Mental Health

With Steven Bruce and Nick Prior

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Steven Bruce 28:05

We are looking at mental health, and my guest is Dr Nick Prior. Nick is an NHS psychiatrist and describes himself as a mental health campaigner. He's also the founder and CEO of an organization called minderful. Nick, good afternoon.

Nick Prior 28:46

Good afternoon. Stephen, great to be here.

Steven Bruce 28:48

Well, thank you so very kind of you to give up your time before we start. Obviously you are, as I've said, an NHS psychiatrist. I gather from what we were saying earlier, you're working in intensive care mental health, but you've also got personal experience of mental health issues yourself, haven't you? Could you give us a bit of background on all of those things and perhaps on minderful

Nick Prior 29:07

Yeah, I think I'll just try and give a bit of a summary of why I'm so passionate and motivated about mental health. And I think it's, it's really because of two main reasons. One is my own experience with bipolar. I was diagnosed early in my 20s, had some very severe depressive episodes. Have been hypermanic, what you would call high and it's had a big impact on my life. But what it has given me is a is a really strong sense of purpose and motivation. And actually, it sent me back to school. I went back to study medicine, knowing I wanted to be a psychiatrist, knowing that I wanted to try and minimize other people's psychological distress, and the kind of the terrible experiences that so many people go through,

Steven Bruce 29:52

I think people might be surprised to hear that you could manage first of all, medical training, but it a career in medicine when you are, as you say, you suffer from depressive episodes or have done and bipolar issues yourself.

Nick Prior 30:08

Yeah. I mean, I think I've been very lucky. I've been very well supported by my family. I've probably had a few more lives, or cat's lives, than others would have done. And to be honest, I mean, at times, there has been a couple of sliding doors, moments where I very nearly did give up, or got to the point where I thought this is too much for me. But I think the overall point to make there, though, is is that, you know, when we think of mental health, we think of those crises that occur when people are really unwell. But the amazing thing about the vast majority of mental illnesses is that when you're well, you're back to your normal self, and you're back to functioning at 110% so if you can just get on top of it, so that you can be stable and consistent enough for long enough, you can achieve just as much as anyone else,

Steven Bruce 30:52

Can you tell us anything about the intensive care unit you work in? It's probably not relevant to today's topic, but it might be of interest to people, if nothing else.

Nick Prior 31:02

Yeah. I mean, part of being a trainee and training as a psychiatrist in the NHS means that you get to go all over the country, but also into lots of different environments. So my previous job was actually at Broadmoor, so I was seeing a very extreme caseload there. But at the moment, I'm working in what's called a psychiatric intensive care unit, and that's really at the hard end of mental health. So if you think about the fact that 90% of mental health is managed by primary care in GP settings, then you have community mental health teams, where about 9% of the remaining 10% is managed, then you have about point 9% of the remaining 1% managed in normal open wards, and then you've got to that last point 1% where we're looking at where they need extra support and extra staffing levels to manage the risk on the ward.

Steven Bruce 31:54

I suspect the people watching this show are never going to come across, or very unlikely to come across, the extreme of mental health disorder, the way you do. But I

suppose, too, that there are two aspects to what we want to talk about today, one of which is how do we recognize a need in our patients, given that we are primary care practitioners, so we could be the first people to notice this, and therefore, what advice can we give them? But also perhaps whether that, if there is a difference, how one would recognize the need in oneself for some support?

Nick Prior 32:28

Yeah. I mean, I think there's lots to say here. I'll give a few points, and by all means, so direct me back to it. I think the first point to make is that once you're unwell, it's very difficult, and this is obviously a generalization, but when you're anxious, you're too scared to ask for help. When you're depressed, you don't think you deserve help. And when you're psychotic, you don't think you need help. So by the time you're really unwell, someone else or something external needs to come in and intervene. And this is really why I set up Minderful and why I like to do work sometimes outside the NHS is that actually it's much more exciting thinking about it at those early stages, that kind of preventative stuff side of the equation. And I think starting with you know yourself as an individual, you know a lot of it is, is kind of practice around self awareness and actually asking yourself some simple questions. So a lot of people, especially today's world, where we've been constantly distracted, we've got all these dopamine rushes from social media, from, you know, fast food, from just the being hyper connected all the time, means that we don't ever give ourselves the space to actually reflect where we are in terms of our psychological selves. And I think, you know, with the audience here today, I mean, the best place to start with, and I think many of you will have heard of it before, is the biopsychosocial model. And if, if you don't mind, I might just do a quick splurge on the biopsychosocial

Steven Bruce 33:54

No, please do. It's something that we, you know, we are all constantly reminded of in our practice. So anything else is very helpful.

Nick Prior 34:02

Yeah, so I think with the biopsychosocial model, what we're saying is, particularly with the mind, is that there aren't any tests - I don't have any blood tests, I don't have any MRI scans to tell me exactly whether someone's got depression or not, we have to be led by the signs and symptoms of the individual subjectively and what we can observe in their behavior objectively. But really there are three main kind of buckets in terms of things that can feed in to building up a picture of illness. You've got biological components, so the bio part, so you've got genetic vulnerabilities. And

actually we know that with a lot of mental illness, in particular things like schizophrenia and bipolar, if you have an identical twin and you're separated at birth, and one of you lives in a completely different environment, maybe in a very loving, supportive, financially secure environment in the UK, and someone else is living in the slums of Mumbai without any family. The correlation is, if one of them has schizophrenia, there's a 50% chance the other one will so we know that there are strong genetic factors with a lot of mental illnesses. So that's the biological side. So we need to be thinking about that. So one thing you can just gently think about is, what's your family tree like? Is there a lot of mental illness in your family? Then there are the psychological factors. So how were you brought up by your parents? Were they disciplinarians? Were they laissez faire? How were you taught from a very young age to behave and what was the right way to behave? Was I bullied at school? Was I abused by someone in my childhood? Any kind of significant impact kind of growing up will have as a corollary, it will have an impact on how you behave and respond to your current surroundings. So with those factors, what I would really encourage is just a bit of self reflection and journaling would be the number one thing to do, just so that you're doing on a regular basis, you're just reflecting on your emotions and your behaviors and your cognitions and just observing are things particularly difficult at this time or not? And I think the main thing is, is the world is so busy, it's about recognizing that actually, you can't do everything perfectly. And one of my favorite psychologists is Donald Winnicott, and he came up with the concept of a good enough mother, and by that, he's saying you can't be perfect. In fact, if you were perfect, you wouldn't be allowing your child to learn. And the principle applies, actually, to any individual. We need to accept that we can't be perfect. That's unrealistic, and actually, we've got to be really happy about being good enough. And then lastly, from a social side, the last bit of the biopsychosocial model is what's going on in your environment right now, and this is the area that that I'm getting most excited about. It's what are you doing day to day to look after your mind and body? Are you doing that exercise that you know you should be doing? Are you having a good diet? Are you doing having a hot bath before you go to bed? Are you doing some breath work? Have you over time as an adult, discovered the high impact activities that make your mind tick. So, yes, so I think there's lots. It's very multifactorial, looking after the mind, and it's about going into the world, being inquisitive, curious and discovering what works for you.

Steven Bruce 37:19

Interesting. You said, Are you having a hot bath before you go to bed? Is that an important part of mental health conditioning?

Nick Prior 37:29

So when we've a lot of the work I've done has been is around positive behavioral change, and it's about recognizing how hard it is to get people to do the things that they know they should do. So a lot of it's about simplicity. And as it happens, by we created a bucket at Minderful of about 60 different wellness activities that there was a good and safe evidence base that they could have be positive. But actually, the more and more we applied it, we realized that actually putting 60 out there was too confusing, and we actually ended up identifying three, high impact ones that we would always say, these are the ones that you should start with. And the three included were exercise, breath work and temperature change, and that could be cold shower or a hot bath at night, but that it is very much from the research I've done, a very powerful effects on managing stress and looking after your mind.

Steven Bruce 38:23

Is there a good evidence-base behind those is there? I mean, particularly the temperature changing, because I've always, I've always wondered about that, but since it became so popular over the last few years, the idea of the Wim Hof Method or cold showers in the morning, whatever it might be

Nick Prior 38:39

Yes. So, I mean, if you think about it physiologically as well. I mean, if you're if you're doing it properly, and you are getting really cold, the transition in terms of where the blood supply goes. So obviously, your core body temperature in the cold is saying, We've got to protect ourselves. We've got to keep ourselves warm, so that you're basically seeing about one liter of blood that would normally be in the peripheries being moving into the core, and it's just shift physiologically that is telling the brain to kind of de stress, and it's creating this quite a significant impact on the body,

Steven Bruce 39:13

I remember there was a lot of argument over the benefits of heat or ice in MSK treatments in dealing with injuries, and I remember somebody telling me that it's, I think for the first eight minutes, the blood is taken away from the peripheries, but after that, it then floods back again. I've never seen anything written down to prove that. But how long, how long does my cold shower have to be to make this temperature change effective?

Nick Prior 39:43

Yeah, very good question. So it obviously depends on the temperature, how cold the shower is, but in terms of, normally, you're looking at a good at least 10 minutes, and it's and what we encourage and not taking it to too much extremes, but it's if you're in a hot bath, obviously. When you first get into it, it feels very hot, because the change is great, but once you've got settled into it, we would encourage adding quite a lot more hot water and really getting to that point where you're feeling that, not just a little bit uncomfortable, you're really pushing yourself to get to that level where actually you're creating a really significant physiological change,

Steven Bruce 40:25

Okay, and what about the breath work? Then we've done a number of shows on breath work. What's, what's the science, the evidence behind, behind that in regards to mental health?

Nick Prior 40:35

Yeah, I mean, I think, I mean the, the biological hypothesis underpinning it is this relationship between the parasympathetic and the sympathetic nervous system. And, you know, one really powerful thing about breath work is this, it's very core. So say, for example, someone comes into hospital and we measure their vitals to check their status. You know, one of the things we measure is respiratory rate, alongside heart rate, oxygen saturations, temperature, etc. It's a very core kind of measurement. And what we know is to actually, unlike with the heart, for example, I can't tell my heart to stop beating as fast as it is. I don't have direct control over it, but I do have direct control over my respiratory rate. And what is interesting is, is that we know that if you were in a fight and flight state of mind, a sympathetic nervous system, you would be basically starting to gasp and breathing quickly to get the oxygen in, to provide the oxygen to your skeletal muscle so that you can run away. So if you're feeling stressed, one way to tell your body is to say, actually, I'm fine. I'm safe. I'm going to slow down my breathing. And you can actually normal adults. Resp rate at rest is around 14 to 16, and most people can very comfortably get down to three or four brreaths per minute. And it's really just telling your body it's okay. I'm in the parasympathetic. I'm in that rest and digest state. And the other reason it's so useful is because it's so easy to integrate into your life. So even it's been proven now that five minutes can have a significant improvement in stress levels. And what I would encourage especially in the workplace, if you're feeling stressed or things are getting a bit overwhelmed, you can just step away, go to the toilet and just do four or five minutes of breath work. And the last thing I'd say on breath work is, I don't, I like to kind of demystify it. I think there's a lot of a there's a bit of a problem around breath work. People think it's got to be for gurus or people doing kind of meditation and stuff like that. But for me, you can create more complexity around it, but to start with, it's

just saying, I'm going to slow my breath rate down, take back control and turn off the fight and flight response.

Steven Bruce 42:51

Simon's raised a question. He's talking about the hot bath, but it could just as easily relate to spending five minutes doing breath work. He says, regarding the hot bath, surely there's a there's a benefit in this, because you're actually spending time by yourself, and you probably don't have your mobile phone or your iPad in front of you, because you don't want to drop it in the water. And I guess, I don't suppose anybody's ever assessed which aspect of having a hot bath or a cold shower it is, which is causing the problem. They make it, make some assumptions or assessments.

Nick Prior 43:23

Yeah, I think, sadly, I mean, because of this, the way you can't, it's much harder to commercialize these generic, accessible activities. So there isn't the funding to do randomized control trials, to break down to that, that detail. I haven't seen data that can do that. But I think we, you know, the good news about most of these activities, that is that we know that they're safe and we know that overall, a significant proportion of people get benefit. But I think, you know, I certainly look upon my wellness activities and think you know, how much bang for my buck can I get? Can I integrate one or two things in one go? So for example, you can do your breath work whilst you're in the bath. It's good time to do your breath work. So then you've done your breath work. You've done your thermal effects. And you know, if you're lucky, and you have a gym membership and there's a sauna there, or something like, you can go and do your exercise. You can go and have a cold shower and a sauna, and you can do some breath work. And you've kicked off my top three wellness activities, and probably within an hour.

Steven Bruce 44:26

Yeah, you mentioned the business of the breath work being a little bit mystical in some regard. So is there an enhanced benefit in say, going to see a yoga instructor or ever, perhaps adapt this and make it more complicated.

Nick Prior 44:45

Yeah. I mean, I think normally when I'm speaking I'm trying to engage kind of people who are not already doing it. That's my primary goal. But I think there are definitely layers you can add to it. So there are things like, the 4444, rules. You breathe in for four seconds, you hold for four seconds, you exhale for four seconds, and you hold for four seconds, and you keep going at that rate. And that keeps you at about what is it? I think it's three breaths per minute. It gives you something to focus on, and it's a very good kind of next layer of just keeping a basic structure to the breath work. But there are also some really clever, kind of more psychological tools you can do. So I often like to do visualization exercises when people are doing breath work. So you can kind of close your eyes whilst you're doing the breath work. You can cover them with your hands and by doing that, you can see patterns and light forming, and then you can start to try and identify a shape or and then start trying to, in that moment, bring yourself to a safe place or a time in your life where you felt very happy and secure. And it's just a way, a trick, yet again, to try and get yourself out of maybe a very stressful environment, and consciously trying to move yourself into a place where you feel relaxed and happy.

Steven Bruce 46:10

Yeah, taking Simon's question and turning it around slightly, he was asking about it being that you can get away from all your devices and distractions if you're in the bath or the shower. Do you think a part of the what I understand to be a growing mental health problem is attributable to the pervasive nature of technology, the number of devices, the fact that everyone's always face down on a mobile phone these days?

Nick Prior 46:36

Yeah, so there is a growing evidence base. Yeah. Again, it's difficult because it's one of these multifactorial things. But I think I spoke recently to an amazing man who's been a real like flag bearer for mental health for many years, a guy called Lord Layard. I had the opportunity to ask him a few questions the other day, and he said definitively that the evidence base to show the impact on poor mental health with particularly social media, is very strong. And he would advocate. He was saying, if there was one thing I could do, if I could have a magic wand, he would say, No phones in school, and no phones or social media for anyone under the age of 16. And actually, those rules sound quite simple, actually, but I think I'm not sure you'd have public outcry, wouldn't you with with the kids, but I think it is very clear now that these things are having a negative impact on people's mental health.

Steven Bruce 47:33

I suspect quite a few parents would be fine with the idea, but they'd have trouble enforcing it with their children. And of course, the peer pressure would probably induce other mental health problems between those and who do social media and those who don't.

Nick Prior 47:47

I think it would have that's why it would have to be a government led top down saying no one, and because that is the problem. I've spoken to, quite a few mums and dads who've said that they really hate these phones, and they can see the negative impact, but the stress, they call it, they just, they can't actually enforce it, because it just is so unfair. Other kids have got these things.

Steven Bruce 48:11

What is I'm turning now to the experience of our audience here today, who are, as I said, primary care clinicians. If you pitch up in my clinic, I'm not going to look at you and say, Ah, he's got some sort of mental health issue. He must be bipolar or anything like that. How willingly are people who have a mental health problem and know about likely to be about sharing that information? Because I imagine a lot of them are very sensitive about it. And equally, there must be some who haven't been diagnosed, and then they don't know what sort of information to share.

Nick Prior 48:47

Yes, I think the stigma is, sadly, very real. I think it's misleading how vocal and how much conversation is in the press and the media at the moment. On the ground, it's getting better, but there's still a significant amount of stigma around and I can say that from direct experience of where I work at the moment. We employ in my NHS Trust close to 17,000 people, and I helped launch the EDI. I hear you were going to do a talk on EDI the other day, so I'll just refer a little bit to equality, diversity and inclusion. But we set up a mental health network and we were doing a campaign where we were saying, can anyone who's got a mental health problem who works at the trust, who's happy to say that in a video and say it's good to bring your whole self to work, basically, kind of, and out of only six people who put themselves forward, I was the only person who wasn't a member of staff, who was actually someone who, what we call kind of a lived experience, kind of peer support member of the team. Ie they had come in specifically employed because of their experience with mental illness. So people are still very scared about it. And I think the in terms of being aware of it, I mean, like you say, it's not on your there's not a sticker on your head saying I've got bipolar, and there's nothing physical to show so really, it's about all

the big kind of buzzword at the moment to psychological safety in the workplace. So it's about the leadership, or yourself as a practitioner, creating an environment where it does, where people do feel able to open up, and they do feel that you understand. And how do you do that? You do that through role modeling, how you talk openly about it and things like that.

Steven Bruce 50:45

Yes, and I can see that that might be an approach to taking a large organization like an NHS Trust, but for most of our audience today, they will be working in relatively small practices, if not working as sole practitioners, where they aren't really having to set an example to any fellow staff members, because there aren't any, or there are very few of them. I am wondering, how do they go about it? How do they identify, recognize the clues that might be apparent in a consultation where their focus is on musculoskeletal injuries, but there might be that huge psychological component that you talked about,

Nick Prior 51:24

It depends on your own practice. I think there's a baseline expectation, which I think would be, you know, as your healthcare professional and primary carer, if someone is making it clear to you that they need help, I think you do need to understand the local options available. And I can't speak for everyone here, because I know it's across the UK and further afield, but we've done a lot of work in Northamptonshire recently with MIND there, and the landscape of trying to get access to mental health support is very complicated. But that being said, it wouldn't take more than an hour or two of sitting down, doing some research online and understanding where the good charities are, where some good options are in terms of wellness practices and stuff like that. So I think it would be about creating your own little signposting list. And I think just to have that and maybe have as a printout, and if you think someone's struggling, just say, I know some of these things are helpful. I just thought I'd give it to you that would be, I think, a very good baseline. If you want to get more proactive and be more in tune with it, I think a bit of an understanding, a bit of education around mental health… Maybe giving depression as an example, I'll just give you some of the symptoms you might see. So when you think about depression, there are three core symptoms. So there's the obvious one, low mood, but what comes with that is also what we call inertia. So lack of energy. Everything feels really hard. I'm tired all the time. And anhedonia, which I think is the most profound symptom of depression, which basically means the opposite of being hedonistic. So you've lost interest in anything. You don't you don't have that natural desire to go and see your friends or to do anything, so everything becomes an effort. And then you've also got two other triads. You've got a biological triad, so you've got things like change in

sleep pattern, you've got reduced libido. And basically, I I think the common the ones like depression, anxiety, if you're interested, those would be the ones to sit down and and just kind of get a baseline understanding of the signs and symptoms. Yeah.

Steven Bruce 54:01

And I suppose we are fortunate in that we generally have longer with our patients than the average GP does. So we can introduce some some different questions, and also, while we're applying treatment, we've probably got time to talk about anything we like with our patients. But it's also a concern that we don't step outside our area of expertise and start trying to pretend that we're psychiatrists, because we're not

Nick Prior 54:2

Yeah, and I think the simple rule there is, if you are feeling uncomfortable, then there's no responsibility on you to be able to answer these questions. As soon as you feel on that turf, you can say this is not my area of expertise, but I have done this research, and these are the places locally that I would recommend.

Steven Bruce 54:48

Okay, Simon says, His words, I don't describe myself as suffering from clinical depression. I say that I live with clinical depression, and it was hard at first to ask for help. Yeah, but if people need help, then they should ask for it early on, I guess they should know that they're not alone. That's clearly Simon expressing his own lived experience of a problem like this. And it was an area I was going to go into. I mean, how easy is it to recognize in yourself that you're getting to a stage, that you need help? I mean, clearly, if you start having suicidal thoughts and so on, then maybe that's quite clear cut.

Nick Prior 55:26

Yeah, I think it's, it's this difficult thing. It's got to, you got to catch it early, because as soon as you start falling down into the illness, you lose that perspective, and you don't, you start not responding in a logical way. And you know, many times when I've been depressed, I have just been so ashamed in that state of mind that I have just desperately tried to keep going. Normally, for me, it's getting out of bed in the morning is the hardest thing, and it would mean my first couple of years working as a doctor, I would be turning up late to work, but I just couldn't confront it, because it was too shameful in that state of mind. I couldn't talk to my consultant, or I was

seeing things in such a skewed way. So I think the main point is, if you're going to manage your mental health, well, it's being really attuned to it. So for me, for example, I've become so attuned to my moods and also I have a good trusting relationship with my GP that I can alter my Antidepressants according to my own kind of perception of how I've been feeling.

The main point to make there, though is we're not talking about day to day fluctuations. So a good analogy is, we're not talking about the weather. So if suddenly it starts raining and then the sun comes out and then it gets hot, in a one day cycle that's just the normal fluctuations of that is important to normal human function. When we're talking about mental health, we're talking about the climate. So it's like the rain has come in, and it stayed there for a month, and I can't get out of it. And so it's about just trying to see over it.

So I normally reflect over the last two or three weeks, and just think, what's happened last two three weeks? Am I going up or down a bit? And I'll just have that self awareness to kind of try and get on, keep on top of it.

Steven Bruce 57:31

Yeah, that's actually quite useful, because you were talking about some of the signs and symptoms there, and I was thinking, well, actually, we all have those things. But yes, it's the prolonged nature, which is perhaps more indicative.

JC says, Are there ways of getting patients to understand that they need help? Often, patients maybe don't see the shift in mood, etc, but they get diagnosed 12 or 18 months later without any real recognition of your initial efforts to bring it to their attention. Is that a pattern that you see?

Nick Prior 58:01

Yeah, I think that's a really good question. I think the thing that immediately comes to my mind is that ultimately whatever we think about patient centred care, which I'm sure we all agree with, there is still a hierarchy in the relationship, and ultimately that does give you an opportunity, probably more than many other people, to kind of make them actually think and think again so they, even if they don't listen to you, I still think it's worth in a sensitive way, saying, if you're concerned about them, you don't need to label it with an illness, whatever. You just try and keep your words quite neutral and broad, but for example, and I'm just trying to make it more contextual, if this is someone who's been coming in for the last three to six months, you know the way in which they're talking about things, lots of negativity, you're feeling like they're more stressed, you're feeling in their body that things are moving, I think you're it would be very helpful to say I've been seeing all of this, and we're doing great work

here, but I think then you might need some help elsewhere, and these would be the places that go. Yeah, they would be quite likely to listen to you where they might not listen to their loved ones as well.

Steven Bruce 59:11

It's not often we have the chance to do this, I suppose, but let's say someone brings their partner in or their wife, husband in with them. Are you likely to get useful information from them?

Nick Prior 59:26

Yeah. So, I mean, we don't use it enough in the NHS, but collateral histories and history from loved ones, I think, are absolutely essential. And I also think that if I if I had it my way, I think it obviously depends on the individual and how well connected they are with their loved ones, but if there's a willing and loving and supportive member of the family, I think they should be in in at least half of the consultations, certainly from a mental health perspective in this setting, it might be once every three months or whatever, but I think people, even when they're well, the way in which we present ourselves a mask. Things and present ourselves often better than we are. For some people, I think having some form of objectivity from another can be really, really valuable.

Steven Bruce 1:00:11

How much of the burden of mental health care falls on the NHS, because C has pointed out here just an initial that's all I've got, is that even if you get to the stage of accepting that you need help, the waiting lists are immense in the NHS.

Nick Prior 1:00:28

Yeah, so the NHS is not a national health service. It's a national illness service, So the evidence is that if you adjust the disease burden, mental health gets half the funding of physical health. So we're struggling often harder than physical health provision, which is already not doing great. So the reality is, is that we only manage, if I'm honest, very severe cases and cases that are risky. If you're going to be safe at home and you're not going to start causing harm to yourself or to others, you will very likely stay under primary care, at which point the only access of support you'll get is first line second line antidepressant and access to CBT, some places in the country quite quickly. Some places you might wait six months or 12 months. But

even then, after the CBT, that might be probably eight sessions. And then after that, there's not that. There's not much. So I feel, I think, as a professional, there's a lot of talk about kind of the “mum's test” at the moment - Would you be happy for your mum to receive your service if she walked through the door? And I think many of us wouldn't, and that's why I do work outside the NHS trying to think about or create more innovative, more radical ways of connecting the pathway so that people can feel held and supported during these really terrible times. And we're not doing that.

Steven Bruce 1:02:09

No, that's that's sad to hear. But you mentioned CBT there. That's coming for a bit of flack over over the years, and how strong is the evidence base for CBT?

Nick Prior 1:02:20

It's incredibly strong one because it has been, I think one reason why it's coming under flack is because it has been such a mainstay, and it's kind of it's distracted from other opportunities to do other types of interventions. But that being said, there was a reason why it was initially chosen, and that was because it had the biggest impact and return on investment but, the main thing is, since it was chosen over the last and must be nearly 20 years now, it has been for nearly anyone in the country with anxiety or depression, they will have been sent there. And under IAPT (Improving Acccess to Psychological Therapies) as part of delivering CBT, they embedded a very rigorous way of capturing data. So every single session of CBT delivered via the NHS through IAPT, there was some baseline measures for the PHQ-9 and the GAD-7, which are the questionnaires we use for depression anxiety. And so we've got millions of sessions where we where we can see what the impact has been on anxiety and depression, and it is still, you know, there's a strong case for it, but does that mean that we shouldn't be offering other things, and that's been the problem,

Steven Bruce 1:03:38

Similarly, then, in terms of frontline care for this, how valuable are the mental health first aid courses which have sprung up over the last few years?

Nick Prior 1:03:50

Very good question. I think the most important thing to say is they are much better than nothing, but I'm not a fan of them myself. It depends on the company, but I think

many people don't really want to open up to a colleague because they think the word will get round. And also, at the end of the training, Mental Health First Aiders are told that they're now ready to do quite a lot for their company. And when I've spoken to lots of people, I don't think they feel like they've been adequately trained or confident enough in doing it. So a lot of people do the course, they get excited about it for a week or two, then they get nervous and they don't do anything.

Steven Bruce 1:04:37

Yeah, always, always a problem. I'd have thought, and I haven't looked into them in huge detail, but I'd have thought one of the great advantages is that if people become more aware of what it is they're looking for, and become able to identify a mental health problem, then maybe that is useful. Again, as I said at the beginning, I'd be very nervous about people who've done a two day mental health first aid course, thinking suddenly they're able to treat people who've got a mental health issue other than just advise them.

Nick Prior 1:05:04

And I think there's a lot of good intentions and goodwill, but I think what a lot of people in Mental Health First Aid feel is they're not given the space by their company to actually follow through on it. So it always feels like it's just on top of their normal job, and that has been difficult.

Steven Bruce 1:05:27

I have a question from Adam, who says, I worry that so much advice about managing mental health is about stopping feeling sadness or anxiety, etc. Now, when the reason we have these emotions is to motivate us, I often wonder if people who are feeling these emotions at a healthy level can fall into a downward spiral towards more serious mental health issues, because there's never any talk about embracing emotions and using them to motivate us into action. And I suppose that was related to something I was thinking earlier on. Is there a danger with so much talk about mental health that we convince people they've got mental health problems, when actually it's just a normal human reaction.

Nick Prior 1:06:07

Yeah, I think it goes without saying, there's a reason why there's a massive advertising industry. Ultimately, if you started just promoting that everyone had

depression and anxiety with massive billion dollar budgets, then you would start to get more people coming forward with it. So yes, there is an angle to that. But I think if you actually look at the amount of funding for mental health, it's minuscule relative to big consumer companies. And I don't think you can't ever get it perfect, can you? But I would say it's still right at the moment that we're talking more about mental health, because I think the stigma is a bigger problem.

Steven Bruce 1:07:00

Simon's asked a question which is outside the clinical sort of environment, but people are concerned, perhaps because of the way the press handles mental health issues. But he says, you occasionally read of patients with serious psychological conditions psychosis, who get released into the community again, only to go on and commit serious offences. And he's asked whether you can elaborate on the problems regarding releasing patients like that. And clearly you're closely involved in sectioning patients, as you were saying earlier on.

Nick Prior 1:07:32

Yeah. I mean, there's obviously been some quite high profile cases recently. I can't remember the names, but there was a patient in Nottingham with

Steven Bruce 1:07:42

Valdo Calocane, I think

Nick Prior 1:07:46

So I think, to give you a flavor of what I mean, we've got limited resources. People have to be very unwell to qualify for an inpatient bed. So are there occasions where, because of that pressure on bed management, well I think in an ideal world, we probably would keep our patients a bit longer on the wards. So, yeah, I think there is a case there, but there are obviously lots of factors around. I think there is also intrinsic risk with particularly men, and psychosis and aggression, that is in my in my view, inherent to our society. There's always going to be a few people. And I think the other side of it is, around just because, when they're very unwell, they pose that risk, should we be getting rid of their liberties completely, and it's a hard line to draw. And I think my view would be, obviously, it's different if it's directly impacted you, but I think it would be that if we're going to err on one side, I would like to err on the side of giving people more freedom and choice.

Steven Bruce 1:09:23

somebody who's calling themselves RM says, How do you recommend supporting a patient in an acute mental health crisis? And they're asking because they had to call an ambulance for a patient once and was told it would be over 10 hours, which, of course, I guess, is not surprising. It's not a life threatening condition, so you're not going to get a red one response from your ambulance.

Nick Prior 1:09:42

Exactly. I mean, it doesn't stop it from potentially being more psychologically distressing in that moment, but in terms of the time factor, yes, they might have another 10 hours of psychological distress, but it's not going to mean that they die. Or that there's some kind of loss of limb or something like that. So, yes, that's why mental health crises like that are not prioritized in that in that kind of setting. So, so what was the question again?

Steven Bruce 1:10:16

What can you do if a patient has a mental health crisis in your treatment room, and this would apply to a GP or anyone else, and you don't want to just kick them out the door and say, we'll go and handle it somewhere else, but at the same time, you've got a whole clinic to look after as well as looking after the mental health of this patient.

Nick Prior 1:10:32

Yeah, well, I think you did very well to call the ambulance. I think a lot of people don't want to take that step. It feels like a big step. I think you got to follow your judgment there. But I think the main thing to consider is not necessarily around their psychological distress, which can be horrible to witness. Even if you're going to go down that route of emergency services, they're only going to be interested in the risk. So are they openly talking about suicide or a plan to commit suicide? Are they being aggressive to the point where you think they're going to harm someone, and that's probably when you want to go down the emergency services route. Otherwise, I think it's much better to try and go down the family route.

When people are mentally unwell, it's perfectly ethical to manipulate the situation to try and get a better outcome. So I think if they're really unwell and they're not listening or whatever, I think trying to find a way to get hold of their phone and call a

loved one and try and get someone who actually understands the full context of the illness. Would be the main would be the best kind of outcome.

Steven Bruce 1:11:50

Yes, you raise a point there, which will make people nervous. Of course, they're thinking, Well, I don't have the right to discuss this person's mental health or any other health aspects with someone without their permission. Perhaps this patient isn't in a position to give me that permission, or won't want to because they're stressed.

Nick Prior 1:12:09

Well, I think you can make the “best interest” case. I mean, it's important not to disclose anything that you don't have to, but I think if you call and say that your patient has arrived and you're worried enough that they do need someone, they need support beyond themselves, then I think it's fine to do that, but you don't need to disclose the details of your worries. You just need to say, I'm really worried about their health. I don't have enough context. I need some more support to help.

Steven Bruce 1:12:40

I think most of us would probably have a next of kin record on our on our case history sheet, so we would have some idea of who to contact.

Going back to the whole business of the ambulance, as you said, it's a brave step to call an ambulance. Whenever we run any first aid training here, I go to great lengths to emphasize to people that when you dial 999, or 112, actually, you get a voice on the end of the phone. You don't get an ambulance, so you've got someone to talk to, and that voice might not have anything useful to say, but at least there's someone you can share your concerns with and maybe discuss the options beyond the ambulance. So worth but worth bearing in mind.

Ambo has asked, What about under 16 year olds? How can they or their parents access mental health care, particularly they've got severe anxiety or they're showing signs of depression?

Nick Prior 1:13:31

Yeah, so, I mean, we call it CAMHS, so children and adolescent mental health services, but I think normally it would probably start depending on their age,

obviously, in in a school setting, and there has been a big move to be getting more mental health support, but also wellness champions into schools. So I think if you are worried up with a child and they are at school, I think that might be one of my first points of call. And then I think with children, I've only done a little bit of work in in CAMHS, but It's so difficult, because you don't know that relationship between parent and child but I think it's about trying to keep the door open and keep conversation open. In whatever way they're wanting to engage with you.

I wish there was just, say, this amazing app and service that would sweep you up and sort this all out. The truth of the matter is that doesn't exist at the moment.

Steven Bruce 1:14:45

Well, more on the subject of services - can you tell us a bit more about Minderful and how the people watching today might be able to make use of it?

Nick Prior 1:14:56

Yeah. So we have an app called the Minderful, and it's basically a social prescribing tool. So we put up about 50 different wellness activities, and nearly all of it is accessible for free. And it's just a chance to kind of explore different activities and to start kind of collecting them, a bit like scouts for the mind. You know, there are quite a few little tools like this, not just Minderful that you might be able to also signpost people to but we now also do much more one to one coaching and workshops and just educating people more about mental health and wellness and how the mind and body are connected and we normally do that in organizations, but we also do coaching, one to one as well. Where we just give a lot of these questions you're asking today. It's just basically giving people the space and time to actually ask them in their own way, and to kind of upskill a bit on their own mental health journey as well,

Steven Bruce 1:15:57

right? Okay, well, you've given us some information about Minderful and some details of the app, which we'll share with people after the show. So be interesting to know how useful they find that.

One question before we finish, Vince has asked about regarding the increasing challenges of patients getting face to face appointments with a GP, where they get a, you know, a human connection. Is there a role for AI in this - can that be adapted to give some sort of support to people?

Nick Prior 1:16:30

I believe so very strongly, I don't think it's, it's a silver bullet. It's not going to work on its own. But what I see going forward, and I think it's very possible in the next So, this would apply to primary care GP settings as well, but also mental health services. Is where we find a price point where the balance between human which will obviously be more expensive and less scalable, and the support of AI and tech will enable us to hold patients and to provide continuity of care. And I would see it where there would be a scenario, for example, where someone who was really unwell with mental health is assigned to me. I know that I'm only going to see them once every six months, but it will be a meaningful kind of 10 minute consultation, just to check in with them, and then in the middle of that, it's just they have the support of a chat bot, which is supervised by clinicians, but will be basically answering any simple standard questions, making them feel heard. And I think you can also provide kind of quite interesting content and education. Basically there aren't enough doctors, there aren't enough psychiatrists, there aren't enough healthcare professionals. And I think we're going to have to find a way to optimize and or to use tech to optimize our impact.