



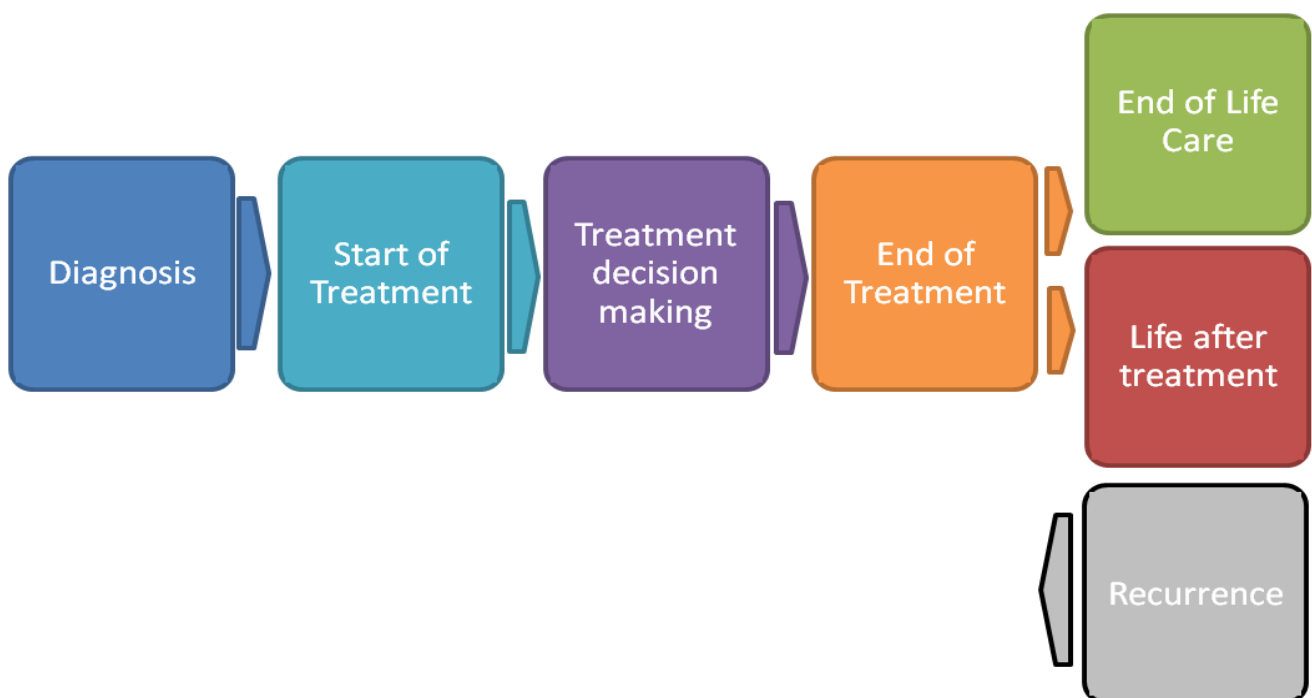
Referral Guidance

A diagnosis of cancer understandably causes distress. People can get support from many sources including family, friends, Clinical Nurse Specialists, GPs and other cancer professionals. However, distress extends along a continuum and some people will require additional help from a psychologist or counsellor to help them cope.

This document is to provide guidance for staff working in cancer care about how to access psychological support for people affected by cancer.

All psychological care should be provided within the framework of the model of psychological and supportive care for people with cancer developed by NICE (2004). This model outlines different levels of support which may be required by people affected by cancer and specifies which staff working in cancer care would have the competencies to provide support at each level.

There are particular points in the patient pathway at which we might expect people to be more vulnerable and when we should be assessing the need for help:



When bereavement occurs, support for carers and families is available from a number of services.

The table below details the referral criteria, method of assessment and possible interventions at each level of support. The criteria at each level are not exhaustive rather they are designed to provide an indication of support needs. Case study examples of clinical cases at each of the four levels are provided in appendix 1 to help health and social care professionals assess and refer patients appropriately given presenting criteria.

CRITERIA	ASSESSMENT	INTERVENTION
LEVEL 1: All those working in cancer care		
<ul style="list-style-type: none"> • Mild or recent worry/anxiety related to cancer. • Need for information to empower, enhance understanding and participate in key discussions about how their cancer is managed and impacts life. 	<p>Informal / Conversational</p> <p>Recognition of psychological needs</p>	<ul style="list-style-type: none"> • Effective information giving • Compassionate communication • General psychological and emotional support • Effective listening • Peer to peer support • General group support • Complementary therapies • Feel good workshops • Signposting to levels 2, 3 or 4 as required
LEVEL 2: All those working in cancer care with additional expertise in psychological support		
<ul style="list-style-type: none"> • Moderate, or mild and longer term, worry/anxiety related to cancer. • Symptomatic i.e. pain, fatigue • Worsening quality of life • Mild adjustment difficulties 	<p>Screening for psychological distress, e.g. needs assessment, GAD7</p>	<ul style="list-style-type: none"> • Active listening • Emotional support • Facilitated group support • Stress management and problem solving • Specialist psychological intervention i.e. mindfulness based stress reduction course • • Relaxation techniques • Specialist information giving and front line psychological support for immediate cancer related distress

CRITERIA	ASSESSMENT	INTERVENTION
LEVELS 3 & 4*		
<p>Patients should be referred for additional psychological intervention (i.e. level 3 or 4 support) if the following criteria are present:</p> <p>1. Significant problems of mood:</p> <ul style="list-style-type: none"> • Depression • Anxiety with or without panic • Anger • Hopelessness • Suicidal ideation <p>2. Treatment related difficulties:</p> <ul style="list-style-type: none"> • Claustrophobia, procedural-related distress, conditioned nausea or vomiting • Personality change as a result of CNS tumour • Patients requiring assistance in making decisions about treatment • Coping with fatigue and/or pain (for which medical interventions have been exhausted) • Emotional distress that prevents/hinders engagement with medical treatment • Feeling overwhelmed with demands of treatment and home/family life <p>3. Life after cancer / rehabilitation issues</p> <ul style="list-style-type: none"> • Adjustment to loss and change in life roles and aspirations • Difficulty re-engaging with aspects of life post-treatment, e.g. employment, social life, relationships • Coping with how cancer affects self-esteem and sense of self 	LEVEL 3: Trained and accredited psychological therapists	
	Evaluation of psychological distress – semi-structured interview.	<ul style="list-style-type: none"> • Counselling and specific psychological interventions
	LEVEL 4: Counselling or Clinical Psychologists or Psychiatrists	
Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem.	<ul style="list-style-type: none"> • Specialist psychological/psychiatric intervention 	

CRITERIA	ASSESSMENT	INTERVENTION
<ul style="list-style-type: none"> • Adjustment to loss and change in physical functioning and/or appearance • Living with uncertainty (e.g. persistent intrusive worry/imagery, particularly associated with cancer recurrence) • Adjustment to loss and change in sexual functioning and intimacy <p>4. End of life issues</p> <ul style="list-style-type: none"> • Facing one's mortality • Making decisions to end active treatment 		

* Asking the following questions can help pre-determine if a case is level 3 or level 4 and which pathway a referral should be made. If you answer 'yes' to at least one of these questions then consider referral to a level 4 service:

- Does the patient have previous mental health history?
- Has the patient had other stressful life events in recent past, e.g. bereavements, significant relationship breakdown, accidents to self or other family member etc.?
- Is the patient significantly hopeless or suicidal? Is the patient self-harming?
- Are presenting problems of a complexity that will require significant multi-disciplinary liaison?
- Is there any evidence of trauma like symptoms, e.g. thoughts and/or images related to cancer that are uncontrollable and overwhelming?
- Is the person motivated to work collaboratively with a psychological therapist to address difficulties?

Referrals to a level 4 service can usually only be made by an appropriately trained/qualified individual.

If you think you require a level 4 service, in the first instance it would be helpful to speak to someone in your care team to discuss onward referral.

Appendix 1: Case Studies

These examples are not the development of a single case over time, but each example is an illustration of four separate hypothetical cases of increasing complexity.

1. Mrs Smith

Mrs Smith, 42, is married and the mother of two children (a boy, 12 and a girl, 15). She has been diagnosed with breast cancer which is being treated with a lumpectomy, chemotherapy and radiotherapy.

LEVEL 1 – All those working in cancer care	
Her prognosis is hopeful but still uncertain. She is approaching the end of her chemotherapy and has been off work for six months. She is fatigued, describes herself as a bit flat and listless. She finds herself thinking about her cancer a lot and feels unusually irritable with her husband and children.	
Assessment	Intervention
Informal / conversational	Effective information giving, compassionate communication and general psychological and emotional support; ‘normalising’ her experience in this context.
LEVEL 2 – All those working in cancer care with additional expertise	
In addition to the above, Mrs Smith feels she often does not want to see people. She frequently expresses worry about the future and about bodily symptoms, which are aggravated by uncomfortable side-effects from chemotherapy and radiotherapy. There are times when she can enjoy herself but often she feels a bit anxious and low in mood. On the whole, however, she feels that she is coping.	
Assessment	Intervention
Needs assessment	As above with additional behavioural activation and relaxation techniques.
LEVEL 3 – Trained and accredited psychological therapists	
Mrs Smith has been feeling low for several months. She feels tired and achy, overwhelmed with household tasks and worries that she is not able to be a good mother and that she has become a burden on her family. She is convinced that the cancer will return. She feels that she has lost the person she used to be, feels disfigured and unattractive and that she is drifting apart from her husband. He appears unable to talk about her fears and has stopped touching her. She has begun dreading a return to work and has lost confidence; she had her first panic attack going out last week.	
Assessment	Intervention
Evaluation of psychological distress – semi-structured interview	As above. Also counselling to help Mrs Smith process experiences. May include psycho-education for anxiety and cognitive restructuring for problems such as poor body image and fear of cancer recurrence.
LEVEL 4 – Counselling or Clinical Psychologists or Psychiatrists	
Mrs Smith feels hopeless and depressed and has thoughts of ‘just ending it all’. This frightens her as it reminds her of the nervous breakdown she had five years ago when her mother died of breast cancer. She is convinced that her daughter will ‘inherit’ breast cancer too and feels devastatingly guilty about this. Meanwhile biopsy showed tumour spread and eventually she had to have mastectomy; now she feels an ‘ugly freak’, and this evokes feelings about when she had anorexia nervosa as a teenager. Her husband is frustrated with her withdrawal and, feeling angry and helpless, has started spending a lot of time at the pub. His work is suffering and that increases her fears about finances. Their daughter seems more withdrawn and their son has been getting into trouble at school a lot.	
Assessment	Intervention
Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem.	Specialist psychological or psychiatric intervention consisting of techniques as above and also systemic therapeutic interventions driven by formulation.

2. Mr Brown

Mr Brown, 55, was diagnosed with bowel cancer. He has been married for 30 years, no kids and is a self-employed freelance consultant. His wife is a teacher. He has had surgery and now has a temporary stoma which will be reversed in 12 months time. His stoma is well-functioning and he rarely has any problems with it.

LEVEL 1 – All those working in cancer care	
Mr Brown's prognosis is good. He is currently unable to work but looking forward to returning in next few weeks. He finds himself thinking about cancer recurrence regularly but is able to distract himself during the day. However, sometimes it takes him a bit longer to get to sleep at night as he feels he has a lot on his mind.	
Assessment	Intervention
Informal / conversational	Effective information giving, compassionate communication and general psychological and emotional support; 'normalising' his experience in this context.
LEVEL 2 – All those working in cancer care with additional expertise	
Since his diagnosis and surgery, Mr Brown is developing a sleep problem. He finds himself waking up at night and lying awake for an hour or so thinking about the cancer and its impact on his life. He is struggling to return to the gym as he is feeling self-conscious about his stoma and is worried it will leak and is starting to feel nervous about return to work. He is also feeling down because he believes they cannot plan holidays and find affordable insurance.	
Assessment	Intervention
Needs assessment	As above plus specific behavioural techniques such as sleep hygiene and behavioural activation.
LEVEL 3 – Trained and accredited psychological therapists	
Mr Brown is developing a pattern of avoiding going out anywhere: he no longer meets up with friends in the pub, he is not exercising at all and he won't go out with his wife anymore as he is concerned about the stoma leaking. He feels low much of the time and is noticing he is spending more time ruminating about how cancer has ruined his life. He is feeling less hopeful about a return to work and is concerned about his finances and the future. He is also noticing he is less tolerant and seems to be arguing more with his wife.	
Assessment	Intervention
Evaluation of psychological distress – semi-structured interview.	As above. Therapy to address Mr Brown's worries and concerns; may be person-centred or CBT.
LEVEL 4 – Counselling or Clinical Psychologists or Psychiatrists	
In addition to the above, Mr Brown is only sleeping about two hours a night, feeling significantly low in mood and overwhelmingly hopeless. He is seeing parallels with how he felt ten years ago when he was made redundant. He has started to sleep in a separate bedroom as he believes his stoma is disgusting and does not wish his wife to see it. They are arguing frequently, their sex life is non-existent and he feels she no longer understands how much cancer has ruined his life. He hasn't left the house in four weeks, other than for medical appointments. He refuses to speak with friends on the 'phone and will not allow any family or friends to visit.	
Assessment	Intervention
Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem.	Specialist psychological or psychiatric intervention consisting of techniques as above and also systemic therapeutic interventions driven by formulation.