Improving recognition and management of psychological distress in people with heart failure

Allan L, Maddison A, Sharp J
johnsharp@nhs.net
Golden Jubilee National Hospital, Agamemnon Street, Dalmuir, Clydebank, G81 4DY

Background

Co-morbid heart failure (HF) and psychological distress is common; 20% of people with HF have major depressive disorder. Psychopathology adversely impacts HF self-management. Psychological interventions are recommended, however few people with HF are recognised as being depressed and fewer still receive an appropriate intervention.

Psychological wellbeing should be considered at every consultation; a national audit provided evidence of this in just 5.1% of contacts. National guidelines advocate collaborative, stepped care approaches, using low-intensity interventions to facilitate access to evidence-based psychological therapy.

This project aimed to review and improve access to psychological therapy for people with HF in NHS Forth Valley (FV).

Aim

Quality outcomes were aligned to 2020 vision: effective resource use increased provision of safe and effective care for every patient every time. An innovative, collaborative approach to infrastructure increased efficiency of service delivery with a focus on anticipation and supported self-management.

Methods

Funding was granted to implement a collaborative stepped care model with the NHS FV HF nursing team. Changes included:

- Recruitment of clinical psychologist.
- A defined local clinical pathway.
- Development of quality statements.
- Training HF nurses in ‘Level 1’ and ‘Level 2’ psychosocial skills.
- Supervision and consultation to HF nurses.
- Access to ‘Levels 3’ and ‘Level 4’ psychological care.
- Monitoring and documentation systems.

Results

Outcomes (see Figure 1):

- Discussion of psychological wellbeing increased from 10% to 82%.
- Use of psychological screening measures increased from 0% to 78%.
- Management of identified distress increased from 24% to 64%.

Frequency of adherence to quality statements peaked whilst the clinical psychologist was in post with evidence of attrition following the psychologist’s departure from the service (Figure 2).

Conclusion

- The prevalence of emotional distress is substantial and largely unacknowledged.
- Clinical psychologists competencies facilitated dramatic improvement in reported levels of psychological care and management.
- Implementing a stepped care model of psychological care provision allows increased capacity at low level intensity but requires dedicated input from a mental health specialist.
- Whilst levels have reduced, they remain significantly higher than reported in 2014.
- Further work is needed to support sustained consistency in meeting the quality statements.

References

2. NICE. Depression in Adults with Chronic Health Problems.2009.