

Response to Henderson et al., Staffing a Specialist Palliative Care Service, a Team-Based Approach: Expert Consensus White Paper (DOI: 10.1089/jpm.2019.0314)

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Dear Editor:

The article entitled “Staffing a Specialist Palliative Care Service, a Team-Based Approach: Expert Consensus White Paper” is an important contribution detailing how hospitals and health care organizations can approach staffing of palliative care teams.¹ The article briefly highlights social workers’ roles, stating, “when advanced palliative care credentials are developed, meet this standard,” further highlighting the emerging role of social work counselors on a comprehensive interdisciplinary palliative care team. Despite this acknowledgment, we were struck by the authors’ lack of mentioning any other mental health professionals in their model presentation. We felt it important to underscore the psychological underpinnings across definitions of palliative care and reference emerging calls for integration of mental health professionals into interdisciplinary palliative care teams.

Psychological suffering has always been central to definitions of palliative care and mental health research has contributed significantly to the evolution of palliative care. The World Health Organization and the Institute of Medicine explicitly state that alleviating psychological suffering is part and parcel to treating patients with serious illness. Furthermore, psychologists and psychiatrists have made significant contributions to the design and delivery of palliative care, including defining constructs unique to palliative care, developing validated patient-reported outcomes to assess distress, symptoms, and functional concerns, designing evidence-based interventions that reduce anxiety and distress such as Meaning Centered Psychotherapy and Dignity Therapy, identifying mechanisms for palliative care outcomes, and contributing to evidence for outpatient pal-

liative care’s effectiveness. In fact—in a striking parallel to Henderson et al.’s article—the European Association of Palliative Care (EAPC) published a hierarchical guideline to psychologists’ integration into care teams.² This “triangle” advocates for increasing the expertise of the mental health provider with increasing patient complexity and is nearly identical to Henderson’s model of palliative care staffing.

With palliative care continuing to grow as a subspecialty of medicine in the United States, several national governing bodies of mental health have advocated for the inclusion of mental health into palliative care, including the American Psychological Association³ and the EAPC.² Competencies are being developed for palliative care social work.⁴ National societies in behavioral medicine have begun to form working groups as well.⁵ As these national and global governing bodies define the important members of a palliative care team, articles such as Henderson et al. will be critical to meet the growing need for palliative care services. At the same time, mental health professionals—psychologists, psychiatrists, and social workers—have much to contribute to this planning. Of course, there are legitimate barriers to reimbursement, compensation, and specialty-level designation, yet if mental health providers are not at least included at the table, there is a risk of furthering the gap between these important contributions and clinical practice.

References

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