HEALTH PSYCHOLOGY IN CARDIAC REHABILITATION

Dr Carolyn Deighan, Health Psychologist, C Psychol
British Association for Cardiovascular Prevention and Rehabilitation – elected Council Member (representing Psychology and Scotland).

British Psychology Society Division of Health Psychology Scotland Committee - Consultations Representative.

Health Psychologist, Heart Manual Service, NHS Lothian.
Aims

- Highlight the role of health psychology in cardiac rehabilitation.
- Clarify what health psychologists do and what they offer to cardiac rehabilitation.
- Offer examples of evidenced interventions/tools in CR using psychological theory and methods.
The BACPR Standards and Core Components for 
Cardiovascular Disease Prevention 
and Rehabilitation 2017
(3rd Edition)
Cardiac rehabilitation needs

- Whilst physical activity in cardiac rehabilitation is well established, the Scottish Government’s CR clinical champion highlighted the perceived need for a greater focus on behaviour change and psychological support (CPG Sept 2017).
CP&R services should ensure:

- Health behaviour change interventions /key behaviour change techniques /up-to-date psychological evidence-base.
- Training-communication skills for all staff e.g., motivational interviewing techniques/relapse prevention strategies.
- Information and education - fully informed choice & menu of evidence-based programme components.
- Address cardiac or other misconceptions - illness perceptions that lead to increased disability and distress.
- Regular follow up /assess feedback /further goal setting.
What is Health Psychology?
Health Psychologists...

- **Analyse**
  - ✓ Behavioural Analysis
  - ✓ Literature review
  - ✓ Systematic review

- **Advise**
  - ✓ Policy
  - ✓ Programmes
  - ✓ Communication
  - ✓ Mode of delivery

- **Design**
  - ✓ Interventions
  - ✓ Programmes

- **Trial**
  - ✓ RCTs
  - ✓ Quasi-experimental studies
  - ✓ Evaluation
  - ✓ Qualitative research

- **Train**
  - ✓ Masterclasses
  - ✓ Workshops
  - ✓ Seminars


Division of Health Psychology Scotland
Psychology
Focuses on thoughts, emotions and behaviour and their interactions

Health Psychology
Aims to understand and change thoughts, emotions and behavior and their interactions in the context of health, illness and healthcare

Division of Health Psychology Scotland
## Understanding and changing thoughts, emotions and behaviours in:

<table>
<thead>
<tr>
<th>Division</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td>e.g. help people lose weight and maintain weight loss, stop smoking, take more exercise, attend cervical screening, wear sunscreen, see a dentist</td>
</tr>
<tr>
<td><strong>Illness</strong></td>
<td>e.g. supporting people to better manage chronic conditions, interpret symptoms, adhere to medication, manage pain, attend follow up</td>
</tr>
<tr>
<td><strong>Healthcare</strong></td>
<td>e.g. helping health professionals to adhere to clinical guidelines, develop skills to change patient behaviour, engage in hand hygiene</td>
</tr>
</tbody>
</table>

**Across the lifespan**

*Division of Health Psychology Scotland*
Health psychology informed competences to change lifestyle behaviours

Health psychology informed HBC framework

Also informed specific CR competences
Psychosocial health

- All patients should undergo a valid assessment of:
  - Psychological distress, for example, anxiety and depression (using an appropriate tool – Hospital Anxiety and Depression Scale (HADS)).
  - Psychological stressors.
  - Illness perceptions and self-efficacy for health behaviour change.

Help to increase awareness of ways in which psychological development, including illness perceptions, stress awareness and improved stress management skills can affect subsequent physical and emotional health.
Key concerns – thoughts and emotions

- Cognitive reaction – how people think about their cardiac condition/event, what they believe.
- Emotional reaction - how people react emotionally to their experience.
- How the above shapes how people cope mentally and physically to their cardiac/condition/event.
“I am less agitated”

“Restored my love for exercise”

“I have a better outlook on life”

“Turning negative thoughts into positive ones!”

“I have found the relaxation exercises helpful in initially getting to sleep, and [...] if I wake in the night”

“If I get an irritated feeling I now walk away.”

“I take life slower – most of the time!”

“My confidence has improved and I am getting stronger each day”

“Helped me understand the question – why me?”

“I wasn’t overloaded with facts when adjusting to lower concentration levels”
Interventions/tools using health psychology (some examples)

- Illness Perception Questionnaire (IPQ) (Weinman et al) predictive of CR attendance, psychosocial functioning post MI).

- The Heart Manual programme

  “Within home-based CR programmes, behaviour-change techniques, such as social support and goal setting were shown to be effective in reducing CVD risk factors, with comparable results to hospital- or centre-based programmes” 1++ (SIGN 150:p14).

- Motivational Interviewing (Rollnick et al) increasing motivation for health behaviour-change.

- NHS Education :MAP Behaviour Change eLearning (for health and social care staff).

- Cardiac Rehabilitation!
Health behaviour change (HBC) integral to six components of cardiac rehabilitation.

Health psychologists are specialised in HBC to help patients directly, or devise interventions and train others in HBC.

Anxiety and low mood are common reactions that without timely support can lead to more severe levels.

Health psychologists can play a crucial part in supporting individuals cope mentally and emotionally with their cardiac event/condition in order to avoid clinical levels of distress that warrant more intensive therapy.
Further Information

British Psychological Society
Division of Health Psychology Scotland

www.bps.org.uk/dhpscotland
www.bacpr.com

carolyn.deighan@nhs.net

www.theheartmanual.com