Psychological Screening Program for Relatives of Patients in Palliative Care

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Introduction
Relatives of patients in palliative care often experience significant carer stress and psychological turmoil that could have adverse impact on patients and their communication with ward staff. Therefore, the psychological screening program has been initiated for relatives taking care of patients diagnosed either with malignancy or end stage renal failure in the WTSH Palliative Care Unit during 2012.

Objectives
To investigate the prevalence of the possible unmet mental health need of patients’ relatives in palliative care.

Methodology
A group of 69 adults, who are relatives of patients in palliative care, were recruited from the WTSH Palliative Care Unit. They were invited to fill out a set of self-rated psychometric tests, including the Depression Anxiety and Stress scale (DASS) measuring the depressive, anxiety, stress symptoms and WHO-5 well-being index (WHO5) for overall quality of life.

Result
Relatives’ conditions Among the 69 relatives, 12.5% were parents of patients, 45.8 % were offsprings, 4.2 % were siblings, 4.2 % a were grandchild, 8.4% were others. The results indicated that 16.8% of relatives had anxiety symptoms, 28% had depressive symptoms while 43.4 % had stress-related symptoms. 46.4 % of relatives indicated poor quality of life (QoL), of which older age was significantly associated with poorer QoL. Most of the relatives with scores fell into clinical range have received at least 1 session of clinical psychology service. Conclusions 1. Relatives of patients in palliative care experience substantial psychological distress that may warrant clinical attention. 2. Screening could help earlier identification of relatives who are at risk of maladaptive anticipatory grief or developing psychopathologies, such as anxiety, depression or adjustment disorder. 3. Early psychological intervention should be offered if this group of relatives could be identified with the self-administered tools. 4. There is a need to conduct routine psychological screening for the relatives of patients.
Input of professional manpower resources in this aspect is of high importance and relevance to the QoL of both the patients and their relatives, as well as to the collaborative working environment between the relatives and ward staff in palliative care setting.