



Supporting patients in distress

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Distress – the range of unpleasant emotions associated with a cancer experience – is common in patients and their loved ones. With appropriate support most people can cope and adapt to their new reality. However, there are many who do experience clinically relevant mental health problems, such as anxiety and depression, which need to be identified and dealt with in a timely manner.

Unfortunately, emotional distress often goes undetected, and some patients are left to struggle with mental health conditions that are hard to bear, even though there are a range of evidence-based interventions that could help them. This matters, because mental health disorders can lead to worse cancer outcomes, in addition to the impact they have on the patient's wellbeing and ability to function.

There are a number of factors that contribute to this unsatisfactory situation. Patients are sometimes reluctant to seek help or admit to feeling distressed, because of taboos surrounding mental health disorders. These taboos can also influence clinicians, who may be reluctant to label a patient as having a mental health condition. Lack of experience, lack of time, low index of suspicion and failing to enquire about relevant symptoms can all play a role. Lack of specialist support once mental health problems are picked up is also an issue.

In an effort to tackle this problem, the International Psycho-social Oncology Society (IPOS) is campaigning to have emotional distress measured as the 'sixth vital sign' in

cancer patients, and psychosocial care integrated as a core domain of quality cancer care. Progress will depend on overcoming the many social, organisational and economic obstacles that prevent cancer patients from being routinely screened and treated for distress. Incorporating regular screening for distress into routine cancer care would be an important first step towards addressing gaps in the provision of mental health services in the oncology setting.

Easy-to-use, short assessment tools, such as the distress thermometer, are already available. However, it is unlikely that busy cancer clinicians will start to routinely screen patients unless this is introduced within the context of a proper programme aimed at improving psychological care in oncology. This would need to include elements such as training, guidelines and resources for aftercare, should patients require specialist mental health support. Including psychosocial care in audit and certification protocols would also help ensure its proper integration into routine patient care.

Cancer takes a huge emotional toll on patients – not just those with advanced disease or undergoing treatment, but also long-term survivors. It is unacceptable that high levels of emotional distress are not detected and treated appropriately, and we cannot allow this to persist.

The cancer community needs to get behind the IPOS campaign (http://tiny.cc/6th_vital_sign) and show that we're not just interested in treating the disease but we also care about patients' mental wellbeing. ■