

More than just communicating = a training package for healthcare professionals to improve the detection and management of psychological distress

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Background

Up to fifty percent of all patients with cancer suffer significant distress at some point during their cancer journey. Research has shown that healthcare professionals are often poor at detecting those people who may require formal input for their psychological needs and screening for psychosocial problems is rarely a routine process (Carlson et al, 2004). Communication skills training alone does not always improve this detection rate (Merckaert et al, 2005). A four tier model of psychological support has been proposed by NICE to address this issue (NICE, March 2004), in which it specifically states that staff at Level 2 should be trained in the detection and management of psychological distress. One of the main focusses of this model is that staff should screen all patients for psychological distress at four key time points: Diagnosis, Treatment, End of Treatment and Recurrence. The model also suggests that staff at Level 2 should be able to intervene with distressed patients and families, using techniques such as psychoeducation, relaxation and problem solving.

The Four Tier Model

Level	Group	Assessment	Intervention
1	All health and social care staff	Recognition of psychological need	Effective information giving, compassionate communication and general psychological support
2	All of the above with additional expertise	Screening for distress	Problem solving, psychoeducation, relaxation
3	Trained and accredited professionals	Assessment and some diagnosis	Counselling and specific interventions with theoretical frameworks e.g. solution focussed therapy
4	Mental Health Specialists	Diagnosis of psychopathology	Specialist psychological and psychiatric interventions, such as CBT and other psychotherapies

Methods

A four half-day programme was developed after an extensive review of the literature. The sessions cover topics including:

- Listening Skills
- Screening Tools
- Detection of Specific Psychological Disorders
- Interventions appropriate for use by healthcare staff
- Looking after ourselves
- Onward referral to Levels 3 and 4

The programme was designed to be delivered to staff at Level 2 of the model (e.g. Doctors, Nurses, Allied Health Professionals), by those at Levels 3 and 4 (e.g. Psychologists, Counsellors), but research is currently underway to assess whether staff at Level 2 can also administer this training package, if taught to do so and supported by Level 3 and 4 professionals.

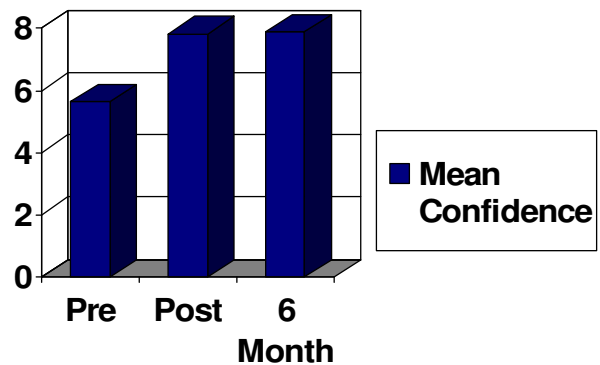
Measures:

Staff are given questionnaires at pre, post and 6 month follow-up, which ask them to rate their confidence on a Likert Scale, where 1 = not at all confident and 10 = very confident, on the following domains:

- Discussing psychological problems with patients and families
- Eliciting worries and concerns
- Using specific psychological screening tools
- Recognising symptoms of psychological disorders
- Managing distressed patients and families
- Providing self help material
- Discussing concerns with colleagues
- Discussing suicidal ideation
- Managing your own feelings

Results

256 complete sets of data have been collected. All domains measured have improved significantly from pre group to post group, and this is maintained at 6 month follow up ($p < 0.005$)



Conclusions

Whilst the results have some limitations, in that the data based on confidence levels is subjective, we can conclude that this course significantly improves staff confidence in all nine domains and this is maintained at 6 month follow-up.

References

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Acknowledgements

This project would not have been possible without the generous support of the Wessex Cancer Trust

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