SHORT TERM PSYCHOLOGICAL SUPPORT

PILOT INTERVENTION PROGRAM FOR PATIENTS ON A WELLNESS PROGRAM

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AT RISK INDIVIDUALS/WELLNESS PROGRAM

• 2014 ARI – superseded Chronic Care Model

• Enabled **Flexible** Management of People & **Variety** of Long Term Conditions (LTC)

• Enrolment Criteria – Modifiability & Amenability (2)

• Patient Centred Partnership, Patient Goal Focussed, e–Shared Care Plan, Proactive, Holistic, Preventative, Multidisciplinary Team Approach

• Core aim – Supported Patient Ownership – Self Management (1)

‘Is to help the patients understand their important role in self management of their health and social needs’ (2)
HEALTH PSYCHOLOGIST PILOT WAS BORN

• Wellness Plan Working Group
• *Unanimous* agreement – Psychological Brief Intervention
• Important – Local Access for Consultations
• Eligibility Criteria determined
• Patient Consent & Referrals through Procare Psychological Services (PPS) highlighting ‘Wellness Program/ARI Patient – Pilot Program’
IMPACT OF PSYCHOLOGICAL ISSUES

• Reduced Quality Of Life (3)
• Multiple Re-Admissions due to a reactive management of health (3)
• Family/Whanau of individuals & others
• All Ethnicities
• Increased Burden on Health System
• Health Providers Change of Thinking

Dualistic vs Biopsychosocial Model (6) – recognition of a reciprocal relationship between mind and body (6)
BARRIERS TO ACCESSING PSYCHOLOGICAL SUPPORT

- Lack of motivation
- Availability of local Psychologists
- Unable to attend Support Groups (Pulmonary Rehabilitation)
- Current funding criteria not met
- Cost of non funded sessions approx. $150/hour
- No computer access or capability to use helpful programs eg.

www.calm.auckland.ac.nz  www.mentalhealth.org.nz/get-help/a-z/
HEALTH PSYCHOLOGY REFERRAL CRITERIA

- ‘Sold’ as ‘Health Psychology’ to reduce stigma
- One to one Brief Intervention of 1 to 3 sessions
- Age 17 years +
- PHQ 9 = <15 (score >15 funded CCM Depression)
- Wellness Wheel completed

(Kessler score usually to complete with Psychologist)
WELLNESS WHEEL

THINGS THAT MAKE YOU MORE ANXIOUS OR WORRIED

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Money</td>
<td>Employment</td>
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<tr>
<td>Social</td>
<td>Housing</td>
</tr>
<tr>
<td>Family</td>
<td>Education</td>
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<td>Drugs &amp; Alcohol</td>
<td>Health</td>
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<tr>
<td>Spirituality</td>
<td>Other</td>
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ANXIETY & DEPRESSION IN COPD

- Often overlooked in Chronic Health Conditions, especially COPD
- Recognised by GOLD (4) and COPDX (7)
- 10 x more likely to suffer anxiety/panic disorders than the common population (7)
- higher risk of depressive symptoms & mood disorders than others with chronic health conditions (7)
- show promising results with Cognitive Behavioural Therapy (7)
FIRST 25 REFERRALS MADE:

BY: 18 NURSES 7 DOCTORS

<table>
<thead>
<tr>
<th>Age group</th>
<th>17–20</th>
<th>20–29</th>
<th>30–39</th>
<th>40–49</th>
<th>50–59</th>
<th>60–69</th>
<th>70–79</th>
<th>80+</th>
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<tbody>
<tr>
<td>Males 12</td>
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<tr>
<td>Females 13</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>7</td>
<td>3</td>
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<thead>
<tr>
<th>Ethnicity</th>
<th>Maori</th>
<th>NZ/Pakeha</th>
<th>Other European</th>
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<tr>
<td>Males 12</td>
<td>3</td>
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<td>Females 13</td>
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<tr>
<th>Condition</th>
<th>COPD</th>
<th>Diabetes</th>
<th>Surgery</th>
<th>Arthritis</th>
<th>Asthma</th>
<th>Obesity</th>
<th>Stroke</th>
<th>Cancer</th>
<th>Heart</th>
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<tr>
<td>Males 12</td>
<td>7</td>
<td>8</td>
<td>1</td>
<td>1</td>
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HEALTH PSYCHOLOGIST FORMAT

Assessment appointment plus 1–2 sessions – Kessler score
Presenting Problem
Substance Abuse & Level of Risk
Diagnosis
Plan
Treatment Approach
Treatment Goals
AVOIDANCE & DENIAL = POOR COPING SKILLS

FEAR
ANXIETY
DEPRESSION + LOW MOOD
GRIEF
ANGER
STRESSORS
LOW MOTIVATION
TREATMENT APPROACH

PSYCHOEDUCATION (6)

COGNITIVE BEHAVIOUR THERAPY (6)

ANXIETY MANAGEMENT (6)

SUPPORTIVE
ATTENDEES AT APPOINTMENTS

• 19 completed Psychology Brief Intervention appointments

• DNA x 1 after accepting the appointment

• 5 Referrals were made on to;
  – Own GP  – CADS  – Stroke Support  – Psychiatrist for diagnosis clarification
  – Further Psychology Support
PSYCHOLOGIST COMMENT’S ON DISCHARGE
– MOST INDICATED BENEFICIAL/HELPFUL

• Some to Significant Improvement shown
• No Improvement shown X 2

Other comments in discharge

letter

• Acceptance of Situation shown
• Made Steps towards…
• Positive Changes
• Unsure if benefits gained
COMMENTS FROM PEOPLE WITH COPD AFTER BRIEF PSYCHOLOGICAL SUPPORT

• I control my breathing better and can go out more
• I have cut my drinking right down and feel so much better
• I am not so frightened of getting breathless…. I have started bowls
• I don’t get quite so scared at night
• I pace myself more at work
• I realise I have to think about myself more, so I can help my family better
OTHER PATIENT’S COMMENTS

• Good info given, really positive stuff
• Didn't expect to get anything out of it but it was really helpful
• It was helpful to talk things out with someone/sharing things I wouldn't normally
• He had more experience… I felt reassured.
FURTHER RESEARCH NEEDED

• Pilot evidence is largely anecdotal
• More Specific Evaluation needed
• Before and After Wellness Wheel for comparison
• Consensus of Staff– mostly positive results seen
• Great opportunity to offer effective Psychological Expertise
• Continuing to refer but unsure about the future
REFERENCES


2. At Risk Individuals Manual August 2014 Procare, Health Alliance 1


5. NZ Alleviating The Burden Of Chronic Conditions In New Zealand ABBC Study Literary Review (2011)
