As a parent, I want to feel as though we’re in this together and that you’re here to help me, not judge me’

Some helpful approaches that I've experienced

- Being acknowledged in the waiting room, even if our appointment isn't with that GP
- Being greeted with a warm hello and having little real life stories shared
- Being asked about my children by name on a visit that is just for me
- Being empathised with, even though the GP didn't have children of his own – being told funny stories about his niece and nephew instead
- Literally being saluted for the parenting job I do!
- Help with breaking things down into steps when something feels too big to manage
- Having things written down or printed off for me then and there so I can take it home and read through it at my own pace
- Having the pros and cons of things discussed with me, and involving me in the decision making
- At the end of the visit, always being asked if there's anything else he can help with
- Never being made to feel rushed



A close-up photograph of a woman on the left and a young child on the right. The woman is looking down at the child with a gentle expression. The child is wearing large white headphones and looking slightly to the right. The image has a soft, slightly desaturated color palette. A white text quote is overlaid in the center.

‘My doctor makes me feel as though I can trust him, that we’re working together and that he supports me and my family’



Dr Cathy Andronis
RACGP Chair,
Psychological Medicine

Connecting with Families

Common Practice Challenges in GP child mental health

Connecting with families in general practice

SETTING THE SCENE: A child-centred and family-focused approach

A GP, a young child and his parent: engaging with the young child, listening to the parent – Taking Control of the Process, Not the Patients.



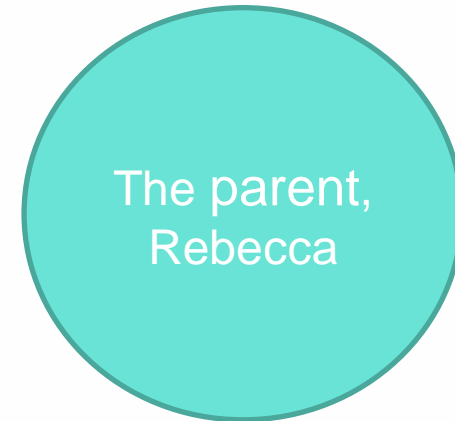
- Running Late
- Observes child behaviour
- hears parent's concerns
- ?feels chaotic/ "too much"
- ?Overwhelmed



Bouncing around the room, **interrupting**, **poking** baby sister



Upset



Anxious, overwhelmed feeling **frustrated**, "powerlessness"

The GP actively listens and responds (What we usually do)

Leo's Perspective – mostly indirect, non verbal

Behaviours

Mum's Perspective – Ideas
Concerns
Expectations

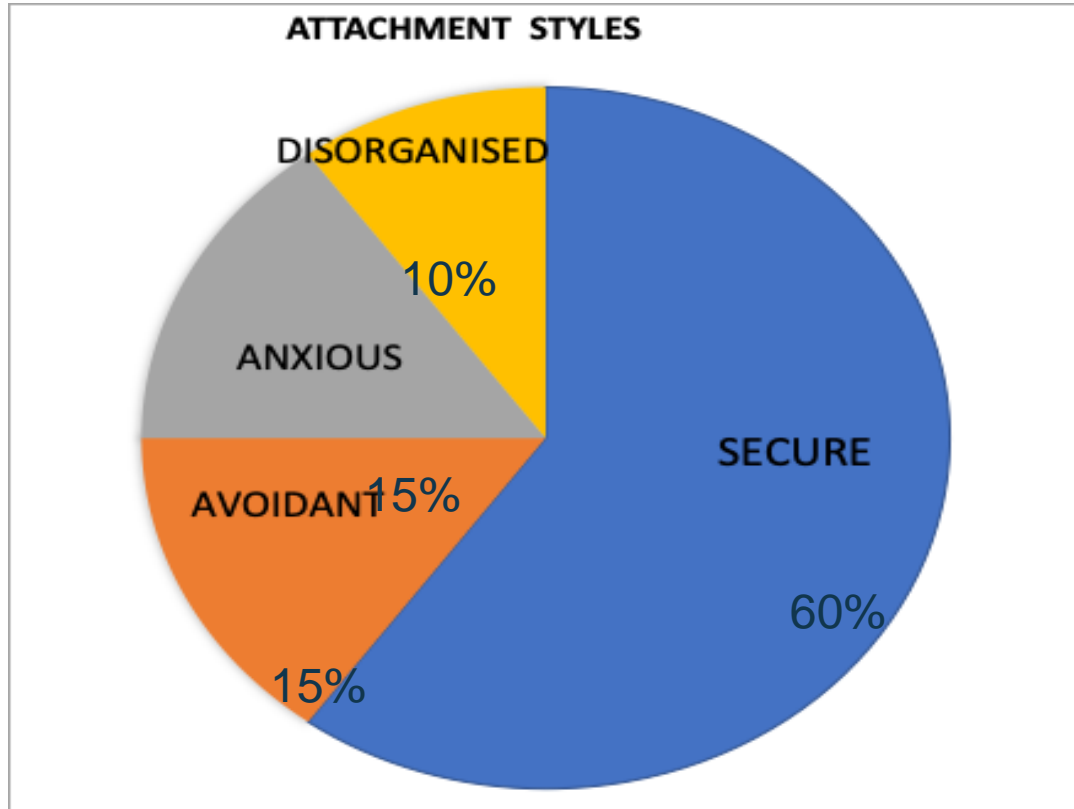
Words, emotion, body
language

GP's Task:

Naming the emotion, normalising
Understanding
Respectful and appropriate responses
Silence and Supportive statements
Empathy, exploring

Listens and
Responds

Back to basics: Security and trust in relationships



Develop in early childhood in relationships with adult caregivers Relationships are essential for normal social and emotional development.

Adult attachment style – based on childhood patterns but can be changed, not fixed.

SECURE ATTACHMENT is characterised by:
Accessibility
Predictability
Caring and Responsiveness/Respect

Building Secure Relationships and Repairing Attachment Injuries

A respectful and **secure doctor- patient relationship**, including trust and confidentiality, **can mirror secure attachment**.

Accessible

- are you available when I need you?

Predictable

- can I rely on you?

Care

- am I important, do you care about me?

MICRO-SKILLS - validation; reassurance; normalising, encouragement; empathy; mirroring, active listening and understanding; curiosity

-“ **Holding Hope**” for the patient.

-Regular review and availability -safety netting

-“*The Power of Discord*” – Ed Tronick 2020

Being Patient Centred: Safety and the “Window of Tolerance”

Our capacity to **feel safe** in any specific context is dependent on our **autonomic nervous system**

ANS- Fight, Flight, Freeze (and Fawn) responses are survival strategies

Emotional Regulation is our capacity to feel safe in a context

Dan Siegel: concept of **Window of Tolerance** – the wider our window, the greater our **resilience** and capacity to stay balanced

When we are emotional regulated, we have the capacity to think, plan and respond mindfully. Essential for learning and trust.

Sense of Safety in the Consultation

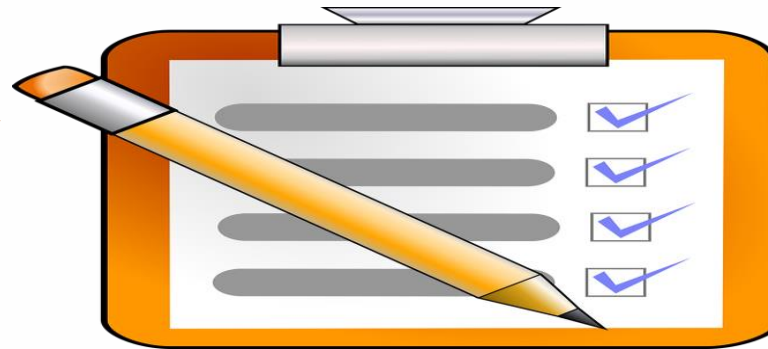
HYPERAROUSAL

Fight and flight
Sympathetic drive
Preoccupied

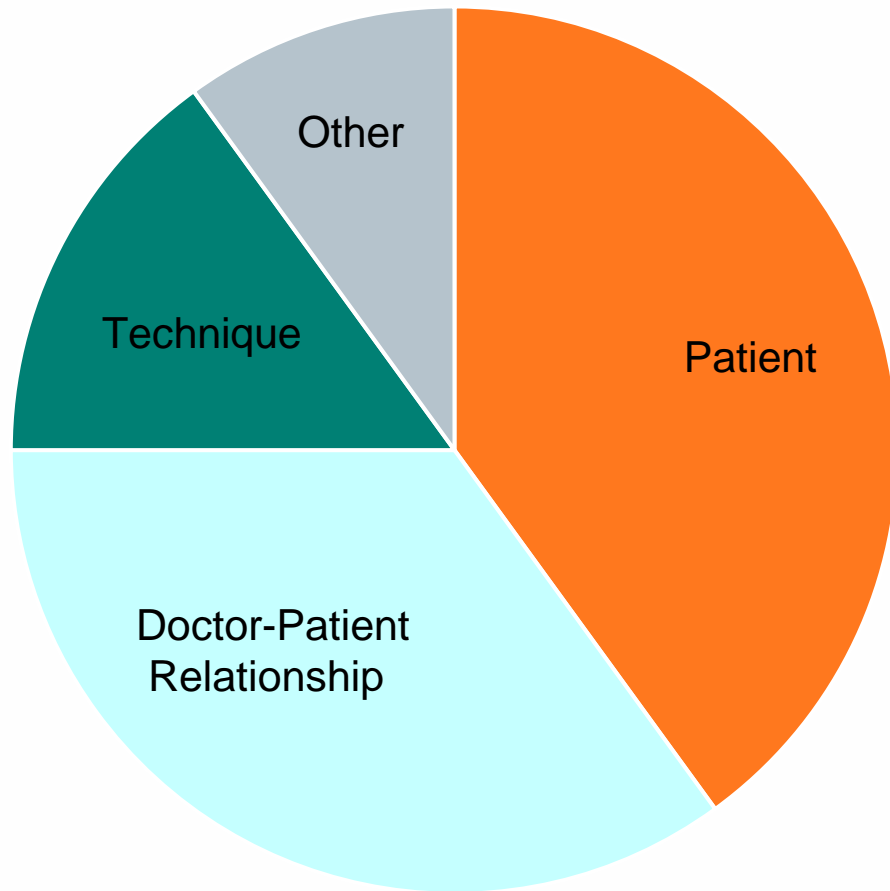
Window of Tolerance
Capacity to think and plan
And interact mindfully
Feel **SAFE**
AND balanced

HYPOAROUSAL

Freeze state-
Parasympathetic drive
Spaced out, dissociated
Depressed, not present



Change factors in therapy



Patient factors 40%
Therapeutic Relationship 35%
Technique 15%
Other 10%

Microskills

are integral to our understanding of the patient (biopsychosocial), the therapeutic alliance, clinical interview, examination techniques and our selves as doctors.

Clinical Micro-skills of GP Engaging with Leo and his mother (How we Do It)

BASIC PRINCIPLES – what’s going on

Provide structure

Build Rapport (attunement throughout consultation) purpose of consultation;
Active listening (reflecting, eye contact, paraphrasing); **empathy** – implicit and explicit/ verbal, non-verbal.

Bridging the **GP** (disease prevention model OR “I need to take control”) and **Patient** (social stressors, “I’m out of Control”) **Perspectives**.

Balancing conflicting needs. GP is time poor, Mother is Tired and Frustrated.

Notice positive interactions and emphasise them explicitly –Reward and Validate Positive Interactions in order to **Empower** the patients.

General statements regarding the **Reality of Parenting** – including acknowledging unrealistic or unhelpful societal expectations – **Understanding vs Normalising**.

Clinical Micro-skills of GP Engaging with Leo and his mother (Summary)

There are lots of balls in the air- **Prioritise CONNECTION**

The GP needs to **LISTEN actively**, **EMPATHICALLY VALIDATING** the parent's position, **ACKNOWLEDGING** her distress, including the **long wait time**.

GP needs to **ENGAGE WITH ALL FAMILY MEMBERS**, encouraging **SECURITY** and **TRUST** (between mother and child, and between GP and patient(s), before **exploring** the behavioural **concerns** raised by Rebecca.

The GP can **encourage** the mother to **express** her emotions and beliefs, then **REASSURE**.

Specifically engage Leo (and Baby sister), '**SPEAK their LANGUAGE**', show interest.

The GP is **Mindful of the children's presence**, needs to maintain **SAFETY** (bio, psycho AND social).

Support the mother by giving SPECIFIC, contextual feedback, ASSERTIVE guidance and modeling BOUNDARIES.

The GP remains **CALM** and **Objective**, **Witnesses** the mother's challenges

GP needs MINDFULNESS of self.

Only after the mother has '**felt heard**', can she be **open to further exploration** of the child's 'problem' behaviours.

Securely **BALANCING** the needs of mother and child (the 'identified patient'?)

NOTICE POSITIVE interactions and **VALIDATE** explicitly as they occur.

Whole of Practice Engagement

Waiting Room – ambience, **designated children's area**

Time – communication regarding delays, **waiting time management**

Include nurse or other staff members to engage with child during the waiting time

Accommodate parental and child needs – eg best times to schedule appointments and reviews including biological needs of the child

Provide a space for **privacy** – eg breastfeeding or distressed child

Reception staff strategies – indicating delays, when to alert or “interrupt” GP – **PRACTICE COMMUNICATION**



Dr Ewa Bodnar
Child & Adolescent Psychiatrist
Queensland Centre for perinatal and infant
mental health

Emerging Minds

Seminar 1 - Connection

Ewa Bodnar (Psychiatrist)



Queensland Centre for Perinatal and Infant Mental Health

Website: www.childrens.health.qld.gov.au/qcpimh



Case Study

- Leo presents with very common issues that can have multiple aetiologies
- Mum is worried, embarrassed, exhausted and overwhelmed
- The consult is off to a bad start
- Mum is frustrated and apologetic

SO
What next?



Play and Rewind



How to get the best out of
this consult



How to improve your chances that
the next similar consult will start
off better



How do you save this consult?

- Apologise
 - Take charge kindly
- Minimise the agenda for the session “first step”
 - Discuss the follow up options



Connecting in Difficult Situations

- Be a fellow human first
- Ask mum what would help (give options) – “would it help if I...”
- Show mum you are comfortable and capable with the situation – “that’s why I wear pants to work so I can sit on the floor”
- Be aware of what works for you in engaging children – not everyone is the same
- Empathise but don’t over share





How to set up better

- Not every GP has influence over their set up
- You often won't know what issue a new patient will present with
 - Booking system – message / different options / prompt to call if booking for young kids
 - Reception – space / staff
 - A decluttered / paediatric / counselling space
 - Safety check - Door handles / power points / height of equipment / think like a kid

In Summary

- This is a hard situation for all involved
- Acknowledge the challenges
- Take charge kindly and respectfully
- Make a plan, even it's just to meet again
- Plan ahead for future similar consults – they will happen!
- Remember you will have helped if you made the family feel comfortable in your presence



Thank you



Emerging Minds

General Practice pathway

Mental health is a vital component of a child's development and lifelong wellbeing.

These online courses have been developed to build your knowledge of child mental health and the opportunities you have to improve child outcomes.

Emerging Minds has a range of toolkits, practice papers, webinar recordings, and podcasts for GPs.

learning.emergingminds.com.au

Supporting children and families in general practice after a natural disaster or community trauma

1HR

This course is for GPs working with families and children affected by natural disasters such as fire, floods or storms, or by community trauma events.

Supporting children's resilience in general practice

3HRS

This course provides GPs with a conversation guide to assist their work with patients as parents, as well as a rationale for why GPs should conduct preventative conversations with parents about their child's mental health.

A GP framework for child mental health assessment (5-12 years)

6HRS

This course is for GPs who wish to increase their skills in assessing, managing and supporting children (5-12 years) with mental health difficulties.

A GP framework for infant and early childhood mental health assessment (0-5 years)

6HRS

This course is for GPs who wish to increase their skills in assessing, managing and supporting infants and young children (0-5 years) with mental health difficulties.


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Specific Interest Group
GPSI@racgp.org.au

A red banner with white text and a network diagram on the right. The diagram consists of a central circle connected to several smaller circles by lines, set against a background of faint, larger circles.

RACGP
Specific Interests

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Q&A and panelist discussion

Please type your question in the Q&A box below or
upvote a favourite question