# Psychological Interventions and Physical Health

# Ross Shearer & Marie Claire Shankland: Programme Director's - Physical Health Work stream

Since 2012, NES Psychology directorate has been developing a programme of work aimed at addressing the training needs of the NHS Scotland workforce in relation to psychological interventions in physical health care. The objective has been to encourage a stepped care model of delivery; a key part of which has been to deliver Train the Trainers packages to applied psychologist's working in physical health settings, alongside the provision of elearning modules and training directly to non-psychologists. The team has also undertaken projects in relation to patient safety and reducing harm in health care. A number of pieces of work have been commissioned to address the evidence base for psychosocial interventions in physical health and the competences required to deliver such interventions.

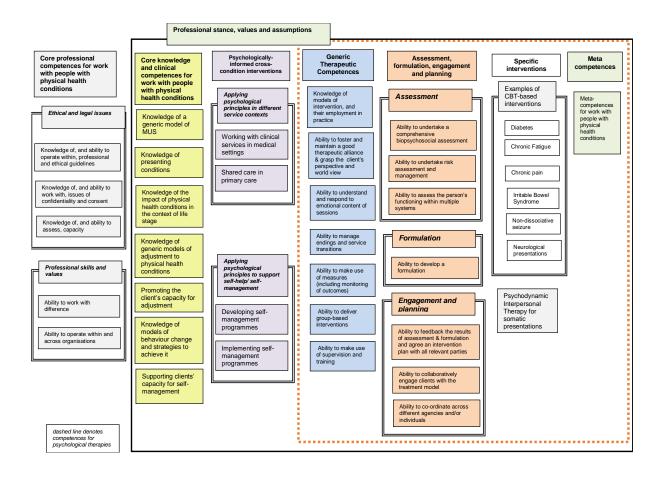
This brief article aims to provide an overview of these projects and useful links and resources.

# A Competence Framework for Psychological Interventions with People with Persistent Physical Health Problems

Launched in March 2016, this competence framework was commissioned by NHS Education for Scotland and the Improving Access to Psychological Therapies (IAPT) programme NHS England. The project team was headed by Professors Roth and Pilling at University College London (UCL).

The competence framework describes the method for identifying competences for staff working with people with persistent physical health conditions. It organises these competences into seven domains, with an overarching domain that identifies the 'therapeutic stance, values and assumptions' for work in this area. The domains are organised into a 'map' (see Figure 1 below).

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The following link provides access to further information on the framework, including background on its development and the competences outlined. The link contains details regarding the implementation of the competence framework, and considers some of the organisational issues around its application.

http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Psychological\_Interventions\_with\_People\_with\_Persistent\_Physical\_Health\_Problems

# <u>The Matrix (2015): A Guide to Delivering Evidence-Based Psychological Therapies in Scotland; Persistent Physical Symptoms</u>

The Psychological Therapies 'Matrix' is a guide to planning and delivering evidence-based Psychological Therapies within NHS Boards in Scotland. The sub-section relating to the psychological management of persistent physical symptoms was updated in 2015. Persistent Physical Symptoms refers to health problems that last a year or longer, impact on a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care group or age category. Common examples include diabetes, heart disease, chronic pain, arthritis, inflammatory bowel disease, asthma and chronic obstructive pulmonary disease (COPD). Recommendations for interventions are presented per physical and/or mental health outcome and per physical health problem and/or mental health problem severity level.

The evidence tables for persistent physical symptoms can be found and downloaded at: /media/3500010/matrix\_-\_persisent\_physical\_symptomstablesfinal\_1.pdf

#### **Economic Paper:**

# Psychological Interventions in Physical Health Care: The need and the Economic Case

Written in 2015, the evidence reviewed suggests that psychological problems account for a considerable proportion of the disease burden of both long term conditions and medically unexplained physical symptoms. The additional costs are associated in the main with increased medical treatment, length of stay in hospital, additional medical consultations and pharmacological costs. This is independent of costs associated with treating any psychological problems. Worryingly co morbid psychological problems impede people's ability to self-manage their conditions and is associated with increased mortality.

Psychological interventions have been shown to improve co morbid anxiety and depression particularly where such treatments can be integrated into the overall treatment for the LTC/MUS. Such treatments have been shown to have true economic benefits for both threshold and sub threshold psychological problems.

Taken together, the evidence for positive clinical outcomes and economic benefits of treatment suggest that addressing psychological problems should be a core, and where possible integrated part of the treatment of both Long Term Conditions and Medically Unexplained Symptoms.

For further details, please see the entire report which is available on request and will shortly be accessible via our website:

http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/psychological-interventions-and-physical-health.aspx

#### **Training Developments:**

A range of training resources and courses have been commissioned and developed since 2012 aimed at supporting a stepped care model of psycho social interventions in physical health.

# Emotion Matters (EM)

This is an e-learning module that is aimed at Step1/2 level psychosocial interventions in physical health. EM was developed as a joint project between the NES Psychology Directorate and the Self- Management Team in NMAHP in NES, following feedback from practitioners that they did not feel skilled in addressing emotional issues when working with people living with long-term conditions.

#### EM aims to: -

- increase understanding and awareness of the psycho-social aspects of living with a long term condition
- provide skills that will enable more holistic, collaborative and person centred care

The module has 7 sections: -

- 1. Introduction
- 2. Emotions
- 3. Adjusting to a Long-term physical health Condition
- 4. A good collaborative relationship
- 5. Tools
- 6. Handling distress
- 7. Looking after yourself.

It includes the following features: -

- DVD clips of the real experiences of four people living with long term conditions
- DVD demonstrations of the tools and techniques in action
- Downloads of tools and aid memoires
- Multiple choice quiz

The EM resource is a foundation training for all health and social care professionals and has been positively evaluated. The module has had a wide ranging uptake being completed by more than 2000 NHS staff to date. It can be accessed through Learnpro or the Knowledge Network, and is relevant for both NHS and non-NHS staff:

http://www.knowledge.scot.nhs.uk/home/learning-and-cpd/learning-spaces/emotion-matters.aspx

# <u>Developing Practice (DP)</u>

Designed originally by Caroline Cochrane in NHS Lothian and developed in conjunction with NES and clinical psychology colleagues in NHS Greater Glasgow & Clyde and NHS Ayrshire and Arran, DP aims to:

- Equip participants with a working knowledge of how individuals and families respond to the challenges of physical illness
- Develop skills in managing distress as well as offer ongoing support and screening for onward referral to psychological services

The 20 Psycho Social Tools (PSTs) covered are in line with Level 2 of the NICE (2004) framework; i.e. low level psychosocial interventions for people with physical health conditions. Areas covered within DP include:

- Improving communication skills
- Helping patient's adjustment to health changes
- Interventions to enhance achievement of goals and control
- Screening for psychological distress
- Basic psychological management strategies
- Referral criteria for specialist psychological support
- A working knowledge of how individuals and families respond to the challenges of acute and chronic physical illness

DP involves six full day workshops across six months, delivered by trained clinical health psychologists. Participants are expected to take part in a range of tasks during and between each workshop:

- Role play
- Case discussion
- Reflective practice tasks
- Compiling a course portfolio
- Completing evaluation forms at regular intervals
- Completing confidence questionnaires at beginning and end of course

It is important that all course participants have access to reflective practice in the use of psychological skills and approaches following completion of the course. Establishing reflective practice support, from a local clinical psychologist, is a crucial part of the implementation of this training.

A total of 41 clinical health psychologists have been trained by NES to deliver DP, across five health boards (Lothian, Greater Glasgow & Clyde, Grampian, Forth Valley, Ayrshire & Arran). Sixteen courses have been completed so far, training a 191 MDT staff, including clinical nurse specialists, AHPs and medical doctors. Initial evaluation of data obtained from DP suggests that it results in participants feeling more confident and competent in their skills post training. This has been a consistent finding across specialities and health boards.

#### AsSET (Astley Ainslie Psychological Skills and Education Training)

The AsSET programme was designed and delivered in NHS Lothian, with a focus on the development and sustained application of health behaviour change. For health professionals, it promotes theoretical competence, confidence and practical skills (Level 2) in delivering psychologically based treatments alongside more traditional interventions. Specifically, principals in health behaviour change and motivational interviewing are covered across two days of training including:

- Recorded simulated consultation with feedback
- Presentation of plan of action to take training forward in their area.
- DVD clips for skill demonstrations
- Group problem solving

Six months of follow-up supervision is provided. NES have trained 12 clinical and health psychologists to deliver AsSET training. Those psychologists have run two AsSET courses in services, with 23 MDT staff having completed AsSET training. The courses have

evaluated very positively, with outcomes for staff including increased confidence in clinical settings, and increased use of psychological skills in practice.

# **Trainer Network**

Our Trainer Network was set up following an early consultation meeting with applied psychologists from across Scotland. Psychologists have been recruited into the Network as they have undertaken NES training, but also through existing psychology networks and by word of mouth.

#### Aims of the Network

- To help support individual psychologists in overcoming obstacles to delivering training in their clinical settings using ideas from Implementation Science.
- To review and develop the AsSET and Developing Practice materials in conjunction with their original developers.
- To develop additional training modules to lead on from the basic AsSET and Developing Practice Training curriculum.
- To develop an evaluation process for DP and AsSET training and to collate anonymised data from different Health Boards, with a view to being able to both publish on the outcomes of DP and AsSET training, and to influence services in taking up the training as a way of improving the psychological awareness, confidence and skill with in their workforce.

The Trainer Network has 70 members who have access to our Moodle page to support the delivery of training. We aim to run 3-4 trainer network events each year.

# Other Initiatives / Future Developments

#### 'Master classes'

As detailed above, our initial training focus has been on increasing the skill mix at levels 1 and 2 of psychological interventions. We hope in the coming year to begin running 'master classes' for clinical health psychologists and health psychologists working at levels 3 and 4. Initial scoping surveys have revealed interest in the following topics:

- Health Behaviour Change
- Adjustment
- Compassion Focussed Approaches
- Acceptance Based Approaches
- Delivering Training

#### Supporting Innovations in Primary Care

The activity described above has predominantly been in secondary care and we have been keen to find ways of targeting work into primary care settings. To this end we have collaborated with Practice Nurse colleagues who have taken up the Emotion Matters module and invited us to contribute to teaching on Health Behaviour Change and long term conditions and mental health. We are also now collaborating with NHS Greater Glasgow &

Clyde and NES Practice Nursing to develop a sustainable model of coaching skills in person centred care and health behaviour change approaches in primary care.

### Physical Activity (midwives)

In partnership with the Health Psychology Team at NES, we have been keen to look at how we can use HBC techniques to improve health outcomes. We are currently undertaking a small scale project with Midwives to look at levels of physical activity in the workplace. The aim being to develop training for NHS staff in improving their own health behaviours — making it more likely that their attempts to use HBC techniques in their work will be successful.

#### West of Scotland Cancer Network

WoSCAN are currently scoping the training needs for staff in relation to the reduction in cancer treatment follow-up and the promotion of self-management for cancer survivors. A Psychological Therapies & Support Framework was agreed at the end of 2015 and working groups are now established to take this forward, with NES Physical Health Psychology involved in the Education & Training subgroup.

#### <u>Acknowledgements</u>

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