
HNA Prompt Sheet: Distress Thermometer

The distress thermometer forms a key part of the Holistic Needs Assessment (HNA) and is a tool used by people to report their level of overall distress. It should lead into a discussion with a healthcare professional about how to best support their needs.

The person circles one number on the scale from 0 to 10 (no distress to extreme distress) that best represents their current level of distress. When used as part of the HNA, they also identify a number of relevant issues, or problems, on the problem list.

What the distress score means

The distress score is a very broad indicator of how someone is feeling or coping overall. It is recommended that a score of 5 or above is used to trigger a more in-depth discussion about specific support needs, for instance referrals to clinical services, specialist psychological support etc.

However, it is important to explore the meaning or context of the distress score in conversation with the person. For instance, a person may report a score of 9, and this may represent a long delay in clinic, a painful surgical wound, being at risk of homelessness, or feeling overwhelmed with nightmares and anxiety. The support and advice offered and required will depend on the reason for distress.

What to do with a distress score

The conversation between the healthcare professional and the person is, in itself, valuable. It may not be possible to address every problem that causes distress, but listening and understanding are always helpful.

Explore the issues underlying the distress score

The healthcare professional should explore the meaning and context of the distress score with the person, and help them prioritise their concerns. For instance, the healthcare professional could say:

- 'What is going on that is making you feel like this?'
- 'I can see you have ticked problems with X, can you tell me more about that?'
- 'What have you and others already done to try to address these problems?'
- 'There are quite a few issues here, which ones are your priorities that you want us to focus on?'

It is important to note that this is a *person-centred discussion* which must focus on the person's subjective issues and priorities. While other questions may need to be asked for clinical assessment or case management purposes, they should not overtake this part of the conversation.

Make an action plan and document

The conversation above may identify a number of specific actions to address the person's priorities, for example, getting further information about specific topics, arranging referrals or reviews, etc.

Some of these will need to be completed by the healthcare professional. Consider how the person can be encouraged to take ownership of some aspects, as a way to develop their autonomy and self-management, alongside the professional support and input.

The distress score, problem list, and action plan arising from this conversation form the person's care plan. The discussion should be documented on the care plan and shared with the person and with their consent, their healthcare team.

Previous distress scores, problems and action plans should be reviewed at subsequent points, e.g. end of treatment.

Want to know more?

Macmillan Cancer Support:

http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/RecoveryPackage/RecoveryPackagesharinggoodpractice.pdf