Psychosocial wellbeing

Aims of module

• To discuss the typical emotional responses after a heart event.
• To help CR participants identify the signs and symptoms of depression and understand referral and support options.
• To ensure CR participants are aware of the importance of social support to their recovery and potential strategies to enhance social support (if necessary).
• To identify the needs of carers/family members and invite them to attend CR information sessions and/or carer support groups (if available).

Logic

Negative emotional states such as anxiety and depression are very common after a heart event and are related to poor cardiac outcomes. As such, it is important to have a strategy for accurately identifying participants with signs and symptoms of depression, and ensuring clear processes are in place for referrals to mental health care providers.

People who are socially isolated or report low levels of social support have an increased risk of CHD, and social isolation can worsen the prognosis of CHD.2,3

Psychosocial wellbeing Best Practice Statement 1

Screen CR participants for depression and anxiety at the beginning and end of the CR program using a validated tool.

NHMRC level of evidence: Expert opinion

Example content:

• Incorporate initial screening tools such as the Patient Health Questionnaire-2 (PHQ-2) (below) into clinical practice. Patients who screen positive on the PHQ-2 should be screened again with the longer assessment (PHQ-9).

Patient Health Questionnaire: 2 Items

Over the past 2 weeks, how often have you been bothered by any of the following problems?

i) Little interest or pleasure in doing things
ii) Feeling down, depressed, or hopeless

*If the answer is “yes” to either question, then screen with the PHQ-9
• Other screening tools that could be used are the Cardiac Depression Scale, Beck Depression Inventory-II (BDI-II), or the Hospital Anxiety and Depression Scale (HADS). Alternatively, use the screening tools nominated in the local hospital protocol.

• Discuss the results of screening with the CR participants. For CR participants with mild symptoms, follow-up during a subsequent visit is advised. In patients with high depression scores, provide referral options for mental health management and alert their GPs.

• Repeat assessment (e.g., screening at the beginning and end of CR) is important for identifying patterns of change because symptoms of depression and anxiety can change over time (resolve or worsen).4

Establish a standard referral system for ongoing psychological management/GP if screening tools suggest at risk of depression/anxiety.

**Rationale:** Although there is no direct evidence that screening for depression leads to improved outcomes in CVD populations, depression has been linked with increased morbidity and mortality, poorer risk factor modification, lower rates of cardiac rehabilitation and reduced quality of life.5 Therefore, it is important to assess depression in cardiac patients with the goal of targeting those most in need of treatment and support services. This recommendation is supported in multiple clinical guidelines (e.g., Canadian, British, Scottish and Australian Core Components). The PHQ has been shown to have reasonable sensitivity and specificity for patients with CVD and is recommended in guidelines.5,6 Screening tools should not be used as a replacement for clinical assessment but rather to identify those at risk of depression/anxiety and provide appropriate and timely referral.6

**Psychosocial wellbeing Best Practice Statement 2**

CR programs should provide participants with an opportunity to discuss the typical emotional response to a heart event.

**NHMRC level of evidence:** Level IV
Example content:
- Explain the common changes in emotions, thoughts and behaviours after a heart event.
  > See the Cardiac Blues resource for more information

Rationale: Patients with cardiac disease, particularly after an acute event, can experience a psychological reaction and difficulties in adjusting to their diagnosis and living with a new condition, and this can affect their social role and functioning. In most patients this will resolve with time, however discussing this reaction in a safe space can be therapeutic. However, in a study of cardiac patients admitted to Victorian hospitals, 75% did not receive or could not recall receiving information about what to expect emotionally after a cardiac event. The ‘Cardiac Blues’ resources can facilitate CR clinicians to deliver education on the range of emotions after a heart event.

Psychosocial wellbeing Best Practice Statement 3

Assess the social support available to CR participants and determine their social support needs.

Level of Evidence: Expert opinion

Example content:
There are no universally accepted measures or established criteria for measuring social isolation or its severity. However, consider the person’s:
- **Living situation.** Are they living alone?
- **Relationship status.** Are they single, married, de facto, divorced, widowed?
- **Family and social connectedness.** Can someone give the participant emotional support (e.g., listening to them, discussing problems or helping with difficult decisions) and practical support (e.g., helping with daily tasks such as shopping and cleaning, and providing transport)?
- **Financial support:** Ask “is there someone who will lend you $2000 in an emergency?”
- **Community, cultural or religious affiliations.**
- **Desire for greater social connection.** Would they like more social contact?
Rationale: People who are socially isolated or have low levels of perceived social support have an increased risk of CHD, and social isolation can worsen the prognosis\textsuperscript{2,3} (Therefore, the CR clinician should assess the level of support available to the participant.

Psychosocial wellbeing Best Practice Statement 4

Educate CR participants about the signs and symptoms of depression and other mood disorders.

NHMRC level of evidence: Expert opinion

Example content:
• Provide information about the signs and symptoms of depression and anxiety.
• Explain that persistent feelings need to be treated seriously, ideally by a trained health professional.
• Reinforce the link between common mood disorders and self-management. For example, low mood can lead to disengagement from healthy behaviours. Therefore, it is important to optimise management of mental health issues.

Rationale: The most recent Cochrane review on psychological interventions in people with CHD showed that psychological interventions reduced the risk of cardiac-specific deaths and reduced psychological symptoms (depression, anxiety, or stress).\textsuperscript{1} However, it remains unclear which components of psychological interventions work, for whom interventions are most effective, and at what point in the patient journey they should be provided. Nevertheless, clinical practice guidelines support a continued role for mental health therapy in CR.

Psychosocial wellbeing Best Practice Statement 5

Assist CR participants to respond appropriately to ongoing psychological symptoms, including when to seek help.

NHMRC level of evidence: Expert opinion

Example content:
• Ensure all CR participants (and their families) are given information on how to seek help if they are concerned about their mental health.
• Establish processes to ensure that participants with high levels of anxiety and/or depression are systematically linked to mental health care providers and their GPs have been informed.
Rationale: One in five CVD patients meet clinical criteria for major depression, and depression is associated with higher risk of death and subsequent cardiac events.\(^1\) Trained mental health practitioners (e.g., psychologists) can provide the most appropriate care for patients with depression.

Psychosocial wellbeing Best Practice Statement 6

Discuss the importance of social support for heart health recovery, and encourage participants to reflect on how they can enhance or better utilise their social support networks.

NHMRC Level of Evidence: Expert Opinion

Rationale: Low social support (including emotional and practical support) may reduce a person’s adherence to CR, maintenance of healthy behaviours and concordance with medication.\(^{10}\) Expert consensus is that measures to reduce social isolation are likely to produce positive psychosocial effects, but it is unclear whether this will improve CVD outcomes.\(^{11}\)

Psychosocial wellbeing Best Practice Statement 7

Consider how to enhance the social networks of participants who report low levels of social support.

NHMRC Level of Evidence: Expert opinion

Description:
CR groups can be important social contacts after a heart event. CR clinicians can:

- Encourage ongoing attendance, and explore how barriers to attendance (e.g., poor access to transport) can be reduced.
- Facilitate connections between the CR participants. Create an environment that encourages peer support and social interaction between the group members; consider developing an external peer support group to enable participants to connect beyond the CR program; consider developing a buddy system to partner individuals who lack social support with peer mentors/volunteers with well-established social support networks.\(^{12}\)
- Provide information on community groups outside of CR (e.g., walking groups, community gyms, Heart Foundation peer support groups).

Rationale: CR provides an opportunity to enhance peer mentoring and social support for participants who report low levels of support.\(^{12}\)
Psychosocial wellbeing Best Practice Statement 8

Consider the contributions that family members and carers can make to a CR participant’s recovery.

NHRMC Level of Evidence: Expert opinion

Description:
- With the participant’s permission, involve partners/family in care and support following a cardiac event.
- The type of support will differ depending on factors such as the patient’s wishes, the needs of carers/family, ethnicity and culture, access to information and the caring responsibilities within the household.6

Rationale: Family members and significant others are a vital aspect of a patients’ recovery. They can influence rehabilitation participation, provide support for everyday tasks, and improve overall well-being.

Psychosocial wellbeing Best Practice Statement 9

Consider encouraging partners or carers to join specific carer support groups to help them to cope with their family member’s cardiac condition.

NHMRC Level of Evidence: Expert opinion

Rationale: Carers/families are likely to have different needs to patients, so a separate support group focusing on their needs and issues they may encounter in coping with the CR participant’s cardiac illness can be beneficial.6

Resources
- Cardiac Blues resources: https://www.australianhearthealth.org.au/cardiacblues
- The Australian Centre for Heart Health provides a range of resources including the Cardiac Wellbeing Program and training programs for clinicians to help support patient’s emotional adjustment: https://www.australianhearthealth.org.au
- Beyond Blue is the national depression initiative https://www.beyondblue.org.au and has a 24/7 support line TEL: 1300 22 4636
Lifeline provides a 24/7 confidential support line: TEL: 13 11 14 www.lifeline.org.au
Heart Online: See the Psychosocial Issues section: https://www.heartonline.org.au/articles/psychosocial-issues/psychosocial-support

Support/social groups
Heart Foundation peer support groups: Call 13 11 12 or email the Heart Foundation Helpline (health@heartfoundation.org.au) to find a peer support group near you.
Heart Foundation walking groups: http://walking.heartfoundation.org.au/
Heart Support Australia: www.heartsupport.org.au
Phase III cardiac rehabilitation (where available)
Men’s Sheds: https://mensshed.org/

Is there an App for that?
- Smiling mind – meditation
- Headspace: Guided meditation

References


