

I'm a health professional



Rural cancer patients and their families experience a range of additional stressors, particularly if they need to travel to obtain medical treatment. This section contains information and tips designed to help you deal more effectively with these patients' unique needs. Some information has been provided both at the suggestion of rural cancer patients. Other sections are based on the academic literature. References are provided at the end of this section.

1. Unique stressors rural cancer patients face

- **Need to travel for specialist treatment**[1-5]
 - **Financial strain**
 - Accommodation
 - Travel
 - Absence from home (and associated cost of maintaining two residences)
 - Absence from work (and associated loss of income)
 - Incidental relocation expenses (e.g. telephone)
 - **Social strain**
 - Disruption to family life and traditional social/gender roles
 - Isolation from family, friends and support networks
 - Loss of contact with other cancer patients when returning to rural community
 - **Emotional strain**
 - Confusion and alienation when in an unfamiliar city
 - Fear that absence from home is a burden for others
 - **Practical strain**
 - Extensive organisation required to relocate for treatment (e.g. care for animals)
 - Difficulty navigating unfamiliar city and facilities
- **Lack of adequate local medical services** e.g. to deal with treatment side effects on returning home, such as lymphodema [1, 5, 6]
- **Lack of information that is relevant** to people from rural areas [1, 5, 7]
- **Cultural and social issues**
 - A rural setting presents specific difficulties for the discussion of a cancer diagnosis [3] (e.g. due to stigma)
 - Concerns about privacy/gossip [8-10]

2. Important things for urban-based health professionals to consider when treating rural patients

- Many find coming to the city and finding their way around **very stressful**.
- Staff in small rural hospitals are often familiar with their patients; these patients can find the **anonymity of large urban hospitals overwhelming**, impersonal and, at least initially, distressing and difficult to navigate.
- Being **away from family, friends and support networks** during treatment adds to levels of distress.
- Most rural patients appreciate the **acknowledgement that they have travelled** from their rural homes for the appointment.
- As travelling is tiring and difficult, having **appointments scheduled together** and not changed at the last minute is essential.

- Ask “**What do I need to know about you that will help me to help you?**” This helps build rapport and gives them an opportunity to raise preferences about how treatment can be structured to accommodate work and family commitments.
- Where possible, suggest making arrangements for **tests** (e.g. blood tests prior to chemotherapy) to be done **close to the patient’s home** to minimise the amount of time spent away from home. If possible, check that this will not cost the patient extra.
- Stigma and rural values (e.g. reluctance to complain or to ask for help) can make it difficult for rural patients to access support services and **reluctant to report difficulties such as side effects or negative emotions**. An explanation that **psychosocial care is recommended as a standard part of treatment for all cancer patients** is helpful. A direct question on what sorts of difficulties they have experienced may help them broach this subject.
- **Clear communication** between rural GPs and urban specialists is a necessity. Rural patients may experience anxiety upon leaving urban-based treatment facilities, particularly if these patients are concerned that their local GP does not have a good understanding of their medical situation.
- **Discharge planning** is very important. Be familiar with exactly what services are available to support patients on their return home to rural communities.
- **Make a referral to psychosocial services** in metropolitan treatment centres and/or inform rural patients about relevant support services in their local area. This will **increase the likelihood that services are accessed**.

Other tips:

- To help identify relevant support services in rural areas, **use the service directory/ ‘Find help near you’ section of the Country Cancer Support website**.
- Try to employ **simple, lay language** wherever possible.
- Encourage patients and their supporters to **take notes, ask questions and report side effects**.
- Try to **demonstrate a personal interest** in the person beyond their illness.
- Ask patients if they understand **why** they are having a particular treatment, taking a particular medication etc.
- Ask patients if they need assistance with completing a Patient Assistance Transport Scheme **(PATS) form**.

To download PATS form, visit:

www.countryhealthsa.sa.gov.au/Services/PatientAssistanceTransportSchemePATS/PATSApplicationForm.aspx.

3. What are “psychosocial interventions”

Psychosocial interventions and services are those designed to **optimise psychological, physical, social, emotional and spiritual wellbeing** [11]. They seek to address issues such as:

- distress
- anxiety
- depression
- fear of death
- adapting and coping
- social support
- communication with the family
- sexuality
- self-esteem
- body image
- side effects of treatment
- pain
- sleep disturbance
- work related issues

4. Why is it important to consider cancer patients' psychosocial needs?

A diagnosis of cancer may lead to social, emotional, psychological and spiritual issues that can cause disruptions to work and family life, hinder a return to good health, weaken adherence to prescribed treatments [11] and contribute to the high rate of mental disorders in the cancer population [12, 13].

Research has found that the rate of psychological disorders in the cancer population (approximately 30%) [12, 14, 15] is higher than that of both the general population [12, 13] and the general medical patient population [13]. Further, a large amount of research has been done on the usefulness of psychosocial interventions [16-18] and as a result it has been concluded that they have a "consistent beneficial effect" on patients' emotional, functional, treatment- and disease-related adjustment [19]. Therefore, **psychosocial care is now widely recommended in the clinical practice guidelines for treatment of a range of cancers** [20].

The National Comprehensive Cancer Network (2011) **distress management guidelines suggest that ALL cancer patients should be screened for distress** using a patient reported 0-10 scale. Patients should then be managed according to the clinical practice guidelines, based on these results.

****Please note: The 'Find help near you' section of the Country Cancer Support website provides a simple tool that allows patients to self-screen for distress and based on their responses, provides feedback on appropriate sources of psychosocial care for rural patients. Please consider referring them to this online tool or asking them to complete it with you.**

5. Why is it particularly important to consider RURAL cancer patients' psychosocial needs?

There is increasing evidence that this group may be **more likely than their urban counterparts** to experience **poor mental health** [21-24], **poorer treatment outcomes** [25] and **unmet psychosocial needs** [1, 26, 27]. For example, less than 10% of Australian rural breast cancer patients and 5% of their families have accessed psychosocial help through a counsellor, psychologist, social worker or psychiatrist during diagnosis and treatment [7]. Comparative data on support service usage is limited. However American research suggests that the rate of counselling and support group usage after cancer diagnosis by patients in the wider population is approximately 14.2% [28]. Therefore, **focused efforts at linking rural cancer patients with psychosocial services are required.**

6. Useful contacts to help you with rural cancer patients

- **Rural liaison nurses** are registered nurses who work within metropolitan public hospitals in partnership with the ward staff to assist with issues such as accommodation and transport during and post treatment. They are available on weekdays between 8am-4pm, Monday-Friday.
 - **Royal Adelaide Hospital** (phone: 82224000 pagers 1331 or 1551 or rahrural@health.sa.gov.au)
 - **Queen Elizabeth Hospital** (phone 82226000 pager 6824)
 - **Lyell McEwin Hospital** (phone: 8182 9083 or 0401671433). Here they are known as the "Home Link Coordinators- medical and rural". Over the weekend, please phone 0401692646 between 8am-3.30pm.
 - **Flinders Medical Centre** (phone : 8201 7835 or 0435 659 542)
- **Rural and Remote Mental Health Triage Service** (phone 13 14 65) 24 hours per day, 7 days per week. Cost of a local call. Emergency mental health information and assistance for health professionals and their clients, families and carers.
- **Cancer Care Co-ordinators/ Patient Liaison Nurses** are people who may be available in the patient's own region to help them navigate the medical system. The following list (which may not be exhaustive) may help.

- **Broken Hill** Greater Western Area Health Service. Phone (08) 8080 1183 or 0427 064 367 or email sturley@gwahs.health.nsw.gov.au
- **Mount Gambier** South East Regional Community Health. Phone (08) 87211460 or email julie.campbell@health.sa.gov.au or rachel.walkom@health.sa.gov.au
- **Port Pirie** Country Health SA Local Health Network. Phone 08 86384705 or email nicola.champion@health.sa.gov.au
- **Victor Harbor** South Coast District Hospital. Phone (08) 8552 0500 or 0429 551 076 or email nicole.renshaw@health.sa.gov.au
- **Wallaroo** Wallaroo Hospital. Phone (08) 8823 0215 or email michelle.ferguson@health.sa.gov.au
- **Whyalla** Whyalla Hospital and Health Service. Phone (08) 86488683 or email leanne.setford@health.sa.gov.au

To find support services for rural patients, particularly on their return home to rural communities, visit the 'Find help near you' section of the Country Cancer Support website. A version of this search tool has been developed specifically for health professionals.

7. Travel distance to Adelaide

An online calculator is available on the Country Cancer Support website to help you gain an understanding of the **distance your rural patients have to travel to get to metropolitan Adelaide from their rural home**.

Travel can be very draining for country patients. Consider acknowledging this, taking an interest in where they have come from and where possible scheduling appointments together. This is likely to be greatly appreciated.

8. Useful links

Distress screening guidelines (National Comprehensive Cancer Network)
www.jnccn.org/content/8/4/448.extract

Clinical practice guidelines for the psychosocial care of adults with cancer (National Breast Cancer Centre and National Cancer Control Initiative)
www.nhmrc.gov.au/files/nhmrc/publications/attachments/cp90.pdf

Clinical practice guidelines for the psychosocial management of adolescents and young adults diagnosed with cancer (Clinical Oncological Society of Australia)
www.wiki.cancer.org.au/australia/COSA:Psychosocial_management_of_AYA_cancer_patients/Introduction

Patient Assistance Transport Scheme (Country Health SA)
www.countryhealthsa.sa.gov.au/Services/PatientAssistanceTransportSchemePATS.aspx

Statistics and information on the treatment outcomes of rural cancer patients (National Rural Health Alliance)
www.nrha.ruralhealth.org.au/cms/uploads/factsheets/fact-sheet-08-cancer.pdf

Professional development information and exercises (Cancer Australia)
www.cancerlearning.gov.au

Online directory of trusted Australian cancer care resources (Cancer Council NSW)
www.cancerdirectory.com.au/

9. References

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