

1 What can I do if I'm concerned about a patient's psychological wellbeing?

- Clarify the nature of concerns (history & severity)
- Consider how proportionate or fitting the distress is within their context
- What's helped them cope with adversity in the past?
- Who else do they have to talk to? (eg family/friends /other services)
- Support with problem solving / signpost to support / practical help where appropriate
- Discuss with CNS as patient's keyworker and for level 2 psychological skills.

2 What are the indications for referring to Cancer & Palliative Care Psychology?

- For difficulties in relation to the diagnosis of or treatment for cancer, or open to the Specialist Community Palliative Care Team.
- Where there are treatment-related factors (eg adherence) or concerns about a patient's decision making
- Where psychological or emotional distress is persistent / having an impact on engaging with investigations, activities, sleep, relationships etc.
- Difficulties have been discussed with the patient's CNS where possible and appropriate.
- **How to refer:** either using the referral form or email referral details to gghn-tr.psychologycancer-pallcare@nhs.net

Common reasons for referral include:

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| <ul style="list-style-type: none"> • Ongoing adjustment difficulties • Anxiety eg panic / worry / generalised anxiety • Fear of progression / recurrence • PTSD / trauma (incl. ITU- related issues) • Interaction with pre-existing mental health needs • Treatment engagement issues or concerns • Mental capacity issues | <ul style="list-style-type: none"> • Decision-making difficulties • Depression / low mood • Suicidal ideation (mild-mod risk) • Body image concerns • Issues preventing treatment / rehabilitation • Pre-surgical / pre-treatment psychological assessment • Complex relational difficulties as they relate to cancer | <ul style="list-style-type: none"> • Support with talking to children about diagnosis/prognosis/treatment • Side-effect management eg fatigue/nausea/pain/sleep • Adjustment to cognitive impairment • Psycho-sexual difficulties • Coping with end of life care issues |
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Use level 2 skills & watchful waiting when:

- Distress is likely to be short term reaction (eg after bad news)
- Distress is mild or present only some of the time
- Person has helpful coping strategies & access to social support
- Already receiving intervention from another service re same issue

Refer to Let's Talk (self-referrals on 0800 073 2200) when:

- Issues are broader than cancer, eg cancer "in the background"
- Difficulties largely predate the diagnosis
- The person is medically stable & cancer is in remission
- Nil or well-managed physical consequences of treatment

Action if significant concerns re risk of suicide or self-harm:

- Refer to Mental Health Liaison on 5490 for inpatients
- Refer to Crisis Team (0800 169 0398) for outpatients & inform GP
- It may also be appropriate to refer to us - please call to discuss

A note re family members:

Whilst we are very happy to meet with family members together with patients, our capacity for seeing relatives in their own right is extremely limited. **Please signpost family members** who are distressed to Maggie's/Charlies/Hospice counselling services in the first instance. If you think a relative's needs are beyond the scope of third sector services, **please call us to discuss. We are unable to accept referrals for bereavement work.** Though we are flexible for patients > 16 in the transition period, **we are unable to accept referrals for patients' children (<18)** -please signpost to HopeSupport.org.uk or Teens in Crisis.

CONTACT DETAILS:

We can be contacted on **0300 422 8523** (GRH) or **0300 422 3443** (CGH) or via gghn-tr.psychologycancer-pallcare@nhs.net for advice/consultation/concerns regarding patients.

Referrals can be emailed to this address via letter, referral form or summary email.