

Webinar

## An interdisciplinary panel discussion

### A Collaborative Approach to Cancer Survivorship and Mental Health

Wednesday, 2<sup>nd</sup> October 2013

**"Working together. Working better."**

Supported by The Royal Australian College of General Practitioners, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

## This webinar is presented by

### Panel

- Ms Meg Rynderman (Cancer Survivor)
- A/Prof Michael Jefford (Oncologist)
- Dr Craig Hassed (General Practitioner)
- Prof Phyllis Butow (Clinical Psychologist)
- Dr David Kissane (Psychiatrist)

### Facilitator

- Dr Michael Murray (General Practitioner)

## Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

## Learning Objectives

***Through an inter-disciplinary panel discussion about Meg's story, at the completion of the webinar participants will:***

- Better understand the mental health indicators in the context of cancer survivorship
- Identify the key principles of the featured disciplines' approach in screening, diagnosing, and supporting people who have survived cancer and may be experiencing depression and/or anxiety
- Explore tips and strategies for interdisciplinary collaborative care for people who have survived cancer and may be experiencing depression and/or anxiety

## Meg's Story

- Do you need a disabled parking sticker for when you go home?
- Have you tried music therapy?



Ms Meg Rynderman

## Meg's Story

- Supportive care screening
- Distress thermometer



Ms Meg Rynderman

## Meg's Story



- No-one ever enquired



Ms Meg Rynderman

## Meg's Story



- Supportive care
- Interdisciplinary coordination
- Care plan



Ms Meg Rynderman

## Meg's Story



- Oncologist
- Cancer hospital
- Survivorship clinic
- Practice/clinic nurse
- GP

### Survivor



Ms Meg Rynderman

## Meg's Story



### Listen



Ms Meg Rynderman

## Oncologist Perspective



### The Challenge

1. Large number of cancer survivors
2. Breadth of issues that survivors may experience
3. Significant heterogeneity in survivors (one size does not fit all)
4. Limited health workforce
5. Imperfect evidence / guidance



A/Prof Michael Jefford

## Oncologist Perspective



**Living Well After Cancer**  
A guide for cancer survivors, their families and friends

131120  
www.livingwellaftercancer.org.au

**Survivorship issues following treatment completion—results from focus groups with Australian cancer survivors and health professionals**

Michael Jefford • Emily Karakulak • Amanda Pollard • Carl Bazzani • Marka Carey • Joanne Franklin • Samiha Aranda • Priscilla Schofield

**An audiovisual information resource to assist in the transition from completion of potentially curative treatment for cancer through to survivorship: A systematic development process**

A. Karakulak • C. Bazzani • M. Carey • P. Schofield • A. Pollard • S. Aranda • J. Franklin • M. Jefford

**Just take it day to day**  
A guide to surviving life after cancer

Michael Jefford • Emily Karakulak • Amanda Pollard • Carl Bazzani • Marka Carey • Joanne Franklin • Samiha Aranda • Priscilla Schofield



A/Prof Michael Jefford

## Oncologist Perspective



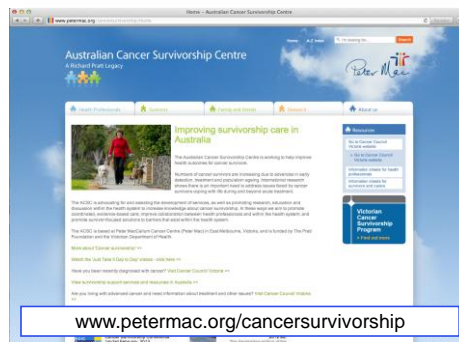
### Consequences of cancer and treatments

- Varied reactions to finishing treatment
- Persisting side effects from treatment
- Emotional, psychological issues
- Side effects that develop later ('late effects')
- Impact on relationships, family
- Vocational, financial and other practical impacts
- Post-traumatic growth



A/Prof Michael Jefford

## Oncologist Perspective

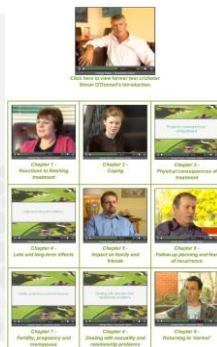


[www.petermac.org/cancersurvivorship](http://www.petermac.org/cancersurvivorship)



A/Prof Michael Jefford

## Oncologist Perspective

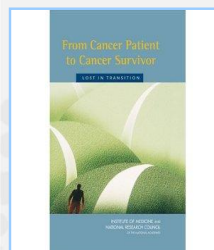


A/Prof Michael Jefford

## Oncologist Perspective



### Ideal survivorship care



**From Cancer Patient to Cancer Survivor: Lost in Transition**  
 Maria Hewitt, Shelton Greenfield, and Ellen Stovall  
 Editors: Committee on Cancer Survivorship: Improving Care and Quality of Life, Institute of Medicine and National Research Council  
 ISBN: 0-309-54883-7, 536 pages, 6 x 9, (2006)  
 This PDF is available from the National Academies Press at: <http://www.nap.edu/catalog/11488.html>



A/Prof Michael Jefford

## Oncologist Perspective



### Ideal survivorship care

#### BOX ES-1 Essential Components of Survivorship Care

1. **Prevention** of recurrent and new cancers, and of other late effects;
2. **Surveillance** for cancer spread, recurrence, or second cancers; assessment of medical and psychosocial late effects;
3. **Intervention** for consequences of cancer and its treatment, for example: medical problems such as lymphedema and sexual dysfunction; symptoms, including pain and fatigue; psychological distress experienced by cancer survivors and their caregivers; and concerns related to employment, insurance, and disability; and
4. **Coordination** between specialists and primary care providers to ensure that all of the survivor's health needs are met.



A/Prof Michael Jefford

## General Practitioner Perspective



### Supporting Meg

- Consider the whole person: importance of Integrative Medicine approach
  - Easy for doctors to focus on physical and medical therapies
- Essence of self-care and managing cancer
  - Education, stress management (mind/body/mindfulness), spirituality, exercise, nutrition, connectedness, environment
- Link to support groups/programs



Dr Craig Hassed

## General Practitioner Perspective



**Mindfulness:** may be important for a range of reasons e.g

- Mental health
  - Disease
  - Symptoms
  - Treatment
- Physical health
  - Change
  - Death and dying
- Resilience and coping
- Enjoyment of life
- Acceptance



Dr Craig Hassed

## Clinical Psychologist Perspective



### Being a cancer survivor

There are challenges...

- Overall, cancer survivors have poorer health than the general population:
  - Psychological/emotional problems
    - Fear of the cancer coming back
    - Identity crisis – the new normal
    - Expected to be grateful, heroic, as before
  - Long-term side effects
    - Lymphoedema, fatigue, menopause, erectile dysfunction
    - Heart disease, lung and digestive disorders, musculoskeletal problems



Prof Phyllis Butow

## Clinical Psychologist Perspective



### "Being family or friend of a cancer survivor"

- Family impacted too
- Family members can be as distressed (or more distressed) as survivor
  - Worry about survivor
  - Fear for the future
  - Role changes
  - Sexual issues



Prof Phyllis Butow

(Hodgkinson, Butow et al. Supportive Care in Cancer 2007)

## Clinical Psychologist Perspective



### But there can be positive outcomes...

- 62% of patients reported at least 1 positive outcome
  - Females report more positive outcomes than males
- "As a result of the cancer..."
  - I focus more on things that are important 39%
  - I have made lots of positive changes in my life 39%
  - I have grown as a person 46%
  - I appreciate my relationships with others more 45%



Prof Phyllis Butow

(Hodgkinson, Butow et al. Supportive Care in Cancer 2007)

## Clinical Psychologist Perspective



**Distress Thermometer:** useful for initial screening for psychological distress at the end of treatment

**NCCN Practice Guidelines in Oncology – v. 1.2004**

**Distress Management**

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

<b>YES NO Practical Problems</b> <input type="checkbox"/> Child care <input type="checkbox"/> Housing <input type="checkbox"/> Insurance <input type="checkbox"/> Transportation <input type="checkbox"/> Work/school <b>Family Problems</b> <input type="checkbox"/> Dealing with children <input type="checkbox"/> Dealing with partner <b>Emotional Problems</b> <input type="checkbox"/> Depression <input type="checkbox"/> Fears <input type="checkbox"/> Nervousness <input type="checkbox"/> Sadness <input type="checkbox"/> Worry <b>Spiritual/religious concerns</b> <input type="checkbox"/> Loss of faith <input type="checkbox"/> Reaching to God <input type="checkbox"/> Loss of meaning or purpose of life Other Problems: _____	<b>YES NO Physical Problems</b> <input type="checkbox"/> Appearance <input type="checkbox"/> Biting/bleeding <input type="checkbox"/> Breathing <input type="checkbox"/> Changes in urination <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Eating <input type="checkbox"/> Fatigue <input type="checkbox"/> Feeding Swallow <input type="checkbox"/> Fingers <input type="checkbox"/> Getting around <input type="checkbox"/> Indigestion <input type="checkbox"/> Mouth sores <input type="checkbox"/> Nausea <input type="checkbox"/> Nose dry/irritated <input type="checkbox"/> Pain <input type="checkbox"/> Sexual <input type="checkbox"/> Skin dry/itchy <input type="checkbox"/> Sleep <input type="checkbox"/> Tingling in hands/feet
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**SCREENING TOOLS FOR MEASURING DISTRESS**

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress

10  
9  
8  
7  
6  
5  
4  
3  
2  
1  
0  
No distress



Prof Phyllis Butow

## Clinical Psychologist Perspective



VOLUME 24 · NUMBER 22 · NOVEMBER 10 2006

JOURNAL OF CLINICAL ONCOLOGY

REVIEW ARTICLE

### Models for Delivering Survivorship Care

Kevin C. Offinger and Mary S. McCabe

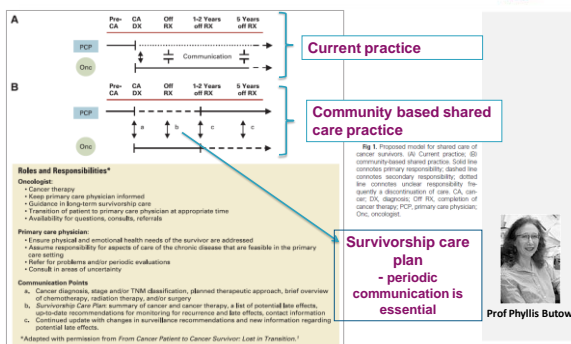
Provide:

- a rationale for survivor health care and
- to articulate a taxonomy of models of survivor care



Prof Phyllis Butow

## Clinical Psychologist Perspective



## Psychiatrist Perspective



### Overview of Survivorship Challenges

- Longer Term Effects of Cancer Treatments (neuropathy, fatigue, pain, infertility, sexuality)
- Late Effects (cardiac disease, secondary cancers, hypothyroidism)
- Risk of Recurrence – existential threat
- Social and Psychological – anxiety & depression
- Genetic and Familial Patterns: impact on family



Dr David Kissane

## Psychiatrist Perspective



### Chronic Health Conditions in Adult Survivors of Childhood Cancers

- Over 30 years,
  - 73%- chronic health condition
  - 42%- severely disabled
  - 50%- functional limitations
- Secondary Cancers
- Cardiac Disease
- Anxiety, Depression or Somatization in 17%

Oeffinger KC, et al (2006) Chronic health conditions in adult survivors of childhood cancer. N Engl J Med 355, 1572-82.



Dr David Kissane

## Psychiatrist Perspective



### Post-Treatment Issues

- Completion of Psychological Adaptation needs many months to years
- Rehabilitation - graduated exercise (correct anaemia)
- Dealing with Fear of Recurrence -frequency of scans; bodily vigilance; CBT helps
- Return to Work (20% persisting limitations)
- Need to integrate an Understanding of Diagnosis, Staging, and Treatment received, leading to plan for future care & health promotion



Dr David Kissane

## Psychiatrist Perspective



### Long Term & Late Effects from Lymphoma Survivorship

- Infertility, early menopause, sexual functioning
- Thyroid effects – annual checks
- Comorbid physical illnesses: vaccinations if rituximab
- Inform about risk of secondary cancers, cardiac disease, leading to monitoring
- Psychological concerns, fear of recurrence
- With remission, majority of QOL measures show improvement over 6 months
- Health promotion & screening issues remain lifelong



Dr David Kissane

## Psychiatrist Perspective



### Common-Sense Model of Illness Representation & Self-regulation

H. Leventhal et al, 1997

Key domains:

1. Identity: survivorship carries risks across life
2. Temporal: time-line for threats
3. Consequences: missed prevention or delayed recognition
4. Causes: chemo and radiation can produce secondary cancers
5. Controllability: Screening & health promotion

Development of a new health literacy about cancer survivorship



Dr David Kissane



Q&A session

## Thank you for your participation



- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- Join us for our next webinar: *Collaborative Mental Health Care to Support a Young Person from a Refugee Background*, to be held on Thursday, 14<sup>th</sup> November 2013.
- For more information about MHPN networks and online activities in 2013 visit [www.mhpn.org.au](http://www.mhpn.org.au)



Are you interested in leading a face-to-face network in your local area with a focus on Cancer and Mental Health?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.



## Thank you for your contribution and participation