



Improving Psycho-Oncology in Australia: From Principles to Practice with the National Aboriginal and Torres Strait Islander Cancer Framework

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A PLAN FOR MOBILISING CLINICIANS



- A reflective process involving reading through the Framework, consulting with Aboriginal and Torres Strait Islander colleagues, and consulting with team members and management.
- SMART goals: Specific, Measurable, Achievable, Relevant and Time-bound
- 3 SMART goals covering 3 spheres of practice, with a 12 month time frame.
- Included in clinical supervision and performance management, and CPD requirements for registration.



Sphere of influence	Framework principle enablers	Intention / Aim	SMART goal for 12 mths until January 2017	Activities to date towards this goal logged for Psychology Board as
Individual clinical practice	5b: Ensure active follow-up of Aboriginal and Torres Strait Islander people with cancer, preferably carried out by an Aboriginal and Torres Strait Islander person, immediately after diagnosis and throughout their cancer journey.	I aim to improve my follow-up of Aboriginal and Torres Strait Islander patients by mapping what follow-up occurs, and where and when they receive active follow-up by an Aboriginal and Torres Strait Islander person.	To discuss with Cancer Care Co-ordinators and Social Work Department what supportive follow up is being done for Aboriginal and Torres Strait Islander people I meet as clients. To look at what follow-up is provided by other Australian public Psycho-Oncology Services and to report this back to my team.	Peer consultation: 10 mins Continued Professional Development: 1 hr
The Service in Which I Work	5b: Extend the safe use of innovative approaches, such as telemedicine, to minimise the need to travel for care.	I aim to contribute to our Psycho-Oncology Service being able to offer consultations via telehealth.	To work with CMH colleagues to research and write policy documents to support the provision of Psycho-Oncology services via telehealth.	Peer consultation: 30 mins Continued Professional Development: 3 hrs
My Health District or State	1: Enhance community capacity to promote cancer literacy and to support Aboriginal and Torres Strait Islander people affected by cancer. 5b: Encourage cross-sector organisations to better meet the needs of Aboriginal and Torres Strait Islander people with cancer, their families and carers.	Kathryn and I will attempt to organise an oncology-specific NAIDOC Week event, inviting non-government agencies and Aboriginal Health Services to attend.	To write to Psycho-Oncology Stream and to CMH Management to gauge support, to ask Cancer Care Co-ordinators for suggestions for funding, to meet with Kathryn monthly to develop action plan and to reassess viability.	Peer consultation: 0 Continued Professional Development: 0 hrs





The process

The hardest thing about it
is knowing how to define it.

Is it something people who don't have
cancer tend to say about people who do
have cancer?







DISCLAIMER

I have no medical training.



COPING WITH CANCER

The hardest thing about it
is knowing how to define it.

Is it something people who don't have
cancer tend to say about people who do
have cancer?

"I KNOW SHE'S NOT COPING AT ALL WELL BECAUSE...."



"Whenever I ask her how her
treatment is going, she cries."

"Whenever I ask her how her
treatment is going, she fobs me off and
doesn't answer".

"She's acting like she's OK, even
though I know she's had bad news."



**“I KNOW SHE’S NOT COPING
AT ALL WELL BECAUSE....”**



“She’s cranky all the time.”

“She talks about her cancer a lot, and she wants to talk about her will and her funeral.”

“She doesn’t talk about her cancer at all, no matter how many times I ask her about it.”



**“I KNOW SHE’S NOT COPING
AT ALL WELL BECAUSE....”**



“She’s trying all these alternative treatments.”

“She won’t try any of these alternative treatments I have found for her.”

Etc etc.



OVERALL MEANING =

"I am really worried about her."

+ "She is not responding to this in the way I hope I would if it was happening to me."

OR "From what I know, the way she is responding is not in her best interests."



BUT....

Call it what you will, there is a genuine risk that people will not be able to manage the emotional impacts of their cancer, and that their well-being will really suffer as a result.

QUESTION



- Have you had people make comments about how you are responding emotionally to your cancer?

Was the way they did that helpful or unhelpful?

What was it about how they did that that worked or didn't work for you?

HOW ABOUT WE DEFINE 'NOT COPING' BY WHAT IT'S NOT?



Coping = when your emotions about the cancer don't stop you from responding to the cancer in the way your want.



HOW CAN EMOTIONS GET IN THE WAY?

Grief about having cancer and what the costs of cancer have been for you. Cascade of losses.

People with cancer have higher than average rates of depression, anxiety and other mental illnesses.



EMOTIONAL IMPACT OF CANCER

From Cancer Council resource 'Emotions and Cancer'.

CANCER MIGHT BE EXTRA TRICKY TO COPE WITH....



- If life was already tough before cancer came along
- If the cancer experience results in other major losses (career, fertility, marriage etc)
- If you had mental health or alcohol / other drug problems before cancer came along

CANCER MIGHT BE EXTRA TRICKY TO COPE WITH....



- If your general coping style is not a good match for the cancer experience.
 - Comforted by control
 - Comforted by information
 - Comforted by helping others.
 - Comforted by physical exercise
- If your prognosis is poor.



PEOPLE ARE RESILIENT AND THEY HAVE STRENGTHS

Less than 4 % of people being treated for cancer at the CMH get referred to Psycho-Oncology



YOUR COPING TOOLBOX

From 'Emotions and Cancer' by Cancer Council, pgs 12 to 26.

1. Gathering information
2. Looking after yourself
3. Complementary therapies
4. Helpful thinking
5. Making decisions

I WOULD ADD...



1. Know thyself.
2. Coach loved ones in the art of supporting you.
3. Distress might show up after treatment is done.
4. If you think you aren't coping, seek help.

SEEKING HELP



- Psycho-Oncology Services
- Local private psychologists
- Cancer Care Co-ordinators
- Call Cancer Council for telephone support groups, mentors, information, and 24 hour support.

QUESTIONS



- 1. What are my warning signs that I am starting to get more distressed?
- 2. What can I do at such times to keep my head above water?
- 3. What can others do to help me when I'm not doing well emotionally?

CONCLUSIONS



- • There is no right way to respond to the emotional effects of having cancer.
- • Cancer is a really tough experience, and poor mental health can result. Take the emotional aspect of cancer seriously.



ACTION POINTS

Know your signs that you are struggling.

Develop your own Coping Toolkit, and skill up Loved Ones.

Seek help.



DISCUSSION

MY QUESTIONS FOR YOU



On blue paper please

- What did you like?
- What didn't you like?
- What would you like more of?
- What would you like less of?

THANK YOU



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