



Checklist

Caring for a Patient's Mental State

- Anxiety is commonly experienced at the end of life. Reflect on how you can be more attune to the signs and symptoms of anxiety.

- Depression is common in patients at the end of life. Revise the list of symptoms and assess the persistence of these over a sustained period of two weeks or more.

- Demoralisation is common and crucial to identify as it is accompanied by an increased risk of suicidal thinking. Strengthen your own knowledge and skills in conversations, assessment and management of demoralisation.

- Asking patients about their priorities and states of mind are important. Do you know what is important to patients who are close to the end of life?

- Some patients will welcome conversations about the future or their death, others will not – always offer (don't assume) to discuss the future or dying.

- How will you respond if a patient asks you about your beliefs on death or the afterlife? Have you thought about a professional response that you are content with sharing with a patient?

- We know feeling supported helps patients' states of mind at the end of life. How do you bolster support and trust for the patients in your care? What services are available in your hospital or service?



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- Conversations about how the patient managed in the past with life's ups and downs may be very useful in identifying resilient traits. Talking about negative emotions with a patient is ok, you will not induce sad thinking.

- Be acquainted with services that offer counselling, psychological support, older people mental health services, pastoral care, music and art therapy, or exercise physiologists.

- Remember that the patient's despair and suffering is not yours. Explore your own philosophy in dealing with death and end of life care. Other support options might include the Employee Assistance Scheme or talking to your GP or a trusted colleague.

- Make yourself aware of the ACSQHC End-of-Life Care Audit toolkit. Find the person in your organisation responsible for QA and bring it to their attention:
<https://www.safetyandquality.gov.au/our-work/end-life-care/end-life-care-audit-toolkit>

For resources go to the My Toolkit pages in End-of-Life Essentials website: <https://www.endoflifeessentials.com.au/>

Resources

Caring for a Patient's Mental State

Cancer Council Facing End of Life: A guide for people dying with cancer, their families and friends

Videos, Blogs and Podcasts

From The Palliative Care Bridge:

- Professor Meera Agar - [Delirium and Depression](#)
 - Dr Sarah Thompson - [Anxiety and sleep disturbances](#)
 - Dr Sarah Thompson - [Depression](#)
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Further Reading

This paper discusses techniques and challenges in delivering SEGT:

Kissane DW, Grabsch B, Clarke DM, Christie G, Clifton D, Gold S, Morgan A, McDermott F, Smith GC. Supportive-expressive group therapy: the transformation of existential ambivalence into creative living while enhancing adherence to anti-cancer therapies. *Psycho-Oncology* 2004; 13:755-768. doi: [10.1002/pon.798](https://doi.org/10.1002/pon.798).

This paper provides a review of techniques or approaches to reduce existential suffering:

Kissane, DW. The relief of existential suffering. *Archives of Internal Medicine* 2012 Oct; 172(19):1501-1505, doi: [10.1001/archinternmed.2012.3633](https://doi.org/10.1001/archinternmed.2012.3633)

Resources

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This paper outlines the value of screening for psycho-existential distress:

Kissane DW. Education and assessment of psycho-existential symptoms to prevent suicidality in cancer care. *Psycho-Oncology* 2020 Aug;29(9). doi: [10.1002/pon.5519](https://doi.org/10.1002/pon.5519)

This paper discusses techniques and issues employed in Meaning and Purpose therapy:

Lethborg C, Kissane DW, Schofield P. Meaning and Purpose (MAP) Therapy I: Therapeutic processes and themes in advanced cancer. *Palliative and Supportive Care* 2019 Feb;17(1): 13-20. doi: [10.1017/S1478951518000871](https://doi.org/10.1017/S1478951518000871)

This book explores the delivery of supportive-expressive therapy as a form of existential psychotherapy:

Spiegel D, Classen C. (2000). [Group Therapy for Cancer Patients: A Research-Based Handbook of Psychosocial Care](#). New York, NY, Basic Books

This paper provides a review of existential challenges and their relief:

Vehling S, Kissane D. Existential distress in cancer: Alleviating suffering from fundamental loss and change. *Psycho-Oncology* 2018 Nov;27(11):2525-2530. doi: [10.1002/pon.4872](https://doi.org/10.1002/pon.4872)

This classic text describes the existential challenges faced by human beings:

Yalom, ID. (1980). [Existential Psychotherapy](#). (1st ed.). New York, Basic Books.
