Enhanced Psychosocial Service in Palliative Care

HA Convention
7 May 2014
WHO Definition of Palliative Care

- relief from pain and other symptoms;
- affirms life;
- neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible
- offers a support system to help the family cope
- team approach
- enhance quality of life
- is applicable early in the course of illness

http://www.who.int/cancer/palliative/definition/en
Characteristics of Psychosocial Care

Before death
- Interconnection of physical, psychological, social & spiritual aspects
- Need-based
- Key time points of psychological stress
- Targeting patients and family caregivers
- Multidisciplinary involvement
- Collaboration with community service providers and volunteers

At the time of death

After death
Background

- 2009: Trent Bereavement Audit identified service gaps
- 2010: Multidisciplinary working group (doctors, nurses, MSWs, CPs) under CCPC - Structured Psychosocial Care Model
- 2011: Presentation of an annual plan & service framework at SMM
- 2012: Enhanced Psychosocial Service with additional manpower in MSW, CP and PCA
Structured Psychosocial Service

- Strengthening of psychosocial team in PC
- Risk identification and engagement of patients and main caregivers
- Intensified intervention for high risk group

(SBPC Meeting 2012)
STEPPED CARE MODEL (Modified from NICE Guidance 2004)

L1  Recognition of needs

L2  Early Identification of psychosocial distress

L3  Identify & diagnose persisting distress

L4  Dx of Psychopathology
Stepped Care Model

- Level of care
  - matched to patients’ needs
  - stepped up or down according to needs
- More efficient use of resources
Improved access to psychosocial care

Psychology Assistants

- Based on IAPT model, UK
- Pioneer model – download low-intensity work
- Systematic training organized by COC(CP); HOHR(T&D) Team
- Regular supervision by CPs in local palliative care setting
Improved access to psychosocial care

Roles of Psychology Assistants:

- Psychosocial needs / risks identification
- Basic psycho-education, e.g. coping with illness
- Low intensity psychological work
- Documentation of outcomes
Manpower

In 7 clusters,

- 8 MSWs
- 5 CPs
- 8 PCAs
Outcome
Enhanced Components along Patients’ Journey

Progressive Disease
-> Admit to PCS

Psychosocial Needs Ax

L1 Info support

Dying Phase -> Bereavement Support

Low/Mod/High Risk

Community Support

L2 - L4 Intv e.g.
- empowering coping skills;
  - CBT, narrative tx

6-month Post-Loss Brv FU

L2 - L4 Intv e.g.
  complicated grief tx; Family tx

Low Risk

Moderate/High Risk
ALIGNED AX BY MSWs

- Living condition
- Financial condition
- Caring agent
- Family relationship
- Patient perceived social support

- Community support
- Reaction towards illness
- Bereavement risk factors
- Problem identification
- Needs for FU action
Enhanced Components along Patients’ Journey

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Systematic psychosocial risks identification
% of Patients & Carers At Risk

% passing cutoff on any 1 of the subscales of standardized questionnaires

**Patients (n=1319)**
- % below cutoff: 36.8%
- % passing cutoff: 63.2%

**Carers (n=851)**
- % below cutoff: 46.8%
- % passing cutoff: 53.2%

**All (n=2170)**
- % below cutoff: 40.7%
- % passing cutoff: 59.3%
Low-intensity psychological intervention

PsychoEdu, 171
HW, 361
Tx Outcome, 80
Bereaved Care, 432

PsychoEdu, 171
HW, 361
Tx Outcome, 80
Bereaved Care, 432
Enhanced Service Intensity

MSW:
Baseline attendance (2009): 2
Program target: 6
Actual attendance: 9
Pre- & Post-treatment Scores (CP)

 Patients

$P = 0.001$

PWS Life Meaning  
(N=26)

PWS Emotional Distress  
(N=26)

$P = 0.034$

Pre-treatment  |  Post-treatment
Carer

- PWS Emotional distress (n=59)
  - Pre-treatment
  - Post-treatment
  - $p < 0.001^{***}$

- HADS Anxiety (n=43)
  - Pre-treatment
  - Post-treatment
  - $p < 0.001^{***}$

- HADS Depression (n=42)
  - Pre-treatment
  - Post-treatment
  - $p < 0.001^{***}$

- HADS Total (n=42)
  - Pre-treatment
  - Post-treatment
  - $p = 0.042^{*}$

- WHO Total (n=7)
  - Pre-treatment
  - Post-treatment
  - $p < 0.001^{***}$
Conclusion
Benefits of the program

- Systematic detection of psychosocial risk at critical time points (entry to service, time of death, 6 months post-loss)
- Improved access and early engagement of patients and main caregivers
- Interdisciplinary collaboration through protocol driven referral to specialist care
- Intensified intervention for patients and families with elevated risk
- Reduced distress and improved well being of patients and caregivers
“Do not protect yourself from grief by a fence, but rather by your friends.” – Czech proverb

THANK YOU.