

National Institute for Health and Clinical Excellence

CRITICAL ILLNESS REHABILITATION

Comments on the Scope

Stakeholder Comments

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1. Please put each new comment in a new row.
2. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
3. Please insert the **section number** in the 2nd column. If your comment relates to the document as a whole, please put **'general'** in this column. **Please refer to section numbers and not page numbers.**

	Name:	Nigel Atter
	Stakeholder Organisation:	The British Psychological Society
Comment No.	Section number <small>Indicate section number or 'general' if your comment relates to the whole document</small>	Comments Please insert each new comment in a new row.
1	General	<p>This guideline has the potential to address unmet need in the rehabilitation of ITU patients. It is positive to see that all aspects of rehabilitation are intended to be covered by this guideline including psychosocial morbidity.</p> <p>This is particularly important as it is becoming increasingly evident from the literature that such patients are at risk of developing both short and long term adverse psychological reactions which can have an impact on the rate of physical rehabilitation as well as limiting quality of life and economic activity directly.</p>
2	Section 3	<p>The list of psychological conditions that may effect ITU patients in section 3 c is far from exhaustive and we would make the point that there is a considerable chance that there will also be co-morbidity (i.e. depression and PTSD for e.g).</p>

3	Section 4.2 b	It would be helpful if in section 4.2 b that relates to the settings covered by this guideline, if it is made explicit that all settings where psychological rehabilitation is delivered are to be included - this is hinted at but needs to be clearly stated. The way in which clinical input from psychologists and others providing psychological assessment and care into ITU is delivered is very variable (and in many places non-existent). Consequently, this guideline should explicitly seek to map and explore existing service models for the delivery of psychological care in this context and ensure that it is inclusive in its coverage.
4	General and Section 4.3a	There appears to be a potential over focus on the use of 'screening tools' for psychological assessment and consideration should also be given to clinical assessment (this is probably most relevant to section 4.3 a).
5	General	The clinical questions section would also benefit from further exploration of the available psychological interventions. In considering assessment, further emphasis is required on identifying risk factors given that it is a well established finding that vulnerability to PTSD for example is linked to a variety of demographic factors and more importantly to prior history of trauma and psychological distress.
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