

Identifying and responding to anxiety and depression in adult cancer patients

Development of an on-line communication skills education program for oncology nurses

Presented by

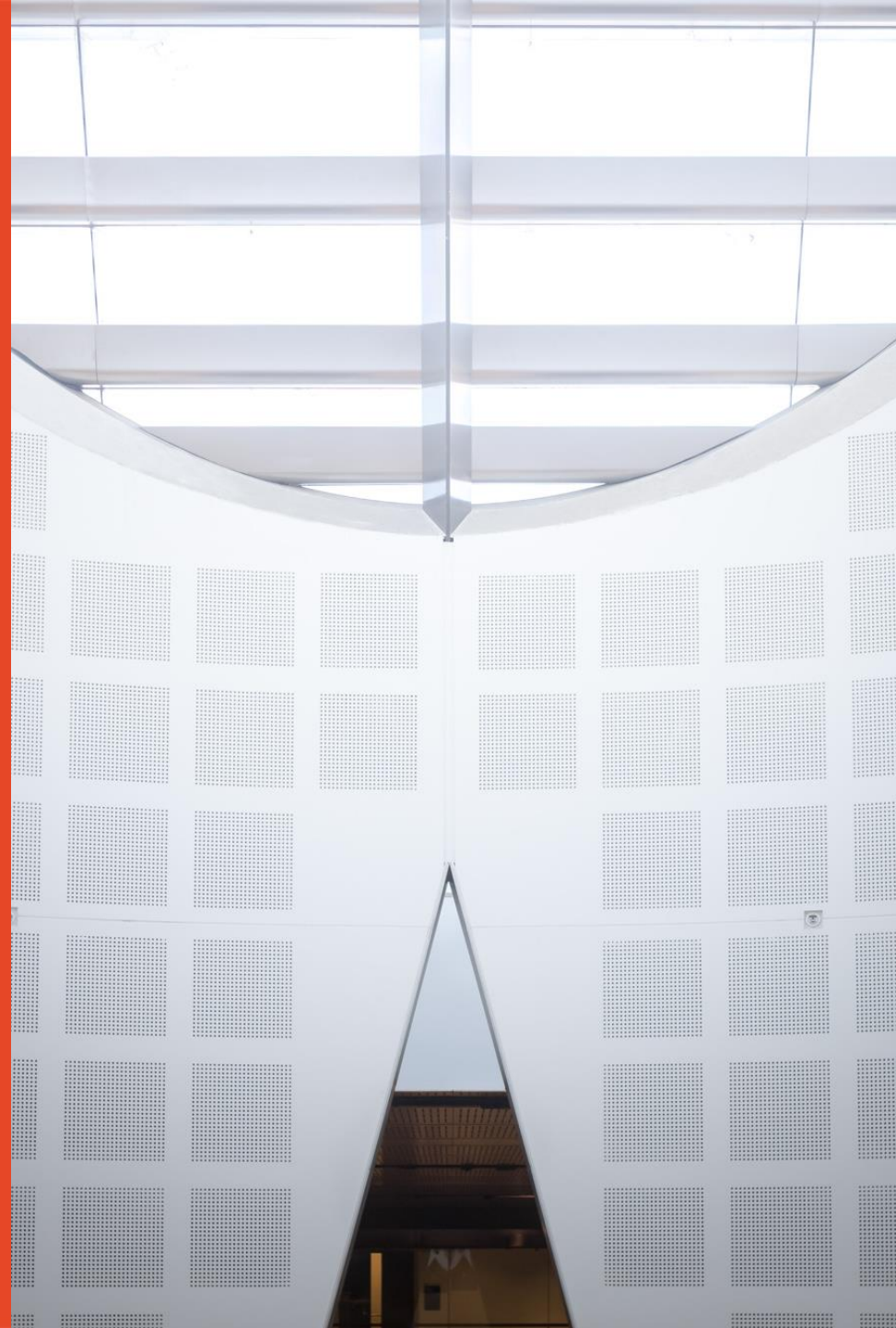
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Background

- Anxiety and depression are readily treatable
- Often undetected or the severity is underestimated¹
 - <30% of oncology health professionals are able to detect anxiety and depression symptoms in their patients²
 - In contrast to physical symptoms, patients not asked about emotional distress^{3,4}
 - Few patients' volunteer information during their consultation^{3,4}

¹.Howell D. et al.,. Curr Oncol, 2011. 18: e265-81;

² Fallowfield, L., et al.,. British journal of cancer, 2001. **84**(8): p. 1011.

³ Jacobsen, P.B., et al., Psycho-Oncology, 2011. **20**(11): p. 1221-1227.

⁴.Zucca, A., et al., Psycho-Oncology, 2015..

Background

- Routine screening
 - Early identification of at risk patients
 - Normalise patient experiences to overcome some of the stigma around mental health⁵
- Oncology nurses are critical to implementation as they are most likely to initiate these discussions with patients
 - Range of confidence and experience
- Nurses reluctant to ask patients about their problems⁶
 - Lack of training and confidence^{7,8}
 - Fears about the consequences of delving into sensitive issues⁸

Education to facilitate effective nurse-patient interactions about screening and referral is required

⁵ Jacobsen P. JCO, 2007. **25**(29): p. 4526-4527

⁶ Wilkinson. J AdvNurs, 1991. 16: 677-88.

⁷ Mitchell Acta Oncologica, 2013; 52:216–24

⁸ Booth J Adv Nurs, 1999. 30: 1073-79.

AIMS

- Develop an interactive online training program for oncology nurses about anxiety and depression screening and referral to :
 - Increase knowledge
 - Improve communication
 - Increase confidence

Methodology

➤ Educational content

- Literature review: nursing, oncology and communication literature
- Guidelines
 - Australian Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer⁹
 - Australian Clinical Pathway for the Identification and Management of Anxiety and Depression in Adult Cancer Patients¹⁰

➤ Communication components

- Theoretically derived Comskil model¹¹
- Structured conversations in time limited situations

⁹ Clinical practice guidelines for the psychosocial care of adults with cancer 2003 NBCC

¹⁰ Butow, Price, Shaw et al 2015 Australian Clinical Pathway for the Identification and Management of Anxiety and Depression in Adult Cancer Patients

¹¹ Brown R et al Academic Medicine 2008 83.1: 37-44.

General communication tips

Methodology

- Adult education learning principles
 - Clinical scenarios (simulated nurse-patient interactions)
 - Self-reflection exercises
 - Clinical perspectives & audio examples
- Format
 - Modular format guided by EviQ Cancer Education Online
- Iterative stakeholder feedback
 - Acceptable and clinically relevant to nursing practice

Results

- Five key themes:
 - Understanding A&D in the cancer context
 - Tailoring the clinical pathway locally & stepped care
 - Introducing screening to patients
 - Making a referral
 - Dealing with challenging conversations
 - Refusal
 - Self harm



5 module program

Module 1: Anxiety and Depression in Cancer


- Distress vs anxiety and depression
 - Distress which is a common and a normal reaction vs a clinically significant condition
- Symptoms and severity of anxiety and depression
- Risk factors for anxiety and depression


Clinical perspectives: Anxiety


How do other clinicians recognise anxiety?


Kate Baychek, Clinical Nurse Educator

Dr Toni Lindsay, Clinical Psychologist



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Module 2: A Stepped Care Model for A&D in Cancer

- Routine screening for A&D in cancer
 - Measures
 - Screening vs assessment
- How to apply the stepped care model¹⁰
 - Linking screening responses to steps in the model
 - How to use the model to make an appropriate referral
 - Explanation of appropriate treatments at each step of the model
- Local tailoring based on local staff resources



¹⁰.Butow, Price, Shaw et al 2015 Australian Clinical Pathway for the Identification and Management of Anxiety and Depression in Adult Cancer Patients

Module 3: Initiating a Conversation about Routine Screening

Module focus: communication with patients around routine screening

- How to introduce screening as an ongoing part of cancer treatment
- Pre-emptive identification of potential source(s) of A&D
- Evaluate safety risk
- Educate patients about A&D and support
- Discuss next steps post screening



Module 4: Initiating a Conversation about Referral to Psycho-oncology Services

Module focus: Making a referral to psychological services

- Initiate a conversation recommending referral for formal psychological assessment
- Clarify patient symptoms and safety risk
 - Review responses & determine whether scores reflect experience
 - Use the stepped care model to triage patients for formal psychological assessment



Module 4: Initiating a Conversation about Referral to Psycho-oncology Services

- Options for provision of psychological care
 - Role of social workers, psychologists, psychiatrists
 - Role of pre-existing mental health relationships
 - Online psychological therapy
- Recommending referral to specialist psychological services



Module 5: Managing Declined Referral in at Risk Patients and other Challenging Conversations

Module focus: Managing at risk patients

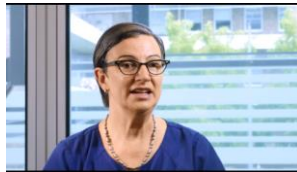
- Dealing with referral refusal
 - Common reasons why patients decline a referral for psychological support
 - Addressing misconceptions
- Negotiating referral uptake with reluctant patients
 - Initial meeting attendance
 - Managing patients refusal – what can I do to assist them?



Module 5: Managing Declined Referral in at Risk Patients and other Challenging Conversations

Module focus: Managing at risk patients: revisiting referral

- Dealing with risk of self harm
- Dealing with your own fears/anxiety



Clinical perspectives



Next Steps

- Development being finalised
 - Final stakeholder review and sign-off
 - External review
- Pilot study
 - Simulated patient consultations
 - Pre-post design
 - Acceptability of the education modules
 - Behavioural change/communication skills
 - Confidence and perceived competence
 - Amendment/refinement as necessary
- RCT resource
- eviQ educational resource

Investigator Team

- Dr Joanne Shaw (PoCoG)
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- Ms Karen Allison (PoCoG)
- Ms Kate Baychek (Chris O'Brien Lifehouse)
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- Phyllis Butow (PoCoG)

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