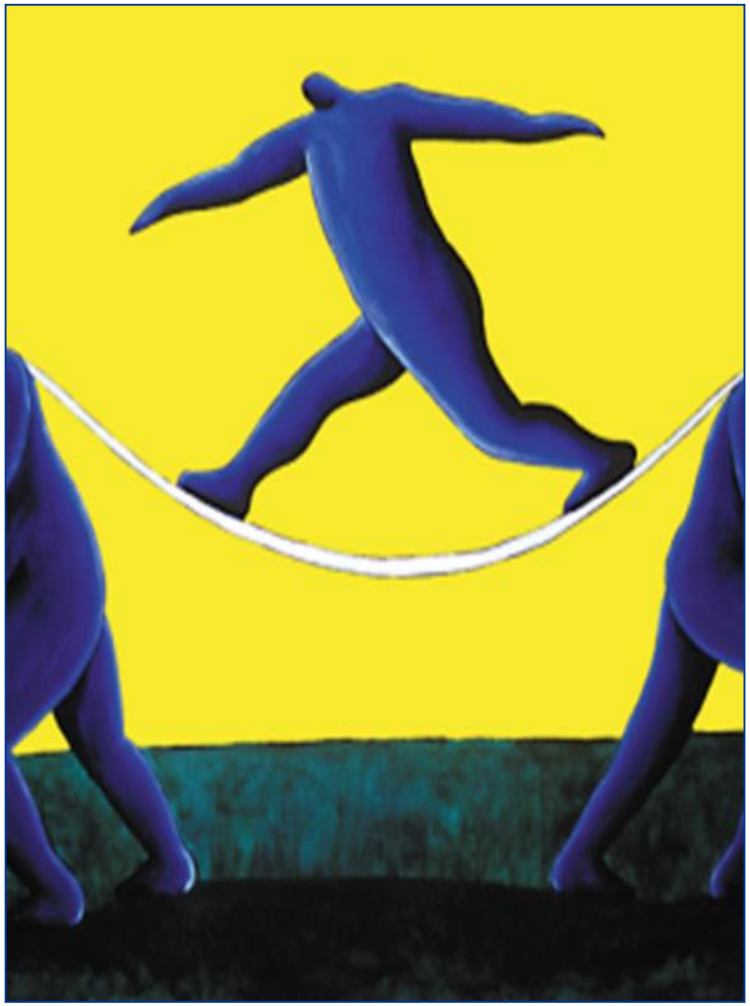


Providing Psychological Support

Helen Miller
Macmillan Psychological Nurse
The Christie NHS Foundation Trust

Contents

- Why addressing psychological need is important - the facts.
- How do we identify distress?
- How we can help?
- Discussion

Psychological Impact

- Cancer is different
- The challenges are unique
- Prevalence of anxiety and depression is high
- 50% at time of diagnosis
- Treatment increases risk factors - isolation, long hospital stay, multiple co-moridities, long term health conditions

(Sun et al 2007)

In Pancreatic Cancer

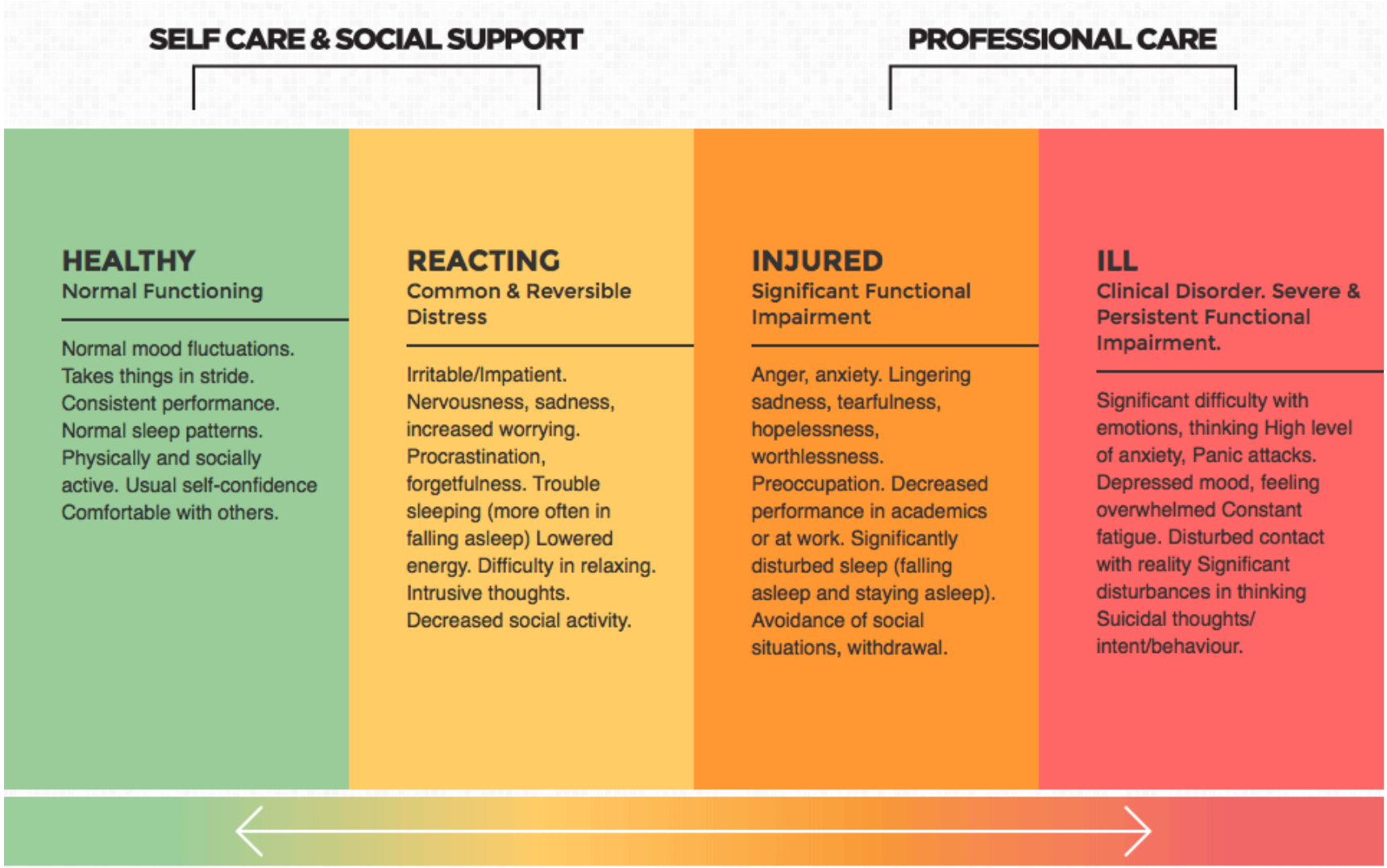
- Prevalence is shown to be higher than in general cancer population
- Biological theories – does depression represent an early symptom?
- Effect on lifestyle – adjustment is bigger, treatment is gruelling
- Pain
- Lifestyle factors – alcohol, smoking, BMI

Why look for distress

Psychological morbidity is associated with;

- Longer hospital admission
- Increase in reported adverse side effects
- Struggle to comply with treatment
- Shorter survival
- Poorer quality of life

Distress Continuum



When to screen

- At diagnosis
- Start of treatment
- Change of treatment
- Progression of disease
- As treatment ends

- Psychiatric history is part of medical history

tears

frowning

sighing

"I'm frightened"

silence

agitation

"What's the point?"

Looking sad

"Can't be bothered"

"I'm fed up"

looking worried

Raised voice / shouting

"can't bear to think about it"

The Christie NHS
NHS Foundation Trust

Figure 1 The stepped-care model

Focus of the intervention	Nature of the intervention
STEP 4: Severe and complex[a] depression; risk to life; severe self-neglect	Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multiprofessional and inpatient care
STEP 3: Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression	Medication, high-intensity psychological interventions, combined treatments, collaborative care[b] and referral for further assessment and interventions
STEP 2: Persistent subthreshold depressive symptoms; mild to moderate depression	Low-intensity psychosocial interventions, psychological interventions, medication and referral for further assessment and interventions
STEP 1: All known and suspected presentations of depression	Assessment, support, psychoeducation, active monitoring and referral for further assessment and interventions

Assessment

- Knowing your patient, look for changes.
- Family reporting changes in functioning.
- Engagement in treatment
- Hopelessness
- Loss of interest in things
- Do you feel worried about your patient “gut feeling”

Risk

- Always ask about risk
- History of suicidal ideas
- Current ideas of self harm / suicide
- Hopelessness
- Protective factors

Helping

- Normalise
- Talking brings relief
- Understand
- Empower
- Reassure
- Coping strategies

Omylinska-Thurston & Cooper 2014

Referring on

- Where there is risk
- Ongoing psychological symptoms
- Affecting treatment compliance
- Concerns about capacity
- Concerns about effect on quality of life
- History of severe mental illness

Reminders

- Listen and look for the cues
- Seize the opportunities to listen
- Name and normalise – vulnerability, loss of control, powerlessness, fatigue, isolation …
- What is helping?
- Supporting carers supports the patient
- Look after ourselves – team working, clinical supervision, self-care

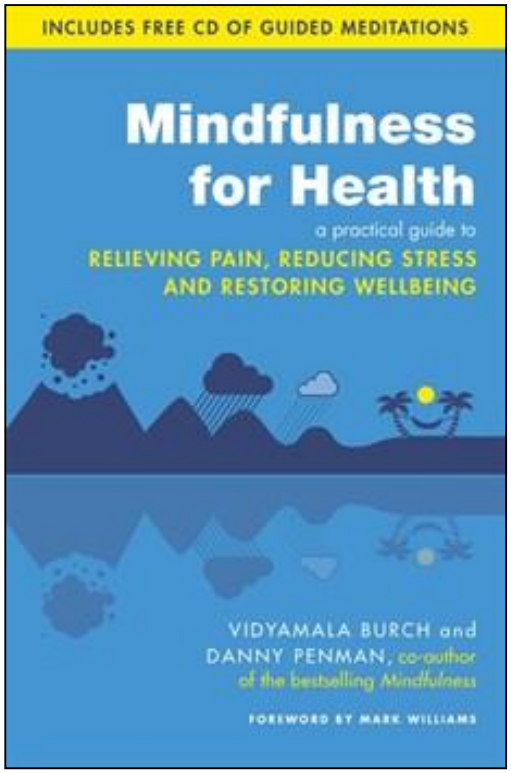
Further reading

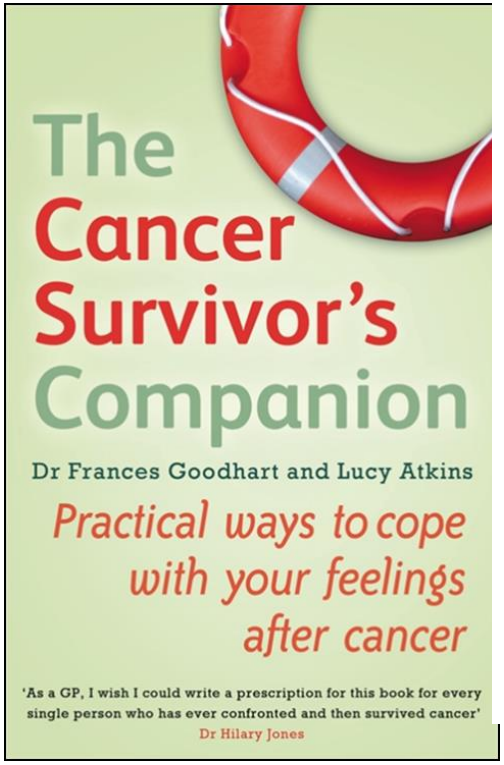
Omylinska-Thurston, J., & Cooper, M. (2014). Helpful processes in psychological therapy for patients with primary cancers: A qualitative interview study. Counselling and Psychotherapy Research, 14: 2, 84-92.

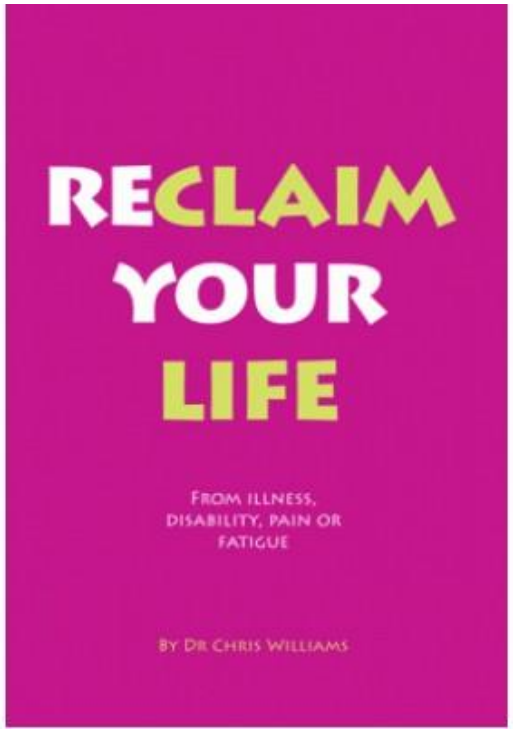
Diamond J. (1998) C. Because Cowards Get Cancer Too Vermillion ISBN: 0-8129-3177-7

Michele Angelo Petrone pictures
http://www.mapfoundation.org/ecj.html

Self-help books







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