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
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?
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?
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:

<table>
<thead>
<tr>
<th>Onset</th>
<th>Acute</th>
<th>Gradual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
<td>Progressive</td>
<td>Constant</td>
</tr>
<tr>
<td>Outcome</td>
<td>Does not effect lifespan</td>
<td>Shortens lifespan</td>
</tr>
<tr>
<td>Degree of Incapacitation</td>
<td>Present</td>
<td>Absent</td>
</tr>
</tbody>
</table>
Impact of diagnosis and adjustment depends on a number of factors:

- Biological factors
- Psychological factors
- Illness experience
- Social factors
Group exercise

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

- Psychological
- Social
- Medical
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 person's 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

Why me?

I’m a failure

No-one understands

I can’t stop worrying about the future
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

**Biological**
- Genetic predisposition
- HPA axis (flight, fight)
- Immune response
- Effect of medications

**Psychological**
- Learning
- Emotions
- Thinking
- Attitudes
- Memory
- Coping style
- Stress management strategies

**Social**
- Social support
- Family background
- Interpersonal relationships
- Cultural background
- Socio-economic status
- Poverty
Overlap between long-term conditions and mental health problems in England

- Long term conditions: 30% of population of England (approximately 15.4 million people)
- Mental health problems: 20% of population of England (approximately 10.2 million people)

30% of people with a long-term condition have a mental health problem (approximately 4.6 million people)
46% of people with a mental health problem have a long-term condition (approximately 4.6 million people)

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
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

Overlap between Anxiety, Depression & LTC/MUS

Overlap between Anxiety & LTC/MUS

Overlap between Depression & LTC/MUS
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

Step 1: Care Pathway
- Screening/Identification
- Psychoeducation/Self-Help Information Leaflets
- HWS Website
- Self-referral
- Silvercloud LTC CCBT

Step 2: First Line Options
- Stress Control LTC
- BIG Pain Course
- First Steps in Mindfulness
- Living Well with LTC
- Living Well with Pain
- Living Well with Fatigue
- Managing Health Worries

Step 2: PWP
- 1:1 Condition-specific guided Self-Help
- Groups ‘Living Well with Condition X’

Step 3: CBT
- Groups ‘CBT/ACT for Health Anxiety’
- ‘Mindfulness for Health’ (MBSR)
- ‘ACT for Health’
- Condition-specific CBT 1:1

Step 4: Psychology
- Consultation Assessment Formulation Intervention

Specialist
- MDTs
- MDT assessment & intervention

Psychological interventions for 10 condition pathways

Sheffield IAPT
working together to improve your wellbeing
**Sheffield IAPT access criteria:**

<table>
<thead>
<tr>
<th>People who IAPT is suitable for</th>
<th>Unsure if IAPT is suitable</th>
<th>People who IAPT is not suitable for</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the person meets this simple criteria:</td>
<td>Please do not recommend IAPT to the person without speaking to an IAPT worker.</td>
<td>When any of following are evident:</td>
</tr>
<tr>
<td>- They want help understanding and managing Depression or Anxiety.</td>
<td></td>
<td>- When the person’s priority is not Depression or Anxiety.</td>
</tr>
<tr>
<td>- Are able to manage their attendance and appointments.</td>
<td></td>
<td>- When the person requires a multi-professional approach.</td>
</tr>
<tr>
<td>- Are willing to prioritise appointments / group sessions to work on Depression or Anxiety and reflect between sessions.</td>
<td></td>
<td>- When the person is too distressed to wait for a planned talking treatment.</td>
</tr>
<tr>
<td>- Is 18 or over.</td>
<td></td>
<td>- Where risk is of concern or unpredictable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- When the person is not motivated to engage in a talking treatment.</td>
</tr>
</tbody>
</table>

**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/](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:

<table>
<thead>
<tr>
<th>Problems suitable for IAPT</th>
<th>Situational problems likely to need addressing before considering IAPT</th>
<th>Problems not suitable for IAPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Homelessness</td>
<td>Multiple event or prolonged trauma resulting in Complex Post Traumatic Stress</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td>Benefits crisis</td>
<td>Psychosis / Schizophrenia</td>
</tr>
<tr>
<td>Panic</td>
<td>Loneliness</td>
<td>Bipolar Disorder</td>
</tr>
<tr>
<td>Health Anxiety</td>
<td>Domestic Abuse</td>
<td>Borderline or Emotionally Unstable Personality Disorder</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder (OCD)</td>
<td></td>
<td>Eating Disorders</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>Child or Adult Safeguarding</td>
<td>Anger Management</td>
</tr>
<tr>
<td>Single event trauma resulting in Post Traumatic Stress</td>
<td>Unstable alcohol or substance misuse impacting on wellbeing and functioning</td>
<td>People with moderate to severe cognitive impairment</td>
</tr>
<tr>
<td>Phobia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work related stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coping with illness/chronic conditions</td>
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### 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/
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)

- Situation
- Thoughts
- Emotions
- Physical Symptoms
- Behaviour
• Is a 6 session class (90 minutes)
• Is 30+ years old
• Is used across the world
• Best evidence-base of its kind
<table>
<thead>
<tr>
<th>The six sessions</th>
<th>What is stress? and First steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>Controlling your body</td>
</tr>
<tr>
<td>Session 2</td>
<td>Controlling your thoughts</td>
</tr>
<tr>
<td>Session 3</td>
<td>Controlling your actions</td>
</tr>
<tr>
<td>Session 4</td>
<td>Controlling panic feelings</td>
</tr>
<tr>
<td>Session 5</td>
<td>Getting good night’s sleep</td>
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<tr>
<td>Session 6</td>
<td>Wellbeing</td>
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<tr>
<td></td>
<td>Tying the course together</td>
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<tr>
<td></td>
<td>Controlling your future</td>
</tr>
</tbody>
</table>
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