Background: Consequences of inflammatory arthritis (IA) can include depression, anxiety, fatigue, and low mood; reducing patients’ quality of life and increasing pressure on the healthcare system. Treatment guidelines (e.g., NICE, 2009; EULAR, 2012) recommend psychological support as part of multidisciplinary care, but data are lacking on the provision available.

Methods: A postal survey of psychological support provision was sent to rheumatology nurses (named where known) in 143 acute trusts across England. The survey comprised 3 areas: current practice and provision; psychological skills within the team; and the resources required to deliver services. Nurses from 73 units (51%) responded.

Results: Only 12% of respondents believed that psychological support did not fall within the rheumatology team’s remit, but very few rheumatology units reported having a psychologist in the team (8%). In relation to identifying psychological difficulties, 68% of units did not routinely screen patients, either formally or informally. Referral to other service providers for psychological support was reported in 42% of units, with 32% not referring, 22% sometimes, and 4% not sure. Where referrals were made, 3% were very satisfied with the provision (21% fairly; 29% not sure), while 14% were not sure and 33% did not answer. Services containing elements of psychological support, that were available in units included: occupational therapy (31%), patient education programmes (58%), pain management clinics (30%), facilitated peer support groups for patients (30%), self-management clinics (27%), and psychology/counselling (14%).

Respondents reported a range of psychological approaches used by team members, largely shared decision making and pain management skills (77%; 63%) while only a quarter used cognitive-behavioural approaches or motivational interviewing (26%; 25%). Overall, 73% of respondent rated their unit’s psychological support provision as inadequate and only 4% rated it as good. The main barriers to providing psychological support were lack of clinical time, appropriately trained clinicians and available training (86%, 71%, 74%); and delivery costs (74%). 19% expressed a preference to refer to good support services elsewhere. The main facilitators were management and team support (74%; 68%), availability of skills training (74%), and integration of support into the care pathway (73%).

Conclusion: Most rheumatology units viewed psychological support provision as part of their remit. Despite some team members using psychological skills in their role, units rated their overall provision as inadequate. To improve provision requires a whole systems approach that addresses the training needs of clinicians and teams, understands patients’ views on services, and builds organizational support for implementation. The lack of psychologists in rheumatology units and the EULAR recommendation that nurses provide psychosocial support highlights the value of testing whether the usual team can be effective in this capacity. Further research is needed to understand what constitutes adequate psychological support provision from clinical and patient perspectives.

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153. RHEUMATOLOGY NURSES RATE PSYCHOLOGICAL SUPPORT Provision AS INADEQUATE

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Background: Consequences of inflammatory arthritis (IA) can include depression, anxiety, fatigue, and low mood; reducing patients’ quality of life and increasing pressure on the healthcare system. Treatment guidelines (e.g., NICE, 2009; EULAR, 2012) recommend psychological support as part of multidisciplinary care, but data are lacking on the provision available.

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