

Breaking Bad news, Depression,  
Suicide

# Breaking bad news

- Diagnosis, prognosis of a disease
- Reactions:
  - -aggression / direct, indirect/- patient identifies doctor with the news, don`t feel offended!!
  - -suppression / p. forgets, or does not want to believe/
  - -psychic regression / dependency, need to have loved ones around/

# “On Death and Dying” by Elisabeth Kubler-Ross

- Five stages in the adjustment process:
- 1.denial and isolation
- 2.anger
- 3.bargaining
- 4.depression
- 5.acceptance

# Strategy – S-P-I-K-E-S

- Step 1- Setting
- Privacy
- Involve family, friends
- Sit down
- Look attentive and calm
- Listen-silence, repetition
- availability

- Step 2- Perception
- “before you tell, ask”
- Find out, what patient already knows and than use the same vocabulary
  
- Step 3-Invitation
- Respect patient`s right to know / or not to know/
- Answer any questions

- Step 4 – Knowledge
- Give warning first –” unfortunately, I have got a bad news to tell you...” , “ I am so sorry to have to tell you...”
- Use the same language
- Avoid scientific language
- Give information in small chunks and make sure patient understands

# Step 5 - Empathy

- As emotions and reactions arise during discussion, acknowledge them and respond to them
- Identify an emotion
- Identify the source of emotion
- Show it, it helps to validate patient`s feelings -  
“Hearing the result of the bone scan is clearly a major shock to you”
- Let him know, that showing emotions is perfectly normal / to minimize the feelings of embarrassment and isolation/
- Find solution or decide on some therapeutic procedures or prognosis / together after the patient has calmed down/

!!!!!! Take care of  
yourself !!!!!!!



# Acute mental crisis

- Loss of psychological balance
- Inability to solve a demanding life situation resulting from life event
- **Life events and thus psychical crises are inseparable from human life!**
- If adequately managed they bring new knowledge and experience = personality development, enrichment
- Subjective feeling of threat or loss of life certainty and security.
- Helplessness with solving situation provokes anxiety, short-cut reactions, loss of purpose of life, hierarchy of life values is in doubt

# Life events

- Biological – involution, sexual maturation, old age
- Changes in family – birth, death, new member, leaving of member
- Partnership – marriage, divorce, extramarital relationship
- Education – graduation, entering university,
- Job – new, retirement, transfer, interpersonal relationships
- Environment – moving, stay abroad, nursing home, hospital
- Health state of oneself, relatives, friends..- somatic, mental disease, injury, surgery

- Individuals, families, social groups / war, natural catastrophe/
- Sudden x expected
- Importance to particular person
- Premorbid personality
- Previous experience with coping with mental crisis
- Present health state
- Preexisting emotional support

# Manifestations of Psychological Crisis

- Subjective feeling of threat or loss of life certainty and security, helplessness, subjective feeling of inability to solve the situation, loss of purpose of life, acute grief
- Anxiety, tension, discomfort, hopelessness, inconclusiveness, sorrow, fear of “going crazy”, guilt, irritability, isolation
- somatic troubles – pressure in head, chest, abdominal discomfort, dizziness, headaches, lack of appetite, fatigue, tension
- Sleeping disorders, self-accusation, restless overactivity, aimless searching for something to

- Alarm phase – first signals of distorted psychological balance / affective lability, tearfulness, anxiety, sleeping disorders/
- Critical phase – anxiety, behavior disorders / panic reactions/
- Post-critical phase – positive case – constructive solution without resulting in disorder
- - negative case – unmanaged state- disorder/ somatic, mental disease/, death  
Risk of suicide
- Acute crises – sudden loss of important value
- Chronic crisis – long lasting problems / disharmonious marriage/

# Crisis intervention

Psychological hot-lines

Personal contact

- 1.meet the patient within 24 hours
- 2.consider the risk of suicide
- 3.abreaction / expressing sadness through tears as a release of emotional tension, re-experience negative emotions under therapeutic conditions /
- 4.calming down
- 5.moderation of guilt and shame feelings
- 6.searching for solutions / way out of the crisis/ / understanding the situation, own role and possibilities in solving problem/

7.reduce depression / antidepressants/

8.reduce anxiety /anxiolytics/

9.cover relevant social field / importance of emotional support of relatives/

10.offer psychotherapy, counseling, social help

Leaving an office, patient should know **what to do and whom to consult.**

Fatal disease – assure patient, that he will be still given **full care and attention!!**

**Always leave room for hope!!**

Make sure the patient understood the message, assure him of possibility of further meetings and of permanent support.

# Tips to protect your sense of personal safety

- Recognize the signs of secondary trauma, burnout
- Identify what brings you a sense of security, find a safe place / visualized or real/ where you can relax and feel protected
- Pay attention to your feelings, respect them
- Learn as much as you can about treatment options
- Understand the facts about situation and what they mean to you, examine alternative approaches



- Take slow, deep breaths, calm through visualization or movement
- Use relaxation
- Realistically address your responsibilities and strengths
- Exercise, spend time in nature

# Renew yourself

- Every day stay alone and quiet for a while, than you will be able to renew yourself during difficult situations. It helps you recognize limitations, change goals and directions and practice self-improvement. It helps in our professional life as well as personal growth.

- **Recognize** symptoms of traumatic stress
- **Reach** out to your patients by offering support, including encouraging them to talk about their feelings
- **Reassure** patients that their feelings are normal and they can receive help
- **Refer** your patients if you suspect psychiatric disorder
- **Renew** yourself through adequate rest and relaxation

# Depression is an Illness

Longer-term and profound decline in mood

Feelings of guilt, worthlessness, helplessness

Persistent sad, anxious or “empty” mood

Loss of interest or pleasure in hobbies and activities that you once enjoyed, including sex

Insomnia, early-morning awakening, or oversleeping

Appetite and/or weight loss or overeating and weight gain

Decreased energy, fatigue, being “slowed down”

Thoughts of death or suicide, suicide attempts

Restlessness, irritability

Difficulty concentrating, remembering,  
making decisions

Persistent physical symptoms that do not  
respond to treatment, such as headaches,  
digestive disorders, dizziness and chronic  
pain

Endogenous – has no relation to external event, imbalance in biochemical CNS processes

Event related – part of reaction to receiving unfavourable news or of an acute psychic crisis

Latent – somatic problems

Paper 68, 99

# Depression x sadness

- Endogenous d. is not related to any event
- Cannot be alleviated by external situation
- Emotionally extinct patient
- Feelings of guilt and shame
- Risk of suicide
- Reaction to external event
- Diminished by the influence of environment/ support and empathy of others/
- Able to talk about his feelings, weeping brings relief

# Mistakes

- Underestimating of condition, especially at first time
- Somatic problems
- Encouraging patient “ pick yourself up, keep going, put it behind you, work through it..”
- Don` t tell him “ your problems are ONLY of a psychic nature”
- Don` t recommend entertainment / it has opposite effect/
- Don` t send him on a holiday
- Don` t let him take important decision
- Patient should **not be left alone** / risk of suicide/



# Help

- Non-directive empathic dialogue
- KBT
- Small steps ahead
- Support of activities
- Antidepressants
  
- “cancer of mind”

# Suicide, risk factors and warning signs

- Previous attempt
- Verbal suicide threat
- Suicide plan – method, decisions of time, lethality
- **Life events or conditions**
- - **presence of triggering event**
- - **psychiatric history** / depression, bipolar. Schizophrenia, anxiety disorders, discharged from psychiatric hospital, adaptation to prior psychological treatment
- - **substance use**/ drugs, alcohol/

- **Physical illness:**
- chronic incurable painful condition
- terminal illness
- loss of physical functioning
- loss of body parts
- HIV, AIDS
- dialysis
- dependence on others for health care
- co-morbidity

- **Loss of relationships:**
- Death of relative or close friend
- Terminal illness of them
- Divorce, separation
- Anniversary date of loss
- **Loss of status or security:**
- Job
- Money or savings
- Status, self-confidence
- Religious faith
- A dream

- **Major life changes:**
- Developmental
- Trauma
- Environmental stressors
- **Family variables:**
- History of rejection
- History of suicide
  
- **Emotional or behavioral factors**
- Expressing thoughts of death, suicide, wishes
- Fantasies about s.
- Social isolation
- Hopelessness

- Sudden mood change
- Belief, that current emotional pain is intolerable and inescapable
- Unable to think of alternate reasons, viewpoints or choices
- Personality variables /hostility, perfectionism or overly responsible behavior – leads to self-blame and guilt, impulsivity, pessimism, dependency, rigidity/
- Change in appetite or weight-less
- Change in sleeping patterns – less
- Decrease in sexual drive, reduced energy level, speaking and moving with unusual speed or slowness

- “Preparation” actions / giving personal valued articles away, writing a will, planing for the care of those left behind/
- Demographic factors:
  - Males /succeed more, females attempt more/
  - Single, divorced, widowed
  - Elderly and teens
  - Loss of job or change in status
  - Unemployed
  - Socially isolated
  - Physicians, psychiatrists, psychologists, dentists, police officers, attorneys

# Suicide

- Basic questions – table 6
- Presence of suicidal thoughts, preparatory activities, intrusive thoughts, aggressive, autoaggressive tendencies
- Open talk about suicidal intentions gives the patient relief and liberation!!!
- “ Are you so unhappy, that you think life has no more value? Are you afraid, that you could hurt yourself or take your own life? Do you have any suicidal thoughts?”



# Myths

- People who talk about suicide don't commit it
- Suicide happens without warning
- Suicidal people are fully intent on dying
- Once people are suicidal, they are suicidal forever
- Suicide strikes much more often the rich – or , conversely, among the poor
- Asking patients about their suicidal thoughts will encourage them to commit it

# Help

- Psychopharmacological – anxiolytics, neuroleptics with sedative effect, antidepressants
- Psychotherapeutical approach – empathy, shared understanding, sympathy, demonstration of the fact, that we are “on his side”
- Frequent appointments
- Phone number of the first aid service
- Inform relatives or close persons
- hospitalisation

# Burnout syndrome

# Signs and symptoms of negative stress

- Intense feelings of pressure
- Loss of idealism, Loss of libido
- Feeling physically run down, exhaustion
- Somatic symptoms /headaches, dit, muscle tension.../
- Anger, emotional outbursts, lability of mood
- Cynicism, critical attitudes towards coworkers, suspiciousness
- Lack of initiative, lower productivity
- distancing

# Symptoms of burnout

- Burnout results from overwhelming stress that creates an imbalance between the professional's needs and the rewards derived from the job itself
- Fatigue, loss of idealism and energy, emotional numbness, dissatisfaction with accomplishments, inability to concentrate, irritability, insomnia, anxiety, depression

# Factors leading to burnout

- External – place of work or home is stressful, disorganized, control is in the hands of others, lack of support
- Internal – motivation to do your best, unrealistic expectations, chronic stress, working overtime, needing to be “appropriate” at all times at home or on the job

# What beliefs contribute ?

- I should be together all the time and should not experience problems like other people.
- Satisfaction in helping others is reward for me.
- My efforts will always be appreciated by others.
- There is a status and prestige in holding my position.
- I can make dramatic changes through my efforts.

# Who is at risk

- People who work with people / emotionally difficult situations, big expectations/, helpers, during first years at work, enthusiastic people, perfectionists, A personality, low assertive, high score of life events
- Doctors, nurses
- Psychologists, psychiatrists
- Social workers
- Teachers, policemen, lawyers
- Politics, priests, pilots, artists, sportsmen
- House-wives, mothers at maternity leave



# Protective factors

- B personality
- Assertive training, strong self-esteem
- Good time management
- Work autonomy
- Learning new skills
- Optimism
- Adequate social and financial appreciation

# Self-care

- Balance between work and leisure
- Realistic planning
- Control over schedule and life
- Ability to distance yourself from work
- Regular exercise, proper nutrition
- Regular practice of yoga, meditation, relaxation
- Social support
- Time to laugh and relax with friends
- Good relationships and open talks about feelings at work