The stepped care psychosocial services in Palliative Care

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• What are the characteristics of **psychosocial care** in PC?

• What is **stepped care model** ?

• **How** the stepped care model apply in psychosocial service in PC?

• Can this model improve **efficiency and effectiveness** ?

• Sharing of **integration** of Psychology Assistant in CMC Multidisciplinary PC team
What is palliative care?

adopt definition from WHO 2010

• Palliative care is an approach that improve the QOL of patients & their families facing the problems associated with life threatening illness,

• Through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
Characteristics of Psychosocial Care in PC

- 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
What is stepped-care model?

• Based on Improving Access to Psychological Therapies Programme (IAPT) in UK

• Aim:
  – Define service to be provided across the Stepped Care spectrum, focus on development of low and high-intensity psychological therapy services
  – Improve EFFECTIVENESS & EFFICIENCY of decisions about allocation of resources in psychological therapy
What is stepped-care model? Principles & Evidences

Principles

1. Enhance capacity of mental health service/↑access to evidence based psychological intervention
2. Least restrictive Tx available that will provide significant health gain should be offered first
3. The model should be “self correcting”. Had regular feedback mechanism allow intensity of intervention to be adjusted
4. A range of Tx of differing intensity is available

Evidences

• Evidences on favorable outcome of stepped-care model mainly in management of mild to moderate depression and anxiety disorder
How the stepped-care model apply in psychosocial service in PC?
Development of psychosocial framework
BASED on NICE Guideline on cancer service

Level 1
Recognition of psychosocial needs

Level 2
Early identification of psychosocial distress

Level 3
Assess & intervention for distress

Level 4
Diagnosis of psychopathology

Modified from NICE Guidance on Cancer Service, NHS 2004
Psychology Assistant ( PCAI)

• Adopt the stepped-cared model with Psychology Assistant to provide low intensity service & Clinical Psychologist to focus on high intensity service

Psychology Assistant MUST:

1. Obtained a related degree in psychology or counselling,
2. Complete Corporate PCA training program with satisfactory work & passed exam,
3. Receive continuous on job training,
4. Supervised closely by Clinical Psychologist, &
5. Review all handled case with Clinical Psychologist daily to at least weekly
Stepped-care CP Service

Level 1: Recognition of psychosocial needs

Level 2: Standardized measures for needs identification (PWS-P; PWS-C; HADS/GDS)

Level 3: Assess & intervention for distress

Level 4: Diagnosis & intervention of psychopathology

Feedback to PC Team & CP

For suitable patients /carers (PCA)

Patients /carers in need (CP)
Roles of Psychology Assistant

**Level 2: EARLY IDENTIFICATION**
- Use standard screening tools for needs/ risk identification

**Level 3: LOW INTENSITY Psychological intervention**
- Psycho-education e.g stress management
- Provide assistance & support for practice of psychological technique e.g relaxation technique
- Provide assistance for running groups
- Provide assistance in strengthening of services for the bereaved

**OTHERS**
- Documentation & analysis of treatment outcomes
Can the stepped-care model improve the efficiency & effectiveness of providing psychosocial care?
What has Psychology Assistant done in this program?

Level 2: Use standardized tools for risk identification (brief Psychological Assessment) 2949 (74%)

- Low intensity psychological Intervention 1032 (26%)
- Bereaved Care 42%
- PsychoEd 15%
- Work 35%
- Home
- Tx outcome 8%

Sep 2012 - Jan 2014
KWC, HKW, KEC, KCC
Data presented in SMM (PC), 2014
Enhance overall coverage of psychological care in Palliative care

In CMC, OLMH PCUs
Overall Coverage of psychological care by Clinical Psychologist & Psychology Assistant

↑ from 19% to 65%

Cho W C et al. Application of Stepped-care Model on Psychosocial Services for PC patients and caregivers in Hong Kong. Abstract submission to HA Convention 2016. Data from CMC and OLMH PCUs
Enhance Service Coverage and Intensity by Clinical Psychologist in PC (pre-post program)

**Coverage**
- IP PC
  - 8.7%
  - 17.2%

**Intensity**
- EIS/OPAS Attn (CMC/OLMH)
  - 2.5
  - 3.4

**Throughput**
- Sep 2012- Jan 2014
  - KWC, HKW, KEC, KCC
  - Data presented in HA SMM (PC), 2014

- Throughput: 29%
- PCAs non EIS services 2230
Enhance **EFFICIENCY** of Clinical Psychologist in providing psychological service.

*Data presented in HA SMM (AH) 2015*

**Total Attn per CP** ↑ more markedly in setting with Psychology Assistants input.
Effectiveness of service
PC Patients treatment outcome
N=56

Data from CMC and OLMH PCUs
Effectiveness of service
Caregivers’ treatment outcome
N= 166

Data from CMC and OLMH PCUs
Effectiveness of service
Words from patient and caregivers

Are you satisfied with Psychology Assistant's service
e.g. screening, sleep hygiene education, relaxation
exercise training?

- Strongly Agree: 53.3%
- Agree: 44.5%
- Disagree
- Strongly disagree

非常有意義的工作
可幫助人，令病人減少煩惱，情緒穩定

細心，關心病人

以前不知道甚麼是心理治療，現在知道後會介紹給有需要的人。多謝心理學家及助理X姑娘，將我由黑暗帶回現在識笑，會主動與人說話，會打電話俾人傾計，思想由負面變得正面。今次的事只是一個不幸，但我仲有很多個幸運。多謝X姑娘教導練習可以自己幫自己

Satisfaction survey from CMC PCU
Sharing of Integration of Psychology Assistant in CMC PC multidisciplinary team
CMC Palliative Care Multidisciplinary Team

Medical
- PC consultant
- PC Associate Consultant
- PC resident specialist
- PC trainee

Nursing
- PC Nurse consultant
- PC ward manager
- PC Advance practice Nurse
- RN and EN with PC training

Allied Health
- Medical Social Worker
- Clinical psychologist, PCA
- Occupational therapist
- Physiotherapist
- Dietitian
- Pastoral care worker

Supporting
- Clerical staff
- Health care assistant

Volunteer
- Health Resource Centre
- Comfort Care Concern
- Dr. Pet
- Arts in hospital
Palliative Care
Multidisciplinary Team (MDT) Activities

**Clinical Services**
1. Weekly MDT Case Conference
   - All inpatient cases
   - Selected home care cases
   - All bereaved cases

2. 4-monthly PC MDT Operational Meeting

**Educational Services**
1. Monthly Local MDT Journal Club
   - Presented by different disciplines
   - Skill transfer

2. 4 monthly Multidisciplinary meeting for all HA PCUs

**Research Projects**
- Collaboration with different disciplines

**Staff wellbeing**
- Monthly Oasis with multidiscipline staff sharing

**Recreational Activities**
- e.g. Spring dinner
Integration of Psychology Assistant (PCA) in multidisciplinary team

Clinical Services

1. Weekly Case Conference
   - All inpatient cases
   - Selected home care cases
   - All bereaved cases

2. 4-monthly PC multidiscipline Operational meeting

1. Use of standardized tools for risk identification done by PCA
   - ALL Results documented in records and discuss in case conference

2. Triage to PCA or CP directly
   - Patient/Caregivers identified by PC team to have psychological risk will discuss in case conference and triage for PCA or CP

3. Report on interventions by PCA in case conference
   - All interventions by PCA will report by CP ± step up intervention

4. Information transfer from PCA directly to related disciplines and vice versa
Integration of Psychology Assistant (PCA) in multidisciplinary team

**Educational Activities**
1. Monthly Local Multidiscipline Journal club
   - Presented by different disciplines
   - Skill transfer
2. 4 monthly Multidisciplinary meeting for all HA PCUs

- On top of Educational Activities provided by Clinical Psychologist
- PCA join all monthly local MDT journal club presented by different discipline
- Acquire knowledge from different disciplines
Integration of Psychology Assistant (PCA) in multidisciplinary team

Research Projects
- Collaboration with different disciplines

On top of treatment outcome data entry & analysis from clinical psychology research project

PCA
- Great experience on use of standardized screening tools for risk assessment
- Involve PCA on research project with the same screening tools
Integration of Psychology Assistant (PCA) in multidisciplinary team

- **Staff wellbeing**
  - Monthly Oasis with multidiscipline staff sharing

- **Recreational Activities**
  - e.g. Spring dinner
Conclusions

Local data support that adopt the stepped care model with Psychology Assistant to screen patients/carers at risk and provide low intensity psychological interventions with close supervision can improve the effectiveness and efficiency of providing psychosocial care in PC.
End & Questions
Supplementary slide
WHO Definition of Palliative Care

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help the family cope during the patient illness and in their own bereavement
- Use a team approach to address the needs of patients and their families, including bereavement counseling,
- Enhance quality of life, may also positively influence the course of illness
- Applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiotherapy, and includes those investigations to manage distressing clinical complications