Psychological Distress in Patients with Cardiac Conditions; Developing Skills in Integrated Care and the Development of the Increasing Access to Psychological Therapies Programme for LTC

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Conflict of interest none
Overview

• Why improve the integration of psychological and physical healthcare?

• Psychological distress and cardiology

• The implications of psychological distress in cardiology and possible mechanisms

• National policy drivers including IAPT

• Pilot Study and outcomes

• Next steps
WHY IMPROVE THE INTEGRATION OF PSYCHOLOGICAL AND PHYSICAL HEALTHCARE?
Why improve access to psychological care in physical health?

- Mental health problems associated with increase in physical health morbidities and decreased life expectancy

- Physical health problems linked with 2-3 times greater risk of mental health problems

- 30% of the population have one or more long term conditions; LTCs account for 70% of healthcare budget

- LTC+ MH problem increases healthcare cost 45%

- Patients and carers tell us they want integrated care
NHS healthcare system has separated psychological and physical care delivery

Mental Health Services

Physical Health Services
PSYCHOLOGICAL DISTRESS AND CARDIOLOGY: THE NATURE OF THE PROBLEM
Depression and Cardiology

• If MDD present at baseline in CHD = independent risk factor for poor cardiovascular outcomes including MI

• After major cardiac event, up to 40% of patients meet criteria for major depressive disorder (MDD) vs 17%. ENRICHD trial: patients recent (MI), depression was diagnosed in 74%.

• Depression tends to persist. V common in HF and CAD

• When cardiac disease and major depression present together, the prognosis for both worsen

• Major depression associated with poorer quality of life and increased morbidity and mortality
• Some evidence that treating the depression improves physical as well as psychological outcomes - more research is needed

• Despite this - consistent evidence that depression is often under-recognised and therefore untreated

• Calls for patients to be routinely screened for psychological distress
Anxiety and CHD

- Anxiety may be even more common than depression and much higher than population norms (Easton et al 2015)

- HF more than 50% showed raised levels of anxiety with 13% achieving threshold for diagnosis

- Like depression the symptoms commonly persist

- Other anxiety disorders present e.g. PTSD in a smaller proportion
IMPLICATIONS OF PSYCHOLOGICAL DISTRESS IN CARDIOLOGY AND POSSIBLE MECHANISMS
• Major depression and stress now recognised as risk factors for developing CHD

• Risk factor - as important as and independent of classic risk factors, such as hypertension, diabetes mellitus, and cigarette smoking

• American Heart Association has labelled depression as risk factor for poor medical outcomes following acute coronary syndrome


Depression and the Link with Cardiovascular Disease
Arup K. Dhar1,2,3,* and David A. Barton1
Depression

Depression implicated in the development and progression of CAD and HF

In those without heart disease it is prospectively associated with development of atherosclerosis and HF

In patients with established disease it is associated with poorer outcomes with 2 fold risk of mortality and adverse cardiac events after MI or HF and poorer outcomes after cardiac surgery
Anxiety

• Less clear, relationship with specific anxiety disorders stronger

• In patients with CAD and HF some evidence that anxiety associated with increased risk of adverse cardiac events however the relationship is not so strong when covariates are controlled for.

• Where disease not present anxiety shows association with increased risk of CAD or HF

• With anxiety disorders e.g. GAD, Panic Disorder and PTSD. the relationship is stronger. Here with established CVD anxiety disorders associated with poorer outcomes including subsequent mortality
The bio-psychosocial relationship

• Links between psychological distress and CHD are complex involving psychological, behavioural and biological mechanisms

• Depression arrhythmias and CAD share common pathological and behavioural drivers which are inter-related

• These include unhealthy lifestyle, autonomic dysregulation, HPA axis dysregulation, endothelial dysfunction and inflammation
Possible mechanisms whereby depression confers elevated cardiac risk.

Mediators; depression and anxiety can affect:

- **Health related behaviours**: smoking, alcohol, drug use

- **Health behaviour neglect**: physical activity, diet, dental care, health screening attendance, sleep, adherence to medical treatment

- **Non compliance**: Depression increases risk of non-compliance with treatment three fold. DiMatteo et al 2000. May be less likely to attend cardiac rehab

- **Psychoneuroimmunology**

  Activation of the body’s inflammatory response- e.g. Pro-inflammatory cytokines
Whole-person care: from rhetoric to reality

Achieving parity between mental and physical health

A new settlement for health and social care

Liaison psychiatry for every acute hospital

Integrated mental and physical healthcare

December 2013

NHS

FIVE YEAR FORWARD VIEW

Occasional paper OP88

March 2013
Cardiology and integrated care

- Can still be a struggle to access psychological care - 14% CR 2016
- Important to recognise psychological support offered in routine care and to build on this as well as referral pathways
Increasing Access to Psychological Therapies

IAPT services provide evidence based treatments for people with anxiety and depression.

Therapy delivered by trained and accredited practitioners, matched to the mental health problem

Now being expanded to include Long Term Conditions including cardiology with a specific competence framework and training programme for therapists

Key aim is co-location of services so more therapy services should be available in coming months throughout England
SUSSEX PILOT STUDY
Inpatients: CHD patient results

60% of patients experience anxiety
70% of patients experience anxiety or depression and 27% of patients experience both anxiety and depression
37% of patients experience depression

Qualitative patient reports:
• Anxious about dying
• No social support
• Frightened to do exercise that has been recommended in case it causes another heart attack

"The last month has been a nightmare since my first heart attack. I am now frightened to sleep with the light off"
Staff raised following issues

- Wanting to help patients emotionally

- Concern patients didn’t get onto treatment pathways even when distress was identified

- Addressing psychological issues and working on emotional issues made work rewarding for staff but was also a source of stress

  “Alone together in dark room with patient, physically very close to them, aware of their vulnerability and high levels of emotion and absorbing that. Not always sure how to handle their emotional responses or my own” Cardiology technician

- Request for training
<table>
<thead>
<tr>
<th>Level</th>
<th>Group</th>
<th>Assessment</th>
<th>Intervention</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>All Health and Social Care Professionals</td>
<td>Recognition of Psychological Needs</td>
<td>Effective information giving, compassionate Communication and General Psychological Support</td>
</tr>
<tr>
<td>2</td>
<td>Health and Social Care Professionals with additional experience</td>
<td>Screening of Psychological Distress</td>
<td>Psychological techniques such as Problem Solving</td>
</tr>
<tr>
<td>3</td>
<td>Trained and accredited Professionals</td>
<td>Assessment of Psychological Distress and Diagnosis of some Psychopathology</td>
<td>Counselling and specific psychological interventions e.g. anxiety management, solution-focused therapy, delivered according to an explicit theoretical framework</td>
</tr>
<tr>
<td>4</td>
<td>Mental Health Specialists</td>
<td>Diagnosis of Psychopathology</td>
<td>Specialist psychological and psychiatric interventions e.g. psychotherapy, inc Cognitive behavioural therapy</td>
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Training-pilot

- 21 (18) cardiovascular practitioners attended a one-and-a-half day training session in psychological skills. 18 more this year.

- Completed pre-training questionnaire to assess self-perception of competence in recognising and managing psychological distress in patients.

- Reported they could often identify distress but were less sure of how to manage it and get patients the right level of psychological support.

Training therefore focused on:

- Developing communication skills to feel confident in eliciting identifying and discussing distress.
- Screening for distress with knowledge of pathways for different levels of psychological distress.
Training focused on these competences

• To be aware of the “distress continuum”. To assess severity of distress using appropriate screening tools

• Develop an active awareness of the psychological skills they have, to develop these and to be able to actively use them

• Communicate honestly and compassionately and avoid causing psychological harm

• Apply some basic psychological intervention techniques e.g: problem solving, solution focused techniques,

• Know when they have reached the limits of their professional competence and the appropriate onward referral pathway

• Understand how to maintain resilience and protect their own emotional wellbeing
Mixed teaching methods

• Some didactic but largely experiential

• Train and pray or train and sustain?

• Supervision a key issue in enabling staff to apply skills therefore 2\textsuperscript{nd} session was some weeks later. A chance to further develop skills but to being back what had worked or not and a chance for supervision
Outcomes so far from pilot (50% response rate)

<table>
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<tr>
<th>Question</th>
<th>Positive response</th>
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<tr>
<td>Have you had opportunity to use the teaching</td>
<td>100%</td>
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<tr>
<td>Did you use the skills</td>
<td>100%</td>
</tr>
<tr>
<td>Were the skills useful to you</td>
<td>100%</td>
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<tr>
<td>Are you now more likely to discuss distress with your patients</td>
<td>89%</td>
</tr>
<tr>
<td>Would you know how and where to refer to if you or a patient had concerns about their mental wellbeing</td>
<td>100%</td>
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Conclusions

• Cardiovascular health professionals can play an important role in identifying psychological distress and delivering integrated care for their patients

• Training seems to help staff develop and use psychological skills and they report finding them useful

• Further research to see
  A. How this impacts on patient experience and patient outcomes
  B. Does this help staff with the emotional impact of the work

• To embed training, supervision needs to be considered

• IAPT may bring additional resources
Screening for Distress-PHQ-2

Over the past two weeks how often have you been bothered by any of the following problems?

Not at all  Several days  More than half the days  Nearly every day

1. Little interest or pleasure in doing things?  0  1  2  3

2. Feeling down depressed or hopeless?  0  1  2  3

Scores >3 complete full measure
Distress thermometer

- Choose a number from 0 to 10 that reflects how much distress you feel today and how much you felt over the past week.

- Ten is the highest level of distress you can imagine, and 0 is no distress.

- Most people can use this scale to rate their distress in a way that helps the team caring for you.

- If your response is 4 or above, you likely have a moderate-to-high degree of distress. And your team should find out more and offer some help with your distress.

Please circle the number (0-10) that best describes how much distress you’ve had during the past week, including today.
STRESSORS
(Psychologic, Physiologic, Environmental)

↓ ↓ ↓ ↓ ↓
Stress

↓ ↓ ↓ ↓ ↓
Comfort  Discomfort  Acute Stress  Chronic Stress  Distress

↓ ↓ ↓ ↓ ↓
Adaptive Behaviors  Maladaptive Behaviors
The Distress Continuum

- Normal Adjustment
- Adjustment Disorders
- Subthreshold to Mental Disorders
- Diagnosable Mental Disorders (e.g., major depressive disorder)
Meeting the Challenges of Current Practice

Key Messages:
- Psychological distress can impact morbidity, mortality, functional outcome, Quality of Life and healthcare costs in patients with cardiac conditions.
- Integrated care has the potential to make a difference and improve outcomes.
- Joined up care is everyone’s business and staff working in cardiology have opportunities to identify and address psychological distress.
- Professionals in cardiology are already doing this. Increased training and awareness of care pathways can improve care for patients and decrease pressure on staff.
- With integrated care we are heading in the right direction but the map is not very clear …we need to co-create it.

#bacpr2017
In 2017 How do professionals in medicine and psychology understand and communicate ideas about how mind influences the body and vice versa

Humours
Descartes
Body as machine
Body adaptive, inter-related systems