Psychological support for people in hospital

Information for patients, relatives and carers

Royal College of Physicians
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Who is this booklet for?

This booklet is for medical patients, ie people who are in hospital for medical reasons, who may also be in need of some form of psychological help or support.

It is therefore designed for:

- people who are in hospital with a physical illness but who feel additionally anxious, low or unable to cope
- those who are there following alcohol or drug misuse
- those with physical symptoms for which no medical explanation can be found
- people with a terminal or life-threatening illness
- people suffering from dementia and delirium
- the relatives, close friends and carers of all these groups.

What does it cover?

The booklet describes the psychological treatments that will be available in a general hospital, with the aim of encouraging all such patients who are suffering from psychological difficulties to seek the help they need from doctors and nurses.

If you have any questions about the information in this booklet, please do not hesitate to ask a member of the hospital staff caring for you or your relative.
Helping you to feel better

Can a physical illness or condition cause psychological difficulties?

There’s no doubt that having an illness causes stress, especially if you have to go into hospital, away from family and familiar surroundings. Obviously, painful and life-threatening illnesses will create particular distress and be very hard to adjust to. On the whole though, it isn’t so much the kind of illness you have, but the way you think about it, that causes the stress. So if you think of it as very threatening or that you personally can’t cope with it, then you’ll feel worse than someone who has a more optimistic view.

Most people suffer from some kind of psychological difficulty during their lives so it is not unusual to experience emotional problems during periods of ill health. Given time, most people adjust well to the problems of becoming ill, making changes to their lifestyles to help their recovery or to adjust to continuing disability.

Different people cope with illness in different ways – for example, some may want to find out all about their illness and its treatment, while others prefer to ignore it and leave the treatment entirely to the doctor. Some people find comfort from sharing their feelings and worries with someone. If you find you can’t do anything like this, and feel either very anxious or low, or these feelings become very extreme and overwhelming, then you might need some extra help.
It is always best to ask for help and talk to your doctor about such feelings, rather than keeping them to yourself or pretending the problem doesn’t exist. Many people with medical illnesses or conditions suffer from these kinds of difficulties, and there are effective ways of helping. These can make you feel better, which will in turn help speed your physical recovery.

What sort of help might I be offered?

- The doctor looking after you might suggest you talk to him/her about the things that are on your mind, so that s/he can help you find ways of dealing with them, using simple advice, or suggesting ways of solving problems, or by helping you get in touch with agencies that can offer practical support.

- The doctor might prescribe medication for anxiety or depression. Many people experience both anxiety and depression, and some antidepressants are effective for both moods.

- You may be referred to a counsellor, psychologist or psychiatrist for one of the following treatments which are given on the NHS.

**Counselling**  Counselling is a short-term therapy which may use a variety of approaches, depending on the needs of the patient. It has several functions, including giving information about your illness and its treatment, providing emotional support, and helping you to tackle problems which may be impairing your ability to cope with your illness. This last approach is often known as problem-focused counselling and has three stages:
Exploring the problem and clarifying what it is
Setting goals
Enabling action which will help you adopt better methods of coping to resolve the problem.

**Cognitive behaviour therapy**  This is a brief therapy that uses problem-solving techniques to sort out specific problems or patterns of behaviour. These techniques may be cognitive, that is they look at and try to change the negative thoughts and beliefs that are behind the distress and problematic behaviour. For example, someone who thinks that when their heart rate goes up they are in imminent danger of a heart attack will be more anxious and panicky than someone who reasons that it is a normal variation in heart rate. The therapist may also use behavioural techniques to help the person gradually practise doing things they previously avoided, for example taking physical exercise, resuming leisure activities, making lifestyle changes, or returning to work.

**Psychodynamic psychotherapy**  This looks at the patient’s whole life and tries to discover and resolve the unconscious conflicts that are causing the symptoms. It is usually a long-term treatment.

If I see a psychiatrist or psychologist will I be labelled as mentally ill?

These days there is a much greater public understanding of mental health, as so many people either suffer from psychological difficulties themselves or know someone who does. As a result, people in
general tend to be more sympathetic and much less prejudiced about such problems.

All sessions with the psychiatrist/psychologist will be confidential.

What kind of drugs might I be prescribed and do they have any side effects?

**Antidepressants**  The aim of antidepressants is to restore the chemical balance in your brain towards normal, so that you can cope with things in a normal mood. The doctor will be careful not to prescribe any drug that will react badly with drugs you are already taking. Although some antidepressants have side effects, they are generally mild and don’t last long. It may take 2–4 weeks before the drugs take effect, and you will probably be asked to take them regularly for at least 6 months. The antidepressants that are used now are not usually addictive and are often very effective. However, some drugs can cause withdrawal symptoms if stopped abruptly, so medication should always be stopped gradually under medical supervision.

**Drugs used for treating anxiety**  These drugs include diazepam (Valium), chlordiazepoxide (Librium) and lorazepam (Ativan), and they are very useful if prescribed in short courses. Long-term use, though, often leads to dependence. The physical symptoms of anxiety, such as palpitations, rapid pulse and shaking hands, are often helped by beta-blocking drugs such as propranolol.
What if I feel I can’t carry on?

It is not uncommon for people suffering from terminal illnesses, or those who have a very pessimistic view of their condition and their ability ever to recover and live normally, to think of harming themselves or ending their lives. If you are feeling like this, probably the most important things to understand are that you are not unique in feeling this way, and it certainly does not mean that you are ‘mad’ or beyond help. The doctors and nurses will be aware that some patients do feel like this, and will be very concerned to help you. It is important to talk to them, so that they can use their experience and talk through with you the different kinds of help that are available, and what you would find most useful or appropriate.
Specific issues

My condition is affecting my family relationships – who might we discuss this with as a family?

Your doctor could refer you to a hospital social worker who could arrange to see you with your partner and other close relatives. Alternatively, you may prefer to discuss these issues with your GP after you leave hospital, particularly if you have a good relationship with him or her.

My partner and I have had sexual problems since I became ill – who should we talk to?

Although you might find this a difficult subject to discuss, again it is much better if you do talk to your doctor. Such problems are common among medical patients and are often very treatable. There are several possible causes:

- It may be caused by the medical illness itself, for example renal failure or diabetes.
- It may be the effect of drugs or other physical treatments.
- It may be a part of a psychological response to the illness.

The doctor will probably want to see both you and your partner together, because suggestions for treatment may involve both of you.
If the difficulty is the result of your illness, the doctor may be able to help you both overcome the problem, or suggest ways of adjusting your usual practices to accommodate changes caused by the illness.

Many drugs interfere with sexual functioning and the doctor may be able to adjust your medication to reduce this side effect.

If it is part of a psychological response to the illness, or perhaps to changes in your relationship resulting from the illness, then referral to a psychiatrist can enable you to receive treatment which may help your mental state.

**What happens if I have physical symptoms but the doctors can’t find any medical explanation for them?**

First, you must be assured that your symptoms have been taken seriously. This means that the doctor should have listened to your account of your symptoms, examined you as necessary, and arranged for you to have further investigations such as blood tests and X-rays. However, where no straightforward diagnosis of medical illness is made, it is possible that your symptoms may be linked to stress or an underlying emotional problem which causes anxiety or depression. Your doctor may want to explore this possibility further by asking questions about any recent stressful events in your life or changes in your mood. A combination of measures designed to tackle the problem may help you feel better, in which case the doctor will try to organise a treatment plan addressing different aspects of the problem. For example, relaxation training can help to
relieve tension in your body and thereby alleviate pain and other physical complaints. If the doctor thinks that there is a psychological aspect to the problem, then s/he may discuss with you whether any changes in your lifestyle can be made to help your symptoms. This could involve reducing your workload and other responsibilities, altering personal habits or taking more regular exercise. If the problem is particularly complex, the doctor may discuss what you might gain from, for example, referral to a psychiatrist, or to a psychologist for a cognitive behavioural programme. If the doctor considers your symptoms are linked to an underlying depression, s/he may suggest that you take a course of an antidepressant drug.

With all these approaches, it will be up to you to decide whether you want to participate, so the success of the treatment will depend to some extent on how motivated you are to change things.

If I have an illness that may be terminal, who can I talk to about it?

In the first instance, you should talk to your doctor. Try to voice all your concerns and worries with the doctor, so that you are not left on your own afterwards feeling worried or confused. It may be helpful to make a list of your concerns before seeing the doctor, or ask a relative to go with you, to help you cover everything you want to talk about. There may also be counsellors attached to the ward who are used to talking to people about terminal illness, and are familiar with the difficulties, such as breaking the news to family and friends, and coming to terms with the end of life. If you wish, you could ask to see the hospital chaplain or a religious leader from your
own faith. In addition, counselling can often be arranged through your GP after you leave the hospital.

The doctor will be in regular contact with you and with your family, so that s/he can keep everyone informed about what is happening and ensure that your emotional needs are met. You should also raise any concerns you have about practical things, for example, that you want to have control over pain relief, that your specific wishes about future treatment (sometimes known as ‘advance directives’) will be respected, or that you want to be in a specific place at the end.

Not surprisingly, many people with terminal illness suffer from psychological problems, such as depression. It is best to speak to someone about this, because these symptoms can be alleviated and this will make a big difference to both you and your family in terms of the quality of the time you have together.

If I have an alcohol problem, how will the hospital help me?

First of all, you may be asked some questions about how much you drink to establish whether you need help. There are two different types of help that you could be offered.

- One approach is to help you to cut down on your drinking by giving you information about the risks and physical damage done by hazardous drinking, clear advice on how to change using various options, counselling support, and perhaps further support from local services.
- If drinking is causing severe physical problems, you may be advised to go into hospital for a specific programme to help
you stop. If someone who is dependent on alcohol stops drinking suddenly then various withdrawal symptoms can occur, for example nausea, anxiety, shakes, seizures or hallucinations. So you will be given a drug that will make the process less painful; the amounts of the drug will gradually be reduced over about 10 days. Following this, you will probably need to be referred to your local alcohol advisory service.

If I am addicted to a drug, how will the hospital help me?

You may already have tried to come off the drug and found the experience too distressing. The way the hospital approaches it will depend on which drug you are taking and how much.

**Heroin, morphine** The type of medication you are given to help you give up the drug will depend on how severe your withdrawal symptoms are. For mild symptoms, mild tranquillisers and anti-diarrhoea drugs will be enough. Otherwise, a heroin substitute such as methadone will be given for about two weeks, with the amount decreasing as withdrawal symptoms subside.

**Tranquillisers** The doctor may change your medication to a less addictive tranquilliser, and then gradually reduce the dosage over a period of about 10 days or more. If there are unpleasant side effects from giving up, you will be prescribed appropriate medication, or be given psychological support.

**Cocaine, cannabis** There are no strong physical effects from giving up these drugs, but there may be psychological effects. In particular, suddenly stopping taking a stimulant drug like cocaine can lead to a very low mood, so psychological support should be given.
Relapse

If you suffer from alcohol or drug dependency, the hospital may refer you to a local agency. They will provide treatment and also advice about ways of preventing relapse, for example by looking at situations, pressures and emotions that might lead to relapse, and devising practical ways of coping without drugs/alcohol.

How does the hospital manage delirium and dementia?

In both delirium and dementia the patient will appear to be confused and disorientated, but they have different causes and therefore different treatments.

Delirium is a condition which usually develops quite rapidly, in hours or days. The symptoms are drowsiness, disorientation, impaired memory and sometimes disturbance of perception which may result in sounds or visual images appearing to be distorted (illusions). In some cases of delirium, objects may be seen or sounds heard when there is no external cause for them. These are known as visual or auditory hallucinations.

Delirium can be caused by an infection, disturbed metabolism, dehydration or prescribed drugs. It is very important to discover and treat the underlying cause of the delirium. This must be done even if the patient is very frightened and upset, for example by hallucinations, so s/he may be given sedatives while this is being done. The delirium should subside when the underlying problem has been treated.
Dementia is a more chronic condition. It develops over several years and is caused by a disease that affects the brain, like Alzheimer’s disease or cerebrovascular disease. It leads to a gradual but progressive loss of memory and other aspects of intelligence. It also leads to subtle changes in personality. In hospital, it will be managed by trying to reduce the confusion caused by coming into a new environment, and by reducing the impact of the accompanying physical illness. Further moves within the hospital are therefore generally avoided, and it will help patients to have familiar photos etc placed near them. Sound nursing care will ensure adequate food, drink and sleep.

Can psychological difficulties have an underlying physical cause?

It is possible that there are physical reasons why you feel uncharacteristically depressed or anxious. If you become depressed for the first time in your life in middle age or later, and there is no history of mental illness in your family, and no apparent reason for depression, then there may be an underlying physical illness. This could be something like an underactive thyroid gland, a blood disorder or a chronic infection. This should be managed by treating the cause, combined with medication such as antidepressants where needed. Alternatively, it may be a drug or combination of drugs that is causing the problem, in which case they should be adjusted accordingly.
Can I be kept in hospital or treated against my will?

Under the Mental Health Act 1983, you can be kept in hospital if you have a mental illness that makes you a danger to yourself or other people. The mental illness can include temporary impairment, as in delirium, or prolonged conditions such as schizophrenia or brain damage. You can also be given treatment without consent but only for the mental illness, not for physical disorders that are unrelated to it.

Someone who is under the influence of alcohol or drugs can be kept in hospital for treatment only if there are additional reasons for intervening, for example a suicide attempt.

For physical treatments, everyone over 18 is assumed to have the capacity to decide whether to accept medical treatment. ‘Capacity’ means the ability to understand what is being proposed and the consequences of refusing or accepting it. If a mental disorder is thought to be undermining this capacity, then there must be a detailed psychiatric assessment to determine whether this is so. It is important to remember that this is an assessment of capacity, not a judgement on the course of action that the patient wishes to take.

Under common law, someone who lacks the capacity to give or withhold consent to treatment can be treated against his/her will if the doctor considers it to be in the patient’s best interest. A relative cannot give consent on behalf of an adult patient but doctors usually consult relatives before proceeding with treatment.