Mental Health and Psychological Well-Being in People with Long Term Conditions

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Why is this Important?

- Common mental health problems are more prevalent in adults with long term health conditions compared to a healthy population.

- Psychological issues are not only important in relation to maintaining good quality of life. There is a growing body of evidence that cites mental health as a predictor of outcomes in people with kidney disease.

- Clinical depression prior to starting RRT/whilst on dialysis is associated with:
  - Increased mortality (Hedayati et al. 2010; Farrokhi, 2013)
  - Increased morbidity (Cukor, 2013)
  - Increased utilisation of health services (Heydati, 2005)
  - Reduced adherence to treatment (Cukor, 2009)

“To improve the mental healthcare of patients presenting in physical healthcare settings at Guy’s, St Thomas’ and King’s College Hospitals”

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**IMPARTS in the Renal Service at Guy’s**

- Screening using the PHQ-9 (depression) and the GAD-7 (anxiety)
- 10 minutes and facilitated by nursing team (with training and support)
- Completed with electronic tablets and results are updated in ‘real time’ the electronic patient record

**Screening across three patient groups:**
1. Patients attending the Annual Transplant Review Clinic (ATRC). Long-term kidney transplant patients (> 8 years)
2. Patients attending Transplant Support Clinic (TSC). Kidney transplant patients with declining graft function (GFR<20mL/min)
3. Haemodialysis patients receiving care in a community satellite dialysis unit (approx 160 patients/week)
## Descriptive Statistics
(Baseline screens from July 2013-July 2014)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Dialysis</th>
<th>ATRC</th>
<th>TSC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total N</strong></td>
<td>531</td>
<td>140</td>
<td>349</td>
<td>42</td>
</tr>
<tr>
<td><strong>Age, m(SD)</strong></td>
<td>52.4 (14.3)</td>
<td>53.1 (16.1)</td>
<td>53.0 (13.2)</td>
<td>44.4 (14.8)</td>
</tr>
<tr>
<td><strong>Female, n (%)</strong></td>
<td>210 (39.5)</td>
<td>58 (41.4)</td>
<td>132 (37.8)</td>
<td>20 (47.6)</td>
</tr>
</tbody>
</table>
Prevalence of Depression

Dialysis
- No Symptoms: 66.2%
- Some Symptoms: 23.7%
- Probable MDD: 10.1%

ATRC
- No Symptoms: 91.1%
- Some Symptoms: 5.2%
- Probable MDD: 3.7%

TSC
- No Symptoms: 59.5%
- Some Symptoms: 14.3%
- Probable MDD: 26.2%
Severity of Major Depressive Disorder

Patient Group

- Dialysis
- ATRC
- TSC

Percentage

- Mild (PHQ<15)
- Moderate (PHQ 15-19)
- Severe (PHQ >19)
Suicidal Ideation

- People who are suffering from long term conditions are at increased risk of suicide (and often have access to means).

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<tr>
<td>Total N</td>
<td>140</td>
<td>349</td>
<td>42</td>
</tr>
<tr>
<td>Suicidal Ideation, n(%)</td>
<td>6 (4.2)</td>
<td>3 (0.9)</td>
<td>1 (2.4)</td>
</tr>
</tbody>
</table>

- These patients reported:
  1. That they had experienced ‘thoughts that you would be better off dead or of hurting yourself in some way’
  2. Which were present either for ‘half the days’ or ‘nearly every day’ over the past fortnight.
Prevalence of Anxiety

Dialysis
- No Symptoms: 78.1%
- Some Symptoms: 13.1%
- Probable GAD: 8.8%

ATRC
- No Symptoms: 89.9%
- Some Symptoms: 5.8%
- Probable GAD: 4.3%

TSC
- No Symptoms: 73.8%
- Some Symptoms: 16.7%
- Probable GAD: 9.5%
Integrating physical and mental healthcare

- Integrating physical and mental health care for people living with long term health conditions should be a priority for the health service (Naylor, 2012).

- Screening takes place during a clinical consultation or dialysis treatment and is part of routine clinical care.

- Input is offered where need is identified. What's offered depends on severity and nature of the problem but this includes:
  - Specialist clinical psychology input
  - Referral to community IAPT services
  - Referral to a self management intervention (research study in dialysis)
  - Referral to hospital liaison psychiatry team (routine/urgent)

- Within the single appointment the patient completes screening, the results are reviewed and discussed and the relevant referrals made.
Role of Applied Clinical Health Psychology

- Primary goal: Coping with physical health problems
  - Understanding treatment/illness
  - Adjustment issues and coping with physical illness
  - Improving communication in care setting
  - Informed-decision making
  - Adherence to medication

- Physical healthcare setting

- Primary goal: Managing mental health problems
  - Depression
  - Anxiety
  - Eating disorders
  - Schizophrenia
  - Personality disorder

- Mental healthcare setting
In this context distress is normal, within that we need to recognise the people who might benefit from assistance (is this persistent, impacting on functioning, management of physical health).

Common reasons for referral:
- Adherence
- Adjustment to health problem and impact on life
- Coping with changes in health and transitions in care
- Coping with physical symptoms
- Concerns around body image
- As well as anxiety/depression etc

Myths: ‘If I had CKD/Diabetes I’d be depressed’ or ‘there’s nothing anyone can do to help’

Evidence based approach:
- Motivational Interviewing for adherence
- Cognitive Behavioural Therapy for anxiety/depression
- Acceptance and Commitment Therapy - growing evidence base in long term conditions
Benefits of an integrated service

- Puts psychological well-being on the agenda for the whole team.

- A problem that is considered ‘mild’ in a mental health service can be very serious in patients with a long term condition.
  - A needle phobia or a mild episode of depression will likely mean you wait a long time in mental health services. But what if that means you are not motivated to attend appointments, adhere to restrictions, or are too scared to come for treatment – could put your life at risk.

- Some information from mental health services is not geared up for patients with long term conditions – e.g. MIND mental health diet

- We can be flexible, have access to the team and have existing knowledge of the specific condition. Not another appointment with another service.

- Challenges too!
Do you get your 5 a day?
Vegetables and fruit contain a lot of the minerals, vitamins and fibre we need to keep us physically and mentally healthy.
Eating a variety of different coloured fruits and vegetables every day means you’ll get a good range of nutrients – several portions of the same type of food won’t be so good for you.

Quick tips
- Tomatoes, mushrooms and bananas all contain high levels of potassium which is essential for your whole nervous system, including your brain.
- Try eating some vegetables raw, as cooking can destroy some vitamins.
- You can learn more about healthy portion sizes at nhs.uk/Change4Life

Do you keep yourself hydrated?
If you don’t drink enough water, you may find it difficult to concentrate or think clearly. You might also start to feel constipated (which puts no one in a good mood).

Good drinks include: water, herbal or green tea, or diluted fruit juice.

Quick tips
- You need at least two pints of water daily to stay hydrated – some water is in your food, but you need to drink the rest.
- Ordinary tea and coffee don’t count, because the caffeine in them makes you need the toilet. Alcohol and sugary drinks like fruit squash or cola don’t count either.

Are you eating the right fats?
Your brain needs fatty oils (such as omega-3 and -6) to keep it working well. So rather than avoiding all fats, it’s important to eat the right ones.

Good fats are in: oily fish, poultry, nuts (especially walnuts and almonds), olive and sunflower oils, seeds (such as sunflower and pumpkin), avocados, milk, yoghurt, cheese and eggs.
How we can all help

- Take a few minutes to contain, empathise and normalise.

- Summarise what you have been told and validate concerns.

- If you think someone needs extra support then make a plan and communicate this clearly. Make an onward referral.

- Support independence and encourage individuals to take control. Empower instead of ‘doing for’. Building self efficacy.

- Educate about long term condition (as and when you can through routine clinical care)

- Support and encourage self care and management

- Support positive attempts to change (no matter how small)
Accessing support for your patients

- Integrated psychological provision for adults living with long term conditions can be patchy across health conditions and geographical locations/trusts.

- Most renal units in London have access to psychology in some form (clinical psychologists, counsellors, health psychologists).

- If there is no access to specific input you can try Increasing Access to Psychological Therapy (IAPT). Many services have or are developing pathways for people with Long Term Conditions.

- Some charities provide psychological support. For example, the British Kidney Patients Association offers a free counselling service.
Key Points

- Considering the mental health/emotional well-being in this population is important.
- Distress on some level is normal, but even when people are suffering significantly the situation is not hopeless.
- There is help available and we can all do something within our usual clinical care.