

## 6. PROVIDING PSYCHOLOGICAL CARE, SUPPORT & COUNSELLING

*Reference: Psychosocial Clinical Practice Guidelines (1999), pp.25-44.*

### EVIDENCE

- Discussing feelings with a member of the treatment team, eg. Breast Care Nurse or counsellor, decreases psychological distress (Level I).
- Psychological interventions reduce psychological distress, particularly when therapies are of longer duration & conducted by highly trained therapists (Level I).
- Problems associated with anxiety, body image, sexuality, interpersonal relationships & disease related symptoms, affect women through all stages of treatment & after treatment is concluded (Level III).

### OBJECTIVE

To ensure early detection of psychological problems & to ensure that adequate support & appropriate referrals are made, based on the woman's level of need.

### Assessment of emotional wellbeing

#### CHECKLIST

- Assess the woman's psychological/emotional wellbeing throughout her illness by encouraging her to verbalise her concerns, particularly in relation to:
  - social issues, including family, interpersonal problems, finances, employment, isolation
  - self concept, including sexuality
  - fertility & child bearing
  - prognosis
  - treatment, side effects of chemotherapy
  - coping with physical symptoms
  - pain
  - fatigue
  - lymphoedema
  - cognitive problems
  - stress, anxiety & adjustment
  - depression, emotional disturbances
  - suicidal ideations.
- Ask about existing support networks, eg. partner, family, friends.
- Screen for women at **high risk** of developing psychological problems.



## High risk factors

### Characteristics of the woman

- Younger.
- Single, separated, divorced.
- Children < 21.
- Economic adversity.
- Perceived poor social support.
- Poor marital/family functioning.
- History of psychiatric problems.
- Cumulative stressful life events.
- Past history of alcohol or substance abuse.

### Characteristics/stages of disease & treatment

- At time of diagnosis & recurrence.
- During advanced stage of disease.
- More treatment side effects.
- Experiencing lymphoedema.
- Experiencing chronic pain.

## Support & referral for counselling

### CHECKLIST

- Develop referral network for the women & families in need of psychological support, eg. Breast Care Nurse, psychologist, and social worker.
- Involve the Breast Care Nurse to assist in assessing levels of anxiety, depression & coping mechanisms.
- Arrange appropriate referral to clinician, as indicated by the woman's psychological needs, eg counsellor, clinical psychologist, psychiatrist.
- Discuss the benefits of individual & group counselling.
- Woman's individual support network kept informed & encouraged to be involved.
- Provide appropriate peer support referrals, including:
  - breast cancer support groups
  - complimentary approaches
  - telephone counselling.
- Provide the woman with information about psychosocial support services and contact details (section 12).
- Consider endocrine assessment if a treatment induced hormonal dysfunction is suspected.
- Consider potential of using medications as part of the comprehensive treatment plan for psychological disturbance.
- Provide timely & informative referral letters.