

BLACK DOG INSTITUTE

GP NEWSLETTER

Mood Assessment Program

What is the MAP and why is it so exciting that it is now available online?

After 4 years of validation at the Black Dog Institute (BDI) and at other MAP Centres across NSW, BDI has now made its Mood Assessment Program available as a free online service to mental health clinicians Australia-wide.

The MAP is a roadmap to recovery for patients with depressive illness. Used in conjunction with a clinical assessment and a working knowledge of the Black Dog Institute model of depression, it can streamline treatment planning, making decisions about medications and non-pharmacological therapy targeted and logical.

Up until now the MAP has only been available to practitioners whose patients could attend one of the limited number of MAP centres in NSW, but now any GP or Psychologist anywhere across Australia can register with BDI to refer patients for a MAP.

If you know about the Black Dog Institute Model of Depression you will know that it is about getting the diagnosis right in order to get the treatment right. The model tells us which depression sub-type is likely to respond to psychological interventions alone, which require medications and, if needed, which medications are most appropriate. The MAP makes a valuable contribution to treatment decisions by identifying depression subtype and assessing risk of bipolar disorder.

The MAP is unique amongst psychological instruments in its ability to identify depression sub-types but, like all self-report tests it needs to be used in conjunction with clinical assessment. The MAP is very helpful in determining whether there is a



probability of bipolar disorder. In this area its accuracy approaches 80%. Variation in the reliability of the sub-typing diagnosis can occur in the presence of extreme anxiety, in bipolar disorder and when a patient's current episode differs from past episodes. The MAP cannot make an assessment of suicidality.

For patients, doing the MAP is not a chore - doing a MAP can even be therapeutic in its own way (see case). It is accessed online at a secure

website using the access code given to them by their clinician. The access code identifies the referring clinician, thus ensuring the report is sent to the right referrer. The patient needs to speak English, or have someone who can translate for them, and needs an hour or so of uninterrupted time to concentrate on their task. Questions in the MAP ask them about their lifetime experience of depression as well as their current or recent experience. Other areas of inquiry include family history of mental illness, personal medical history, history of anxiety conditions and other mental illness, lifestyle, stressors and temperament. The result is a comprehensive picture of the patient and their illness.

For practitioners it is a simple matter of applying for an access code via the Black Dog Institute website and then referring appropriate patients. Reports are received within a week by mail. For many practitioners who can receive secure messages via Argus the reports are even more prompt.

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“ *Patients who are not responding to treatment and may or may not be reluctant to accept medication, using the MAP to help distinguish between melancholic or non-melancholic depression can really help me and the patient decide whether to give medication (or a change to a dual acting drug) a go.*

Dr Sarah Weaver, GP Sydney

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A **MAP report** will tell you likely **sub-type** of depression that your patient experiences. It will either be non-melancholic depression, and therefore have a better than 50% chance of responding to psychological interventions alone, or melancholic depression and therefore be more likely to require broad spectrum antidepressant medications. The report will alert you to the possibility of psychotic symptoms, a possibility that will need further exploration in the clinical setting. The MAP report will tell you whether your patient is likely to have a **bipolar** diagnosis and enable you to modify your management appropriately.

Although the MAP is not designed to diagnose **anxiety**

disorders, the report will give you valuable information about the level of your patient's anxiety and its influence on their depression. Last but not least, the MAP will give you considerable insight into the aspects of your patient's **personality** which may have made them vulnerable to depression in the first place and thereby provide guidance about the most appropriate psychological interventions.

The online MAP is definitely something to get excited about!

For more information please contact Dr Jan Orman on j.orman@blackdog.org.au.

“Very user friendly”
Patient

A Box of Gratitude

One of the most invaluable contributions to getting the MAP online was made by the MAP Centres which have been working hard in the Pilot scheme over the last 2 years to help us show that it would work outside the Institute's Clinics. Twenty two centres, including the hub at BDI in Randwick have been using the MAP. They have dedicated space and time to help the project and without them we would not have been able to provide this service. We want to take this opportunity to express our gratitude to them.

Case Study

Sofia is a 39 year old Australian woman of Greek background. She has seen her GP twice over the last two weeks with what seems to be quite severe clinical depression that has been present since her husband left her for another woman 3 months ago. She is very tired, she says, suffering from broken sleep and is unable to get up in the morning. She has been unable to go to work, has been having trouble concentrating and says she has been “letting herself go” although she is very well presented and well groomed. She has a history of recurrent episodes of depression since her late teens. She has been extremely tearful in the consultations, admitting thoughts of hopelessness and worthlessness and some suicidal thoughts (though no plans). Sofia is quite isolated in Australia with few friends that were not also her husband's friends and no family. She comes from a family that does not accept the existence of depressive illness.

Her doctor's impression was that Sofia was suffering from severe clinical depression (confirmed by the DASS) with some possible melancholic features. With that in mind, the doctor mentioned medications which Sofia refused on the grounds that she had tried several different kinds before with serious side-effects and no benefit. She said that she would think about seeing a counsellor but the doctor was concerned that the severity of her depression and the suggestion of melancholia may mean that this was not enough.

Half an hour before Sofia was due to see the GP for the third visit she sent an SMS to cancel her appointment saying she was too unwell to attend. Her GP phoned to see what that meant and decided that what was required was clarification of the sub-typing diagnosis to help encourage Sofia to accept the need for medications. He arranged to fax Sofia a referral to the online MAP and to see her the following week. She said she was “safe” and would call him or Lifeline if she felt otherwise.

At her next visit Sofia was significantly less depressed. She was very grateful to the GP for being interested enough to call her, had done the MAP and read other information on the Black Dog website and was now expressing some interest in undertaking some psychological therapy. Her demeanour was quite different than on previous visits. She was no longer suicidal and had been able to go back to work and to go out with a friend on the weekend.

The MAP reported that Sofia was indeed severely depressed but that it was unipolar and probably non-melancholic. This together with her clinical improvement allowed the doctor to feel comfortable in saying that medications may not be necessary at present. Together they noted her high level of perfectionism and extreme sensitivity to criticism and decided that focussing psychological strategies on these areas was an appropriate course of action.

BUY OUR PSYCHOLOGICAL TOOLKIT

The Psychological Toolkit is available to download free of charge from our website. A bound version of these useful resources is now available to purchase for \$58. Please call Katie Denton on **02 9382 8518** if you would like to order a copy.



The personality score opened a doorway and provided guidance and legitimacy for exploring factors that might contribute to his depression.

Dr Howard Gwynne GP Psychotherapist Sydney

Case Study

John's GP got a big shock when she received his MAP report. She had referred him to get some documentary support for her diagnosis of Bipolar 1 disorder because John was currently functioning very well and she felt the information based on his history needed to be available to support a Centrelink appeal. As a GP Sally believed, rightly or wrongly, that her word alone might not be sufficient evidence to support the diagnosis and there was no easily accessible psychiatrist.

Two years previously Sally had been helping John deal with his life stressors prior to an episode of mania. He was a shy conservative family man who had been experiencing significant interpersonal difficulties at work. Sally had been very surprised when he had arrived at one of his consultations with his new boyfriend in tow. His wife of twenty years and his children had also been surprised when John had introduced them to this man. The young man in question was at least thirty years John's junior and showing obvious signs of serious drug abuse. John claimed he was "head over heels" in love with the boy and had already given him large sums of money and changed his will in the boy's favour. It appeared John had received a message through his headphones telling him he would soon meet the person of his dreams. The young man, he said, was unquestionably that person.

John recovered from that episode with appropriate treatment and had been stable ever since, despite having refused to take a mood stabiliser long term.

Unfortunately John's MAP report concluded that he had unipolar depression of the non-melancholic variety. Sally was stunned. "Did I get it very wrong or is the MAP completely useless?" she thought. Breathing slowly, she called John in to see her. She explained the situation and asked him if he had experienced any problems doing the MAP. "No", he said. "I am fine at the moment." It appears John had answered all the questions in relation to his current mood state, despite written instructions to the contrary. "I don't like to think about that time I was crazy" he said.

Fortunately, Sally was aware of the importance of clinical assessment in conjunction with the MAP. She is now more aware of the need to explain the MAP fully at the time of referral. John did the MAP a second time and his diagnosis, not surprisingly, was considerably closer to Sally's expectations!

"The clarity of the reports have also benefited the patients in that they have been pleased to get a better understanding of the relationship between their personality and the depression or anxiety disorder that affects them"

Kevin O'Neill Psychologist Newcastle

If you are attending either the GP10 in Cairns on 6-9 October, or the ACRRM conference on 23 October in Hobart please keep an eye out for BDI's GP Services Consultant Dr Jan Orman who would love to speak with you about the MAP.

PERINATAL MOOD DISORDERS WORKSHOP NEW MHST PROGRAM

BDI has a new Education Program for GPs about perinatal mood disorders. It is an exciting new format and the first presentation of the program will be on Saturday 6 November at the Black Dog Institute in Randwick.

This program has been accredited with the GPMHSC as a Mental Health Skills Training activity (formerly level 1).

If you are unsure if you have completed the required training, please contact the GPMHSC on 03 8699 0554.

For further information about Black Dog Institute programs please contact Katie on 02 9382 8518 or email on k.denton@blackdog.org.au.

GP WORKSHOP DATES - SEP TO NOV 2010

SEPTEMBER

- 3 Demystifying Depression: Broken Hill
- 16 Exercise the Mood: Black Dog Institute
- 18 Demystifying Depression: ACT
- 19 Troubled Teens: Campbelltown

OCTOBER

- 9 The ABC of CBT (Day 1): ACT
- 16 Troubled Teens: Gosford
- 23 Demystifying Depression: Black Dog Institute
- 23 The ABC of CBT (Day 2): ACT
- 24 The ABC of CBT (Day 3): ACT
- 28 Exercise the Mood: Black Dog Institute

NOVEMBER

- 6 Perinatal Mood Disorders: Black Dog Institute
- 12 Troubled Teens: Melbourne GPCE
- 13 Troubled Teens: Melbourne GPCE
- 13 Interactive Modules: FPS CPD: Melbourne GPCE
- 14 Interactive Modules: FPS CPD: Melbourne GPCE
- 20 Key CBT Skills: Black Dog Institute

To register for a program please visit our website: blackdoginstitute.org.au. For further information please email Katie at k.denton@blackdog.org.au or call 02 9382 8518

Please note that the programs listed above are subject to confirmation. Please check our website for further dates and updates.

For off-site programs please contact the relevant Division (contact details are on our website).

MAP REGISTRATION

FAX TO: 02-9382-9265



I wish to register to refer patients to undertake MAP assessments.

ONE FORM SHOULD BE COMPLETED FOR EACH LOCATION AND EACH PROVIDER NUMBER

(Please use block letters)

Title

First name

Last name

Gender M/F

Field: (Circle): General Practitioner Psychiatrist Psychologist

Practice Name:

Address:

Postcode:

Address where MAP report should be sent (if different to above):

Postcode:

Special Postal Instructions (if required):

I use email at my practice. Email address:

I am interested in receiving MAP reports electronically.

Provider Number:

Psychologist registration number:

A separate form should be completed for each provider number and location.
Psychologists should provide both Provider and Registration numbers

Telephone Number:

Fax:

I wish to receive quarterly electronic newsletters from the Black Dog Institute.

Black Dog Institute Hospital Road Randwick NSW 2031
ABN 12 115 954 197 Supported by NSW Health

Note on privacy: Information provided to the Black Dog Institute will not be sold or traded to any other person under any circumstances.

You will receive a registration pack with further information and all you need to refer patients.

www.blackdoginstitute.org.au