

mind & body

Case Study: Enhancing Mind & Body Care in Palliative Care

Palliative Care services at Guy's and St Thomas' and King's College Hospital NHS have an ambition to enhance the integration of mind and body healthcare, critical for improving patient care. The Mind & Body Programme at King's Health Partners have been working in collaboration with Palliative Care to achieve this aim. This case study provides an overview of the work. In summary, to improve patient care, Palliative Care services will systemise the assessment of patients; increase team reflective practice and case discussions; and provide training to staff teams. The success of these new initiatives will be evaluated and findings shared with staff.

***'You matter because you are you. You matter in all the moments of your life, and we will do all we can to help you not only to die peacefully, but also to live until you die.'* Dame Cicely Saunders.**

Dame Cicely Saunders pioneered the original concept of palliative care. She recognised the limitations of caring for those dying within the hospital environment and in 1967 founded St Christopher's Hospice. This dramatically changed the way care was provided to patients who were ill, dying or suffering bereavement.

Nine years later, the Guy's and St Thomas' Hospital Palliative Care Team was launched by Dr Thelma Bates in 1978, with the idea of bringing the hospice to the hospital patient. A specialist hospice team started to work alongside doctors caring for those with cancer and this was the start of modern palliative care (Bates, Khan, Hoy, Baines, & Saunders, 2018).

Now, 40 years later the Palliative Care Team at Guy's and St Thomas' is part of a newly formed Clinical Academic Group (CAG) [link]. This includes palliative care services and research across King's Health Partners (Guy's and St Thomas' NHS Foundation Trust; King's College Hospital NHS Foundation Trust; King's College London; and South London and Maudsley NHS Foundation Trust). The CAG model enables experts in education, research and clinical practice to work much more closely than has sometimes been the case in the past and means patients will receive a high quality service. The latest research can be shared quickly through healthcare professional training and brought to those on the front-line, ensuring the best treatments are available to benefit patients.

To support the CAG mission, the Mind & Body Programme team at King's Health Partners supports continuous service improvement that aims to deliver excellent mental and physical healthcare, research and education so that the 'whole' person is treated. Evidence shows that by joining up physical and mental healthcare, it can help someone to manage their different conditions, improve their health outcomes, and even prevent unnecessary health problems for some people by identifying risk early. There are many ways that NHS services are already trying to address this problem, but this best practice needs to turn into common practice.

What is Palliative Care?

Approximately 500,000 people die in England each year and those with life threatening illnesses and their families should expect good care, whatever the cause of their condition (NICE, 2011). Palliative care supports patients with serious or life-limiting illnesses and is provided based on need rather than prognosis. It aims to control pain and other symptoms, such as breathlessness and sickness, to

ensure the best quality of life is achieved for both patients and those important to them. It is applicable at any point from diagnosis onwards, can occur together with treatment aimed to cure, and includes care for patients at the end of life as well as bereavement support.

Prevalence of Mental Health Difficulties within Palliative Care

Evidence shows that patients with palliative care needs experience mental health difficulties with rates of suicide being found to be higher than the general population and prevalence rates of mood disorders in those with cancer have been reported as 29% (Mitchell et al., 2011). These not only cause significant distress but reduce engagement in treatment and lead to potentially longer hospital admissions (Colleoni et al., 2000; Prieto et al., 2002). When compared to the general population, people with severe mental illness are likely to receive poorer end of life care and are often undertreated, avoid treatment and are about half as likely to access palliative care (McNamara, Same, Rosenwax, & Kelly, 2018).

Psychological interventions such as cognitive behavioural therapy (CBT) and its variants (acceptance and mindfulness based therapies) targeting depression and anxiety in palliative care patients have been shown to be effective (Fulton, Newins, Porter, & Ramos, 2018).

A patient said: "Mental wellbeing is equally important to people as their physical health needs when receiving palliative care".

How?

Palliative Care services at Guy's and St Thomas' and King's College Hospital NHS have an ambition to enhance the integration of mind and body healthcare, critical for improving patient care. The Mind & Body Programme at King's Health Partners have been working with the palliative care clinical services across King's Health Partners to map current work to integrate mental and physical healthcare and set out a series of next steps to enhance access to psychological support services for patients, family/carers, and staff. Below we share our findings.

Outcomes/learnings

The palliative care staff teams across King's Health Partners are warm, genuine, and enthusiastic about the work they do. They are motivated to provide the best care possible to those with serious or life-limiting illnesses and care is provided based on need rather than prognosis.

A palliative patient said: "Being stuck at home due to my pain and breathlessness was the worst thing for my mental health. The palliative care team are improving my physical health and offering me support so I am not held back by my physical health. This means I can get out and do the things I enjoy and keep my mental wellbeing. You can see how both are interlinked and should be treated together".

The CAG already provides evidence-based symptom control, psychosocial care, individualised end of life care in the last days of life, specialist advice for advance care and discharge planning, and provides a link to bereavement services. However, there are a number of ways that systematic processes, guidance or training can be deployed to ease some of the barriers that staff experience.

To improve patient care, the CAG will:

- 1) **Systemise the assessment of patients** by using the Integrated Palliative Outcome Scale (IPOS) through the IMPARTS informatics platform. IMPARTS [link] - Integrating Mental &

Physical healthcare: Research, Training & Services, is a King's Health Partners initiative that facilitates routine collection of patient-reported outcomes, with real-time feedback to guide clinical care. The IPOS screens for both physical and mental health symptoms, working with IMPARTS, would enable clinicians to discuss the results from the IPOS during a patient's appointment. The IPOS can support timely access to relevant specialist advice and therefore improve the quality of care received. It could also support teams in managing service demand, so resources can be maximised and used more efficiently. Data from the IPOS can also be used for research purposes, with necessary ethical approval, and therefore inform the evidence base.

- 2) **Increase team reflective practice and case discussions** to ensure the 'whole' patient is considered. This will add to team cohesion, provide support, and ensure consistency of effective care. Reflective practice groups have been shown to improve staff communication, motivation and confidence, and to reduce stress (Lutz et al., 2013).
- 3) **Provide training to staff teams** in the assessment of mental health problems, knowledge of onward referral pathways, and some foundation training in working psychologically with patients and those bereaved. The CAG plan to work collaboratively with Liaison Psychiatry at South London and Maudsley NHS Foundation Trust to provide reciprocal training to both staff teams to improve Mind & Body integration.

The CAG will evaluate the success of their new initiatives and share findings with their staff.

Acknowledgements and further information

The Mind & Body Programme team would like to thank the Palliative Care CAG staff for working with us to support their Mind & Body integration and in particular Dr Shaheen Khan (Consultant in Palliative Care Medicine; Palliative Care CAG Lead), Dr Wendy Prentice (Consultant in Palliative Care Medicine; Palliative Care CAG Lead), Dr Richard Towers (Palliative Care Matron; UKCP Accredited Psychotherapist; Palliative Care CAG Mind & Body Lead) and the wider Palliative Care CAG Executive for their continued support and guidance.

Please contact us at mindandbody@slam.nhs.uk or kingshealthpartners@kcl.ac.uk if you have any questions.