

Palliative Care Psychiatry

Dr Felicity Wood
Liaison Psychiatry Consultant

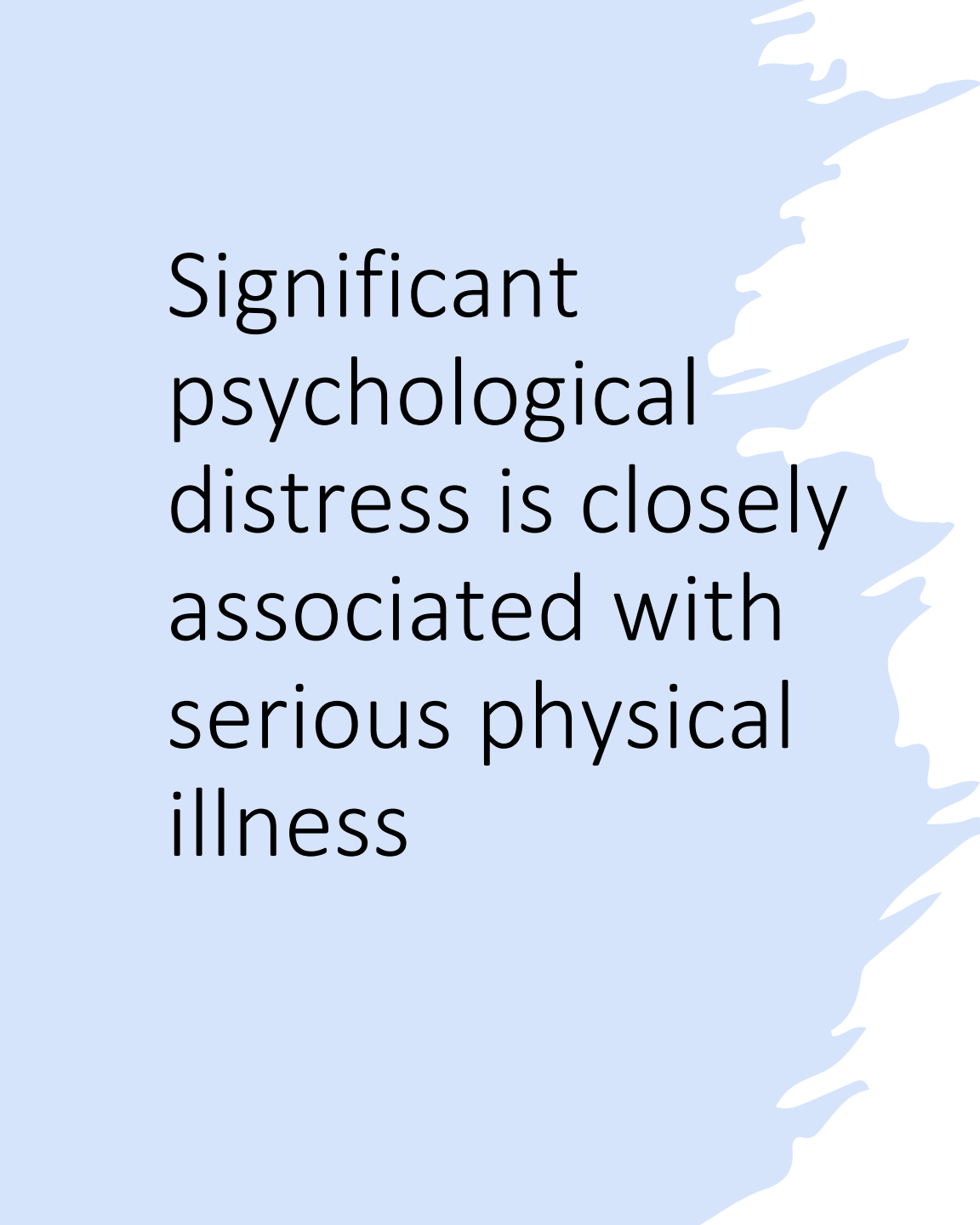
Outline

What is palliative care psychiatry?

My role

Typical referrals

Challenges



Significant
psychological
distress is closely
associated with
serious physical
illness


**“Mental pain is less dramatic than physical pain,
but it is more common and also more hard to
bear.”**

CS Lewis

Palliative Care



- Cicely Saunders founded the first modern hospice and the culture of palliative care
- Total Pain- physical, spiritual, psychological and social suffering experienced by patients at the end of life
- “Mental distress may be perhaps the most intractable pain of all”
- Psychological and emotional aspects of care have always been a focus of palliative care

- 
- Early models of palliative care rarely involved psychiatrists
 - Recent developments...

Availability of psychological support professionals for adult patients in UK hospices, n (%)

Role	In-house		By referral		No access	Unknown
	Employee	Volunteer	Employee	Volunteer		
Spiritual advisor (n = 107)	83 (78)	64 (60)	19 (18)	13 (12)	1 (1)	0 (0)
Complementary therapist (n = 108)	87 (81)	70 (65)	3 (3)	6 (6)	3 (3)	0 (0)
Social worker (n = 101)	72 (71)	7 (7)	23 (23)	3 (3)	12 (12)	0 (0)
Creative therapist (n = 95)	54 (57)	34 (36)	5 (4)	9 (9)	14 (15)	2 (2)
Clinical psychologist (n = 82)	21 (19)	0 (0)	44 (41)	3 (3)	20 (19)	0 (0)
Counselling psychologist (n = 67)	6 (9)	6 (9)	28 (42)	5 (7)	26 (39)	1 (1)
Counsellor	80 (75)	58 (55)	15 (14)	8 (8)	5 (5)	0 (0)
Psychiatrist (n = 80)	3 (4)	0 (0)	62 (78)	3 (4)	16 (20)	0 (0)
Professional (n = 68)		2 (3)	3 (4)	2 (3)	34 (50)	5 (7)
Registered Mental Health Nurse (n = 67)	5 (7)	2 (2)	36 (33)	3 (3)	21 (19)	2 (2)
Psychotherapist (n = 77)	32 (42)	10 (13)	21 (27)	3 (4)	20 (26)	2 (3)
Occupational therapist (n = 96)	79 (82)	5 (5)	16 (17)	1 (1)	5 (5)	1 (1)

McInnerness et al 2021



Psychiatric input

Expertise in addressing problems that arise at the interface between mental and physical health....

- Input via MDT/supervision of case based discussions
- Assessment of patients face-to-face
- Bio-psycho-social formulation
- Pharmacological management and/or signposting to psychological input
- Help navigate mental health system
- Provide training
- All-age service

My role

- Hospice inpatient unit
- Hospice day therapy unit
- Community/ Home visits
- General Hospital



Typical referrals

- Depression
- Anxiety
- Suicidal ideation
- Desire for hastened death
- Delirium/ agitation
- 'Difficult' / challenging patient dynamics
- Psychotic symptoms
- Cognitive problems
- Neuropsychiatric symptoms such as aggression, agitation, apathy, disinhibition
- Planning for loss of oral route when on psychotropic medication

Challenges

- Depression vs. sadness
- Biological symptoms depression vs. physical symptoms
- Communication e.g. MND
- Assessing capacity to make life-limiting decisions
- Limited research evidence/ heterogenous population
- Serious mental illness- less likely to access palliative care and be prescribed analgesia

Summary

- Role for psychiatric expertise for patients at the end of life
- Growing evidence psychiatric issues are common, under-recognised and under-treated in palliative care populations
- Palliative care psychiatry is an emerging field
- Opportunities for research, education and service development



Any Questions?

Felicity.wood@nhs.net