

GETTING STARTED

GPM IN GENERAL
PSYCHIATRY

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Team that meets regularly.



Consultation with more experienced colleagues.



Follow-ups, clinically and by collecting data.



ASSESSMENT AND
START OF GPM

- Assessment and psychoeducation
- Disclosure of the diagnosis.
Conceptualisation including the theory of interpersonal hypersensitivity.
- Rationale for GPM - Learning to “think first”, social rehabilitation and corrective experiences. Change is expected, accountability, careful follow-ups.
- If the patient accepts the diagnosis and GPM, we book a new appointment to start developing a care plan.



CARE PLAN

- The psychologist or psychiatrist who made the diagnosis is responsible for the care plan.
- Care plan according to GPM. Split treatments, different modalities.
- Use of internal and external resources.
- Goals that are concrete, measurable, achievable.
- Follow-up after 3-5 visits and after 3 and 6 months. Yearly follow-up.

EXAMPLES OF INTERNAL AND EXTERNAL RESOURCES

Internal Resources

- Psychologists; patient- and family education and therapeutic treatment. Group treatment -skill training and ERGT. Individual therapy.
- Psychiatrists; medical optimization. Diagnostics and treatment of co-morbidities. Collaborate with colleagues to support function and work ability with the goal to end sick leave. Prescribe preventive sick leave. Referral to neighboring care units.
- Nurses: collaborate with psychiatrists regarding medication management. Work with the safety plan. Structured conversation about e.g., lifestyle, physical activity, harmful use of alcohol.
- Rehab coordinator, social worker, occupational therapist; assessments, interventions and collaborations to support life outside of psychiatry, with focus on daily occupation and work. Facilitate contact with the municipality for e.g. debt relief, family counseling.

External Resources

- Social Insurance Agency, Public Employment Service, Social Services. Addiction and primary care.

EX OF A CARE PLAN ACCORDING TO GPM

The patient's wishes want to feel better, have a boyfriend and a place of her own.

Problems BPD with active self-harm, unemployed. Lives with her mother, has a lot of conflicts with her.

Goals Come to the appointments. Do homework. Use the safety plan. Learn to regulate strong emotions in a way that's not self destructive. Find work.

Specific planning

- Patient- and Family Education.
- Individual therapeutic treatment with active work with the safety plan until the start of ERGT.
- If the patient continues to frequently seek emergency- and inpatient care, consider self-elective admission as part of the safety plan.
- Meet with a social worker to support steps towards a more independent life, finding daily occupation/ work.
- Psychiatrist: for a plan for discontinuation of addictive sleeping pills, assessment of co-morbidity.
- Planned follow-up; booked appointments after 3 and 6 months. Adjustment of the care plan if needed.
- Yearly visit (as for all our patients) evaluation of the whole care plan, and level of care needed.

REFLECTIONS AND CHALLENGES

GPM is a freer format than what we are used to.

What is the actual difference between GPM and regular outpatient care?

Stigma surrounding personality disorder persists.