

## Example of GPs script:

### Patient contribution

You, too, have a seat. How can I help you today?

You mentioned sadness seems to be the key element.

You've obviously done a bit of background work behind this, and we'll come back to that if that's okay?

It's all about the sadness and this breaking point last week?

Aside from that, was there anything else that you were hoping that we would touch upon today or address today?

### ICE

Losing your nana feels pivotal to all of this, doesn't it?

Yeah. Did you - was there anything else bubbling along that might be linked with this?

With coming here today, you mentioned some key words, which was that mood was not great and that the stress was bubbled over last week.

Have you actually ventured a diagnosis to this, or not?

Was there anything in particular that you were thinking I might do for you today?

### PSO

And your role at work at the moment, you're studying?

And you're a medic?

Yeah, are you still enjoying it?

### Red flags

So, can I double check? Things haven't reached a crisis point where you thought about harming yourself or anything like that?

Good, okay. You mentioned some words about mania, can I double check that nothing like that in the family, and you've never felt particularly overconfident or...?

Substances?

Not a drinker, not a smoker?

And your weight's steady, don't feel bad about your weight?

Good, okay. Concentration at work?

Wavering a little bit? Consistently or just at times?

Safe enough?

### Focussed history

It's probably more common than we really realise, isn't it? Okay. Your weight's okay?

Okay, let me just clarify a little bit about your mood, if that's okay.

On average – so not just today, and not just in the last couple of days, but just over the last 2 to 4 weeks, on example – where's your mood on average, ten's the happiest, nought's the saddest? Nought would be so bad that you definitely would kill yourself, where would you be on that scale?

Okay, and in terms of anxiety or stress, feeling panicky or het up – ten's the worst, nought's the best – where would you be on that scale?

### Focussed examination

Not signposted here but a mental state examination was performed.

### Identify problem and explain diagnosis

I think grief is something that would be worthwhile talking about how you can move on and move forward with that.

Okay. So, things are a little bit fraught, but not quite at a diagnostic level, possibly, from what you're saying.

You sound normal, you sound healthy and normal.

Grief is difficult, isn't it?

### Check understanding

This, kind of, sadness and happiness are in everyone's lives aren't they. (Acknowledging the emotional content of what the patient has said.)

And it takes many forms, and sometimes it bounces back for many reasons, doesn't it?

### Develops management plan / shares management plan

So, you've got techniques of helping to control the negative thoughts and enhancing the positives, haven't you?

And he's empowered you to do that, without him being there, hasn't he?

So, there are ways of doing that, there are talking therapies that do that too, as well as the stuff that he's taught you.

So, we could go down, or you could go down, the talking therapy avenue if you wanted to.

There are cognitive techniques, like cognitive behavioural therapy techniques, either on the computer or face-to-face.

Or, from a book that you could channel down if you wanted to, or there's mindfulness, and that can sometimes be a quite positive thing, as well, for you.

Any thoughts?

Okay, lets do a face-to-face assessment in the first instance, we've got a very good service, talking therapy team locally, they're called IAPT, which is 'Increasing Access to Psychological Therapies'.

I'll give you their phone number.

And you can give them a call.

From what you're describing, I know your husband said do you need something, I'm not getting the feeling that you think you need something.

But medication could be a potential thing for you, but it doesn't sound like it's necessary at the moment. From the bereavement side of things, I'm wondering if a couple of tools might potentially be helpful to you.

I produced a leaflet about bereavement, but I think you've probably gone through all of that stuff already, but I can give you a copy of that if that's helpful to you.

Something that I've personally found very positive and helpful when it comes to talking about grief and loss and bereavement is a podcast called The Grief Cast.

**Have you got a smartphone?**

**Download it onto your smartphone, listen to it, and expect to cry, that's fine, but also expect to laugh a little bit – it's comedians talking about them coping with their grief. Some of it's horrific, but do expect that it's normal for it to be difficult.**

**But to come to terms with it sometimes takes much longer than you'd expect.**

**Safety net and follow up**

**Where shall we leave things today? So, I'm going to give you the phone number today for IAPT, for talking therapies. I'm also going to give you the podcast details.**

**And why don't we touch base again – whichever you prefer, either face-to-face or on the phone, if you prefer.**

**Okay, and when shall we meet again?**

**Little bit of time to pass, between four and six weeks, maybe?**

**And then you can pop back and see me.**

**Yeah, is that alright?**

**If you're struggling, if you're having any really dark thoughts – it's okay to have momentary thoughts and then move on from that, it's okay.**

**But, if you're having deep thoughts that seem to be persisting, feel free to give me a call.**

**That's fine, or come to see me sooner if you need to.**

**And this is so you can priority book, so you can book me the week before you need the appointment, just come in and say, 'I'd like an appointment for next week'.**

**Does that sound reasonable?**

**Okay, I'll write that stuff down for you as well.**