



Psychological Aspects of Chronic Illness

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Areas we will cover today

- * Emotional adjustment to chronic illness and what can affect this
- * Relationship between chronic illness and anxiety and low mood
- * What can help – IAPT in primary care

Group exercise

Think of the last time you were physically unwell or experienced physical pain:

- How did this effect you?
- What impact did it have on people around you?
 - Family
 - Friends
 - Work colleagues
- How did it impact on how you interacted with other people?

Exercise continued

Now imagine that this illness didn't go away, and that you were left with this experience in the long term:

- How do you think this would effect you?
- What impact might this have on people around you?
 - Family
 - Friends
 - Work colleagues
- How might it impact on relationships between yourself and others?

Adjustment to Chronic Illness

- Chronic diseases endure over time and have the potential to profoundly impact on people's day-to-day lives and experience
- Having a chronic illness shakes taken for granted assumptions about possessing a smoothly functioning body
- Living with a chronic health problem thus people to engage in the process of adjusting to changes brought about by the illness

Adjustment to Chronic Illness

- Adjustment can be viewed as returning to an '**equilibrium**'
(Moss-Morris, 2013)
- “The individual **acknowledges** impairment and **alters** life and self in socially and personally **acceptable** ways
reunifying body and the self
(Charmaz, 2005)
- Ongoing process of adaptation – many people have to adapt time and time again

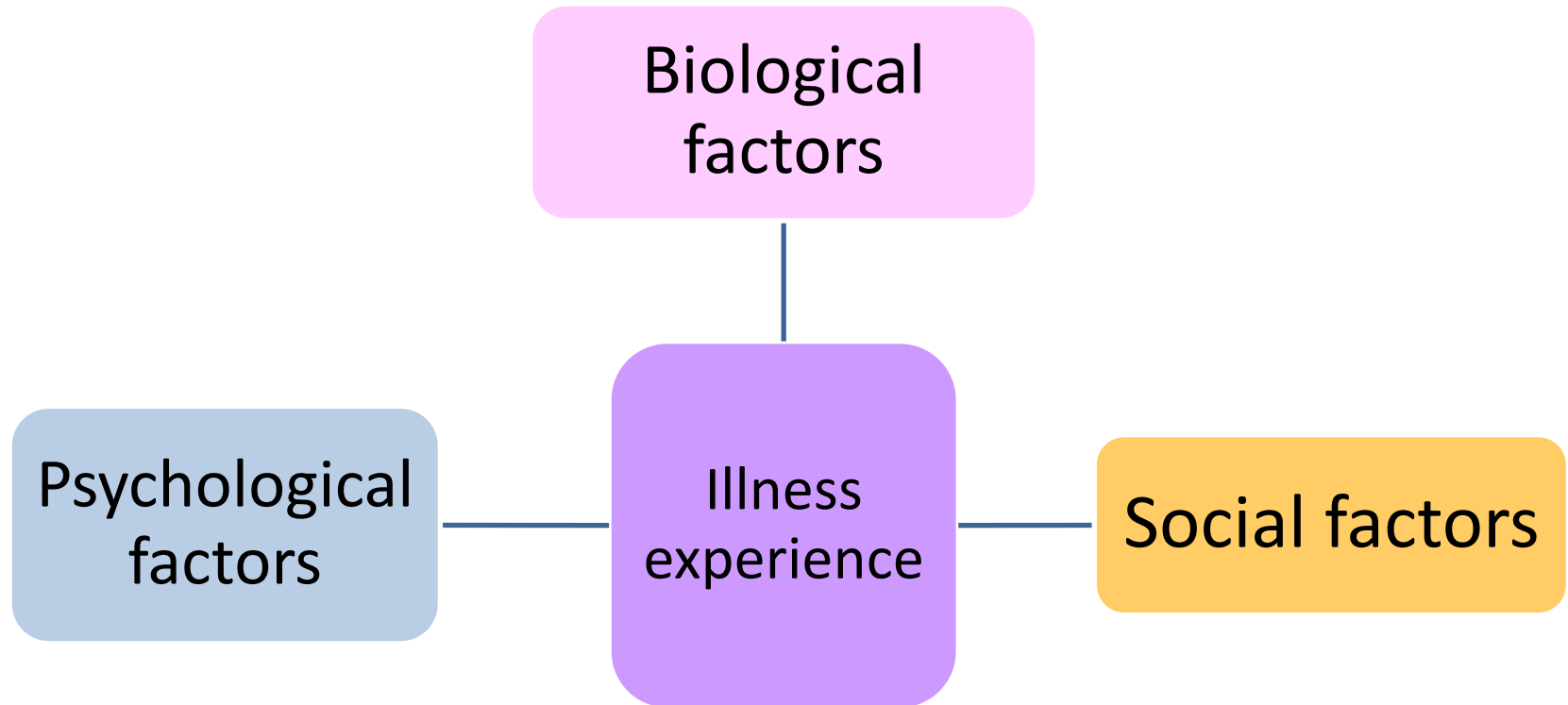
Psychosocial Typology of Illness (Rolland, 1989)

Impact of chronic illness on the individual & family.

Four distinctions:

ONSET	Acute		Gradual	
COURSE	Progressive		Constant	Relapsing or Episodic
OUTCOME	Does not effect lifespan		Shortens lifespan	Causes death
DEGREE OF INCAPACITATION	Present			Absent

Impact of diagnosis and adjustment depends on a number of factors



Group exercise

What factors and tasks do you think could help the adjustment process?

- ❖ Psychological
- ❖ Social
- ❖ Medical

From pre-diagnosis to initial adjustment to diagnosis

Psychological adjustment tasks include:

- Learning to deal with and make sense of uncomfortable or distressing symptoms
- Learning to cope with new healthcare environments and procedures
- Coping with impact of symptoms on own physical and emotional health, family roles, work, finances etc..
- Grieving for the loss of previous health

Psychological tasks and impact:

- Symptoms may be distressing and disabling
- Unpredictable symptoms can be more difficult to adjust to
- No clear diagnosis can make adjustment more challenging
- Patients may be coping with significant uncertainty about what is happening with their body
- Can lead to increased stress and anxiety and worry which can exacerbate physical symptoms
- May change behaviours, reduce activities

Adjustment tasks following diagnosis

- * Beginning process of acceptance of diagnosis
- * Beginning to address self-management needs
 - Up to date knowledge re symptoms & treatment options
 - Monitoring and managing symptoms
 - Concordance with medication and management advice
 - Engagement in activities to promote health
 - Manage impact of symptoms on physical health, mental health and relationships
 - Establishing and maintaining relationships with healthcare providers
- * In the face of uncertainty, need to develop flexibility about future goals

Individual differences in coping

Coping efforts may be aimed at approaching or avoiding the demands of chronic illness

Coping style can affect how people engage with the tasks of self-management

- Approach oriented coping strategies

information seeking, problem solving, seeking support,
actively attempting to identify benefit in an experience,
creating outlets for emotional expression

- Avoidance orientated coping strategies

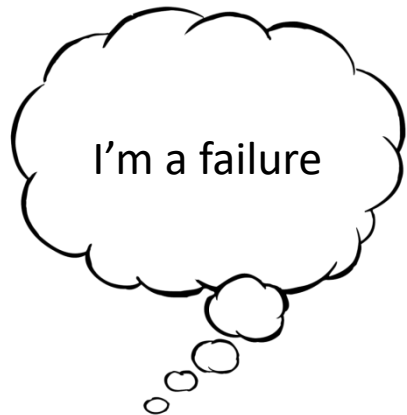
denial, suppression, disengagement, wishful thinking

- Different strategies may be helpful at different times
- Flexibility in coping strategy may be most important

Chronic phase – psychological impact

- Meaning of living with chronic illness longer term becomes more apparent
- Increased awareness of body vulnerability - chronic illness can chip away at perceptions of control over body integrity
- Chronic health problems can impact on a persons ability to engage in activities that bring a sense of meaning and purpose to life – it can threaten life goals
- Involvement in medical treatment may not always lead to control over the outcome

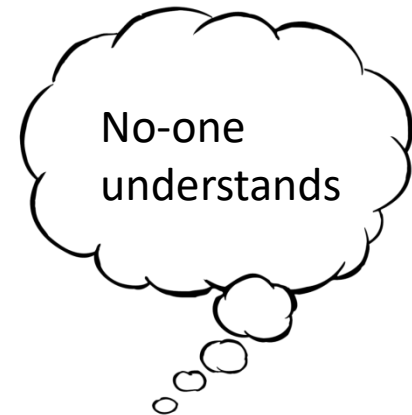
Psychological Impact:



Can experience difficult thoughts and feelings
There may be a sense of personal failure
Or anger that their body is letting them down
Feelings of helplessness



Catastrophising, negative thoughts (may be linked to anxiety and depression)
Withdrawal from activities, or loss of previously valued activities



Social factors: social resources, support, interpersonal relationships

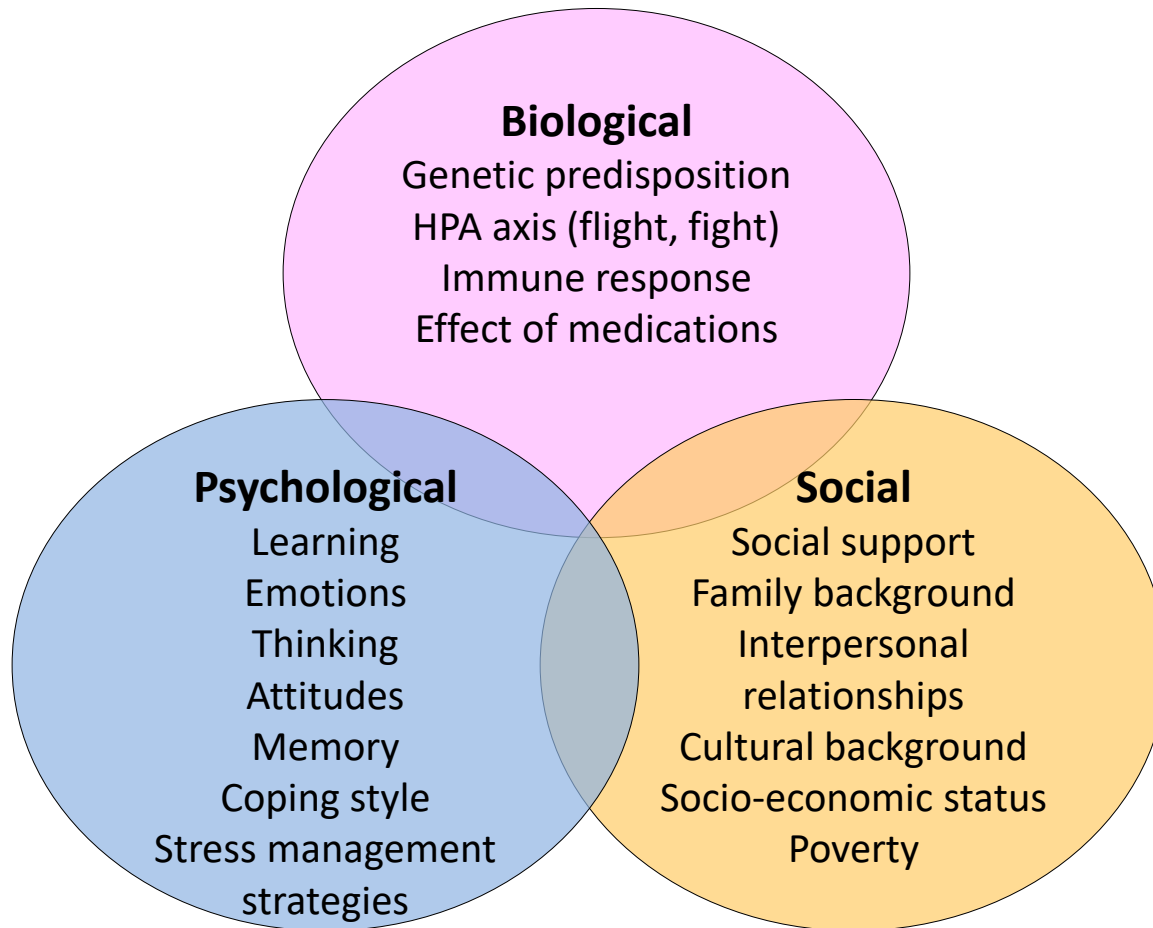
- * Most adaptive tasks of chronic disease management require help from others
- * Social support affects outcomes in a number of physiological, emotional and cognitive pathways.
- * Help people use effective coping strategies by offering a better understanding of the problem and increasing motivation to take action
- * Can encourage positive health behaviours and can diminish physiological reactivity to stress
- * Studies reveal the direct and buffering effects of support on depressive symptoms

Social factors

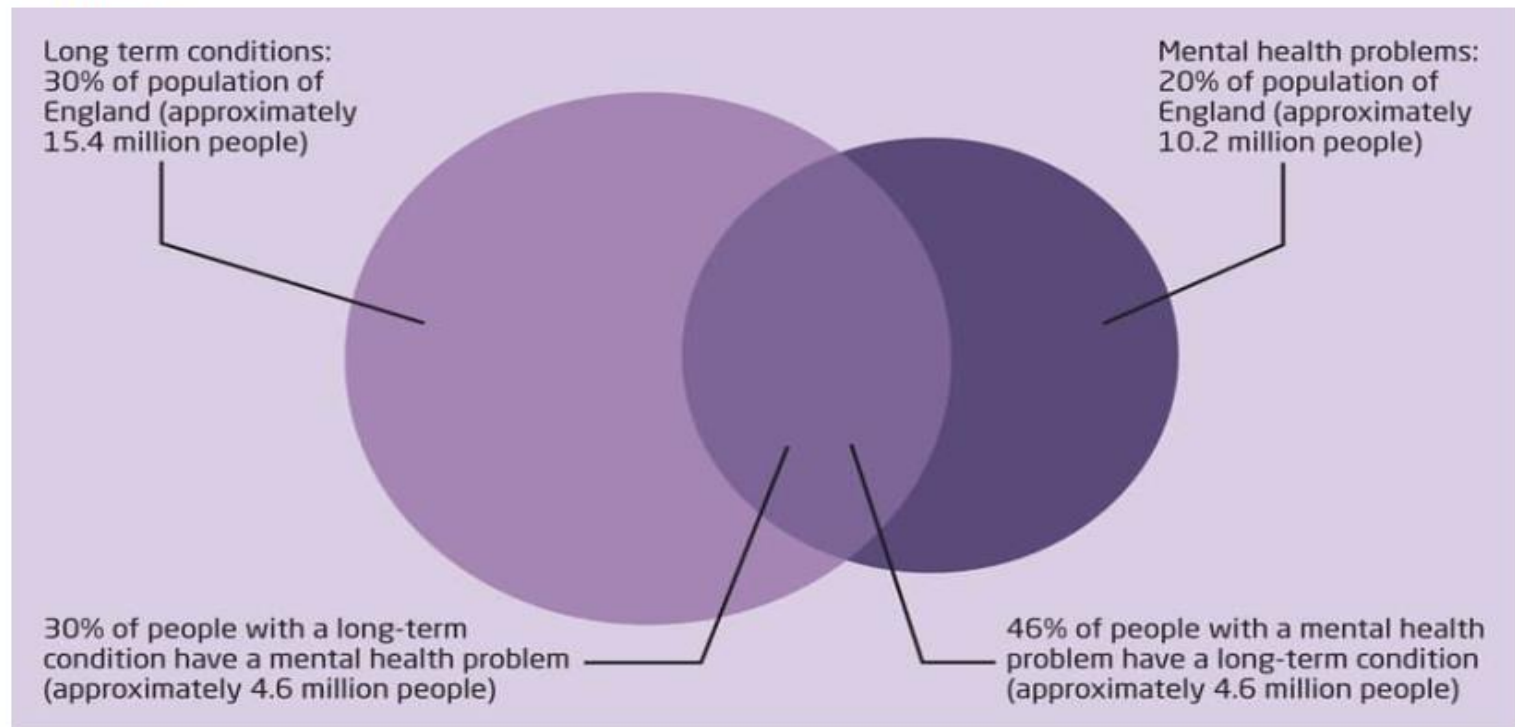
- * Social support can erode over time
- * Support can become burdensome to others or demands of recovery may fail to match support providers expectations
- * Just as close relationships can be supportive and caring – they can be characterised by misunderstanding, disapproval, antagonism
- * Depressive feelings may elicit feelings of irritation and resentment in the partner, leading to increased anger and reduced support provision
- * This can lead to increase depressive symptoms for the patient.

Biopsychosocial Model:

How biological, psychological and social factors combine and interact to influence mental health and physical health



Overlap between long-term conditions and mental health problems in England



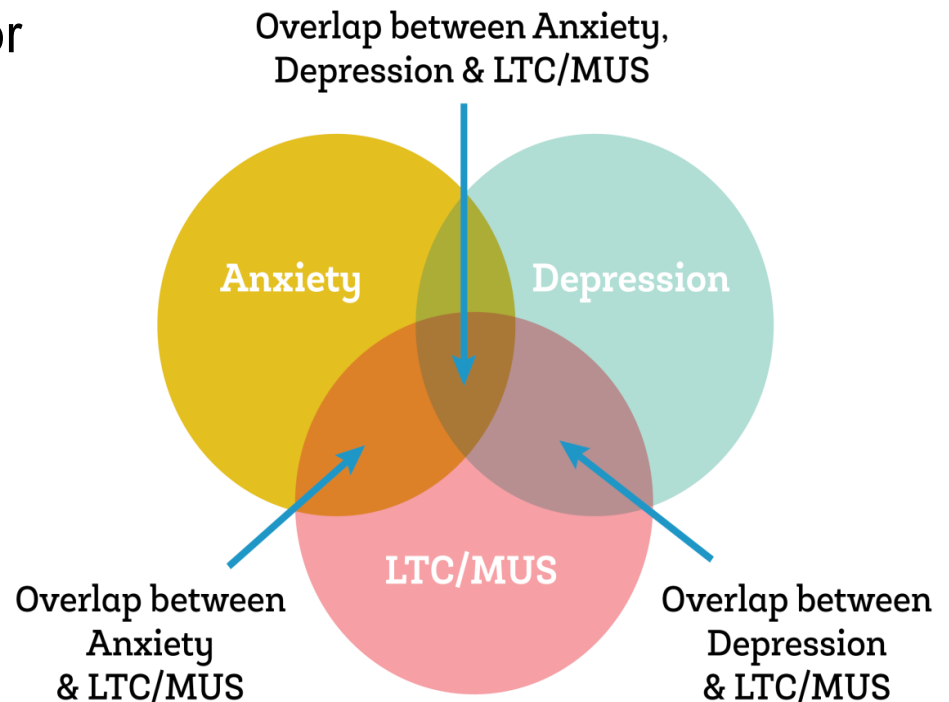
Source: Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A (2012). Report. Long-term conditions and mental health. The cost of co- morbidities *The King's Fund and Centre for Mental Health*

Therefore it is vital we...

- Acknowledge the stress caused by physical health conditions
- Seek help for our physical and psychological health
- Validate experience
- Have honest conversations

IAPT Health & Wellbeing

- ✓ Reducing anxiety/depression & improving self-management for people living with LTCs
- ✓ Whole pathway approach. Embedded in physical health pathways: through co-location and MDT working

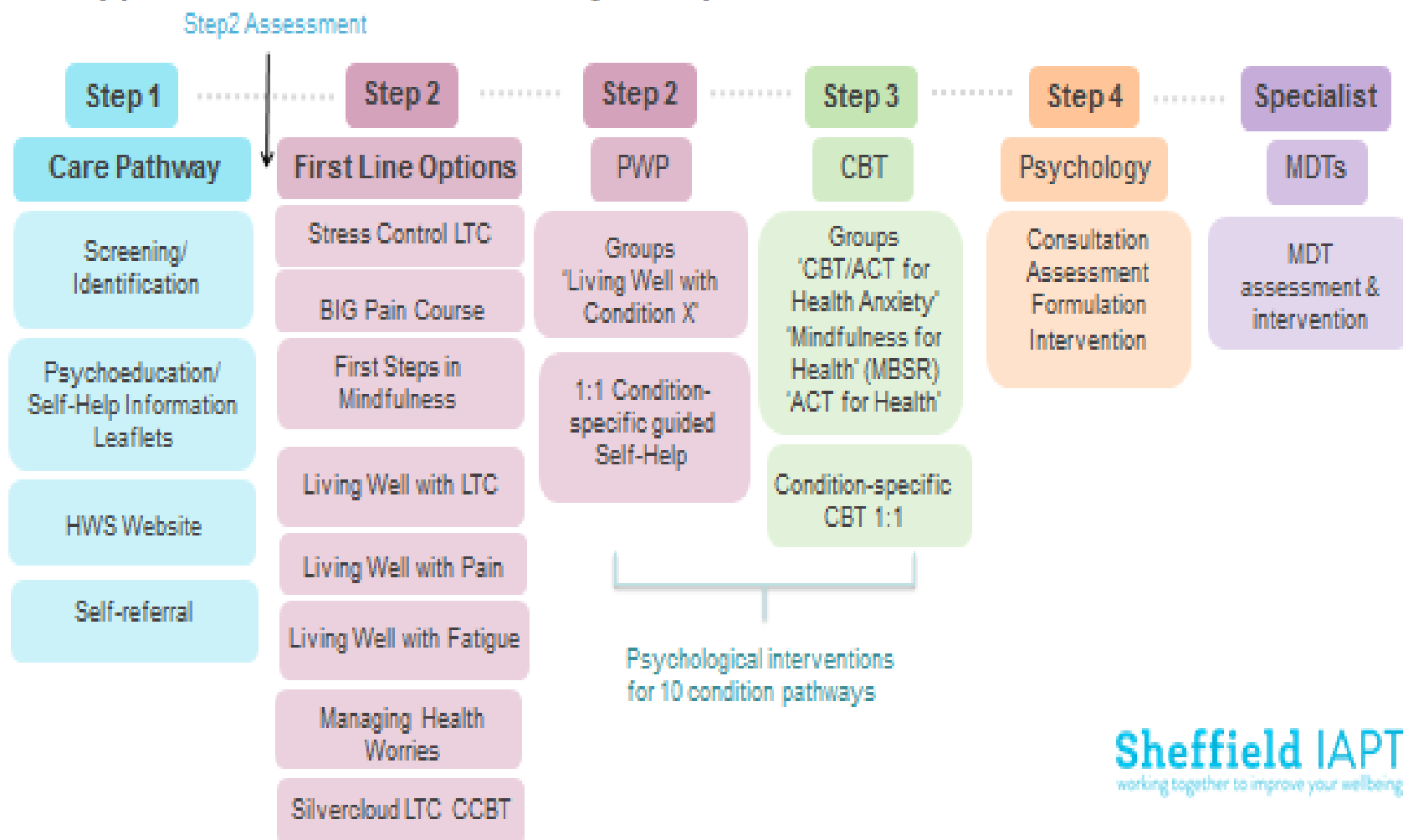


Condition Pathways in Sheffield HWS


- 1 Diabetes (Types 1 & 2)
- 2 Respiratory (COPD, Asthma)
- 3 Coronary Heart Disease (CHD) (including non-cardiac chest pain)
- 4 Cancer (following successful treatment)
- 5 Long Term Conditions (including Dermatology)
- 6 Chronic Fatigue Syndrome (CFS/ME)
- 7 Irritable Bowel Syndrome (IBS)
- 8 Chronic Pain/MSK
- 9 Health Anxiety
- 10 Persistent Physical Symptoms/MUS

Health and Wellbeing Service

Stepped Interventions for anxiety & depression with LTC/MUS



Sheffield IAPT access criteria:

People who IAPT is suitable for	Unsure if IAPT is suitable	People who IAPT <u>is not</u> suitable for
<p>When the person meets this simple criteria:</p> <ul style="list-style-type: none">• They want help understanding and managing Depression or Anxiety.• Are able to manage their attendance and appointments.• Are willing to prioritise appointments / group sessions to work on Depression or Anxiety and reflect between sessions.• Is 18 or over.	 <p>Please do not recommend IAPT to the person without speaking to an IAPT worker.</p>	<p>When any of following are evident:</p> <ul style="list-style-type: none">• When the person's priority is not Depression or Anxiety.• When the person requires a multi-professional approach.• When the person is too distressed to wait for a planned talking treatment.• Where risk is of concern or unpredictable.• When the person is not motivated to engage in a talking treatment.

Advice you can give suitable patients wanting to access IAPT:

- Ask the person to consider available information and look at the IAPT website: <http://iaptsheffield.shsc.nhs.uk/> or booklet
- We **DO NOT** accept paper referrals on behalf of a patient; patients are asked to
 - book directly onto courses (see website or call 0114 2264380 to book by telephone)
 - Make an appointment with their GP to access services at their GP practice
 - Call 01142716568 to book a Health & Wellbeing assessment for people with health conditions/symptoms affecting their mood

Sheffield IAPT problem based criteria:



Problems suitable for IAPT	Situational problems likely to need addressing before considering IAPT	Problems not suitable for IAPT
<ul style="list-style-type: none">• Depression• Generalised Anxiety Disorder• Panic• Health Anxiety• Obsessive Compulsive Disorder (OCD)• Social Anxiety• Single event trauma resulting in <u>Post Traumatic Stress</u>• Phobia• Work related stress• Coping with illness/chronic conditions	<ul style="list-style-type: none">• Homelessness• Benefits crisis• Loneliness• Domestic Abuse• Child or Adult Safeguarding• Unstable alcohol or substance misuse impacting on wellbeing and functioning	<ul style="list-style-type: none">• Multiple event or prolonged trauma resulting in Complex Post Traumatic Stress• Psychosis / Schizophrenia• Bipolar Disorder• Borderline or Emotionally Unstable Personality Disorder• Eating Disorders• Anger Management• People with moderate to severe cognitive impairment

About IAPT:

- IAPT is a high volume adult service offering time-limited, stand-alone talking treatments (including courses and groups) for Depression and Anxiety (which is very different to a 'team approach' or 'multidisciplinary care').
- It is important that people using IAPT take ownership of their referral and are actively involved in subsequent treatment.
- IAPT isn't designed to offer '**URGENT**' or '**CRISIS**' response assessments.

Evidence Based Low Intensity Treatments

- ▶ Behavioural Activation
- ▶ Cognitive Restructuring
- ▶ Graded Exposure
- ▶ Worry Management
- ▶ Physical Activity & Exercise
- ▶ Medication Support
- ▶ Sleep Hygiene
- ▶ Problem Solving



PWP Interventions

PWPs also offer:

- ▶ Psychological Education “psychoeducation”
e.g. panic
- ▶ Signposting
- ▶ Stepping Up - CBT, counselling
- ▶ Computerised CBT “cCBT”
- ▶ Psycho-educational groups/workshops
- ▶ Living Well With....Courses
- ▶ Stress control groups

<http://iaptsheffield.shsc.nhs.uk/physical-health-wellbeing/>

The screenshot displays the Sheffield IAPT website's 'physical-health-wellbeing' page. At the top, the Sheffield IAPT logo is accompanied by the tagline 'working together to improve your wellbeing'. A navigation bar below the logo includes links for Home, Self-Help, Help, Online Help, and Health & Wellbeing. The main content area features a large banner on the left with the text 'health & wellbeing' and an illustration of four diverse people. To the right of the banner is a grid of 12 colored buttons, each representing a different health condition or course. Each button contains an icon, a title, and a 'Click Here' link, except for the 'Living Well With Heart Conditions' button which says 'Coming Soon'.

Sheffield IAPT
working together to improve your wellbeing

Home ▾ How Can I Access Self-Help? ▾ How Can We Help You? ▾ How Can I Access Help Online? ▾ Health & Wellbeing ▾

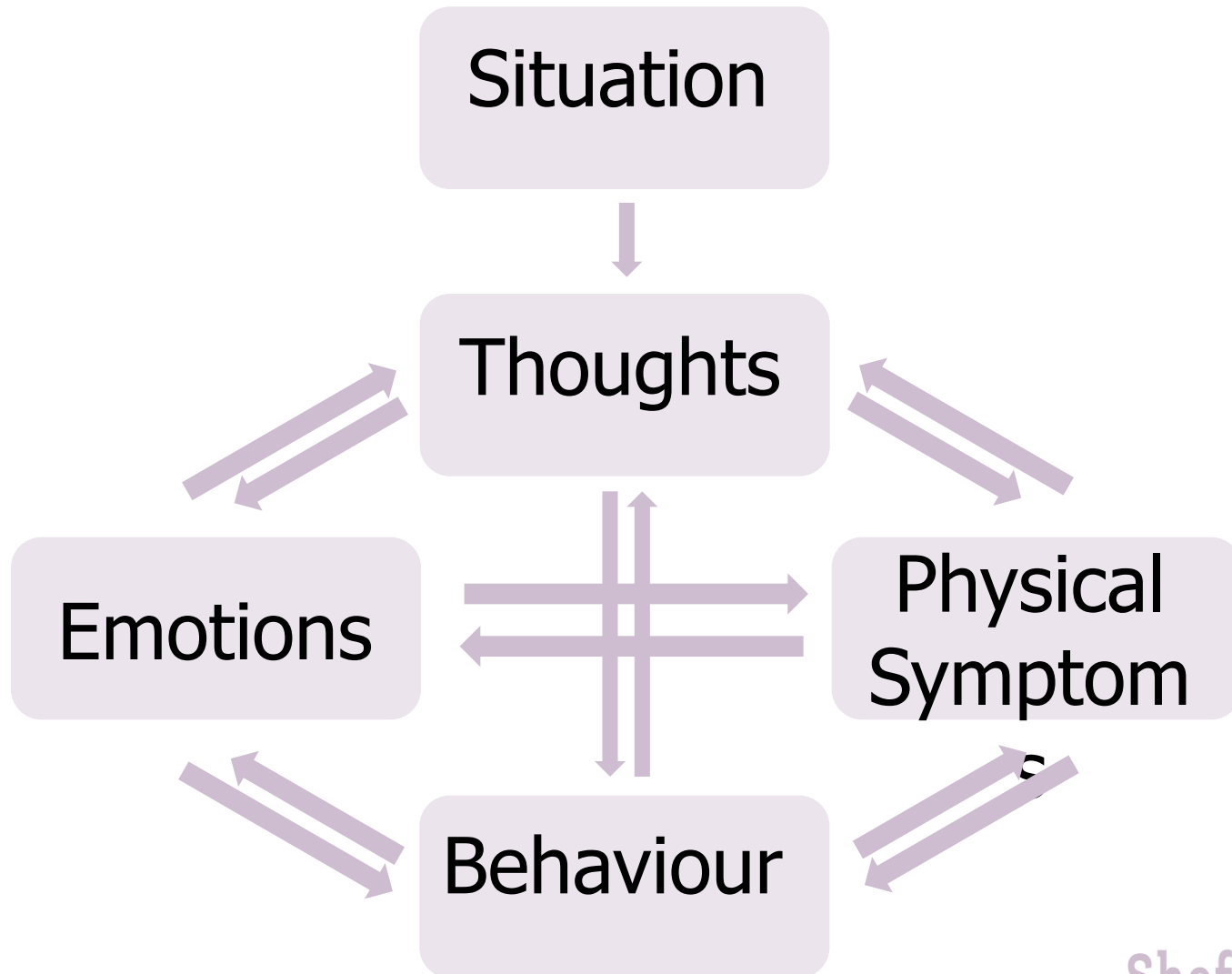
health & wellbeing

 Mindfulness for Health Click Here	 Living Well with COPD Click Here	 Living Well with Pain Course Click Here	 Living Well With Heart Conditions Coming Soon
 Living Well with Diabetes Click Here	 Living Well with IBS Click Here	 Managing Health Worries Click Here	 Living Well With Back Pain & Sciatica Click Here
 Living Well After Cancer Click Here	 Living Well with a Skin Condition Click Here	 Long-term Condition Course Click Here	 Living Well With Fatigue Click Here

Living Well with Courses

- These are guided self-help courses around different conditions.
- There are 5, 2.5 hour sessions for each course, focusing on different skills and condition specific management needs.
- The courses are paced throughout to model key skills of living with a health condition.

5 Areas Model (CBT)





stresscontrol

Face your fears; be more active; boost your wellbeing

- Is a 6 session class (90 minutes)
- Is 30+ years old
- Is used across the world
- Best evidence-base of its kind

The six sessions	
Session 1	What is stress? and First steps
Session 2	Controlling your body
Session 3	Controlling your thoughts
Session 4	Controlling your actions
Session 5	Controlling panic feelings Getting good night's sleep
Session 6	Wellbeing Tying the course together Controlling your future

IAPT Step 3/Hi intensity - courses

- Therapeutic focus
- 8 sessions led by CBT therapists or psychologists
 - Coping with Anxiety about your Health
 - Acceptance and Commitment Therapy
 - Mindfulness for Health
- Usually follow on from a Step 2 course or an individual assessment/treatment

IAPT Step 3/Hi intensity – 1 to 1

- One to one re long term condition or persistent physical symptoms and anxiety and/or depression
- Up to 8-12 sessions (can extend if needed; max 20)
- Improving quality of life by working on identified goals
- CBT, Acceptance and Commitment Therapy, EMDR, Compassion Focussed Therapy
- People with moderate symptoms, moderate functional impairment
- Aim to work with patients managed in primary care, or if managed in secondary care, not requiring MDT approach

Engaging patients in our service

- Can be challenges to engagement - benefits of early identification and communication to
 - Validate experience
 - Remove blame
 - Offer explanations that make sense
 - Focus on patients words, ideas, concerns & expectations
 - Jointly explore ways of improving function (Naylor et al., 2010)



Working to promote signposting to our services in a way that engages patients



Access to the service is very easy
It's all about self-referral!

- Encourage patients to call **(0114) 271 6568** to
 - book a place on a course
 - Book a telephone assessment to establish the best option for them (courses/online CBT/talking therapies)
- See www.iapt.sheffield.shsc.nhs.uk for info



Thank you for listening



Sheffield IAPT
working together to improve your wellbeing