



# 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- 2014 ARI – superseded Chronic Care Model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 <sup>(2)</sup>
- Patient Centred Partnership, Patient Goal Focussed, e-Shared Care Plan, Proactive, Holistic, Preventative, Multidisciplinary Team Approach
- Core aim – Supported Patient Ownership – Self Management <sup>(1)</sup>

‘Is to help the patients understand their important role in self management of

their health and social needs’ <sup>(2)</sup>

# 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 Procure Psychological Services (PPS) highlighting **‘Wellness Program/ARI Patient – Pilot Program’**

# IMPACT OF PSYCHOLOGICAL ISSUES

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

Dualistic vs Biopsychosocial Model <sup>(6)</sup> – recognition of a reciprocal relationship between mind and body <sup>(6)</sup>

# 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](http://www.calm.auckland.ac.nz)

[www.mentalhealth.org.nz/get-](http://www.mentalhealth.org.nz/get-help/a-z/)

[help/a-z/](http://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

Money	Employment
Social	Housing
Family	Education
Drugs & Alcohol	Health
Spirituality	Other

### Wellbeing Self-Assessment

Name: [REDACTED]

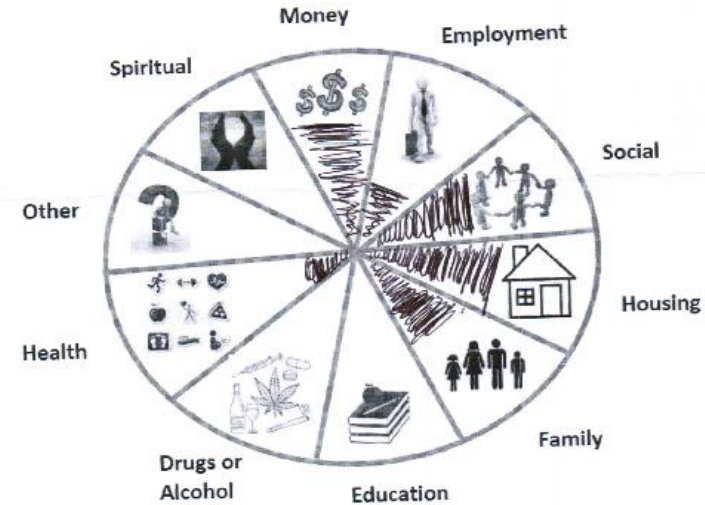
NHI: [REDACTED]

Many things can make us feel anxious or worried.

Feeling anxious or worried can affect our wellbeing and ability to look after ourselves.

Please colour in the sections of the circle to show what is making you feel worried or anxious right now.

The more you colour in a section, the more of a worry it is for you.



Please talk to your Nurse or GP if you'd like help to do something about this.

Example



# ANXIETY & DEPRESSION IN COPD

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



# FIRST 25 REFERRALS MADE:

BY: 18 NURSES 7 DOCTORS

Males 12

Females 13

Age group	17-20	20-29	30-39	40-49	50-59	60-69	70-79	80+
	1	0	2	2	9	7	3	1

Ethnicity	Maori	NZ/Pakeha	Other European
	3	17	5

Conditions	COPD	Diabetes	Surgeries	Arthritis	Asthma	Obesity	Stroke	Cancer	Heart
	7	8	1	1	2	2	1	1	2

# 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  
MOOD

ANXIETY

DEPRESSION + LOW

GRIEF

MOOD

DISORDER

FRUSTRATION

ANGER

STRESSORS

LOW MOTIVATION

# TREATMENT APPROACH

PSYCHOEDUCATION <sup>(6)</sup>

COGNITIVE BEHAVIOUR THERAPY <sup>(6)</sup>

ANXIETY MANAGEMENT <sup>(6)</sup>

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

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