

**Depression in palliative care patients in Australia:
identification and assessment**

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Summary

Depression is poorly recognised, under-assessed and under-treated in patients receiving palliative care for a life-limiting illness. There are barriers to assessment and diagnosis, and limited access to specialist clinicians who might assist in these complex assessments and who could provide options for treatment.

The three studies presented, using different research methodologies, and using both qualitative and quantitative analysis, seek to clarify these issues and to provide some solutions. A questionnaire was sent to all Palliative Care Services (PCS) in Australia. Questions included what part specialist psychological clinicians played in multi-disciplinary team meetings and in the treatment or coordination of patient care. Very few PCS used a valid screening instrument for psychological distress and very few had regular support from a psychiatrist or psychologist. Many did not have access to social work support.

There are two competing issues with regard to recognising and assessing depression in palliative populations. A rapid reliable screen that points to a likely problem would be useful, but also there is a need to understand something of the patient experience of depression.

In the second study, the one- and two-item screening instruments widely used in palliative care are examined and limitations that have been found in other settings are confirmed. A new novel screening tool is developed from this data and tested empirically. This algorithm is short, has good psychometric properties and is validated for an Australian palliative care population. Depending on the response pattern it is possible to identify that a particular patient has significant symptoms of depression by asking between one and four questions. Professional carer and patient acceptability of the questions is high.

The understanding of the experience and symptom profile of depression in

Australian palliative care patients is addressed in the third study. Patients and family carers were recruited prospectively from palliative care and oncology ambulatory clinics of two teaching hospitals in an Australian capital city. The Geriatric Depression Scale (GDS) was administered to the patient and the Collateral Source version of this instrument was asked of the carer. A subset of this sample completed the measures twice. The results using this 30-item scale were then compared with all the known previously published short versions of this scale. Two short forms met as many psychometric criteria as the longer forms. None of the versions of the GDS showed sufficiently high correlations between carer-completed and patient-completed forms. The frequency of symptoms was also assessed. Patients more frequently reported fatigue and anhedonia than depressed affect.

Despite many screening instruments being available for depression, their use is limited in Palliative Care Services. Although these studies have validated several options for Australian palliative care patients, the issues behind the low uptake rates for screening have not been resolved. The final chapter of this thesis constructs known and potential barriers into a logical structure and then offers some solutions to improve access to mental health professionals by considering service models and applying this theory to the problem of depression and its assessment in palliative care populations.

Declaration

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

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