

Exploring Confidence of Palliative Care Professionals in the Identification and Assessment of Mental Health Problems and Risk

Alistair Duncan¹, Lauri Simkiss²



Speciality Trainees at ¹Birmingham St Mary's Hospice, ²University Hospital of North Tees

Background

- Patients with life-limiting illnesses seen by professionals in palliative care commonly experience mental health problems and suicidal ideation.
- Mental health problems have a significant impact on quality of life emphasising the importance of assessment and psychological support in holistic palliative care.
- Practitioner confidence influences competence.

Aim: This study assessed the confidence levels of palliative care professionals, across the West Midlands, in identifying and managing mental health problems and suicide risk.

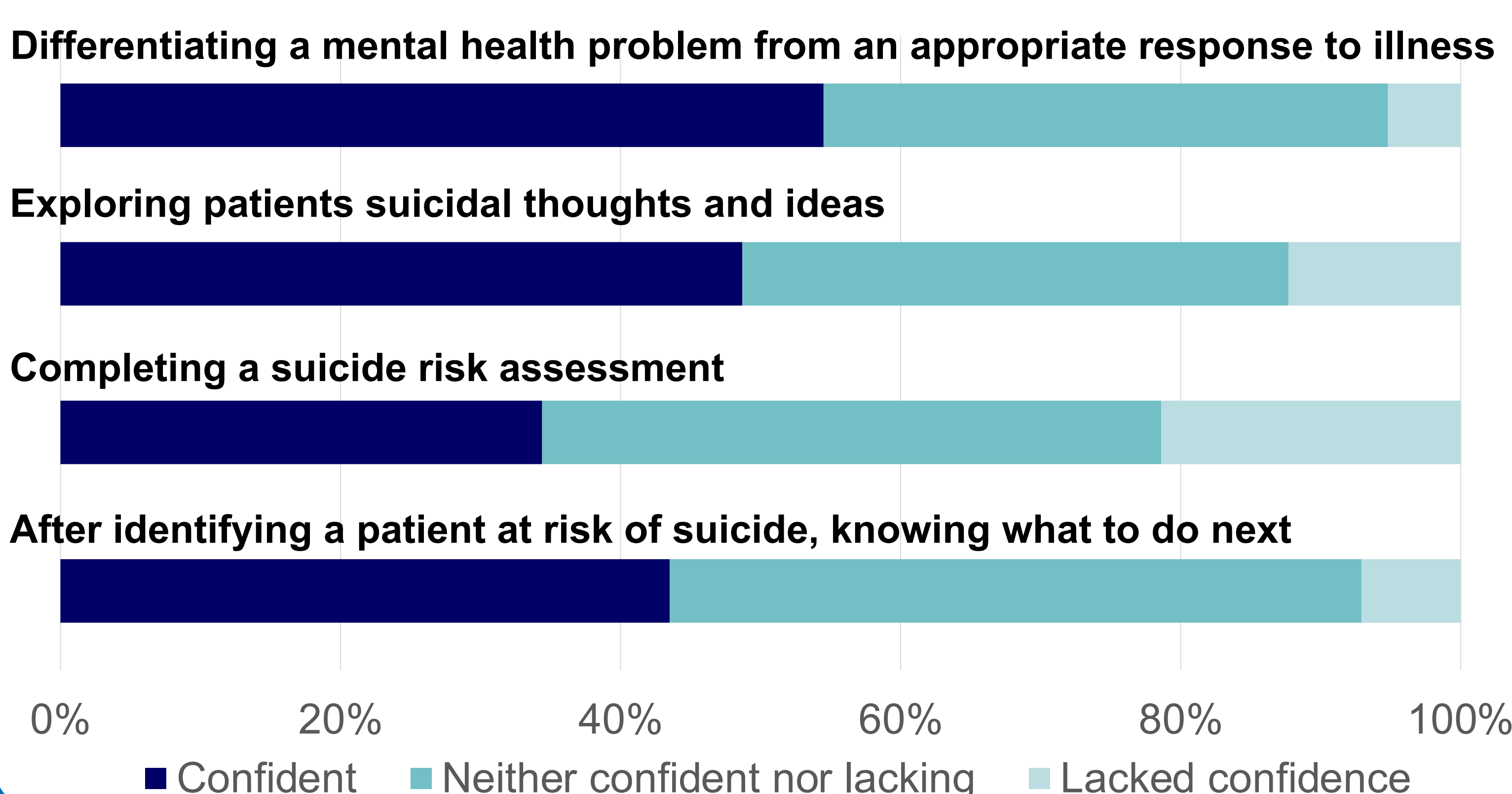
Methods

- A cross-sectional survey comprising 16 points was disseminated via a regional research distribution list to palliative care professionals across the West Midlands
- The survey was available online for 2 months
- There was no relevant validated survey available to use, therefore a survey was created using a variety of closed and open-ended questions (some with partial pre-coding), including Likert scales, with review from a clinical psychologist.
- Qualitative data was analysed thematically.

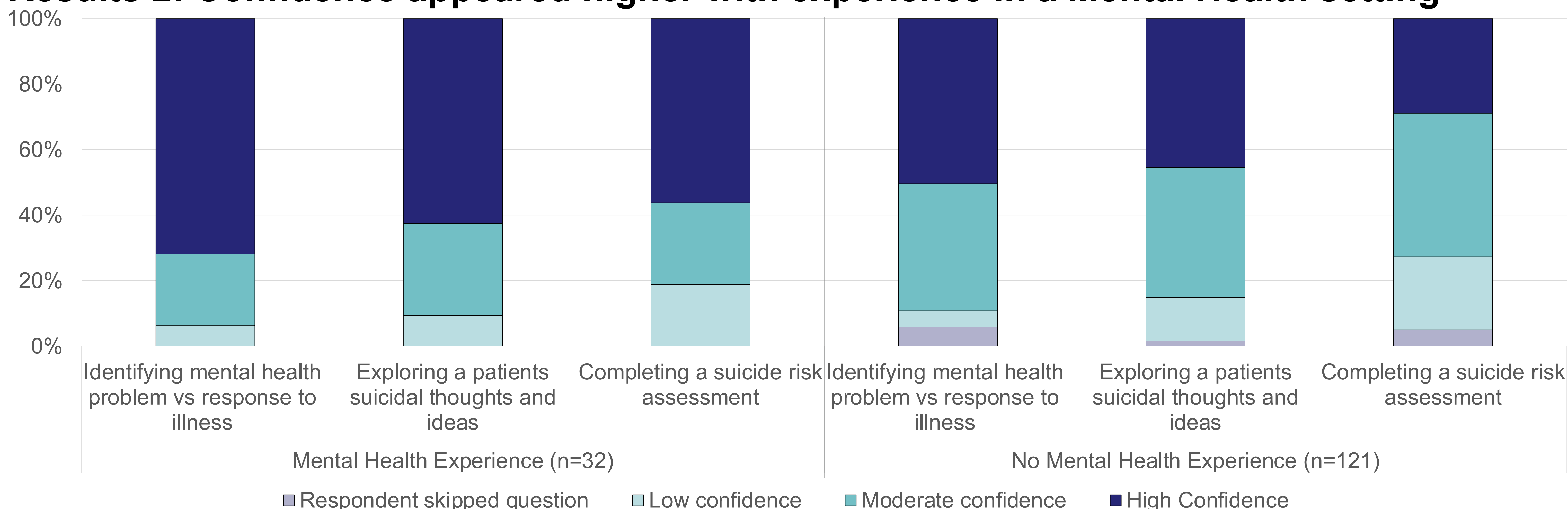
Results 1: Survey Participants & Confidence

- Responses were received from 154 professionals evenly spread across hospital, community and hospice settings.
- Participants were working in a broad range of roles within palliative care including doctors, nurses, allied health professionals, psychologists and counsellors.

Participants confidence levels in different aspects of managing mental health symptoms and suicide risk



Results 2: Confidence appeared higher with experience in a Mental Health setting



Results 3: Thematic analysis

Areas where respondents described they lacked confidence (n=64)	% of comments relating to theme
Lack of experience or training	53.97
Unsure as to how to navigate local structures e.g. referral pathways etc.	33.33
Perceived and/or actual barriers to psychiatric referral	17.46
Unsure as to the possible outcomes, or timeliness, of psychiatric input	9.52
Perception of shouldering the burden/responsibility alone	7.94
Difficulties regarding the interaction with the patient	3.17
Lacking confidence regarding the management of psychiatric medications	3.17
Lacking confidence when considering patient and family support	3.17
Uninterpretable answer	3.17

- Further training was desired in 95% of participants

Desired content of further training (n=73)	% of comments relating to theme
Interaction with patients including assessment, management and communication issues	81.1
Access to, and understanding of, mental health services	27
Determining normal psychological response from mental health disorder	9.46
Risk management strategies	6.76
Would welcome training on any topic relating to mental health in patients with palliative care needs	6.76
Perception of shouldering the burden/responsibility alone	5.4
Understanding of how to promote staff wellbeing and prioritise wellbeing of those close to the patient	1.35

Conclusions

- Further training is strongly desired and should be incorporated into induction processes, curricula and education events.
- Team members with greater experience are well placed to support fellow team members in care for patients with mental health needs.
- Creating links with local mental health services, and further research focussed on the experiences of our patients are key priorities.