

# **Psychological therapies and support framework for people affected by cancer**

# Contents

Foreword .....	3
Psychological therapies and support framework.....	5
Introduction.....	5
Background and purpose.....	5
Policy context .....	6
Remote/digital delivery and the COVID-19 pandemic .....	7
Definitions and guiding principles of psychological support.....	8
Psychological therapies and support framework.....	10
Health and Wellbeing Model.....	10
Framework for assessment and intervention / management .....	11
Implementation and supporting documents .....	15
Referral patterns and pathways .....	15
Education and training grid .....	15
Implementation governance and measurement .....	16
Clinical quality statements .....	16
Service quality statements .....	16
Conclusion .....	17
References.....	18
Acknowledgements .....	19
Appendix 1: Psychological support pathway.....	20
Appendix 2: Psychological support referrals guide and case studies.....	21
Appendix 3: Education and training grid .....	29
Appendix 4: Quality statements self-assessment template.....	35
Appendix 5: Psychological therapies and support framework working group membership .....	40

## Foreword

Recognition that the assessment of psychological needs and provision of support should start from as early as possible in a person's journey through cancer is welcome<sup>1</sup>. It is clear from patient reported outcomes that psychological interventions prior to surgery for cancer can impact somatic symptoms and quality of life as well as psychological well-being<sup>2</sup>. In order to be person centred and improve long term outcomes, psychological therapies and support need to be available in a seamless way across the prehabilitation (prehab) – rehabilitation (rehab) continuum.

The West of Scotland Cancer Network (WoSCAN) psychological therapies and support framework brought together a wide range of key stakeholders to create a shared vision of good practice. Stakeholders included NHS and third sector organisations located in the West of Scotland who provide psychological support to people undergoing cancer treatment and their supporters. In setting out an agreed, evidenced based model, their framework increased understanding of what good, person centred psychologically informed care and support looks like, the practical steps that facilitate this and created tools to audit and demonstrate quality. In this way, it has been an effective structure for those offering psychological support and interventions to understand and support each other's roles, and to identify both good practice and service gaps.

As such, it was a logical decision, as chairs of the psychological subgroup of the Cancer Prehabilitation Implementation Steering Group (CPISG), to use the existing WoSCAN framework as our starting point for a new national Framework. We have had to make relatively few adaptations and amendments to ensure it is appropriate across the continuum from prehab to rehab. One significant change that was made was to integrate the previous separate Implementation Pack into the Framework document itself, as we believed this resulted in a more concise and comprehensive approach. While not forming part of the Framework itself, recommendations have been made to support wider implementation and strengthen the commitment to delivering on the outcomes contained within.

We are grateful for the enthusiasm and support of colleagues in supporting this process. We are also excited that this work has provided the opportunity to adopt the framework on a Scotland wide basis, prompting discussions about the centrality of psychological support and therapy in cancer care across all Board areas and third sector organisations.

As co-chairs, one working a third sector organisation based within a national cancer centre and one in the NHS, we have both been acutely aware of the impact of the COVID-19 pandemic not only on those undergoing cancer treatment, but also NHS staff and those delivering care and support in the third sector.

COVID-19 has increased the rate and severity of distress experienced by patients and their families, including fears of infection, changes to treatment delivery, increased social isolation and reduced availability of support. Furthermore, the effects of COVID-19 have not been felt equally across the population with some groups, particularly those in poverty,

---

<sup>1</sup> [Macmillan Prehabilitation for People with Cancer](#)

<sup>2</sup> Tsimopoulou I, Pasquali S, Howard R, Desai A, Gourevitch D, Tolosa I, et al. (2015) Review of psych interventions in cancer prehab: Psychological Prehabilitation Before Cancer Surgery: A Systematic Review. *Annals of surgical oncology*. 22(13):4117–23

young people, ethnic minority communities and those with disabilities or in residential care, more affected than others.

The requirement for social distancing and increase in remote delivery of care (via telephone or video link) has changed the way cancer care is delivered and the accessibility and availability of both third sector and NHS support. While this has in some cases extended the reach of support available it has also changed what support looks and feels like for people affected by cancer. For some this is experienced as more disjointed and less containing care and actual or perceived delays in care or diagnosis.

At the same time, health and social care staff are coping with intense service pressures and a backlog of demand in many areas while third sector services have seen their ability to deliver services affected by restrictions and funding challenges. Stress and burnout levels in staff are subsequently very high (in 2021, 44% reported feeling unwell from work related stress).

All of these factors underscore the need for a robust and well understood framework for how psychological therapy and support can be provided by the public and third sector working together from the first discussions about a possible cancer diagnosis onwards. Non-visible but clinically significant distress can easily be missed in clinic and treatment appointments, and this is likely to be magnified in socially distanced services, and more likely to be hidden by a focus on practical concerns. A clear framework is also helpful in highlighting the inequity which makes services less accessible to some in our communities. We recognise that at the time of writing, staff may have limited capacity to adopt new practices or attend training, however, a framework which clearly describes the good practice we aspire to is an essential step in working towards this. In addition, supporting staff to deliver psychologically informed care and support is as important for their own wellbeing and job satisfaction, as it is for patient experience and outcomes.

We would like to thank all those who have contributed to this process of revising and incorporating prehab into the framework. We are committed to continue to work across the NHS and third sector to strengthen and expand psychological support and therapy services across Scotland, and to generate the evidence needed to further improve and develop these for people with cancer and their families.

Helen Moffat and Gillian Hailstones

Co-chairs

# Psychological therapies and support framework

## Introduction

The Psychological Therapies and Support Framework has been developed by a multi-disciplinary, collaborative group which contained representatives from NHS Boards, Third Sector organisations and Social Care organisations, see Appendix 5 for group membership.

The purpose of the Framework is to provide a structure to define the service which should be available to all those affected by cancer (16 years and above) and those identified to have specific psychological support needs<sup>3</sup>. The Framework is equally relevant to all services independent of their sector i.e., health, social care and the third sector.

The overall aim is to bring existing services together in a collaborative manner and illustrate a good practice model thereby providing equitable and efficient access to the appropriate services for people affected by cancer.

## Background and purpose

In recognition of the impact of the COVID-19 pandemic on mental health and wellbeing, cancer services and individual lives more generally, it is timely to look at psychological care and support for people affected by cancer across Scotland, developing a matched care model of psychological therapy and support provision. This model should build on the work already completed in the West of Scotland, encompass all stages of the cancer journey, be relevant for people across Scotland who are affected by cancer, and incorporate the important role of charitable organisations in addition to health and social care services. The purpose of the model will be to enable those working with people affected by cancer to discuss, signpost and refer to appropriate services to best meet the person's needs. It will also be useful for commissioners, service providers and managers to help them understand current service provision and service gaps. This will facilitate future service development, ensuring services are designed according to the significant emotional needs of people affected by cancer.

It is well evidenced and documented that psychological distress is a significant problem for people affected by cancer. People recently diagnosed, those who are receiving treatment, those who have completed treatment, those receiving palliative care, and those who are caring for people with cancer, all report that the emotional aspects of cancer are difficult to cope with. Research suggests the post-treatment phase can be particularly volatile for mental well-being, in almost half of all cancer cases emotional effects are cited as being more difficult to cope with than physical and practical effects of cancer (Mental Health Foundation, 2018; Macmillan Cancer Support, 2006). The emotional impact of cancer ranges from "normal feelings of vulnerability, sadness and fears to problems that can become disabling such as depression, anxiety, panic, social isolation and spiritual crisis" (NCCN, 2015; NCCN 2019), with the prevalence of mental health difficulties such as anxiety or depression in people living with cancer being about 33% (Mehnert et al, 2014). Psychological therapies have been shown to be effective in reducing distress, improving

---

<sup>3</sup> The Framework is applicable to adult patients with cancer and their carers (irrespective of age).

quality of life, and reducing contact with healthcare services (NES, 2002). Yet almost a quarter of people don't feel confident about knowing how or where to access available emotional support (Macmillan Cancer Support, 2006) and in Scotland's Cancer Patient Experience Survey (Scottish Government, 2019) 13% of respondents felt they had not been supported emotionally or psychologically by healthcare professionals, whilst 40% of those who felt they needed help from the third sector (approximately 60% of total respondents) did not receive any information or support from them. Variability in signposting, onward referral and service provision, including across NHS Board areas, compounds the difficulty of accessing appropriate person-centred support.

In 2004 NICE developed a model of psychological and supportive care for people with cancer. This model outlines different levels of support which may be required by people diagnosed with cancer and it specifies which health and social care professionals would have the competences to provide support at each level. While a useful model, it was developed with a focus on individuals around the time of diagnosis and treatment and so it does not support the full cancer pathway. The model also does not reference support provided by charitable organisations which play a key role in the provision of emotional support.

With the above in mind and in the context of Scotland's Transforming Care After Treatment Programme, multi-agency partners in the West of Scotland in 2015 created the '*Psychological Therapies and Support Framework for People Affected by Cancer*'. This framework was subsequently recognised by the Mental Health Foundation as good practice and supportive in ensuring people get the right support at the right time (Mental Health Foundation, 2018).

In 2019, Macmillan Cancer Support, the National Institute of Health Research (NIHR) Cancer and Nutrition Collaboration and the Royal College of Anaesthetists (RCOA) published '*Prehabilitation for People with Cancer: Principles and guidance for prehabilitation within the management and support of people with cancer.*' The guidance set out how prehabilitation can promote personal empowerment by fostering a sense of control and purpose and by improving quality of life; improve physical and psychological resilience; and improve long-term health through the adoption of positive behaviours (Macmillan Cancer Support, 2019). Prehabilitation should therefore, be part of the rehabilitation continuum, start as early as possible (and in advance of any cancer treatment), and should include exercise/activity, nutrition and psychological support (be multi-modal).

## **Policy context**

Several Scottish Government policies have relevance to this aspect of cancer care, not least [the Mental Health Strategy: 2017-2027](#) which calls for parity of esteem between physical and mental health.

The Scottish Government has also outlined the need to regularly and routinely assess the holistic needs of people affected by cancer to inform the development and delivery of individualised care plans. This should include psychological therapy and support where indicated.

[‘Recovery and Redesign: An Action Plan for Cancer Services’](#) sets out three key aims, one of which is to ‘adopt a ‘Once for Scotland’ approach with the purpose of ensuring patients across Scotland receive equitable access to care and treatment. The strategy also sets out actions which support personalised care. Transforming Cancer Care will ensure all cancer patients have access to a key support worker and thereby receive dedicated financial, practical and emotional support; and the single point of contact will provide an opportunity for people to discuss questions or anxieties related to clinical care (Scottish Government, 2020). In recognising the role of cancer prehabilitation the strategy also sets out actions which will test and evaluate prehabilitation in Scotland, whilst supporting the development of frameworks and resources which should drive quality and consistency across services. These frameworks specifically include one which addresses psychological therapy and support.

### **Remote/digital delivery and the COVID-19 pandemic**

The COVID-19 pandemic has brought unprecedented change to the way services are delivered. Many aspects of service delivery, including the psychosocial care of people affected by cancer, and service development and training associated with this, are now delivered through remote means i.e., via the telephone or through various digital tools and platforms such as NHS NearMe. In the early stages of the pandemic this allowed consultations and visiting to continue whilst reducing the risks associated with ‘in-person’ working. As risks associated with the pandemic lessen, it is important that the benefits of this type of working are not lost, the limitations are recognised, and a blended model of working developed. Many benefits of remote working include ease of access for frail patients and those with chronic and/or relapse and remitting conditions, those living distant from their place of health or social care, and in reducing travel time and costs for patients and staff. However, there are also cautions in moving to full systems of remote working, and accessibility and patient preference must be given due consideration. In addition, when it comes to delivery of psychological wellbeing, informed practice and therapies, additional consideration is needed to the effectiveness of these interventions when delivered digitally. The limited evidence to date suggests that psychological therapy delivered via digital means can be effective, acceptable to patients and providers, and cost effective (HIS 2021a; HIS 2021b). This statement is caveated by recognising that the research to date is sparse and what there is, is limited in scope, focussing on mild to moderate anxiety and depression and on particular patient populations. At the time of writing there is limited or no evidence for more complex presentations and the breadth of population represented within those affected by cancer. Careful assessment is therefore advised in determining suitability of use of digital technologies for delivery of psychological therapy taking account of the issues noted above.

The way in which many people interact socially has also been changed by the pandemic with the number of in-person opportunities for support within communities being more limited. It is therefore important that we are mindful of this when adopting a health and wellbeing model of psychological support and care noting that ‘Peer support’ and ‘Connected communities’ may look and feel very different to those involved. We may also find that resilience, planning for the future and accepting change are all further challenged by the pandemic and innovative means of connection and support may need to be

explored, with additional practical support offered to those who may otherwise find these solutions untenable.

## **Definitions and guiding principles of psychological support**

The term psychological therapy and support refers to a range of interventions to help people understand and make changes to their thinking, behaviour or relationships to relieve distress and to improve their functioning, well-being and quality of life.

The following guiding principles and key messages underpin the Psychological Support and Therapies Framework. Appendix 1 provides an overview of the pathway which supports the Framework thereby ensuring execution of these principles.

Guiding principles:

- it is expected that a person diagnosed with cancer will have supportive and psychological needs arising from their cancer diagnosis and/or care pathway
- clinical teams should avoid 'pathologising' distress that is understandable in the circumstances
- clinical teams should acknowledge expressed distress in a validating manner rather than minimising it
- there should be early identification of the person's support needs and early intervention, to avoid escalation of emotional and psychological issues and facilitate access to treatment where this is precluded by psychological distress (e.g. phobias associated with needles and small/confined spaces)
- shared-decision making should be enabled with personalised care and support planning central to all care
- the focus of care should be the 'whole person' (not just the physical aspects of disease) and their supporters. This should be approached proactively with wellbeing embed within 'normal care' from the beginning of the care pathway and maintained throughout
- significant distress should be detected and managed appropriately, utilising relevant screening tools
- services may need to be labelled and presented to people in a way which avoids stigma and overcomes resistance. For those with low level need that may be 'someone to talk to' rather than 'counselling' or 'psychology' However, those requiring input at level 3 or 4 should be informed that they have been identified as requiring more specialised support and that it will be an interactive process.
- wherever possible there should be a focus on 'wellness', not 'illness'
- the approach to care should encompass the quality of life as well as the quantity of life
- psychological care should be integrated into disease-specific pathways of care, not organised separately
- the person should be supported in remaining as emotionally independent as possible during the cancer pathway
- the focus of care should be to support the person to resume as normal and healthy a life as possible



- for people finishing treatment, care should build their confidence and enable individuals to cope after discharge from active treatment

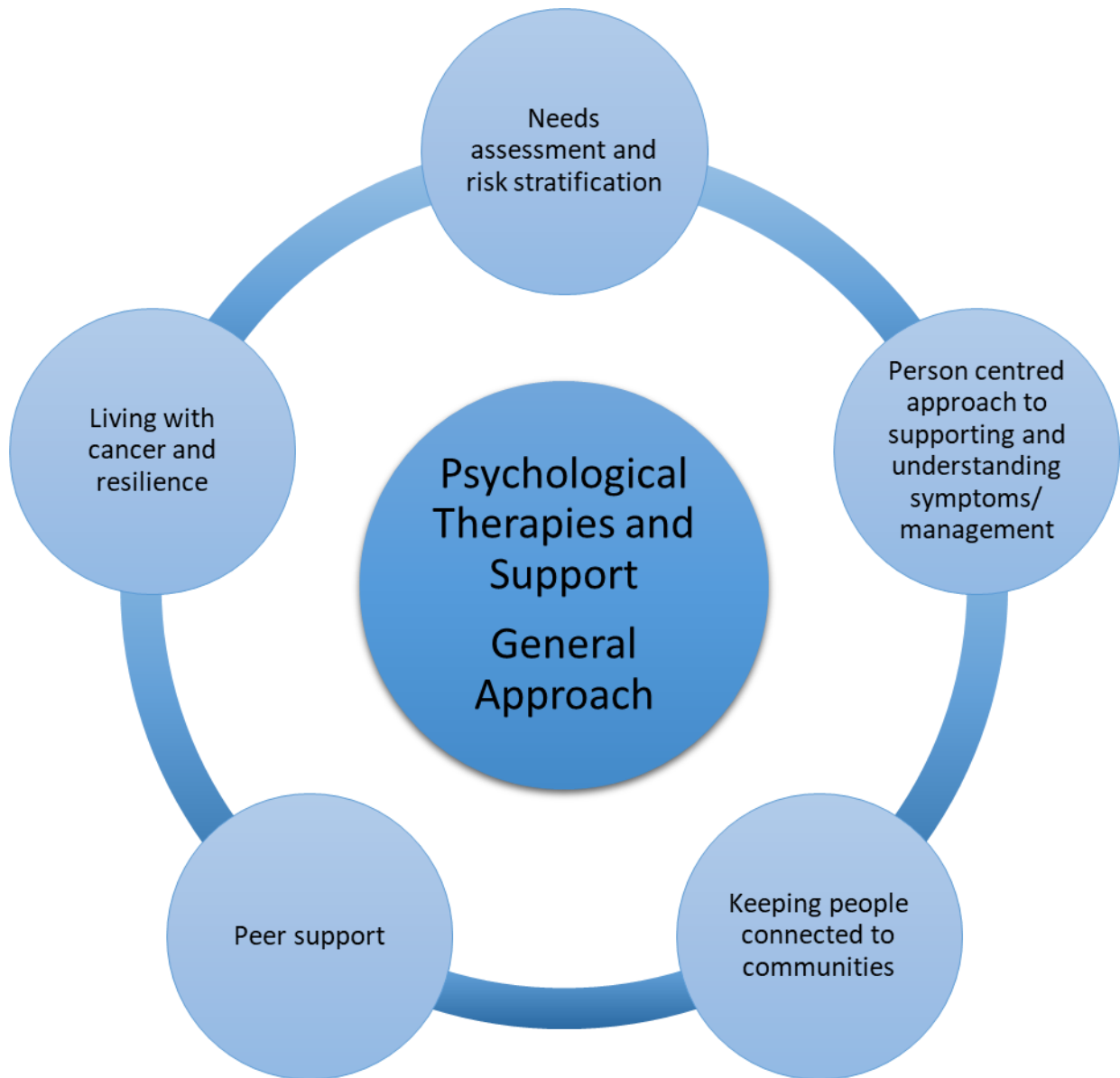
Key messages:

- emotional effects are a normal part of the cancer pathway
- people should be able to easily access appropriate supportive and psychological care, which forms a normal part of the overall care package
- for many, cancer is increasingly becoming a long-term condition rather than a terminal illness – many people recover sufficiently to be able to pick up their old lives again, therefore a focus on health and wellbeing is crucial
- individuals should be supported to be as involved in their care as they want to be with shared decision making and person-centred care and support planning central to all interactions

## Psychological therapies and support framework

A two-stage framework has been developed, the initial model details the general approach for all people diagnosed with cancer, whilst the second provides the approach for those people identified, via needs assessment and risk stratification, to have specific psychological need.

### Health and Wellbeing Model



*Relevant to all people diagnosed with cancer - if concern identified further assessment and referral required*

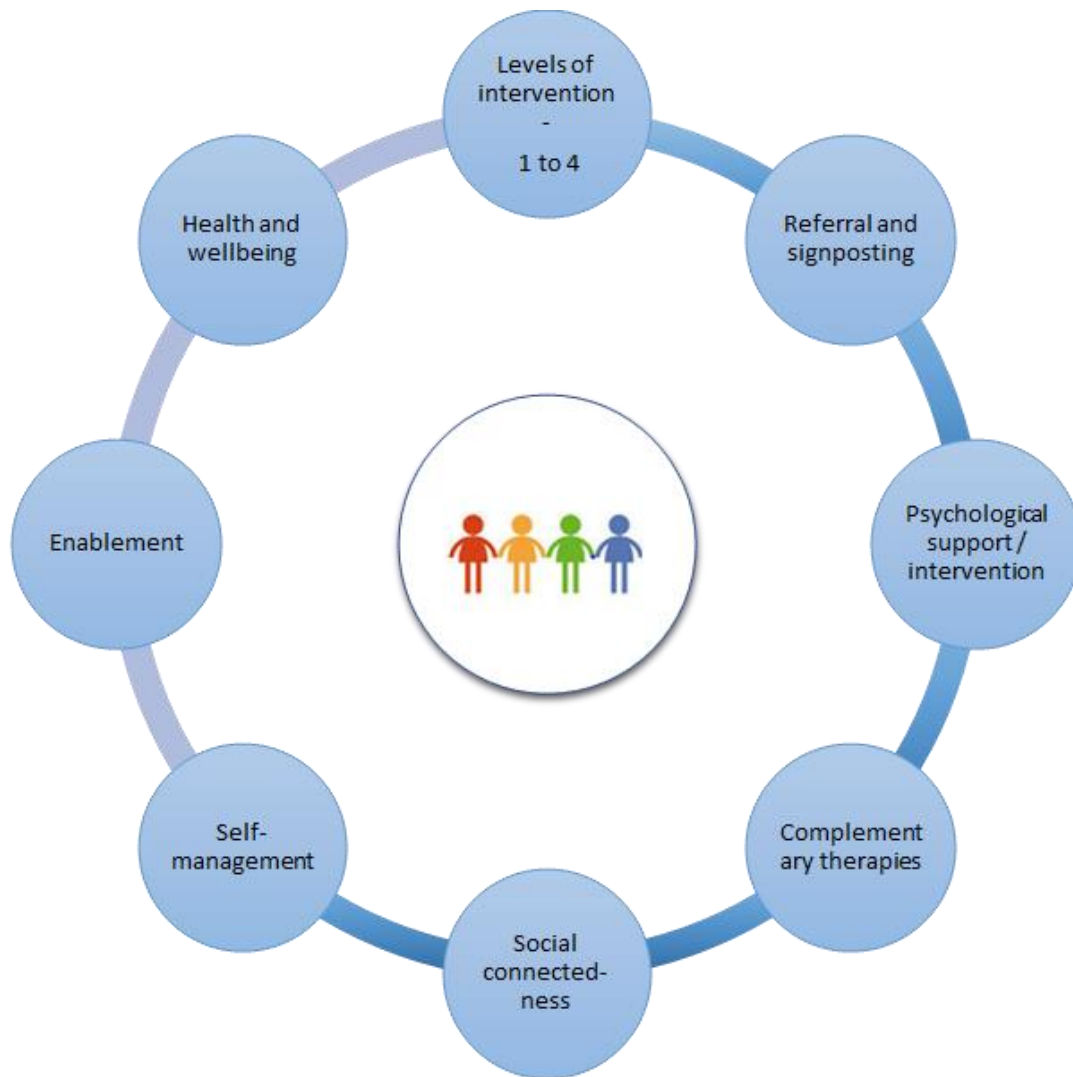
**Figure 1: Health and wellbeing model (adapted from Alzheimer Scotland's '5 Pillars Model of Post Diagnostic Support' (2011))**

- assessment and risk stratification
  - a named individual will carry out an assessment of needs, and a tailored plan for meeting these, to enable people to maximise their health and wellbeing before, during and after treatment

- health and wellbeing approach that aims to educate and empower people to manage their condition and keep them as fit and healthy as possible
- assessment should continue throughout the pathway, not solely at diagnosis and end of treatment
- person centred approach to supporting and understanding symptoms / management
  - the focus of care is on the individuals needs arising from the assessment. A named individual will provide information and support to enable understanding of treatment, symptoms and rationale for referral on if required
- keeping people connected to communities
  - named individual to encourage and support individuals to link with peer groups and develop ways to engage with social groups, in order to help people to remain as emotionally independent as possible
  - signposting to relevant services and support groups, e.g., information services, benefits advice, complementary therapies, support groups etc.
- peer support
  - named person to signpost to and encourage individual to seek peer support
  - peer support can be very valuable in helping individuals come to terms with living with uncertainty, by finding coping mechanisms, and in maintaining their wellbeing and resilience
  - peer support can be delivered through one-to-one support or in group situations
- living with cancer and resilience
  - at the end of treatment many find the fear of the cancer returning is heightened; living with uncertainty can be overwhelming. This may be compounded by a lack of trust in the body and an overall lack of confidence
  - gaining control may take some time. Improving resilience will help. Developing resilience begins with simple actions or thoughts that are practiced, such as planning for the future (immediate and longer-term) and learning to accept change
  - health promoting messages should be delivered at all appropriate stages of the pathway. Support should also be offered as necessary to help people to adopt/resume as healthy a life as possible.

## **Framework for assessment and intervention / management**

The second stage of the framework is for those individuals identified, through needs assessment and risk stratification process, who require further support. Once again, we must be mindful of how care and support can be effectively provided within this context, recognising that some elements may be limited by infection control/risk reduction strategies. Care plans should therefore be co-produced, personalised and regularly reviewed to ensure they meet individual needs irrespective of level of intervention.



**Figure 2: Assessment and intervention model**

- levels of intervention – 1 to 4
  - identification of appropriate level of intervention (from 1: information provision to 4: mental health specialist assessment) using validated tool / specialist assessment
  - Appendix 2 provides an overview of the levels of intervention and appropriate referral pathway
- referral and signposting
  - individuals referred on appropriately given relevant intervention level, as defined above
  - individuals signposted to available services /information sources.
  - local information is available on services provided across Scotland, by partner organisations
  - cross referral between partner organisations should be standard and pathways should be developed to enable this. Cross referral is important to ensure that people reach the most appropriate service as per their individual needs

- onward referrals should be clearly explained, and consent obtained in advance
- all staff are responsible for appropriate communication to ensure continuity of care and avoid duplication
- it is important that all individuals undertaking assessment are objective in their referral and signposting of people to other services
- psychological support/ intervention
  - evidence based interventions may be delivered in a variety of settings, e.g. cancer services, local authorities, or third sector. These may include: psycho-education, problem solving techniques, solution focused therapy, counselling, mindfulness, cognitive behavioural therapy or acceptance and commitment therapy. Other emerging evidence based therapies may also develop in future. The impact of such treatments will not only positively impact quality of life but may facilitate shared-decision making when complex decisions are required and enable a person to engage in life-extending and/or life-enhancing treatments when phobias are present (e.g. needle and small/confined spaces)
- complementary therapies
  - complementary therapy will provide a range of therapies such as massage, Reiki, reflexology, and relaxation which complement the clinical treatments. Some of the benefits can be improving a person's range of mobility, muscle pain and tension. It can also help alleviate stress, provide relaxation and therefore aid supported self-management approaches
- social connectedness
  - in order to reduce the risk of isolation and loneliness, whilst simultaneously building resilience and independence, people will be supported to connect into their local communities
  - people will be signposted to agreed services and support groups, e.g., information services, welfare advice, faith groups, hobby groups (such as gardening, choirs, dancing), carers groups and support groups
- self-management
  - self-management is a set of approaches which aim to enable people living with long term conditions to take control and manage their own health
  - those working with people affected by cancer have a vital role to play in supporting self-management, ensuring that people are engaged, empowered and supported through collaboration with healthcare professionals, carers and the wider community
- enablement
  - interventions based on health behaviour theory are not guaranteed to succeed, but they are much more likely to produce desired outcomes. Those most likely to achieve desired outcomes are based on a clear understanding of targeted health behaviours, and the environmental context in which they occur
  - lifestyle factors like what we eat, how active we are, the amount of alcohol we drink, if we smoke and life circumstances e.g., finances etc. have a significant

impact on our health and that of our communities. The impact of wider socio-economic factors and deprivation should influence and support how individuals and communities can be approached. Many of us in our day-to-day work can support our clients to consider the impact of these factors on health and wellbeing and address what matters to them. This is encouraged with every interaction presenting an opportunity for health promotion

- where possible going to communities where deprivation and diversity exists, in partnership with trusted local groups, could optimise access to otherwise excluded or disadvantaged groups
- training can support practitioners to identify factors which influence decisions to change and consider the impact of health inequalities, introduce communication skills including open questioning, reflecting, giving feedback and summarising
- health and wellbeing
  - psychological support and therapies can build an individual's confidence and resilience in coping with discharge from active treatment, and in resuming as normal and healthy a life as possible
  - health and wellbeing events are delivered in most areas; they cover a range of educative and informative events, e.g., nutrition, exercise, smoking cessations and management of anxiety

## Implementation and supporting documents

The overall aim of the Framework is to bring existing services together in a collaborative manner and illustrate a good practice model, thereby providing equitable and efficient access to the appropriate services for people affected by cancer. However, the presence of a Framework will not in itself achieve this aim. For it to be achieved, the Framework must be adopted by all partners in Scotland, including health and social care and the third sector who provide core elements of psychological support to people affected by cancer. This best practice framework includes several tools which focus on referrals, education, governance and measurement; each is designed to aid adoption of core practices and embed clinical guidance in service provision. Existing structures, e.g., Managed Clinical Networks, Patient Support Groups, Third Sector forums etc. should also be utilised to promote the Framework and raise awareness of the Guiding Principles and Key Messages.

Pan-Scotland adoption should promote trust in interagency working through a common standard and closer working relationships, it will also further the potential for accessible and timely care and support.

## Referral patterns and pathways

In Appendix 2 you will find an overview of the levels of intervention, 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 also provided to help staff assess and refer patients appropriately given presenting criteria.

It should be noted that 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. Often these vulnerabilities are heightened during transitions of care, so it is important that consideration is given to proactively planning for those points. When bereavement occurs, support for carers and families is available from several services.

## Education and training grid

This Education and Training Grid (See Appendix 4) details the knowledge and competencies required at each level of intervention (based on NICE guidance and relayed throughout the Framework), the likely interventions utilised by each staff group and recommended core training at each level. The core training tools included have been mapped against the core competencies outlined within 'A Competence Framework for Psychological Interventions with People with Persistent Physical Health Problems', work commissioned by NHS Education for Scotland (NES) and launched in 2016 providing a robust evidence base to support the inclusion of these materials.

All NHS and non-NHS organisations can access training resources available through [Turas](#). Training programmes delivered by NHS Education Scotland (either online or face to face) can be accessed by both NHS staff and partnership staff (e.g., Maggie's).

## **Implementation governance and measurement**

To drive improvement and ensure high quality interventions are delivered irrespective of sector/provider, quality statements have been developed for monitoring and evaluation purposes. These have been adapted from those developed by Scottish National Advanced Heart Failure Service and informed by learning from the WoSCAN implementation. The Quality Statements focus on two key areas, Clinical Practise and Service Delivery.

### **Clinical quality statements**

1. People affected by cancer should have ready access to the appropriate level of evidence based psychological intervention appropriate to their needs at all parts of their treatment pathway
2. Recognised and agreed screening and assessment tools should be used to ensure an appropriate, individualised plan for meeting the identified needs of people affected by cancer is agreed
3. People affected by cancer receiving a psychological intervention should have their response to treatment monitored and the delivery of treatment adjusted in response to outcomes

### **Service quality statements**

1. Services should have a clearly defined pathway detailing the provision of psychological assessment and care for people affected by cancer, including clear referral processes and good accessibility for referrers and service users
2. All individuals working within relevant services should complete appropriate training to ensure their knowledge and skills are appropriate for the level of psychological care provided
3. All professionals delivering psychological interventions should have regular and routine access to consultation and/or supervision to optimise competency and delivery of interventions

Utilisation of these Quality Statements will inform and measure service delivery and improvements within organisations at a local level. Open-reporting will allow Regional and cross organisational comparisons and benchmarking, furthering opportunities for improvement and cross-agency/sectoral relationship building. The self-assessment template in Appendix 4 details the data measures that will help to establish a baseline position and also support on-going evaluation of implementation and service improvement.

To ensure successful implementation of the Framework it is recommended that Boards and partner organisations undertake an annual quality review by participating in the self-assessment exercise and report findings through their own relevant governance group to ensure visibility of the results and agreement on actions. This should not only help to position psychological care and support as a core component of cancer care but should provide an appropriate platform for shared learning and coproduced action plans for ongoing internal improvement.



It is further recommended that these findings are shared at local, regional and national level in order to support implementation of the Framework as a national document and prevent dilution and divergence over time.

## **Conclusion**

Cancer diagnosis and treatment continues to evolve and change as our knowledge and understanding of the disease grows. As we utilise ever more complex and targeted treatment regimens, it is essential that we continue to grow and develop the psychological care and support that people affected by cancer receive. Through provision of the right psychological support, in the right place at the right time, people affected by cancer can be better equipped emotionally and psychologically to face their challenges. Access to this high-quality psychological support should be equitable to all regardless of geographical or socio-economic factors.

In order to achieve this, it is more important than ever that all care sectors will work collaboratively, ensuring care and support feels seamless, connected and easily accessed. This co-designed Framework supports a shared understanding and agreement of referral pathways, optimal access to high quality service provision and a mechanism to monitor both success and challenges at local, regional and national level.

By providing a platform and a framework for NHS, Social Care and Third Sector organisations to work collaboratively this Framework can support and optimise existing service provision. Through continued close working and continued development of trust and respect for the quality of services provided at all levels in all sectors we can ensure that people affected by cancer are truly put at the centre of care planning and delivery.

## References

Alzheimer Scotland (2011) 5 Pillars Model for Post Diagnostic Support. Available from: [http://www.alzscot.org/assets/0001/1226/Getting\\_post\\_diagnostic\\_support\\_right.pdf](http://www.alzscot.org/assets/0001/1226/Getting_post_diagnostic_support_right.pdf)

Healthcare Improvement Scotland Scottish Health Technologies Group (2021) Clinician-guided internet-based psychotherapy compared with face-to-face therapy. Available at: [http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/topics\\_assessed/assessment\\_02-21.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/topics_assessed/assessment_02-21.aspx)

Healthcare Improvement Scotland Scottish Health Technologies Group (2021) Remote digital delivery of real-time psychotherapy compared with face-to-face therapy for depression or anxiety (including PTSD) [http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/topics\\_assessed/assessment\\_01-21.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/topics_assessed/assessment_01-21.aspx)

Macmillan Cancer Support (2006) Worried sick: The emotional impact of cancer. Opinion Leader Research, UK. Available at: [https://www.macmillan.org.uk/documents/getinvolved/campaigns/campaigns/impact\\_of\\_cancer\\_english.pdf](https://www.macmillan.org.uk/documents/getinvolved/campaigns/campaigns/impact_of_cancer_english.pdf)

Macmillan Cancer Support (2019) Rehabilitation for People with Cancer: Principles and guidance for prehabilitation within the management and support of people with cancer. Available at: <https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/principles-and-guidance-for-prehabilitation>

Mehnert, A., Brähler, E., Faller, H., Härter, M., Keller, M., Schulz, H., Wegscheider, K., Weis, J., Boehncke, A., Hund, B. and Reuter, K. (2014) Four-week prevalence of mental disorders in patients with cancer across major tumor entities. *Journal of Clinical Oncology*, 32(31), pp.3540-3546.

Mental Health Foundation (2018) Supporting the emotional and mental health needs of people with cancer. Available at: <https://www.mentalhealth.org.uk/sites/default/files/mh-needs-people-with-cancer.pdf>

National Comprehensive Cancer Network (2015) Distress Management Guideline

National Comprehensive Cancer Network (2019) Distress Management Guideline Available at: <https://www.nccn.org/guidelines/guidelines-detail?category=3&id=1431>

NICE (2004) Guidance on Cancer Services. Improving supportive and palliative care for adults with cancer: The Manual. Available at: <https://www.nice.org.uk/guidance/csg4/resources/improving-supportive-and-palliative-care-for-adults-with-cancer-pdf-773375005>

NHS Education Scotland Clinical Psychology Workforce Planning Group (2002) Contributions of Psychology to Cancer Care. Available at: [https://www.isdscotland.org/wf\\_psychology/clinicalpsychologywfp.pdf](https://www.isdscotland.org/wf_psychology/clinicalpsychologywfp.pdf)

Scottish Government (2017) Mental Health Strategy 2017-2027: The Scottish Government's approach to mental health from 2017 to 2027 – a 10 year vision. Available at: <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

Scottish Government (2019) Scottish Cancer Patient Experience Survey 2018: National Report. Available at: <https://www.gov.scot/publications/scottish-cancer-patient-experience-survey-2018-national-report/>

Scottish Government (2020) Recovery and Redesign: An Action Plan for Cancer Services. Available at: <https://www.gov.scot/publications/recovery-redesign-action-plan-cancer-services/>

## **Acknowledgements**

Thanks go to all involved in the development of this Framework, including group members (existing and former), those involved in the consultation phases and also those whose work informed the overall purpose, scope and direction. Thanks also to everyone involved in the original West of Scotland Cancer Network Psychological Therapies and Support Framework, and to Dr Mairi Albiston, Clinical Psychologist at NHS Education Scotland for her continued guidance on the training and education grid.

## Appendix 1: Psychological support pathway

### General Approach:

- It is expected that a person diagnosed with cancer will have supportive and psychological needs arising from their diagnosis and/or care pathway
- Supportive and psychological care should be presented as a core part of the overall care package for those with a cancer diagnosis
- Systematic support should be offered to ensure that no-one who might benefit misses out
- Supportive and psychological care needs should be identified as early as possible to improve the overall outcome and avoid escalation of problems later on
- Regular enquiries should be made about the individual's emotional and psychological state, as distress may not be revealed at the first or second enquiry. Distress may be expressed as concerns about issues like money, work and carer responsibilities
- The needs of family members and/or carers should also be considered
- As the support provided by cancer services will be time-limited, people should be encouraged to remain emotionally independent in the longer term

### All those diagnosed with cancer:

- Proactively enquire about emotional state
- Reassure and encourage
- Provide general emotional and psychological support
- Enquire about mental health history
- Identify coping strategies used in relation to past adverse life events
- Provide contact details for local and national support organisations
- Provide information about the emotional effects of cancer and relevant coping strategies
- If required, refer for specialist psychological assessment

### General Sources of Support

The widest range of sources should be considered:

- Information Services
- Spiritual care (Chaplaincy)
- Social care (Social Worker)
- Benefits advice
- Support/self-help groups
- Befriending schemes, volunteer supporters
- Complementary therapies
- Creative opportunities
- Carer support services

### Specialist Psychological Assessment

### Those experiencing moderate to severe psychological distress or psychopathology:

- Offer a choice of interventions
- Refer for chosen intervention
- If self-referral, provide clear information about how to access intervention
- Review case regularly

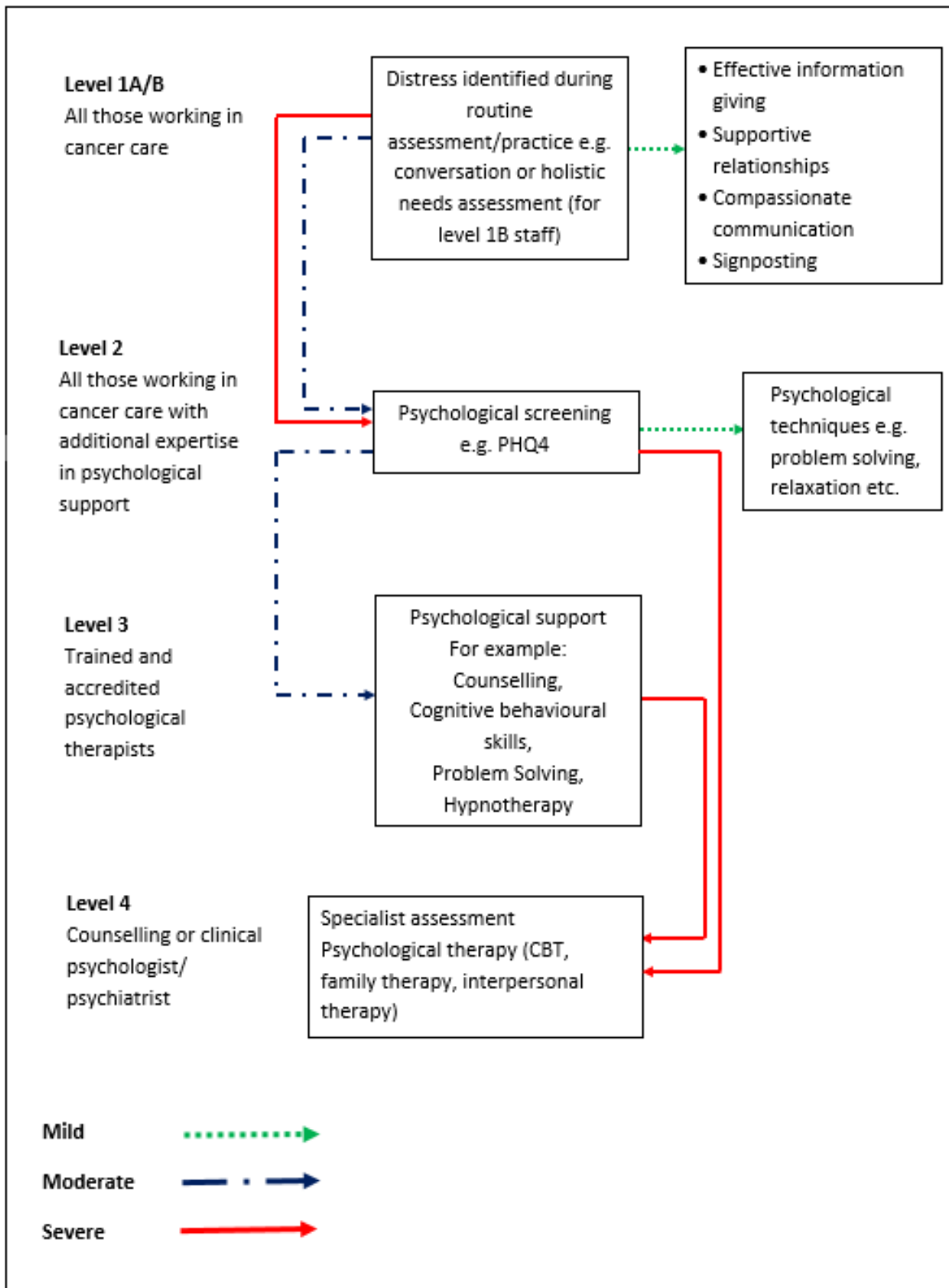
### Local Psychological Support Teams

- Receive referrals from disease specific MDTs, GPs and other qualified individuals involved in cancer pathways
- Results of specialist assessment to be available
- All are responsible for communication to ensure continuity of care and avoid duplication
- Keep a record of suggested interventions and information provided

### Psychological interventions

- Counselling (cancer services/primary care/third sector)
- Referral to psychological/psychiatric services:
  - Psychological therapy
  - Anxiety management
  - Acceptance and Commitment therapy
  - Cognitive behavioural therapy
- Guided self-help/information prescriptions

## Appendix 2: Psychological support referrals guide and case studies



Criteria	Assessment	Intervention
<b>Level 1: All those working in cancer care (1A) and all clinically registered staff working in cancer care (1B)</b>		
<ul style="list-style-type: none"> <li>Mild or recent worry/anxiety to cancer</li> <li>Need for information to empower, enhance understanding and participate in key discussions about how their cancer is managed and impacts life</li> </ul>	Informal/ Conversational  Recognition of psychological need	<ul style="list-style-type: none"> <li>Effective information giving</li> <li>Compassionate communication</li> <li>General psychological and emotional support</li> <li>Effective listening</li> <li>Peer to peer support</li> <li>General group support</li> <li>Complementary therapies</li> <li>Feel good workshops</li> <li>Signposting to levels 2, 3 or 4 as required</li> </ul>
<b>Level 2: All those working in cancer care with additional expertise in psychological support</b>		
<ul style="list-style-type: none"> <li>Moderate, or mild and longer term, worry/anxiety related to cancer</li> <li>Symptomatic i.e. pain, fatigue</li> <li>Worsening quality of life</li> <li>Mild adjustment difficulties</li> </ul>	Screening for psychological distress, e.g. needs assessment, PHQ4	<ul style="list-style-type: none"> <li>Active listening</li> <li>Emotional support</li> <li>Facilitated group support</li> <li>Stress management and problem solving</li> <li>Skilled intervention i.e., mindfulness based stress reduction course</li> <li>Relaxation techniques</li> <li>Specialist information giving and first-line psychological support for immediate cancer related distress</li> </ul>
<b>Level 3: Trained and accredited psychological therapists</b>		
<b>Level 4: Counselling or clinical psychologist/psychiatrist*</b>		
Patients should be referred for additional psychological intervention (i.e., level 3 or 4 support) if the following criteria are present:  <b>Significant problems of mood:</b>	<b>Level 3: Trained and accredited psychological therapists</b>	
	Evaluation of psychological distress – semi-structured interview	<ul style="list-style-type: none"> <li>Counselling and specific psychological interventions</li> </ul>

<ul style="list-style-type: none"> <li>• Depression</li> <li>• Anxiety +/- panic</li> <li>• Anger</li> <li>• Hopelessness</li> <li>• Suicidal ideation</li> </ul> <p><b>Treatment related difficulties:</b></p> <ul style="list-style-type: none"> <li>• Claustrophobia, procedural-related distress, conditioned nausea or vomiting</li> <li>• Personality change as a result of CNS tumour</li> <li>• Requires assistance to make treatment decisions</li> <li>• Coping with fatigue and/or pain (for which medical interventions have been exhausted)</li> <li>• Emotional distress that prevents/hinders engagement with medical treatment</li> <li>• Feeling overwhelmed with demands of treatment and home/family life</li> </ul> <p><b>Life after cancer / rehabilitation issues</b></p> <ul style="list-style-type: none"> <li>• Adjustment to loss and change in life roles and aspirations</li> <li>• Difficulty re-engaging with aspects of life post-treatment, e.g., employment, social life, relationships</li> <li>• Coping with effect of cancer on self-esteem and sense of self</li> <li>• Adjustment to loss and change in physical functioning or appearance</li> <li>• Living with uncertainty (e.g., persistent intrusive worry/imagery, particularly associated with cancer recurrence)</li> <li>• Adjustment to loss and change in sexual functioning and intimacy</li> </ul> <p><b>End of life issues</b></p> <ul style="list-style-type: none"> <li>• Facing one's mortality</li> <li>• Making decisions to end active treatment</li> </ul>	<p><b>Level 4: Counselling or Clinical Psychologists or Psychiatrists</b></p> <p>Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem</p> <ul style="list-style-type: none"> <li>• Specialist psychological/psychiatric intervention</li> </ul>
---	---

\* 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.**



## 1. Umar

Umar, 67, is married and a parent to three grown up children. Umar was diagnosed with lung cancer after presenting with a persistent cough and unexplained weight loss.

<b>Level 1 – All those working in cancer care</b>	
Umar is upset by the recent diagnosis and is trying to stay strong. Umar has always been at the head of the family and is therefore worried about what the diagnosis will mean for them. Umar doesn't know what lies ahead but is hopeful about treatment and has been told surgery should be an option.	
<b>Assessment</b>	<b>Intervention</b>
Informal / conversational	Effective information giving, including information about local community support services for both Umar and wider family members, and how to be an active participant in decisions and treatment. Compassionate communication and general psychological and emotional support; 'normalising' Umar's experience in this context.

<b>Level 2 – All those working in cancer care with additional expertise</b>	
Following surgery Umar has a course of chemotherapy. Umar worries about the future despite a positive prognosis and worries about their partner who has been supportive throughout. They both try not to dwell on the cancer and to keep a positive mind-set, but both are having difficulty sleeping and Umar has been quite tearful.	
<b>Assessment</b>	<b>Intervention</b>
Joint needs assessment and conversation	As above with relaxation techniques, facilitated support group and a fitness class for people affected by cancer.

<b>Level 3 – Trained and accredited psychological therapists</b>	
Umar has found it difficult to cope with other underlying conditions which seem to have worsened since being diagnosed. This is impacting upon time with the children and grandchildren is hard. Umar feels tired, weak and irritable, and sees an old, frail person when looking in the mirror. Umar is fearful of becoming a burden on family and is trying to overcome all the setbacks, but is feeling overwhelmed and useless, perceiving decline as inevitable.	
<b>Assessment</b>	<b>Intervention</b>
Evaluation of psychological distress – semi-structured interview	As above with counselling to help Umar make sense of and process experiences, psychoeducation and cognitive restructuring. Working alongside other members of the MDT to deal with the physical consequences of treatment and to support engagement in rehabilitation

<b>Level 4 – Counselling or Clinical Psychologists or Psychiatrists</b>	
Umar feels hopeless and useless. Umar has become withdrawn and spends the majority of time in bed contemplating, 'trying not to be a burden on the family'. Umar is barely eating and has become weak, sleeping throughout the day and night and refusing to speak to friends or relatives. Umar's partner is struggling to manage all of the household tasks and work while being deeply concerned about Umar's mood and physical health. Umar's partner doesn't want to worry the children so tries to hide what is happening and conceal feelings.	

Assessment	Intervention
Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem.	Acceptance and Commitment Therapy to help Umar makes sense of low mood, anxiety and distress, to adjust and make behaviour changes that help Umar live as fully as possible with changes resulting from cancer. Joint sessions with Umar's partner, using systemic therapeutic interventions driven by formulation.

## 2. Jane

Jane, 42, is married and has two children. Jane has been diagnosed with breast cancer which is being treated with a lumpectomy, chemotherapy and radiotherapy.

Level 1 – All those working in cancer care	
Jane's prognosis is hopeful but still uncertain. Jane is approaching the end of chemotherapy and has been off work for six months. Jane is fatigued and feels a bit flat and listless. Jane thinks about their cancer a lot and feels unusually irritable around family.	
Assessment	Intervention
Informal / conversational	Effective information giving, compassionate communication and general psychological and emotional support; 'normalising' experience in this context.

Level 2 – All those working in cancer care with additional expertise	
In addition to the above, Jane does not want to see people often. Jane 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 Jane can feel enjoyment but also experiences some anxiety and low mood. Jane claims to be coping.	
Assessment	Intervention
Needs assessment	As above with additional behavioural activation and relaxation techniques.

Level 3 – Trained and accredited psychological therapists	
Jane has been feeling low for several months. Jane feels tired and achy, overwhelmed with household tasks and worries that they are not able to be a good parent, becoming a burden on family. Jane is convinced that the cancer will return. Jane feels disconnected to who they were before, feels disfigured and unattractive and is worried about drifting apart from their partner. Jane has begun dreading the return to work and has lost confidence. For the first time Jane had a panic attack when due to go out last week.	
Assessment	Intervention
Evaluation of psychological distress – semi-structured interview	As above. Also cognitive behavioural therapy to help Jane process experiences, psychoeducation for anxiety and cognitive restructuring for problems such as poor body image and fear of cancer recurrence. Joined group programme for Fear of Recurrence delivered by local cancer charity.

**Level 4 – Counselling or Clinical Psychologists or Psychiatrists**

Jane feels hopeless and depressed and has thoughts of ‘just ending it all’. This frightens Jane as it’s a reminder of the nervous breakdown experienced five years ago when a parent died of breast cancer. Jane is convinced that breast cancer will be ‘inherited’ by the children and feels devastatingly guilty about this. Meanwhile a biopsy has shown tumour spread and eventually Jane had to have a mastectomy. Jane now feels like an ‘ugly freak’, and this evokes feelings about the anorexia nervosa which was first experienced as a teenager. Jane’s partner is frustrated with the withdrawal and, is feeling angry and helpless. They have started spending more time away from home. Jane’s partner’s work is suffering and that increases Jane’s fears about finances. One child also seems more withdrawn, and the other has been getting into a lot of trouble at school.

Assessment	Intervention
Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem (including full assessment of suicidal ideation).	Specialist psychological intervention using Compassion Focussed Therapy and Acceptance and Commitment Therapy based on formulation and addressing Jane’s past mental health challenges as well as their current depressed mood. Liaison with adult mental health to facilitate changes in medication and awareness of risk of self-harm.

**3. Taylor**

Taylor, 58, was diagnosed with bowel cancer. Taylor has been in a relationship for 30 years and is a self-employed freelance consultant. Their partner is a teacher. Taylor has had surgery and now has a temporary stoma which will be reversed in 12 months’ time. The stoma is well-functioning and Taylor rarely has any problems with it.

**Level 1 – All those working in cancer care**

Taylor’s prognosis is good. They are currently unable to work but looking forward to returning in the next few weeks. Taylor thinks about cancer recurrence regularly but is able to take their mind of it by keeping busy throughout the day. At night this is more challenging, meaning it can take a while to get to sleep.

Assessment	Intervention
Informal / conversational	Effective information giving, compassionate communication and general psychological and emotional support; ‘normalising’ Taylor’s experience in this context.

**Level 2 – All those working in cancer care with additional expertise**

Since being diagnosed and having surgery, Taylor is developing a sleep problem, waking up at night, lying awake for an hour or so with frequent thoughts about the cancer and its impact on life. Taylor is struggling to return to the gym as they are feeling self-conscious about the stoma and worried it will leak. Taylor is also starting to feel nervous about returning to work so is trying to stay positive by thinking ahead to holidays. However, affordable insurance is proving challenging and this is getting Taylor down.

Assessment	Intervention
Needs assessment	As above with additional behavioural activation and relaxation techniques.

**Level 3 – Trained and accredited psychological therapists**

Taylor is developing a pattern of avoiding going out anywhere: they no longer meet up with friends in the pub, won't exercise, and won't go out with their partner anymore due to concerns about the stoma leaking. Taylor feels low much of the time and is noticing more time is spent ruminating about how cancer has ruined their life. Taylor is feeling less hopeful about a return to work and is concerned about finances and the future. Taylor is also becoming less tolerant and seems to be arguing more with their partner.

**Assessment**

Evaluation of psychological distress – semi-structured interview

**Intervention**

As above. Therapy to address Taylor's worries and concerns; may be person-centred or CBT. Joins 8 week mindfulness programme delivered through third sector.

**Level 4 – Counselling or Clinical Psychologists or Psychiatrists**

In addition to the above, Taylor is only sleeping about two hours a night, feeling significantly low in mood and overwhelmingly hopeless. Taylor is seeing parallels with how they felt ten years ago when they were made redundant. Taylor has started to sleep in a separate bedroom as they believes the stoma is disgusting and does not wish for their partner to see it. The couple argue frequently, their sex life is non-existent, and Taylor feels a lack of understanding from their partner about how much cancer has ruined their life. Taylor hasn't left the house in four weeks, other than for medical appointments. Taylor refuses to speak with friends on the 'phone and will not allow any family or friends to visit.

**Assessment**

Clinical interview; consideration of diagnosis of severe distress or psychopathology; formulation of problem.

**Intervention**

Specialist psychological intervention based on formulation including CBT for insomnia, Acceptance and Commitment Therapy and systemic therapy with Taylor's partner to support them with relationship difficulties.

### **Appendix 3: Education and training grid**

The grid below details the knowledge and competencies required across each staff level, alongside example interventions utilised by each group. Core training tools recommended for different staff groups according to the level of training and experience in psychological practice are noted. These are Informed (level 1), Skilled (level 2), Enhanced (level 3) and Specialist (level 4). A detailed overview of training tools is provided. The grid provides examples of training which is available and does not represent an exhaustive list.

The core training tools included have been mapped against the core competencies outlined within '[A Competence Framework for Psychological Interventions with People with Persistent Physical Health Problems](#)' which was launched in Scotland in March 2016. This competence framework was commissioned by NHS Education for Scotland and the Improving Access to Psychological Therapies (IAPT) programme in England ([Psychological Interventions with People with Persistent Physical Health Problems](#)).

**Please note: Training tools / interventions listed in levels 1 and 2 are still relevant across higher levels.**

You must be signed in to Turas to access the links below.

**Please note Turas is open to NHS and non-NHS staff** – if you do not have an account you can request one via the Turas helpdesk.

Core competencies	Interventions	Training
<b>(1A) Informed– All those working in cancer care</b>		
<ul style="list-style-type: none"> <li>• Understand concept of distress and the importance of recognising psychological needs</li> <li>• Basic awareness of the range of specific psychological problems (e.g. anxiety and depression)</li> <li>• Basic listening and communication skills</li> <li>• Ability to recognise psychological needs</li> <li>• Ability to offer general support and to communicate honestly and compassionately</li> <li>• Treat patients and supporters with kindness, dignity and respect</li> <li>• Knowledge and understanding of prehabilitation as part of the prehab- rehab continuum</li> <li>• Knowledge of when and how to refer on to senior colleagues or appropriate agencies</li> <li>• Knowledge of the range of emotional and support services available</li> </ul>	<ul style="list-style-type: none"> <li>• Effective information giving</li> <li>• Establishing rapport and maintaining supportive relationships</li> <li>• Compassionate communication</li> <li>• Avoid causing psychological harm</li> </ul>	<p><a href="#">Emotion Matters</a></p> <p><b>Additional training tools (where specific requirement of role)</b></p>
<b>(1B) Informed – All clinically registered staff working in cancer care</b>		
<ul style="list-style-type: none"> <li>• Knowledge or experience in working with psychological issues experienced by people with cancer/palliative care needs</li> <li>• Knowledge and competency in the use of assessment tools as appropriate</li> <li>• Recognise boundaries of own professional responsibility and competence and to refer on as appropriate</li> <li>• Awareness of the impact of previous trauma on ability to engage with healthcare</li> <li>• Knowledge of how to encourage engagement and collaboration in health related decisions and behaviours, including prehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Within defined role undertake needs assessment, and signpost to support services or specialist psychological support as necessary</li> <li>• Shared decision making</li> <li>• Patient centred discussion of health behaviour change</li> </ul>	<p><a href="#">Shared decision making</a></p> <p><b>Additional training tools (where specific requirement of role)</b></p> <p><a href="#">Mental health improvement, and prevention of self-harm and suicide</a></p> <p>Foundation level communication skills (Rapport, SAGE &amp; THYME)</p> <p><a href="#">PRosPer (prehabilitation, rehabilitation and</a></p>

<ul style="list-style-type: none"> <li>Ability to support people with procedural anxiety</li> </ul>		<p><a href="#">personalised care – basic level)</a></p> <p>Bereavement training</p> <p><a href="#">National trauma training programmes - Informed Level</a> e.g., Opening Doors</p>
---	--	---

(2) Skilled– All those working in cancer care with additional expertise in psychological support		
<ul style="list-style-type: none"> <li>• Knowledge or experience in working with psychological issues experienced by people with cancer/palliative care needs</li> <li>• Knowledge of psychological processes of adjustment and loss</li> <li>• Knowledge and ability to communicate ‘bad news’, and/or offer supportive interventions at this time</li> <li>• Knowledge and competency in the use of assessment tools as appropriate</li> <li>• Elicit worries and concerns by establishing trust and listening in a permissive and non-judgemental manner</li> <li>• Ability to effectively encourage health behaviour change, including engagement with prehab, using motivational interviewing techniques</li> <li>• Ability to enhance patients’ and carers’ capacity to cope and meet their own needs for support, making use of family, friends, self-help and support groups</li> <li>• Offer appropriate psycho-educational and problem-solving techniques</li> <li>• Ability to access and use appropriate case work supervision and training</li> <li>• Recognise boundaries of own professional responsibility and competence and to refer on as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake needs assessment and risk stratification</li> <li>• Refer on for specialist psychological support as necessary</li> <li>• Psychological techniques such as problem solving</li> </ul>	<p><a href="#">Developing Practice</a> or similar i.e. (SWAG) Cancer Alliance 2019 Level 2 Psychological Skills Training for Oncology and Palliative Care Staff</p> <p>Advanced clinical communication skills (this may be available locally via your clinical psychology team)</p> <div style="background-color: black; color: white; padding: 5px; text-align: center;"> <b>Additional training tools (where specific requirement of role)</b> </div> <p><a href="#">MAP Health behaviour change</a></p> <p><a href="#">Motivational interviewing</a></p> <p><a href="#">ASSET (Astley Ainslie Psychological Skills and Education Training)</a></p> <p><a href="#">Suicide prevention</a> – Skilled, or locally/private provided training i.e., STORM</p> <p><a href="#">Cancer related cognitive impairment</a></p> <p><a href="#">PRosPer (prehabilitation, rehabilitation and personalised care – general level)</a></p> <p><a href="#">National trauma training programmes - Skilled level</a></p>



<b>(3) Enhanced – Trained and accredited psychological therapists</b>		
<ul style="list-style-type: none"> <li>• Knowledge and critical understanding of the evidence-based rationale for the use of specified therapies</li> <li>• Knowledge of psychological theory and models that are most relevant to cancer &amp; palliative care, including advanced knowledge of the nature of adjustment and loss</li> <li>• Knowledge of professional guidelines and local and national policies to ensure high standards of service delivery</li> <li>• Expertise in a specific psychotherapeutic model, and experience of applying their skills with individuals, families and groups appropriate to their level of training</li> <li>• Ability to provide supervision, support and education about psychological issues and interventions</li> <li>• Ability to promote high quality psychological care by providing consultation to and working with members of the multidisciplinary team</li> </ul>	<ul style="list-style-type: none"> <li>• Assess for psychological distress and diagnose some psychopathology</li> <li>• Counselling and specific psychological interventions delivered according to a specific theoretical framework</li> </ul>	<p>Appropriate professional qualification</p> <p>CPD in line with professional regulatory body</p> <div style="background-color: black; color: white; padding: 5px;"><b>Additional training tools (where specific requirement of role)</b></div> <p>Further training in specific models of counselling / psychological interventions e.g., ACT, CBT, mindfulness, person centred counselling.</p> <p>Oncology specific induction, e.g. anatomy and oncology for non-clinicians, CBT for people with cancer.</p> <p><a href="#">PRosPer (prehabilitation, rehabilitation and personalised care – advanced level)</a></p> <p>Safety and Stabilisation for Clinical Health</p> <p><a href="#">Suicide prevention</a> - Enhanced</p>
<b>(4) Specialist – Counselling or clinical psychologist/psychiatrist</b>		
<ul style="list-style-type: none"> <li>• Specialist knowledge and experience of assessing and intervening with complex and severe mental health problems</li> <li>• Specialist knowledge of, and expertise in, a range of psychological therapies appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Assess complex psychological problems</li> <li>• Specialist psychological and psychiatric interventions for managing moderate</li> </ul>	<p>Appropriate doctoral level professional qualification</p> <p>CPD in line with professional regulatory body</p> <p>AsSET Train the Trainer</p>

<p>to the needs of people with life threatening illness and their supporters. This includes detailed knowledge of the care of people with mental health needs, and/or of the use of psychotropic medication.</p> <ul style="list-style-type: none"> <li>• An ability to undertake a comprehensive psychological risk assessment taking into account relevant social, familial and cultural</li> <li>• An ability to use clinical experience and judgement, objective testing and access appropriate medical and mental health history in order to identify presenting mental health/psychological problems and develop a meaningful formulation which guides evidence-based interventions</li> <li>• Skills to provide organisational leadership for specialist psychological services</li> <li>• Ability to act as a specialist resource to local cancer and palliative care services by providing expertise in consultation, education, supervision and research</li> <li>• An ability to work and liaise at an organisational and strategic level to promote the provision of high standards of psychological care</li> </ul>	<p>to severe mental health problems</p>	<p>Developing Practice Train the Trainer</p> <p><b>Additional training tools (where specific requirement of role)</b></p> <p>Further training in specific models of psychological intervention</p> <p>Oncology specific induction, e.g., Anatomy and oncology for non-clinicians, CBT for people with cancer</p> <p><a href="#">PRosPer (prehabilitation, rehabilitation and personalised care – advanced level)</a></p>
--	---	--

Please note: Given the different skill set required for treating patients under 25 years of age a specific [Paediatric Training Portfolio is available from the NHS Education for Scotland website](#).

## Appendix 4: Quality statements self-assessment template

The following self-assessment template should be completed to detail your organisations position against the agreed quality statements.

Organisation	Submission completed by (name)	Job Title
Date submission completed	Data period covered	PTSF Steering Group Representative

Clinical Quality Statement 1				
People affected by cancer should have ready access to the appropriate level of evidence based psychological intervention to meet their needs at all parts of their treatment pathway.				
Position Statement	Level 1	Level 2	Level 3	Level 4
Details of what services are provided at each level				
No. of patients seen by service at each level				
Treatment stage				
Waiting time per level of service provision (days/weeks)				
Action update on Statement	Progress / Barriers		Timescale	
Actions from previous year				
Planned actions for the coming year				

### Clinical Quality Statement 2

Recognised and agreed screening and assessment tools, should be used to ensure an appropriate, individualised plan for meeting the identified needs of people affected by cancer is agreed.

Position Statement	Level 1	Level 2	Level 3	Level 4
Recognised and agreed screening and assessment tools, should be used to ensure an appropriate, individualised plan for meeting the identified needs of people affected by cancer is agreed.				
Recognised and agreed screening and assessment tools, should be used to ensure an appropriate, individualised plan for meeting the identified needs of people affected by cancer is agreed.				
Action update on Statement	Progress / Barriers		Timescale	
Actions from previous year				
Planned actions for the coming year				

### Clinical Quality Statement 3

People affected by cancer receiving a psychological intervention should have their response to treatment monitored and the delivery of treatment adjusted in response to outcomes.

Position Statement	Level 1	Level 2	Level 3	Level 4
Description of outcome monitoring process in place				
Action update on Statement	Progress / Barriers		Timescale	

Actions from previous year		
Planned actions for the coming year		

### Service Quality Statement 1

Services should have a clearly defined pathway detailing the provision of psychological assessment and care for people affected by cancer, including clear referral processes and good accessibility for referrers and service users.

Position Statement	Level 1	Level 2	Level 3	Level 4
Location and scope of service information available including where potential referrers can find details of accessibility of services, referral criteria and relevant contact details.				
Referral routes including details of who can refer to each level of service and referral information required.				
Feedback mechanism for outcome of referral				
Details of current referral sources				
Action update on Statement	Progress / Barriers		Timescale	
Actions from previous year				
Planned actions for the coming year				

### Service Quality Statement 2

All individuals working within relevant services should complete appropriate training to ensure their knowledge and skills are appropriate for the level of psychological care provided.

<b>Position Statement</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
Has the Training Matrix been used to determine the training needs of staff/volunteers?	Yes / No	Yes / No	Yes / No	Yes / No
Number of staff working at each level?				
No. of volunteers working at each level?				
No. of staff/volunteers undertaken training at this level? Please specify what training e.g. Emotion Matters for Level 1?				
Training access issues/opportunities?				
<b>Action update on Statement</b>	<b>Progress / Barriers</b>		<b>Timescale</b>	
Actions from previous year				
Planned actions for the coming year				

### **Service Quality Statement 3**

All professionals delivering psychological interventions should have regular and routine access to consultation and/or supervision to optimise competency and delivery of interventions.

<b>Position Statement</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
---------------------------	----------------	----------------	----------------	----------------

Description of current process regarding supervision of staff and volunteers at each level.				
<b>Action update on Statement</b>	<b>Progress / Barriers</b>		<b>Timescale</b>	
Actions from previous year				
Planned actions for the coming year				

## Appendix 5: Psychological therapies and support framework working group membership

Name	Title	Representing
Gillian Hailstones	Co-Chair, Director of Care Services	Beatson Cancer Charity  West of Scotland Psychological Care and Support Steering Group)
Helen Moffat	Co-Chair, Consultant Clinical Psychologist for Oncology and Palliative Care	NHS Grampian
Lesley Howells	Lead Psychologist	Maggie's
Seona Carnegie	Secretariat, Policy Manager	Scottish Government
Debbie Provan	Clinical Advisor	Scottish Government
Rob Murray	Chief Executive	Scottish Cancer Coalition  Cancer Support Scotland
Sara MacLennan		University of Aberdeen  UCAN (Urological Cancer Charity)
Claire Alexander	Partnership Assurance Lead	Macmillan Cancer Support
Amy Anderson	Prehabilitation Project Lead	North Cancer Alliance
Kirsty Whiteside		Improving the Cancer Journey (National Representative)
Jinette Mathieson	Macmillan Cancer Nurse Consultant/ CNS Strategic Lead	NHS Grampian  Scottish Cancer Lead Nurses/ Nurse Consultant Group



## Original WoSCAN Group Membership

Name	Title	Representing
Madaline Alexander	Service Manager	Cancer Support Scotland
Jane Beresford	Public Health Programme Manager	NHS Greater Glasgow and Clyde
Iain Campbell	Clinical Psychologist	NHS Forth Valley
Kerry Craig	Centre Head	Maggie's
Rosalie Dunn	Primary Care Cancer Network Lead Clinician	Primary Care Cancer Network
Gillian Hailstones	Operations Manager	Maggie's
Angela Harris	Scotland Service Development Manager	Breast Cancer Care
Chris Hewitt	Clinical Psychologist	NHS Greater Glasgow and Clyde
Nici Hill-Lyons	West of Scotland Development Officer	Macmillan Cancer Support
Sandra McCall	Chief Executive	Ayrshire Cancer Support
Emily McIntosh	Clinical Psychologist	NHS Lanarkshire
Kathleen McHugh	Clinical Psychologist	NHS Greater Glasgow and Clyde
Esther Murray	Clinical Psychologist	NHS Ayrshire and Arran
Susie Porteous	Clinical Psychologist	NHS Forth Valley
Iona Scott	Quality & Service Improvement Manager	WoSCAN
Grace Stewart	Head of Services	Beatson Cancer Charity
Lorraine Webster	Macmillan Support Radiographer	Beatson West of Scotland Cancer Centre
Nic White	Head of Scotland	Breast Cancer Care
Sandra White	TCAT Clinical Lead	WoSCAN
Janice Williams	Manager	The Haven, Lanarkshire

## Wider Consultation

Name	Title	Representing
Jo Anderson	Director of External Affairs	Scottish Association for Mental Health

Philip Hacking	Healthcare Chaplain	NHS Forth Valley
Fiona McMahon	Improvement Advisor, Psychological Therapy	NHS Greater Glasgow and Clyde
West of Scotland Consultant Nurse Group		

Additional contributions were made by a wide variety of individuals and organisations as part of the Psychological Therapies and Support Framework Implementation Steering Group and Subgroups, including the Pathways and Patterns Subgroup, the Data Subgroup and the Education and Training Subgroup.