

The Role & Remit of the Specialist COPD Psychology Service

The psychologist seeks to enable the patients to become more confident in the self-management of their illness, to develop effective coping strategies, and improve their general mental wellbeing. The psychology service reviews patients with complex mental health issues related to the management of their COPD, as well as contributing to the ongoing training and support of staff delivering low-intensity psychological interventions.

When embedded as part of the MDT in this way, psychology can represent a collaboration between mental health and physical health professionals to maximise psychological and physical health benefits for patients with COPD, complementing the skill mix of the MDT to help meet the complex needs of patients.



Figure 1: Key Roles & Remit of the specialist COPD Psychology Service

Anxiety: People with COPD experience shortness of breath. This can directly lead to a negative cycle of panic and anxiety, which can subsequently lead to social anxiety and avoidance, thereby significantly impacting on quality of life. Psychological intervention can be highly effective in helping patients to better manage panic, anxiety, and ruminative worry. By supporting patients to develop effective coping strategies, we expect to decrease the likelihood of anxiety-driven hospital attendances.

Depression: There is a large correlation between anxiety and depressive symptoms. Patients living with a long-term health condition(s) are more vulnerable to experiencing low mood and depressive illness. This can then impact on motivation, engagement in services, and self-management. Patients with additional complexities, such as substance misuse and personality disorder are increasingly seen within the CRT. Higher intensity, formulation-driven psychological interventions can be required in these circumstances.

Adjustment Difficulties: Psychological intervention can support patients with their individual adjustment to living with a long-term health condition, for example, adapting to a change in role within the family, or accepting the loss of previous function. This may include education about the condition, emphasising strengths, and helping with role transitions.

Transplant Support: Patients going through the transplant assessment pathway can understandably experience feelings of distress and uncertainty. Psychological assessment of suitability for lung transplantation and the provision of psychological intervention to support the effective management of the patients distress and expectations is a key part of the role.

Palliative Support: Patients whose care becomes palliative can be supported by psychology to manage the distress which can often be associated with this, as well as providing bereavement support and signposting for families following the death of the patient.

Co-morbid Health Conditions: Many patients with COPD present with other co-morbid health conditions, including chronic pain. Psychological intervention can therefore include the delivery of pain management strategies, pacing activities and stress management.

Older Age-Related Difficulties: many COPD patients have experienced premature retirement. This can increase vulnerability to depression, anxiety, and low mood, associated with challenges in negotiating role transitions. Psychological intervention can support people facing these and other role transition challenges in adjustment to a new life with a long-term health condition, maintaining/developing greater quality of life and developing links in the local community.

Cognitive Issues: Aspects of the patient's disease, including low baseline oxygen saturation and managing COPD with anticholinergic drugs, can impact cognition. Psychology can contribute to the assessment of cognitive issues and support patients to manage their COPD in adapted ways alongside any underlying cognitive problems.

Linking in with Physical Health & Mental Health Services: In addition to the provision of direct clinical intervention and the provision of psychology therapy for those patients presenting with complex (Matrix Tier 3 and 4 difficulties) issues related to their COPD, the psychology service has a key role in linking in with broader teams in COPD, such as Pulmonary Rehabilitation, IMPACT, Palliative Care, and third sector organisations. Psychologists within the COPD service will liaise, refer, or signpost patients to other relevant psychology services / community / third Sector organisations where appropriate, such as older adult's mental health services, or pain management services.

Teaching, Training & Consultation: A key role of the psychologist is to provide training, teaching, and reflective practice / consultation support to the CRT in the provision of lower intensity psychological interventions, such as the application of basic CBT theory to inform anxiety management, pacing, promoting adherence, problem-solving and generally working with patients as a whole team in a psychologically informed way. By training and supporting colleagues in the use of different low intensity psychological management techniques, the wider MDT are better able to implement and reinforce enhanced self-management in their work with patients, with robust clinical governance and support in place.