Introduction

Psychological distress is common among people affected by cancer and is an understandable and natural response to a traumatic and threatening situation. Patients at every stage of the patient pathway can find themselves dealing with difficult and distressing issues. They can develop problems ranging from sadness or worry to psychological symptoms sufficiently intense to interfere with their ability to function on a day-to-day basis.

People use a variety of resources to respond to this distress, including their own inner resources and emotional support from family and friends. For some patients, however, the level and nature of their distress is such that they would benefit from professional support.

Around the time of a diagnosis of cancer, approximately half of all patients experience levels of anxiety and depression severe enough to affect their quality of life adversely. About one quarter continue to be so affected during the following six months. Among those who experience recurrence of disease, the prevalence of anxiety and depression rises to 50% and remains at this level throughout the course of advanced illness. In the year following diagnosis, around one in ten patients will experience symptoms severe enough to warrant intervention by specialist psychological/psychiatric services. Such symptoms can also be seen in 10-15% of patients with advanced disease.

Reasons for Referral

Psychological support services assess and help patients with psychological problems of all types and levels of severity, including:

- anxiety, including adjustment disorders, generalised anxiety states, phobias and panic attacks
- depression, ranging from adjustment disorders to severe clinical depression
- problems with personal relationships, including communication with health and social care professionals
- psychosexual difficulties (such as erectile dysfunction and loss of libido)
- alcohol and drug-related problems
- personality disorder
- deliberate self-harm
- psychotic illness
- organic brain syndromes.

Referral Criteria for the Psychological Service

- Resides within the ECN localities
- Over the age of 18 (families of patients also accepted)
- People affected by cancer, including carers and families
- Has complex psychological needs relating to any aspect of the diagnosis or treatment or other progressive diseases in the palliative phase
- Referred by a member of the cancer and palliative care multidisciplinary teams and GP.
- Has been assessed using the ECN Psychological Support Needs Assessment Tool (or another tool benchmarked against Kings College Holistic Assessment Criteria) and has not responded to interventions by level 1 and 2 practitioners.
ECN has devised a psychological distress screening tool for Trusts that have not adopted a recognised tool or use a holistic assessment including psychological assessment. This can be found at Appendix 1 with a summary of assessment and intervention.

Four Level Model

ECN is using the four tier model of assessment and psychological support in NICE Guidelines on Improving Supportive and Palliative Care for Adults with Cancer

The responsibilities guidelines for each level are listed below

Level 1; All Health and Social Care professionals

- Understanding concept of distress and have a basic awareness of psychological difficulties.
- Recognising psychological need and supporting.
- Recognise psychological needs of patients and carers.
- Support patients and carers through periods of commonly experienced distress.
- Provide appropriate information.
- Avoid causing psychological harm to patients and carers.
- Recognise boundaries of own professional responsibility and competence.
- Be aware of referral criteria and referral mechanisms of specialist psychological support services
- Refer on to senior colleagues or appropriate agencies as appropriate.

Level 2; Health and Social Care professionals with additional training and expertise.

- As part of holistic assessment screen and assess for psychological wellbeing at key points of the patient pathway using appropriate local assessment process.
- Offer supportive interventions and advice, and provide appropriate psycho-educational and problem-solving techniques.
- Ensure that physical health care is delivered in ways that minimise psychological distress and trauma.
- Access regular supervision and training.
- Communicate significant interventions undertaken and the outcome to relevant health care professionals

Level 3; Trained and accredited professionals

- Provide specialist assessment and intervention for mild to moderate psychological distress with individuals, couples, families or groups.
- Promote high standards of psychological care by offering consultation, supervision, and education to less specialist staff (levels 1&2), work as part of multidisciplinary teams, and liaise with other agencies.
- Provide consultation on the psychological consequences of medical interventions, environmental and institutional aspects of care, to minimise psychological distress and trauma for patients.

1 NICE Guidelines Improving Supportive and Palliative Care for Adults with Cancer;2004;Ch.5,p78
• Maintain, develop and audit psychological services to meet clinical governance principles, highlight areas of unmet psychological needs and propose improvements.
• Maintain professional and local standards for own practice and for professional supervisees.
• Facilitate links, through supervision and management, to alternative models of therapeutic intervention when necessary.
• Involvement in local research and development into psychological care within oncology and palliative care.

Level 4; Access to Mental Health specialists

• Delivering specialist psychological/psychiatric assessment and treatment for severe and complex psychological distress and psychopathology.
• Planning, developing, coordinating and monitoring the provision of specialist psychological care within locality to ensure quality of psychological care and equity of access and provision.
• Ensuring that locality service delivery is consistent and coherent and meets national and local standards and guidelines.
• Ensuring that standards for accountability and clinical governance are met by all professionals providing specialist psychological care.
• Providing consultation and liaison to organisational management, other service providers, and the Cancer Network.
• Form and maintain links with local mental health services and other organisations providing psychological interventions. This may involve the development of relevant referral protocols.
• Be involved in the development and provision of supervision and training for other health care professionals in relation to the provision of psychologically based assessments and interventions.
• Lead local research and development into psychological care within oncology and palliative care, including applying for any necessary research.

Access Standards

• All patients will be able to access psychological support by either self-referral (up to level 3 and 4a services) or via their GP (level 4b services).
• Referrals will be responded to within 2 working days of receipt, and initial assessment/consultation will be held with the patient within 10 working days from first contact/phone call. The start of any treatment thereafter should be within 2 weeks and be ongoing as appropriate.
• All oncology and palliative care professionals and centres will have a clear access pathway that can be handed to patients on demand.
• All relevant primary and secondary care givers will have awareness of Access pathways and will be able to support the patient in utilising appropriate services.
Local Contacts

South West Essex
Referral process for **GP's** - Use referral form. Appendix 4
Fax it to 01268 593326 / Call 01268 524900 Ext 3088

For **Community** - same as above.

**Acute** only need to fax to Ext 3326 or call Ext 3088

Individuals (**self**) refer themselves via main hospital Macmillan number 01268 524900 Ext 3088

Full Address
Basildon & Thurrock University Hospitals
Nethermayne
Basildon
Essex
SS16 5NL

South East Essex
Referral process for **GP's use** - Use referral form. Appendix 4
Call 01702 435555 ext 6373 or direct line 01702 385190
Fax 01702
Or sent to; Southend University Hospital
NHS Foundation Trust
Prittlewell Chase
Westcliff-on-Sea
Essex SS0 0RY

For **Community** as above

**Acute** electronic referral form needs to be used

Individuals (**self**) refer themselves via main hospital Macmillan number 01268 524900 Ext 3088

Emergencies will be seen as soon as possible otherwise the service aims to see people within 5 working days.

Mid Essex Hospitals Services NHS Trust
The Psychotherapy and Counselling Service at Broomfield Hospital offers psychological support (not psychiatric input) levels 3 and 4. The team includes Psychologists, Psychotherapists and Counsellors. Access to the service is via a referral from any MEHT member of staff. Patients are seen both on the wards and as outpatients. Where appropriate, telephone sessions are available.

Referrals from wards are seen within 24 hours (Monday – Friday). Outpatient referrals are prioritised. All patients contacted within 2 weeks, priority referrals contacted within 2-3 working days.
Family members can also be referred to the service. The service also offers support to staff. For Primary Care referrals please see below.

**For Mid and North Essex the primary routes for referrals are:**

Crisis resolution and home treatment team – Accident and Emergency – self referral or professional referral. 24 Hour Mental Health Assessment Service will carry out urgent assessments round the clock. Practitioners will be available to give advice to others in the caring professions. People already in contact with specialist services through the Care programme Approach (CPA) will be able to contact their local team at any time via:

Central Area (Chelmsford, Maldon, Braintree and Witham) 01245 827268
East Area (Colchester, Tendring, and Halstead) 01206 287303

Non emergency referral for assessment to Community Mental Health Teams:

Letter or phone call.
GP as this will determine consultant.
Urgent – Duty service – seen that day.
Non-urgent – discussed by CMHT and allocated OPD appointment or a community visit.

**Chelmsford**
Community Mental Health Team (CMHT) - 01245 318600

**Maldon**
CMHT – 01621 727260

**Braintree**
CMHT – 01376 555400

**Halstead**
CMHT – 01787 291900

**Colchester**
Community Mental Health Team - 01206 287270

**Mid and North Essex Community: referrals are:**

People affected by cancer can be referred by their GP to IAPT, Improving Access to Psychological Treatments programme.
Urgent or serious cases can be referred to the Crisis resolution and or home treatment team – Accident and Emergency – self referral or professional referral. 24 Hour Mental Health Assessment Service will carry out urgent assessments round the clock. Practitioners will be available to give advice to others in the caring professions. People already in contact with specialist services through the Care programme Approach (CPA) will be able to contact their local team at any time via:

Central Area (Chelmsford, Maldon, Braintree and Witham) 01245 827268
East Area (Colchester, Tendring, and Halstead) 01206 287303

Non emergency referral for assessment to Community Mental Health Teams:

Letter or phone call.
GP as this will determine consultant.
Urgent – Duty service – seen that day.
Non-urgent – discussed by CMHT and allocated OPD appointment or a community visit.

**Chelmsford**
Community Mental Health Team (CMHT) - 01245 318600

**Maldon**
CMHT – 01621 727260

**Braintree**
CMHT – 01376 555400

**Halstead**
CMHT – 01787 291900

**Colchester**
Community Mental Health Team - 01206 287270

**South West Essex**

Referral process for **GP's** - Use referral form. Appendix 4
Fax it to 01268 593326 / Call 01268 524900 Ext 3088

For **Community** - same as above.

**Acute** only need to fax to Ext 3326 or call Ext 3088

Individuals (**self**) refer themselves via main hospital Macmillan number 01268 524900 Ext 3088

Full Address

Basildon & Thurrock University Hospitals
Nethermayne
Basildon
Essex
SS16 5NL
### Assessment Levels

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

Examples of typical Patients/Carers in the levels

Example Level 1
An 80 year old woman with advanced breast cancer. She had lots of family support and strong spiritual/religious beliefs but did want to know more information about her disease, possible pain control and how she may die. Giving her some relevant information about her disease e.g. leaflets and informing her of what other psychological support was available was appropriate and met this lady’s needs.

Example Level 2
A 55 year old man with colon cancer and liver metastases, however there was some delay in making a diagnosis. This man presented as having mild anxiety, mild depression and fatigue. The Clinical Nurse Specialist involved was able to elicit his worries and fears about his illness and provide him with appropriate and clear information about it. The nurse involved also used some relaxation techniques as a coping strategy for his anxiety and did a number of sessions with him on pacing his activities (to address his fatigue) and setting up a hierarchy of goals which he gradually worked on (to address his depressions), which all worked to ease his anxiety, depression and fatigue.

Example Level 3
A 74 year old lady with extensive cancer in her abdomen. 7 months prior to her diagnosis her husband of 49 years left her. According to her the marriage was not a good one and on occasion she had contemplated leaving him but felt that marriage was for life and just tried harder. This lady was still trying to work out how and why her marriage had ended when she was brought into hospital with weight loss and back pain. She loved her two children dearly but considering what she had been through was unsure as to whether to have chemo. This lady was more complex than the last example considering her difficult marriage and more recent life events. She presented with moderate anxiety, depression and was having problems adjusting to her diagnosis. She responded well to having the opportunity to tell her story and share her thoughts and feelings and we were able to come to a shared understanding of herself, her life and her relationships (psychological assessment and formulation using a CAT model).

Example Level 4
A 78 year old man with lung cancer who also had a long-standing diagnosis of OCD. His obsessive compulsive disorder had gradually got worse over the years, however he had never received any psychological input for this. He had, according to the GP occasionally been prescribed benzodiazepines for his anxiety. Following a failed discharge home, this gentleman was readmitted with what seemed to be a psychotic depression. He made three attempts on the ward to kill himself. Following this the Clinical Psychologist, and Mental Health staff (Psychiatrist, Psychiatric Nurse) got involved. Anti-depressants which also addressed his anxiety were started. The psychologist saw him daily to assess mood and to build up a therapeutic relationship. He had regular psychiatric reviews and on him becoming more coherent and less confused a therapeutic intervention was begun.
Appendix 3

ECN Psychological Assessment Tool
Essex Cancer and Palliative Care Services
Psychological Support Needs Assessment record

Patient First Name ...........................................  Patient Surname ...........................................

DOB:...........................................Hospital Number: .................................  N.H.S Number .................................

Please indicate the stage of disease on completing this assessment:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>During Treatment</th>
<th>End of treatment</th>
<th>Terminal stage</th>
<th>Unresponsive - please record comments below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow up</td>
<td>Recurrence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psycho-social History</td>
<td>Are there issues of concern relating to :-</td>
<td></td>
</tr>
<tr>
<td>Young children or dependants in the family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerable adults in the family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult things to talk about</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoughts about death/dying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation or housing difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial hardship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship/sexual difficulties</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Observations</th>
<th>Is the person:-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obviously distressed</td>
<td></td>
</tr>
<tr>
<td>Self neglecting</td>
<td></td>
</tr>
<tr>
<td>Inattentive and uncooperative</td>
<td></td>
</tr>
<tr>
<td>Agitated</td>
<td></td>
</tr>
<tr>
<td>Behaving inappropriately</td>
<td></td>
</tr>
<tr>
<td>Inappropriate positive outlook/denial about disease</td>
<td></td>
</tr>
<tr>
<td>Difficulties in communicating</td>
<td></td>
</tr>
<tr>
<td>Withdrawn</td>
<td></td>
</tr>
</tbody>
</table>

Discussion is advisable with level 3/4 practitioner if yes to any of the following:- (see over for assessment levels)

Have you asked the question ‘Do you consider yourself to be depressed?’

Substance misuse or abuse

Previous mental illness

Suicidal thoughts or self harm

Record any comments/ Action plan (where appropriate include consented onward referral details, e.g. CAS, GP, A & E,):

What level of psychological support do you think the person requires? (See over) - Please tick

1 2 3 4

Signed  ............................................................

Name  ............................................................. Print

Job Title  .............................................................

Date  ...............................................................

Created:  Oct 08  Version 1.0  Reference Number  016
Review date:  Oct 10  Filing: In MDT Section
<table>
<thead>
<tr>
<th>Name of person requiring counselling</th>
<th>Age</th>
<th>Patient</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Telephone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Family, relationship to patient: ______________________________________________

Aware of Diagnosis:   Yes ☐    No ☐

Inpatient ☐    or    outpatient ☐
Ward:

The client must be aware of this counselling referral.   Has this been done? ☐

Does the client receive support from other services eg Macmillan, Hospice:  Yes ☐    No ☐

If yes, please give details:

Does the client work:  Yes ☐    No ☐

**Triggers for Referral:** (please tick those that apply)

- Patient’s request: ☐
- Aspects of treatment ☐ please state:
- Concerns about family/friends coping ☐
- Concerns re: employment/finances ☐
- Fears around death and dying ☐
- Choices about future treatment and care ☐
- Concerns about childrens understanding of illness ☐
- Issues around family dynamics (please specify below) ☐

Other (please outline below)

<table>
<thead>
<tr>
<th>Name of Referrer:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Designation & contact details.    Date:
Appendix 5
Psychological Care Pathway in Oncology & Palliative Care

Level 1
All health and social care staff
At Level 1 all staff should be mindful of the importance of good psychological care and be able to discuss emotional issues with tact and sensitivity. Staff need to understand what to do if patients’ distress escalates.

Level 2
Experienced staff & clinical specialists
At Level 2 highly experienced staff and clinical specialists with well-developed communication skills should be able to provide dedicated time to address basic psychological and emotional problems.

Level 3
Specialist counsellors & therapists
At Level 3 qualified counsellors and therapists with experience in cancer and palliative care will provide evidence-based programmes of assessment and intervention for those with emotional difficulties.

Level 4
Clinical Health Psychologists
At Level 4 highly specialist clinical/health psychologists will provide evidence-based programmes of assessment and intervention for those with the most complex psychopathology. Liaison Psychiatrist input should be sought in those cases where there is a high risk of harm to self or others and where there is severe or enduring psychiatric morbidity.

Psychological Hotspots
Pre-diagnosis, diagnosis, treatment cessation, regime change, treatment failure, hospital admission and discharge, recurrence, disease progression, advanced cancer, end of life, bereavement, loss, co-morbidity, idiosyncrasies, transition to survivorship
Appendix 6

Psychological Support Services Pathway for GPs of Cancer Patients (GP Referral)
Referral Pathway Acute Trust

**Level 1**
Any Health/Social Care Professional

- Distress identified during routine assessment/practice

**Level 2**
(with additional training)
Eg. Clinical Nurse Specialist, Key Worker, Social Worker

- Holistic Assessment of Concerns
- Psychological screening
- Psychological support

**Level 3**
HCP with specific training

- E.g. Counselling
- Cognitive-behavioural skills
- Problem solving
- Hypnotherapy

**Level 4**
E.g. Clinical Psychologist, Liaison Psychiatrist

- Specialist assessment
- Psychotherapy
- CBT,
- Family Therapy,
- Specialist Psychological and psychiatric interventions

---

*Distress identified during routine assessment/practice*

- Holistic Assessment of Concerns
- Psychological screening
- Psychological support

*HCP with specific training*

- E.g. Counselling
- Cognitive-behavioural skills
- Problem solving
- Hypnotherapy

*Specialist assessment*

- Psychotherapy
- CBT,
- Family Therapy,
- Specialist Psychological and psychiatric interventions

---

**Intensity Levels**
- **Mild**
- **Moderate**
- **Severe**