

Integrating psychological support in cancer

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How should we integrate psych support?

- Psychological support services in cancer are sparse
- To optimize patient care we need to be creative with our workforce and look for opportunities to upskill to deliver Level 1-2 of the NICE model

Recommended model of professional psychological assessment and support



Level	Group	Assessment	Intervention
1	All health and social care professionals	Recognition of psychological needs	Effective information giving, compassionate communication and general psychological support
2	Health and social care professionals with additional expertise	Screening for psychological distress	Psychological techniques such as problem solving
3	Trained and accredited professionals	Assessed for psychological distress and diagnosis of some psychopathology	Counselling and specific psychological interventions such as anxiety management and solution-focused therapy, delivered according to an explicit theoretical framework
4	Mental health specialists	Diagnosis of psychopathology	Specialist psychological and psychiatric interventions such as psychotherapy, including cognitive behavioural therapy (CBT)

4 Levels of psychological assessment and support (NICE 2014)



Virtual clinics to deliver universal interventions to maintain and improve physical and psychological well-being in people with cancer who are following social distancing guidance: A COVID-19 targeted trial



1. DEVELOP A PROGRAMME OF
PHYSICAL ACTIVITY SESSIONS



2. SUPPORT FOR OPTIMISED
NUTRITION



3. PSYCHOLOGICAL SUPPORT
WITH ACCESS TO RESOURCES
AND APPS

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- Anyone with confirmed or suspected diagnosis of cancer (all points of the cancer pathway)
 - 6-month personalised support provided by CanRehab instructors
 - Month 1: up to 3 sessions per week
 - Months 2-3: 1 session per week
 - Months 4-6: 1 session per month

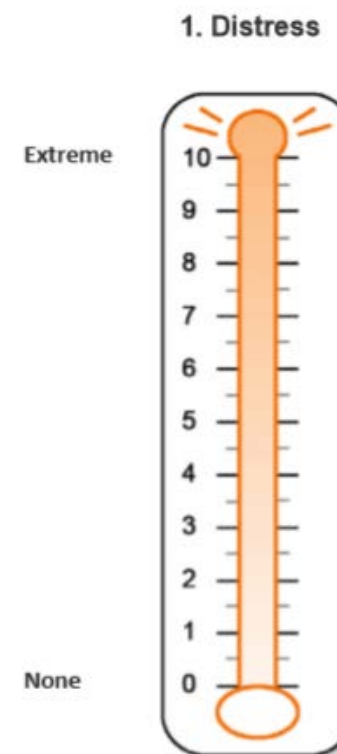


Delivered by telephone and/or video conferencing – combination of individual and group exercise sessions depending on preference

- COVID-19 status checked at each session
- Primary trial outcomes – physical and emotional function (as measured by EORTC-QLQ-C30)
- Recruited >100 people with cancer diagnosis /suspicion of cancer during lockdown
- Start phase 2 of recruitment Nov – target sample size ~1000

Additional training – psychological support

- A clinical psychologist developed a 45 minute webinar – Level 1/2 of NICE guidelines
- Written information includes key elements of the training and links to additional resources
- Focus on:
 - Recognising and eliciting emotion
 - Active listening
 - Questioning
 - Sitting with emotion
 - Using distress thermometer
- Clear escalation plan re concerns for mental wellbeing/self-harm



Additional training – psychological support

The CHIPS Model

Who have you CONFIDED in?	<i>“Who have you talked to about this?”; “Have you spoken to any friends, family or professionals about this?” “What are their views?”</i>
What’s HELPED in the past?	<i>“What’s helped you cope with difficult times in the past?”</i>
What can I as the patient do?	<i>“What can you do to help you cope?”</i>
What can the healthcare PROFESSIONAL do?	<i>“Is there anything you’d like me to do?”</i>
SUMMARISE	<i>“So it sounds like...”</i>

- Trainers can signpost to additional resources/clinical teams as necessary
- Focus is supporting self-management – HCS training
- Supervision/group session for trainers to discuss issues & encouraged to share concerns with trial team

Greater Manchester Prehab Service

- Greater Manchester Active Fitness Instructors deliver exercise component of prehabilitation (Moore et al).
- All have completed the communication Sage & Thyme skills training (Connolly et al).
- They also receive
 - Facilitated reflective peer session with oncology specialist psychologist and programme lead to provide emotional support to staff delivering P4C intervention.
 - Weekly education sessions covering topics such as severe and enduring mental health conditions and cognition.



Moore et al., 2020 European Journal of Surgical Oncology

Connolly M, Perryman J, McKenna Y et al. Sage & Thyme: a model for training health and social care professionals in patient-focused support.



Personal trainers feeling the need to 'fix' problems



Managing their own emotional wellbeing—particularly when there are shared experiences



Providing specific forms of words to support difficult conversations



Using physical analogues to support discussions around accessing additional services

Implementation:
Lessons learnt so far

“I still can't believe how lucky I am to have found out about SafeFit, I have been matched to a fantastic trainer who I 'Zoom' with 3 times a week. She is so supportive and encouraging. There is no pressure but we are gradually working on my fitness and eating habits. This has led to a huge improvement in my sleep, my confidence and my overall wellbeing. I can't stop telling everyone I know how brilliant SafeFit is”

SafeFit participant

Her son (who has mental health problems) has seen the difference in his mum's mood and started training himself. They talk about how much better they feel. She is sticking to her program of exercises and happily passed over her food diary as she was aware that her mood affected her eating. In three weeks she is finally back on eating three balanced meals a day (her starting average kcal intake was under 1000kcal and consisting of cornflakes and chocolate). She is practising breathing techniques and has started listening to calming things on Audible, and is finding her sleep is improving already. It's almost bonkers to see how far she has already come and the changes it has made not just to her, but her family too. She has been really trusting in our service, and amazed with the changes even in such a short time.”

SafeFit trainer

Acknowledgements



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Patient representatives