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An Effective, Innovative, Inter-professional training programme at the interface of Cancer, Mental Health and End of Life care.

Why should we think about Cancer, Mental health & End of life training ?

We used focus groups as part of an action research cycle to help inform us that Drs, Nurses & AHPs in a large London hospital don't feel confident treating cancer patients with mental health co-morbidity. The same focus groups demonstrated that clinicians had specific difficulties in managing the following areas:

- Assessment and Management of common Mental illness in cancer
- Breaking Bad news
- Mental Capacity
- Treatment refusal
- Risk assessment & suicidality
- Psychiatric effects of cancer treatments
- Psychiatric illness at the end of life

What's the evidence base for psychiatric illness in cancer?

- 73% of Cancer patients (across tumour types) with depression receive no adequate care for this.¹
- Head & Neck, Lung and Upper GI cancer account for > 50% of suicides in cancer patients.^{2,3}
- Up to 16-18% of patients receiving high dose steroids suffer a manic/ psychotic episode.⁴

So how did you design a training intervention to address the needs you found?

We know that inter-professional simulation based training around mental health co-morbidity significantly improves knowledge, confidence and attitudes^{5,6}. So we conducted a thematic analysis of our focus group data, and then used this information to design clinically relevant scenarios using patient narratives. We then used trained actors to deliver a series of one day, inter-professional simulation based training days (named CAMhELS) facilitated jointly by cancer psychiatry, oncology, palliative care and nursing colleagues, who were trained simulation de-briefers, who addressed relevant learning objectives before and after each scenario.

How did you evaluate this and what have you found?

So far, we've trained up over 200 clinicians. We've conducted a mixed methods evaluation using pre v post course quantitative changes to knowledge (statistically significant), confidence and attitudes, as well as qualitative analysis.

Evaluation thus far demonstrates :

- statistically significant improvements across professions in knowledge and confidence in managing mental health co-morbidity in cancer patients. (p<0.001)
- Some statistically significant improvements to attitudes to mental illness.
- Better understanding and use of the mental capacity act.
- Many oncology trainees do not actually get to practice Breaking Bad News
- Junior nurses and nursing assistants don't feel supported by senior nurses in managing patients with complex mental health needs.
- The majority of mental health management of cancer patients is left to nurses.
- All clinicians are scared to highlight difficulties with mental health co-morbidity unless they feel able to do anything about it.
- People highlight that there is less active treatment of depression at the end of life.

1. Walker, J., Hansen, C. H., Martin, P., Symeonides, S., Ramessur, R., Murray, G., & Sharpe, M. (2014). Prevalence, associations, and adequacy of treatment of major depression in patients with cancer: a cross-sectional analysis of routinely collected clinical data. *The Lancet Psychiatry*, 1(5), 343-350. 2. Robinson, D., Renshaw, C., Okello, C., Møller, H., & Davies, E. A. (2009). Suicide in cancer patients in South East England from 1996 to 2005: a population-based study. *British journal of cancer*, 101(1), 198-201. 3. Robson, A., Scrutton, F., Wilkinson, L., & MacLeod, F. (2010). The risk of suicide in cancer patients: a review of the literature. *Psycho-Oncology*, 19(12), 1250-1258. 4. Warrington, T.P. & Bostwick, J.M.,(2006). Psychiatric adverse effects of corticosteroids. *Mayo Clinic proceedings*, 81(10), pp.1361-7. 5. Fernando, A., Attoe, C., Jaye, P., Cross, S., Pathan, J., & Wessely, S. (2017). Improving interprofessional approaches to physical and psychiatric comorbidities through simulation. *Clinical Simulation In Nursing*, 13(4), 186-193. 6. Attoe, C., Kowalski, C., Fernando, A., & Cross, S. (2016). Integrating mental health simulation into routine health-care education. *The lancet. Psychiatry*, 3(8), 702.