

# SUPPORTING THE MENTAL HEALTH OF PEOPLE LIVING WITH LIFE-LIMITING ILLNESS

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# Life-limiting illness

- Illnesses which are progressive and invariably fatal
- Prognosis not clearly defined, but last one to two years of life

# Healthcare interventions

- Prevent
- Cure
- Rehabilitate
- Maintain
- Palliate
- Comfort

‘To cure sometimes, to relieve often, to comfort always’  
(16<sup>th</sup> century)

# Life-limiting illness

- Organ failure
  - Kidney failure
  - Heart failure
  - Respiratory (lung) failure - pulmonary fibrosis, COPD

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- Neurological Disease
  - MND

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- Neurological Disease
  - MND
- Cancer
- Life!

# Palliative Care

- Improve quality of life through the prevention and relief of suffering by the treatment of
  - Pain and other physical symptoms
  - Psychosocial problems
  - Spiritual problems
- Early identification
- Impeccable assessment

World Health Organization



# Who provides palliative care?

- All healthcare staff
- All grades
- All settings

## HSE Palliative Care Competency Framework 2014

- Match patients needs to level of expertise
- Holistic assessment

<http://www.hse.ie/eng/about/Who/clinical/natclinprog/palliativecareprogramme/Resources/competence%20framework.html>

<http://www.hse.ie/eng/about/Who/clinical/natclinprog/palliativecareprogramme/Resources/Chaplaincy.pdf>

## Irish Association for Palliative Care video

<https://www.iapc.ie/>

## All Ireland Institute for Hospice and Palliative Care- hub

<http://aiihpc.org/>

<http://aiihpc.org/palliative-hub/>

# Mental health and well-being in those with life-limiting illness

A vital part of assessment and care

Toothache!

# Mental health in life-limiting illness

- Pre-existing
  - Depression (including suicidality)
  - Anxiety
  - Bi-polar disorder
  - Schizophrenia
  - Addiction/substance misuse
  - Somatoform disorders
- As a result
  - Adjustment disorder
  - Depression (including suicidality)
  - Anxiety (including death anxiety; panic attacks)

# Mental health and well-being in those with life-limiting illness

- Depression - affects 10-70%
- Anxiety – affects similar numbers
- Poor sleep – 30-40%

# BMJ Palliative and Supportive Care

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- Role of meditation in helping informal and professional carers (Dharwarmendene et al USA)
- Likely causes of depression, as assessed by doctors (Ng et al Australia)
- Death anxiety- affects 37% of people- higher in those with greater physical symptoms, those with children (Lo et al, NZ)
- Desire for death (Wilson et al, Canada)

# Desire for death- Wilson et al

- Of over 700 patients attending palliative care services
- 12% had a desire for death
- 58% of these had a mental health problem
- Those with greater desire death had greater physical symptoms, greater social problems, including isolation and perception of being a burden to others

# High risks of mental health problems for all living with life-limiting illness

- Fear of death
- Fear of symptoms
- Loss of independence
- Loss of control
- Change in physical ability
- Change in physical appearance
- Change in role
- Isolation
- Fear of being a burden
- Fear for family
- Side-effects of medication



# Depression

- Adjustment disorder
- Depression
- Information
- Education
- Supportive listening
- Support/counselling
- CBT
- Medication- 'two for one'!

# Anxiety

- Adjustment disorder
- Anxiety
- Information
- Education
- Supportive listening
- Relaxation techniques
- Support/counselling
- CBT
- Relaxation techniques
- Medication- avoid benzos, except in very short term use

# Substance misuse

- Rarely develops in someone prescribed opioids who do not have previous experience
- ‘Chemical copers’ – more difficult to manage physical symptoms
- Opioid misusers – more difficult pain

# Who lives with a life with a life-limiting illness?

- The patient

# Who lives with a life with a life-limiting illness?

- The patient
- The patient's family/social network
- Similar principles apply, during the person's illness and also into bereavement

# Minding your mental health

- Maintain good practices
- Maintain links with support services
- Manage medication- no sudden changes
- Inform new healthcare teams of previous diagnosis
- Be alert to your own warning signs
- Support organizations- for mental health, for disease
- Information technology- USE WISELY!

Thank you- any questions?