Assessing Psychological Wellbeing in Physical Health

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Cancer Network Psychological Support Group
Outline

- Refer to national guidance
- Implementation within Cancer Network
- Relevant to chronic physical health problems
- Communication skills
- Holistic Assessment
- Psychological screening/assessment
- Risk assessment
- Experiential exercise
Psychological wellbeing of patients with chronic or life-limiting illnesses has significant impact on their quality of life.

In a busy hospital ward or clinic difficulties can easily be missed.

Patients often feel their appointment is to discuss physical symptoms and psychological issues are not relevant.

Some express fear that mentioning anxiety or low mood will result in being seen as “weak”, or “a nuisance”, or that their symptoms are “all in their head”.

Context
Awareness of importance of biopsychosocial-spiritual model of health has lead to:

- Development of Psychological Services in Physical Health
  - With specific diagnoses, eg cancer patients
  - With specific symptom areas, eg pain management

Within cancer services:

- The Cancer Plan (DoH 2000)
- NICE (2004) Improving Supportive and Palliative Care for Adults with Cancer
  - 4 tier model
NICE guidance Adults with Cancer

- Up to 50% patients suffer from clinical levels of psychological distress at diagnosis
- Wouldn’t you be depressed? What’s normal?
- The same number at recurrence
- 10-15% warrant specialist psychological/psychiatric intervention
- *but* less than 10% of cases are detected by health professionals.
### 4 tier model (NICE 2004)

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>GROUP</th>
<th>ASSESSMENT</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All health and social care professionals</td>
<td>Recognition of psychological needs</td>
<td>Effective information giving, compassionate communication. General psychological support</td>
</tr>
<tr>
<td>2</td>
<td>Health and social care professionals with additional expertise</td>
<td>Screening for psychological distress</td>
<td>Psychological techniques such as problem solving</td>
</tr>
<tr>
<td>3</td>
<td>Trained and accredited professionals</td>
<td>Assess for psychological distress and some diagnosis of psychopathology</td>
<td>Counselling and specific psychological interventions such as anxiety management and solution-focused therapy, delivered according to an explicit theoretical framework</td>
</tr>
<tr>
<td>4</td>
<td>Mental Health Specialists</td>
<td>Diagnosis of psychopathology</td>
<td>Specialist psychological and psychiatric interventions such as psychotherapy, including CBT</td>
</tr>
</tbody>
</table>
Implications for Training

- **Level 1** – communication skills training for all NHS staff with patient contact (NHS Cancer Plan)
- eg Sage & Thyme; Advanced Communication Skills Training

- **Level 2** – Psychological Screening, Assessment and Intervention Skills training for designated healthcare professionals

- Cancer Network has 2 endorsed L2 programmes
Key Listening Skills

- Listen to emotional content
- What is the meaning for the patient, not you
  - Be curious, do not assume
- Feelings, NOT “How are you?”
- Reflection, summarising, & use of silence
Distress

A feeling of unease stemming from concern and worries that can be caused by both psychological and non-psychological factors.

- Physical (symptoms, treatment, disability)
- Psychological (loss, uncertainty, hopelessness)
- Interpersonal (family conflict, different coping styles)
- Social (care needs, financial)
- Existential (spiritual crisis)
Exploring distress

- Severity
- Duration
- Complexity
- Meaningfulness
- Resilience & Resources
Dealing with people in distress

A model for training health and social care professionals in patient-focused support
SAGE & THYME is a foundation level 1 training course.

Teaches up to 30 people in 3 hours, the skills required to provide psychological support to people who are concerned or distressed.

Developed to meet the level 1 skills requirement described in the NICE (2004) guidance on ‘Improving Supportive and Palliative Care for Adults with Cancer’.

The level 1 guidance states that all health and social care staff should be able to:

- recognise psychological distress
- avoid causing psychological harm
- communicate honestly and compassionately
- know when they have reached the boundary of their competence.
Setting – If you notice concern - create some privacy – sit down  
Ask – “Can I ask what you are concerned about?”  
Gather – Gather all of the concerns – not just the first few  
Empathy – Respond sensitively – “You have a lot on your mind”  
&  
Talk – “Who do you have to talk to or to help you?”  
Help – “How have they been helpful?”  
You – “What do YOU think would help?”  
Me – “Is there something you would like ME to do?”  
End - Summarise and close – “Can we leave it there?”

Model reminds staff how to listen and how to respond in a way which empowers the patient. It discourages staff from ‘fixing’ and demonstrates how to work with the patient’s own ideas first.

No longer specific to cancer patients and is now taught to any member of staff (e.g. healthcare assistants, nurses, allied health professionals, doctors, administrators) in contact with distressed people (not just patients) and in any setting (e.g. hospital, patient’s home, nursing home, hospice, social care).

The term ‘holism’ comes from a Greek word meaning all, entire or whole.

Any given system cannot be explained by its component parts alone. The system as a whole determines how the parts behave.

In health and well-being holism is a philosophy that views the human as having physical, social, psychological and spiritual aspects of life, all of which are closely interconnected.

Holistic assessment will consider all aspects of a person’s needs ensuring they are seen as a whole.
Why holistic assessment?

To identify patient distress and what is causing it.

Patients don’t tell us, we don’t ask.

The more concerns people have the more likely to be distressed (Parle et al, 1996).

To resolve the distress at the earliest opportunity.

Healthcare that is Receptive and Responsive to patients’ concerns.
Common assumptions which deter patients from revealing their concerns.

Seen as the responsibility of doctors, not patients.

Professionals perceived as too busy and important to be burdened with concerns.

Patients feel shame at admitting they have particular difficulties e.g. sexual, financial.

Those harbouring guilt about their previous lifestyle (e.g. smoking) may be more reluctant to voice their concerns.

‘Complaining’ may lead staff to view the patient as not coping, a nuisance or ungrateful. May even risk treatment being stopped.

Emotional and physical distress is often seen as inevitable and untreatable.

Patients worry that they may be labelled as mentally ill, morally weak or regarded as somehow ‘not coping’.
‘All NHS patients with a diagnosis of cancer and/or receiving care in any setting should be offered this assessment.’

Cancer Action Team 2007
Holistic Assessment Tool

Distress Thermometer devised in USA (Roth et al, 1998) to assess patients’ level of distress.

Expanded to include problem checklist, revised in UK by Brennan.

Use as part of a focused, collaborative therapeutic conversation rather than simply a way to quantify distress.
This screening tool is aimed to encourage professionals and patients to explore current problems and issues that may be affecting patients’ physical, psychological, social and spiritual well-being.

The outcome (including patient score) of this assessment is to be documented in the patients ongoing record with an agreed plan of care and referral on for symptom control, rehabilitation, social, spiritual or psychological care where necessary.

Social Concerns
- Coping with dependents
- Work/School
- Hobbies/Leisure activities
- Housing
- Finances
- Travel
- Carer
- Relationships

Emotional Wellbeing
- Sadness
- Fears
- Worries / Anxieties
- Anger
- Alcohol/smoking/other drugs
- Unable to express feelings
- Feeling isolated
- Loss of dignity
- Forgetful/confused
- Stress
- Loss of control

Spiritual / Religious Concerns
- Questioning values and beliefs
- Sense of meaning
- Issues relating to dying and death

Rest / Activity
- Sleep
- Fatigue
- Tiredness
- Alteration in sleep pattern

My appearance / Body image
- Skin Dry / Itchy / wound healing
- Swollen (limbs/abdomen)
- Weight Changes – loss or gain
- Sexual Problems
- Hair Loss
- Other

Reduced Independence
- Bathing / Dressing
- Getting Around

Toileting Difficulties
- Constipation
- Diarrhoea
- Stoma
- Changes in passing urine

Physical Symptoms
- Difficulties in Communicating
- Breathing
- Pain
- Temperature
- Change in sensation: hands/feet
- Seizures
- Other

Eating Difficulties
- Indigestion
- Sores /painful mouth
- Nausea/vomiting
- Taste changes
- Swallowing difficulties
- Change in appetite
- Food preparation
- Other

Any other factors

Identify the number (1-10) that best describes how much distress has been experienced over recent weeks, if ‘0’ is no distress and ‘10’ is high levels of distress or anxiety.

Score: ____________________
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Identify the number (1-10) that best describes how much distress has been experienced over recent weeks, if ‘0’ is no distress and ‘10’ is high levels of distress or anxiety.

**Score:** ______7___________
<table>
<thead>
<tr>
<th>Highest Ranked Concerns</th>
<th>Rating 0-10</th>
<th>Description and history of concern</th>
<th>Plan of action</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>4</td>
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</table>

Developed with kind permission of the Northern Comprehensive Cancer Network (2005) from the Distress Thermometer Group
**Holistic Assessment**
An ongoing process throughout the course of a patient's illness.

**When should the assessment take place?**
Around time of diagnosis, at the start, during, and at the end of treatment, at each new episode of disease recurrence, the beginning of the end of life and at any other time that the patient may request.

**Who should undertake the assessment?**
A clinical professional who should also have a good understanding of the patient’s condition, treatment and care history.

The assessor should have access to up to date information about what resources, information and support services are available.

Good communication skills.
NICE guidance Adults with Cancer

- Psychological well-being explicitly assessed at key points by designated HCPs
- Psychological techniques used to manage mild levels of distress
- Patients experiencing significant psychological distress offered referral for specialist support/intervention
Peer Review Measures

Current peer review requirements:

- a minimum of one clinician in each site specific oncology team to have been trained in Level 2 skills
- Clinicians trained to Level 2 to receive a minimum of 1 hour per month of psychological supervision from a Level 3 or 4 practitioner, in order to maintain and develop their skills
Anxiety

- Restless
- Easily fatigued
- Poor concentration
- Irritability
- Muscle tension
- Sleep disturbance
- Avoidance
Panic

- Palpitations, sweating, trembling, shortness of breath, choking, chest pain, nausea, dizziness, chills, pins & needles, derealisation, fear of insanity/death
- Persistent concern or worry
- Avoidance/change in behaviour
Depression

- Depressed mood
- Pervasive loss of interest or pleasure
- Changes in appetite/weight
- Sleep disturbance
- Agitation or retardation
- Lack of energy
- Feeling worthless or guilty
- Poor concentration or decision making
- Recurrent thoughts of suicide
Initial Screening for Depression

NICE Guidance (2009)

- A chronic physical health problem can both cause and exacerbate depression

- Depression can also exacerbate the pain and distress associated with physical illnesses and adversely affect outcomes, including shortening life expectancy.

- Depression is approximately two to three times more common in patients with a chronic physical health problem than in people with good physical health
Initial Screening for Depression


Ask people who may have depression two questions, specifically (first two items PHQ-9):

1) During the last month, have you often been bothered by feeling down, depressed or hopeless?

2) During the last month, have you often been bothered by having little interest or pleasure in doing things?
Initial Screening for Anxiety

NICE Guidance (2011)

“Be alert to possible anxiety disorders, particularly in people with a past history of anxiety disorder, possible somatic symptoms of an anxiety disorder or in those who have experienced a recent traumatic event.”
Initial Screening for Anxiety


- 2 – item Generalised Anxiety Disorder Scale (GAD 2)

  ‘Over the last 2 weeks, how often have you been bothered by the following problems?’

1. Feeling nervous, anxious or on edge

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
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</table>

2. Not being able to stop worrying

<table>
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*Taken from the first 2 items of the GAD 7*
Initial Screening

NICE Guidance continued

- If the person answers yes to both depression questions, ask do you think you are depressed? Consider depressive disorder and further assessment by a competent practitioner.

- If a score of 3 or more on GAD 2, consider an anxiety disorder and further assessment by a competent practitioner.

- Review the person’s mental state (nature, duration, severity) and associated functional, interpersonal and social difficulties.

- Consider use of a validated psychometric measure (e.g., HADS, GAD 7) to inform the assessment and support the evaluation of intervention.
Psychometric Measures

- When to use
- How to use
- Interpreting results
- Sharing information with patient and team
Psychometric Measures

- Hospital Anxiety and Depression Scale (HADS)
- Generalised Anxiety Disorder Assessment (GAD -7)
- Patient Heath Questionnaire (PHQ 9 – Depression)
HADS

- Designed by Zigmond & Snaith (1983)
- Measures symptoms of depression and anxiety
- Can be used with people who have physical health problems
- Gives a score for depression and anxiety, indicating ‘severity’ (normal, mild, moderate or severe range)
- Can be completed with professional or independently
- Copyright
PHQ – 9 and GAD -7

- Developed in the 1990’s as a primary care screening tool
- Familiar to primary care team
- Gives a score for depression and anxiety, indicating ‘severity’ (normal, mild, moderate or severe range)
- Can be completed with professional or independently
- No copyright restrictions
Suicide Risk

- Risk of suicide in cancer patients is 2 times greater than in the general population.

- The majority of cancer patients who express suicidal ideation often do so while suffering with untreated depression or anxiety or while experiencing poorly controlled physical symptoms such as pain.

- **Always ask patients with depression, anxiety and a chronic physical health problem directly about suicidal ideation and intent.**

- Asking about suicide may reduce suicidal ideation in that the patient has been heard and options can be discussed to help them manage their distress and regain a sense of control.

- If you are OK to ask about it, they will feel it’s OK to talk about it.
## Suicide Risk Factors

### General Population Risk factors
- Anxiety disorders inc. panic and PTSD
- Depression
- History of psychiatric disorder
- Feelings of being a burden
- Poor support systems
- Drug/alcohol use
- Unemployment
- Recent loss
- Suffering aloneness
- Poor social support
- Poor sleep quality/insomnia
- Past suicide attempts
- Poor physical functioning
- Family history of suicide
- Low mood
- Despair
- Hopelessness
- Suicidal thoughts

### Cancer risk factors
- Advanced disease
- Confusion or delirium
- Advanced age
- Poor prognosis
- Oral, throat, lung, prostate, testicular, head and neck cancer
- Uncontrolled pain

*(in addition to general factors)*
Assessing risk
How to ask about suicide?

- Risk should be assessed as part of an interview / dialogue between patient and professional
- Rapport, trust and acceptance of the patient are crucial factors
- We can model that their fears and thoughts are acceptable and containable
- Look for non-verbal signs of depression – poor eye contact etc
- Ask about self-harm behaviour and use of drugs/alcohol as appropriate
- Looking to cover
  - Thoughts
  - Past. present & future risk
  - Plans
  - Intent
  - Protective factors (Morriss, Kapur & Byng, BMJ, 2013)
Protective factors

- What is keeping you going? What is stopping you acting on these thoughts? How do you manage these feelings of distress?

- Example protective factors:
  - Spirituality / religion
  - Social support
  - Occupation (paid job or role and function day to day)
  - Sense of hope
  - Family and loved ones
  - + many others personal to the individual
Experiential task – 15 minutes

- In pairs, one person play familiar patient
- Other person play themselves as clinician
- Clinician to administer one psychometric tool
- Maintain patient confidentiality
- Don’t role play scenario that is personally distressing
- How does this feel from point of view of clinician/patient?
# PHQ-9 Interpretation

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
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<tbody>
<tr>
<td>5 - 9</td>
<td>Mild</td>
</tr>
<tr>
<td>10 – 14</td>
<td>Moderate</td>
</tr>
<tr>
<td>15 - 19</td>
<td>Moderately severe</td>
</tr>
<tr>
<td>20 - 27</td>
<td>Severe</td>
</tr>
</tbody>
</table>
## GAD-7 Interpretation

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<td>15 - 21</td>
<td>Severe</td>
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</table>
North of England Cancer Network.

Dr James Brennan. Consultant Clinical Psychologist, Bristol Haematology & Oncology Centre. University Hospitals Bristol NHS Foundation Trust.


Key National Guidance

NICE Guidance on Cancer Services (2004) Improving Supportive and Palliative Care for Adults with Cancer. The Manual (Chapter 5)

Key National Guidance

NICE Guidance on Depression (2009) The Treatment and Management of Depression in Adults

NICE Guidance on Depression in Adults with a Chronic Physical Health Problem (2009) Treatment and Management
NICE Guidance on Generalised Anxiety Disorder and Panic Disorder (with or without agoraphobia) in Adults (2011). Management in Primary, Secondary and Community Care