

Defining the model of professional psychological assessment and support for patients and families with palliative and end of life care needs in North East Essex and Colne Valley area of Mid Essex

This model is based on “Improving Supportive and Palliative Care for Adults with Cancer” NICE, 2004

Level 1: All health and social care professionals

- Establish a relationship with the patients that is trusting, non-judgemental and where the patient and carer feels listened to;
- Communicate honestly and compassionately;
- Treat patients and carers with kindness, dignity and respect;
- Establish and maintain supportive relationships
- Inform patients and carers about the wide range of emotional and support services available; direct users to self help/support groups as appropriate;
- Have a developed understanding and recognise limitations of own skills and role;
- Recognise patients with psychological needs and refer appropriately to Level 2

Education and training requirements

- Knowledge of disease and trajectories;
- Normal adjustment to illness;
- Basic communication skills training;
- Essence of care training;

Professional requirements

- Access to palliative and end of life care practitioners working at Level 2 for support and coaching

Level 2: Health and Social Care professionals with additional training and expertise including AHPs, CNSs, doctors, social workers, working in specialist palliative care settings.

This will also include all of level 1 requirements and in addition:

- Elicit thoughts and feelings of patients eg; worries, anxieties and fears for the future;
- Documentation of concerns within multi-professional framework;
- Offer a supportive and therapeutic relationship within limit of expertise, experience and specialist role including: talking to children, sexual issues, body image issues and adjustment to a cancer diagnosis;
- Intervene with patients and carers if appropriate using techniques such as problem solving, relaxation techniques, breathlessness techniques, goal-setting, pacing of activities, pain management techniques;
- Have basic knowledge of the link between thoughts, feelings and behaviours;
- Have a developed understanding and recognition of limitations of own skills and role;
- Refer to other agencies if appropriate.
- Recognise patients with specific psychological distress and refer appropriately to Level 3
- Offer support and guidance to others
- Involvement in setting up self help and support groups

Education and training requirements

- Cancer/palliative care qualification
- Advance communication skills training (accredited);
- Annual 'refresher' of communication skills training (desirable);
- Interventions such as problem solving to manage acute situational crises;

Professional requirements

- Clinical supervision
- Access to trained and accredited professionals working at Level 3 for support and resourcing;

Additional requirements

- Add to the knowledge of the patient experience through the principles of evidence based practice

Level 3: Trained and accredited professionals including;

Counsellors, Cognitive Behavioural (CBT) Therapists, Solution Focused (SF) Therapists, Psychotherapists, Family Therapists and Registered Mental Health Nurses working in specialist palliative care settings and/or Improving Access to Psychological Therapy Services.

- Undertake assessment of psychological distress and ensure patients, carers, families and groups are offered an informed choice of the most appropriate psychological intervention and care, taking into consideration any personal preferences;
- Assess for diagnosis of psychopathology within an agreed framework and refer appropriately to Level 4;
- Documentation of assessment process within an agreed framework
- Use specific psychological interventions (according to training) such as Cognitive Behavioural Therapy, Solution Focused Therapy, to address issues appropriately within an agreed time frame and framework.

Education and Training Requirements – all of level 1 & 2 in addition to:

- Palliative care and bereavement models;
- Specific accredited training in one or more of the therapies outlined above;

Professional requirements

- Professional one-to-one supervision;
- Continuing Professional Development;
- Access to a structured, supportive network of other professionals working at this level in palliative care;

Additional Requirements

- Ensure equity and accessibility to services;
- Promote excellence;
- Ability to undertake audit and research;
- Consultancy to health care professionals and palliative services;
- Clinical supervision and supportive guidance to others;
- Experience of working in a cancer/palliative care setting

Health in Mind is run by Hertfordshire Partnership University NHS Foundation Trust in partnership with Colchester Mind. Health in Mind offers a wide range of talking treatments (sometimes called 'psychological therapies') to help people with a variety of mild to moderate mental health problems (eg depression and anxiety).

For North East Essex, the routes for referral to the local Improving Access to Psychological Therapy Service (Health in Mind) include:

1. GP or healthcare professional referral
2. Online self referral at <http://www.healthmind.org.uk> through a secure online portal
3. Self-referral by downloading an interactive PDF form at <http://www.healthmind.org.uk>
4. Self-referral by completion of a referral form picked up at a GP surgery/community venue
5. Telephoning Health in Mind on 0300 330 5455

For Mid Essex, the routes for referral to the local Improving Access to Psychological Therapy Service (Mid Essex IAPT) are:

1. GP or healthcare professional referral
2. Online self- referral at <http://www.hpft.nhs.uk/our-services/community-services/mid-essex-iapt-service-improving-access-to-psychological-therapies>
3. Self- referral by downloading an interactive PDF form at <http://www.hpft.nhs.uk/our-services/community-services/mid-essex-iapt-service-improving-access-to-psychological-therapies>
4. Self- referral by completion of a referral form picked up at a GP surgery/community venue
5. Telephoning Mid Essex IAPT service on 01376 308704 or 01376 308705

Level 4: Access to Mental Health Specialists through North Essex Partnership University NHS Foundation Trust includes Clinical Psychologists, Psychiatrists, Psychotherapists, Counselling psychologists and emergency psychiatric services

- Assess and intervene with complex psychological problems including severe affective disorders, personality disorders, substance misuse, severe adjustment difficulties, psychotic illness, severe impulse/anger difficulties;
- Work with palliative care specialist teams in meeting the needs of patients with mental health problems;
- 24 hour a day, 7 days a week access to emergency psychiatric services and advice

Education and Training Requirements

- Structured mechanism for case discussions with Level 3

These acute services cover a range of mental health care for people of working age (between 18 and 65 years), with some services also catering for older people (over 65 years). These services include:

Community Mental Health Teams (CMHT), Consultant Outpatient Clinics, Inpatient services, Liaison Psychiatric service for emergency assessments at Colchester General and Broomfield Hospitals, Crisis Resolution and Home Treatment, Assertive Outreach, Day Units, Memory and Assessment Support Service (M.A.S.S) for older people.

Single Point of Access and for new referrals, via the GP-

North East Essex- 0845 038 0800

Mid Essex- 0845 038 0030

For people known to service, via the CMHT- 01279 872900

Examples of typical Patients in the levels

Example Level 1

An 80 year old woman with advanced breast cancer. She had lots of family support and strong spiritual/religious beliefs but did want to know more information about her disease, possible pain control and how she may die. Giving her some relevant information about her disease e.g. leaflets and informing her of what other psychological support was available was appropriate and met this lady's needs.

Example Level 2

A 71 year old man with end stage heart failure. This man presented as having mild anxiety, mild depression and fatigue. The specialist palliative care Occupational Therapist involved was able to elicit his worries and fears about his illness and provide him with appropriate and clear information about it. The OT involved also used some relaxation techniques as a coping strategy for his anxiety and did a number of sessions with him on pacing his activities (to address his fatigue) and setting up a hierarchy of goals which he gradually worked on (to address his depressions), which all worked to ease his anxiety, depression and fatigue.

Example Level 3

1. A 64 year old lady with extensive cancer in her abdomen. 7 months prior to her diagnosis her husband left her. According to her the marriage was not a good one and on occasion she had contemplated leaving him but felt that marriage was for life and just tried harder. This lady was still trying to work out how and why her marriage had ended when she was brought into hospital with weight loss and back pain. She loved her two children dearly but considering what she had been through was unsure as to whether to have chemo. This lady was more complex than the last example considering her difficult marriage and more recent life events. She presented with moderate anxiety, depression and was having problems adjusting to her diagnosis. She responded well to having the opportunity to tell her story and share her thoughts and feelings and we were able to come to a shared understanding of herself, her life and her relationships

2. A 49 year old woman whose mother had been diagnosed with terminal cancer. This woman presented with moderate symptoms of depression. She was subsequently signposted by the palliative care team to Health in Mind (NE Essex IAPT). This lady attended an initial assessment with a Psychological Wellbeing Practitioner (PWP) who then informed her about possible treatment options. The first step in treatment for this woman was learning about depression and engaging in an intervention called behavioural activation, which involved building up to do activities for pleasure and achievement that she had been avoiding and finding overwhelming since her depression had started. This lady then decided that she wished to engage in counselling, through Health in Mind's partnership organisation Colchester Mind, to process and explore feelings regarding her mother's terminal illness. The woman

reported how supportive and beneficial she had found all of the psychological therapy options available through Health in Mind and outcome questionnaires supported this.

Example Level 4

A 78 year old man with lung cancer who also had a long-standing diagnosis of OCD. His obsessive compulsive disorder had gradually got worse over the years, however he had never received any psychological input for this. He had, according to the GP occasionally been prescribed benzodiazepines for his anxiety. Following a failed discharge home, this gentleman was readmitted with what seemed to be a psychotic depression. He made three attempts on the ward to kill himself. Following this the Clinical Psychologist, and Mental Health staff (Psychiatrist, Psychiatric Nurse) got involved. Anti-depressants which also addressed his anxiety were started. The psychologist saw him daily to assess mood and to build up a therapeutic relationship. He had regular psychiatric reviews and on him becoming more coherent and less confused a therapeutic intervention was begun.

**This model has been developed by the Psychological and Bereavement Workstream Group (Chair Ray Wilson, St Helena Hospice) on behalf of the North East Essex End of Life Project Group
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