

Increasing Access to Psycho-Oncology Care

*It's okay to be not okay.
It's not okay to be alone with those feelings.*

Kelly Irwin, MD, MPH

Assistant Professor of Psychiatry, Harvard Medical School

Director, Collaborative Care and Community Engagement Program

ENGAGE: The Cancer and Mental Health Collaborative

kirwin1@partners.org





“Everyone who is born holds dual citizenship in the kingdom of the well and the kingdom of the sick.

Although we all prefer to use only the good passport, sooner or later, each of us is obliged to identify ourselves as citizens of that other place.”

- Susan Sontag, *Illness as Metaphor*

Cancer Center



Mental Health Clinic



During the pandemic, we have witnessed escalating mental health needs.

“I’m scared to go to the hospital, and I’m scared to stay home.”

“It’s hard to talk to my family. I feel alone. I worry about everyone’s safety.”

“Not everyone has a smart phone.”

“I worry most about my family member dying alone.”

Mental illness is too often invisible and unspoken...

But does not have to be.

Myth 1: Mental illness is uncommon.



Reality 1: Mental illness is common and inadequately treated.

Myth 2: Depression is normal for people with cancer.



Reality 2: Depression is not normal and can be treated effectively.

Myth 3: I need to have a positive attitude.



Reality 3: Feelings are feelings.

Myth 4: When I complete treatment, I'll feel better.



Reality 4: We can anticipate and normalize how many people cope with cancer treatment.

Cancer causes distress for multiple reasons; we need early, comprehensive, biopsychosocial distress screening and management.

Cancer has a bad reputation: Death, disability, treatment

Cancer site and stage: Changes in appearance, ability to speak and eat, increased pain

Family: Impact on caregiver role, burden

Financial: Loss of income, added costs

Spiritual, existential: Loss of faith, identity (sources of meaning)

Cultural: Impact on illness understanding, trust, community

We can help with distress by meeting people where they are and making it possible to take action.

Cancer has a bad reputation: Death, disability, treatment

Cancer site and stage: Changes in appearance, function, pain, advanced stage

Family: Impact on caregiver role, burden

Financial: Loss of income, added costs

Spiritual, existential: Loss of faith, identity

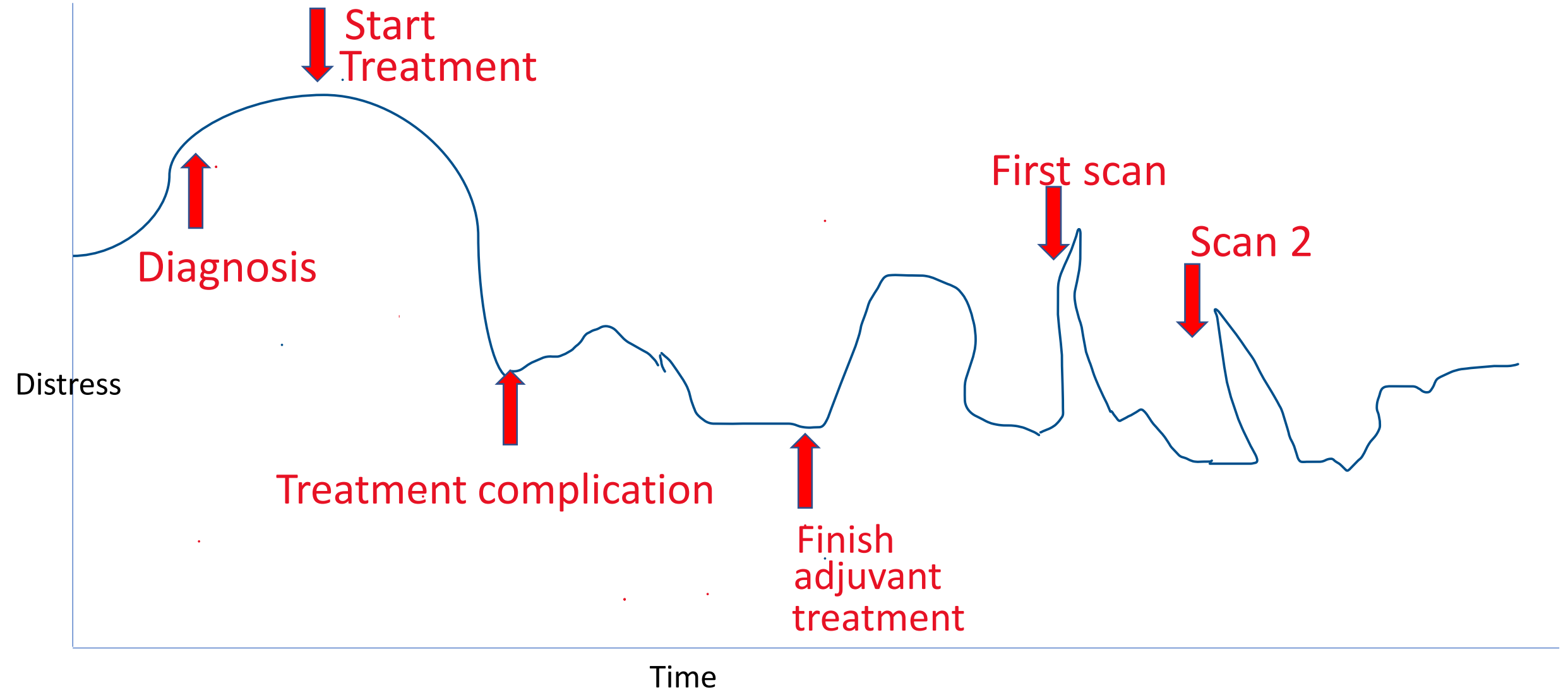
Cultural: Loss of connection, difficulty with trust

Impact: We feel powerless.

To help, maximize the ability to do something

- Start with what matters
- What helped you to get through challenges in the past? Alternatives?
- Break into manageable pieces

We can anticipate and normalize moments that often cause distress for patients with cancer and their caregivers.



Depression is *not* normal but is common among people with cancer and is linked to poor cancer outcomes.

1 in 4 patients with cancer will have significant anxiety and depression symptoms.

Approximately 1 in 3 patients with gastric cancer have clinically significant depression symptoms.

The risk of suicide is twice as high among patients with cancer than the general population.

Depression symptoms are associated with more time in the hospital and worse cancer outcomes including survival.

How can we tell this is depression?

Feeling sad or unable to experience joy/happiness most of the time for >2 weeks

Hopelessness, worthlessness

Worry about being a burden on family members

Not participating in care, lack of interest or ability to brighten

Thoughts that you would be better off dead, constant thoughts about death

Low energy in the morning (vs. fatigue at end of day), Pain all over vs. tumor-specific pain

Difficulty making decisions

(impaired sleep, appetite not explained by cancer and cancer treatment)

Ask your oncology team, assess for other contributors (e.g. low thyroid, anemia, low B12)

Depression and anxiety can be treated effectively; tailored approaches are needed across the cancer continuum.

Evidence-based psychological approaches for depression, anxiety, and insomnia include:

Cognitive Behavioral Therapy, Mindfulness and Acceptance Commitment Therapy

Can be delivered flexibly: Telephone and video-conferencing, individual vs. group

Medications are safe, effective tools to treat depression, anxiety, & other mental health disorders.

Medications can target cancer symptoms and treatment side effects.

- Selective serotonin reuptake inhibitors (SSRIs/SNRIs) decrease hot flashes
- Olanzapine decreases chemotherapy-associated nausea

Discuss with your oncology team

Select medications with fewer medication interactions

Despite national mandates, we lack access to adequate psycho-oncology care.

“One of the biggest barriers is lack of access to psychiatry, and with cancer care, we can’t wait.”

- Medical Oncologist

Challenges accessing care are compounded by public insurance, rural location, lack of clinicians who speak different languages, lack of expertise with serious mental illness and comorbid substance use

- Need to adapt for rare cancers, men, older adults, individuals in low/middle income countries, language culture and race
- Need to partner with patients and caregivers to co-design approaches that work
- Who are we not reaching with telehealth?

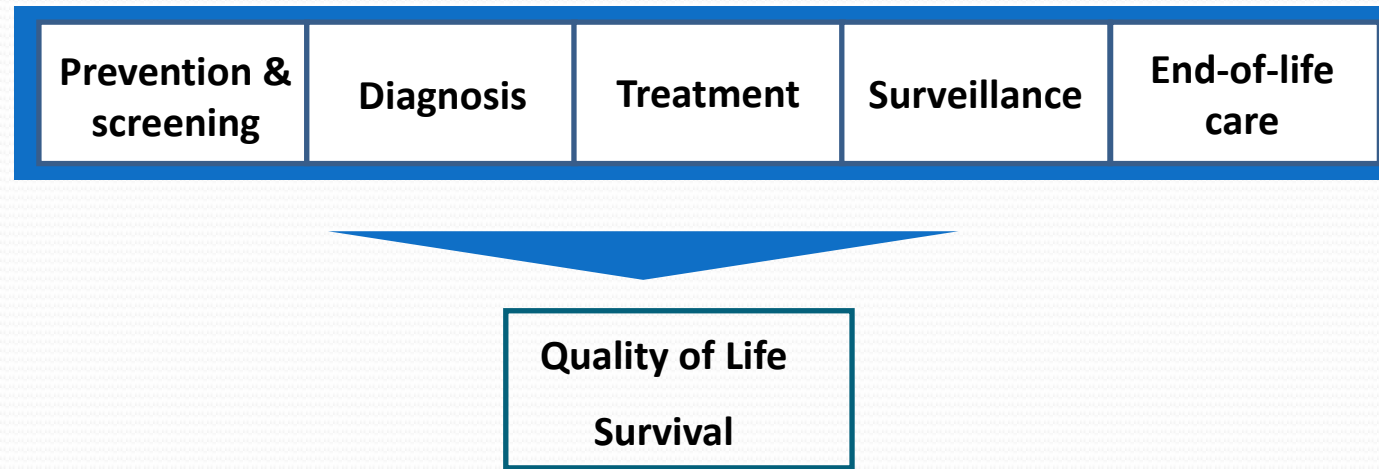
Resources:

Cancer Care: <https://www.cancercare.org>: Free phone counseling/groups by oncology social workers

Psychology Today: Search for therapist with skillset who accepts insurance

American Psychosocial Oncology Society, International Psychosocial Oncology Society

Individuals with preexisting mental health disorders experience inequities in cancer care that contribute to decreased cancer survival.



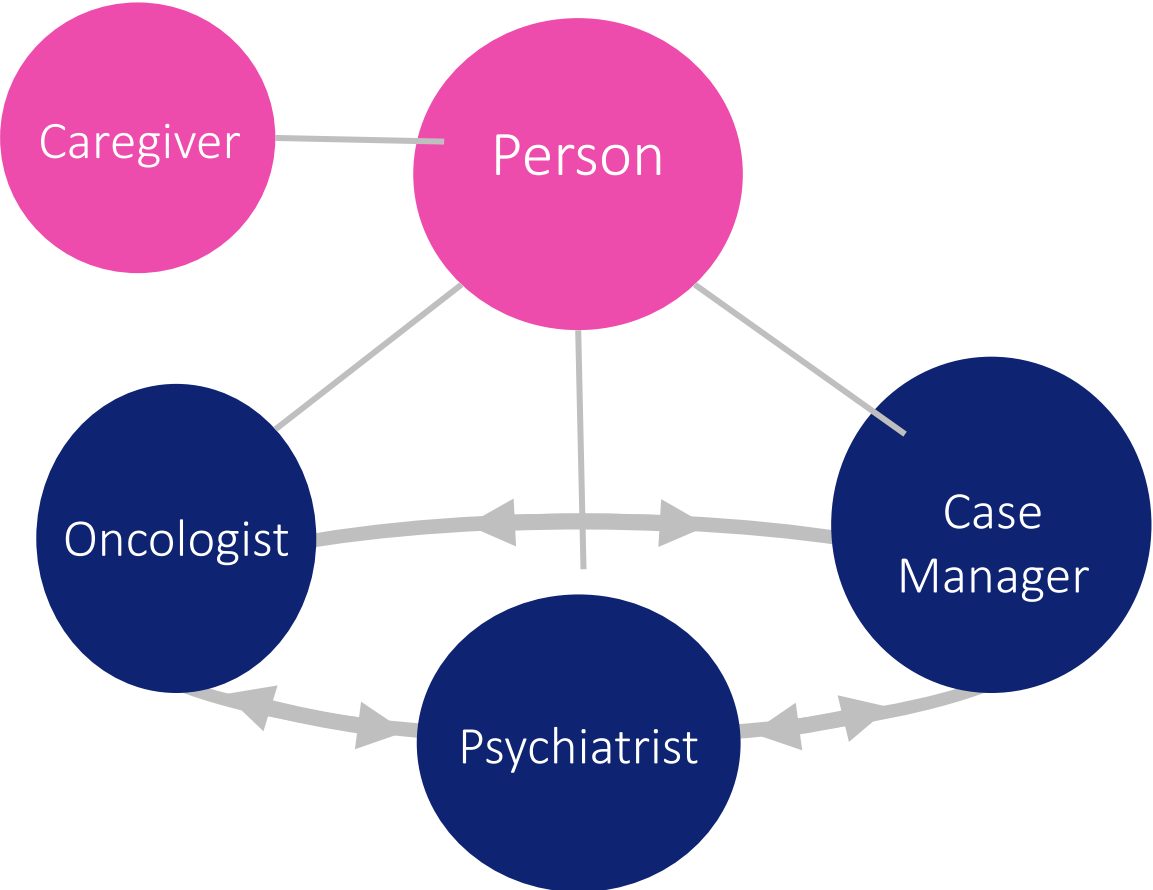
We apply a person-centered lens to increase access to cancer care and research for people with mental illness.

Developed and piloted **Bridge**: Person-Centered Collaborative Care for patients with serious mental illness at cancer diagnosis

Leading first randomized trial examining the impact of Bridge on cancer care

Building the Cancer and Mental Health Collaborative to strengthen partnerships, extend our reach, and decrease disparities in cancer outcomes.

Bridge is person-centered collaborative care that addresses barriers to cancer care proactively and engages a diverse team to improve cancer outcomes.



Proactive

Person and caregiver-centered

Team-Based

Systematic weekly case review

Evidence-based interventions for cancer and mental illness



“I didn’t feel wanted. I had a lump for 6 months, and I could feel them dismissing me. The team listened to me and that was the difference between life and death.”

- Ady, woman with breast cancer and bipolar disorder

Caregivers valued combined mental health and oncology expertise:

“She came from oncology, understood schizophrenia, and could tell us what to expect. I’ve never had a provider with both perspectives.”

- Adult daughter of woman with schizophrenia and GI cancer

Oncologists valued the proactive approach and availability of psychiatry

*“She would not have received care otherwise.” –
Medical Oncologist*

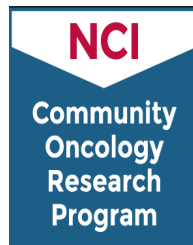


We are a coalition that engages diverse voices to promote equity in cancer care and research for people with mental illness.



ENGAGE

TOGETHER WE WILL ENSURE THAT MENTAL HEALTH
IS NEVER A BARRIER TO CANCER CARE



EndTheInequity
KellyIrwin_MD

[Engageinitiative.org](https://engageinitiative.org)

MGHEngage@partners.org



Engage Initiative