



Providing Psychological Support

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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-morbidities, 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

SELF CARE & SOCIAL SUPPORT

PROFESSIONAL CARE

HEALTHY

Normal Functioning

Normal mood fluctuations.
Takes things in stride.
Consistent performance.
Normal sleep patterns.
Physically and socially active. Usual self-confidence
Comfortable with others.

REACTING

Common & Reversible Distress

Irritable/Impatient.
Nervousness, sadness, increased worrying.
Procrastination, forgetfulness. Trouble sleeping (more often in falling asleep) Lowered energy. Difficulty in relaxing. Intrusive thoughts.
Decreased social activity.

INJURED

Significant Functional Impairment

Anger, anxiety. Lingering sadness, tearfulness, hopelessness, worthlessness.
Preoccupation. Decreased performance in academics or at work. Significantly disturbed sleep (falling asleep and staying asleep).
Avoidance of social situations, withdrawal.

ILL

Clinical Disorder. Severe & Persistent Functional Impairment.

Significant difficulty with emotions, thinking High level of anxiety, Panic attacks. Depressed mood, feeling overwhelmed Constant fatigue. Disturbed contact with reality Significant disturbances in thinking Suicidal thoughts/intent/behaviour.



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

"I'm fed up"

"Can't be bothered"

looking worried

Raised voice / shouting

"can't bear to think about it"



Figure 1 The stepped-care model

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



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.

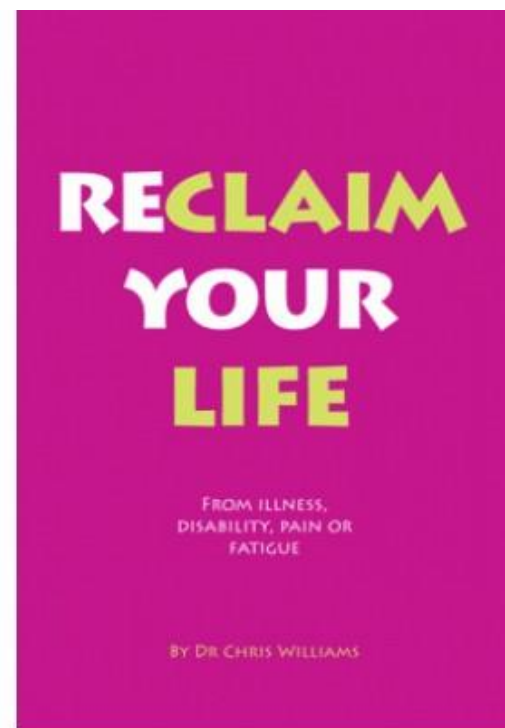
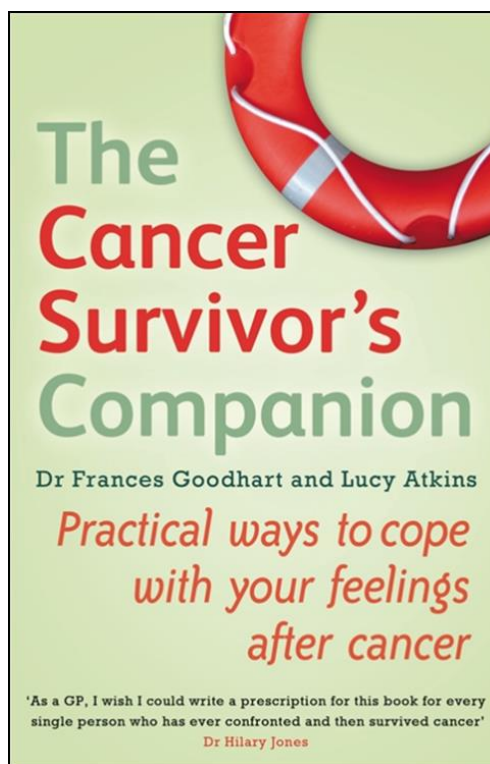
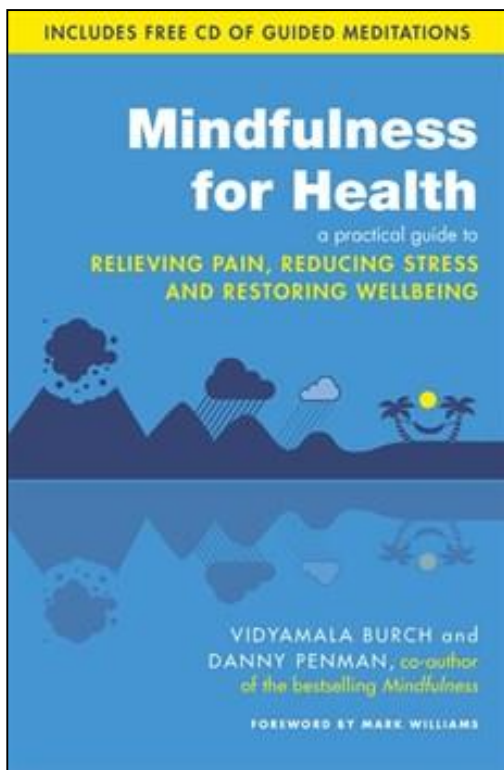
Diamond J. (1998) *C. Because Cowards Get Cancer Too* Vermillion ISBN: 0-8129-3177-7

Michele Angelo Petrone pictures

<http://www.mapfoundation.org/ecj.html>



Self-help books



Ittf.com

