

Keeping structure in an emotional health consultation

- Spend enough time for the patient to know that you are hearing them. No need to know the minutiae.
- Being a conductor of the consultation (bring the necessary information out, keep organised and be therapeutic).
- Prioritise. "When you decided to come today what were you most hoping that we might deal with?"
- Assess risk e.g. suicidality. "OK, in that case before we go on I know that you are going to be safe....."
- No need to get to the bottom of the problem. I'm going to try and summarise what is going on...now it won't be everything, and that is OK. Contain and make a plan. Signpost what needs to be done.
- Consider reflecting of what is happening. Not for first consultations: "How useful is it for you to be crying at this time? Is this what you were planning to do with our time today?"
- What can I afford to leave? You don't need to fix everything. How much do I need to know in order to move on from here?