Best Practices in Oncology Distress Management: Beyond the Screen

**Presenter**
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- Catherine Lindner, MSW, LCSW, OSW-C, CST
- Deidre B. Pereira, PhD, ABPP
- Karen Ridley, MSW, LCSW
- Karen Sanchez, MSW, LCSW, OSW-C

**Title**
- Nurse Navigator at Comprehensive Breast Center of the Palm Beaches
- Manager, Outpatient Oncology Social Work at AdventHealth Cancer Institute
- Clinical Health Psychologist and Associate Professor at the University of Florida
- Behavioral Health Manager at Florida Cancer Specialists & Research Institute
- Head and Neck Cancer Oncology Social Worker at the Sylvester Comprehensive Cancer Center at the University of Miami
### Mental Health Professionals in Oncology

| Licensed Clinical Social Workers (LCSW) | Complete Master of Social Work degree  
| | 2 years of clinical practice post Masters with supervision by a qualified supervisor  
| | Pass the state licensure exam  
| | (Optional) Obtain certification in Oncology Social Work (OSW-C) |
| Licensed Psychologist  
(PsyD or PhD in Clinical or Counseling Psychology) | Complete doctoral degree, including internship  
| | Complete 1-2 years of postdoctoral residency  
| | Pass national and state licensure exams  
| | (Optional) Obtain board certification (ABPP-CHP) |
| Nurse Navigators | Complete degree in Nursing (Associate, BSN, APRN, PhD)  
| | (Optional) Obtain Oncology Certified Nurse certification; Breast Patient Navigator Certification |
| Psychiatrist  
(Medical doctors specializing in managing mental health, including with medications) | Complete an MD or DO, including internship, residency, and fellowship  
| | Obtain licensure  
| | Obtain board certification |
FIGURE 2. Team Work and Triage

Department of Supportive Care Medicine (DSCM) Clinical Triage

<table>
<thead>
<tr>
<th>Social Work</th>
<th>Psychology</th>
<th>Psychiatry</th>
<th>Supportive Medicine</th>
<th>Spiritual Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Safety/Risk assessment for abuse, suicide, homicide, AMA</td>
<td>• Psychotherapeutic management of mental health issues impacting treatment</td>
<td>• Assessment &amp; management of altered mental status</td>
<td>• Symptom assessment &amp; management</td>
<td>• Assessment of spiritual &amp; existential needs &amp; distress</td>
</tr>
<tr>
<td>• Pre-transplant psychosocial assessment</td>
<td>• Assessment of cognitive &amp; emotional functioning</td>
<td>• Pharmacologic treatment of psychiatric disorders</td>
<td>• Symptom management for patients with substance use concerns</td>
<td>• Spiritual counseling, including grief &amp; bereavement support</td>
</tr>
<tr>
<td>• Evaluation, support &amp; triage of patient &amp; family coping &amp; distress</td>
<td>• Interventions &amp; treatment planning for high acuity behavioral &amp; adherence issues</td>
<td>• Acute management of substance use disorders</td>
<td>• Prognostication</td>
<td>• Interventions for spiritual &amp; moral distress about treatment &amp; end of life decision-making</td>
</tr>
<tr>
<td>• Counseling for adjustment to illness &amp; changes in medical status</td>
<td>• Psychological techniques for symptom management</td>
<td>• Assessment of psychiatric stability for treatment</td>
<td>• Initiation of &amp; assistance with goals of care discussions</td>
<td>• Spiritual interventions around end of life clinical processes, e.g., DNR, miracle thinking</td>
</tr>
<tr>
<td>• Interventions to reduce barriers to care</td>
<td>• Individual psychotherapy for severe cancer-related distress, e.g., anxiety, depression</td>
<td>• Assessment of medical decision-making capacity</td>
<td>• Assistance with hospice evaluation &amp; transition</td>
<td>• Facilitation of spiritual/religious rituals, sacraments &amp; services</td>
</tr>
<tr>
<td>• End-of-life &amp; hospice discussions</td>
<td></td>
<td>• Acute management of suicide &amp; homicide risk</td>
<td>• “Aid in Dying” consultation</td>
<td></td>
</tr>
<tr>
<td>• Grief &amp; bereavement support</td>
<td></td>
<td></td>
<td>• Management of actively dying patients</td>
<td></td>
</tr>
<tr>
<td>• Coordination &amp; facilitation of family meetings</td>
<td></td>
<td></td>
<td>• Palliative sedation</td>
<td></td>
</tr>
<tr>
<td>• Couples counseling &amp; education (cancer-related)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• School program</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Advance Directives counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assistance with community resources, e.g., financial, mental health, transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “Aid in Dying” assessment &amp; counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: AMA, against medical advice; DNR, do not resuscitate.
Adapted with permission from Schnaiderman et al. [1]
## Distress Screening Tools

### Evidence Based Tools Used in Distress Screening

<table>
<thead>
<tr>
<th>Tool</th>
<th>When to Use</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ-2</td>
<td>Office / Treatment visit</td>
<td>Watchful waiting</td>
</tr>
<tr>
<td>PHQ9</td>
<td>Depression</td>
<td>Supportive Counseling- in house therapy or a community referral (evidence-based)</td>
</tr>
<tr>
<td>*COLUMBIA SUICIDE</td>
<td>Suicidal/homicidal statements or behaviors (overt or covert)</td>
<td>Assess, Intervene, Refer, and/or Baker Act / contact law enforcement</td>
</tr>
<tr>
<td>GAD-7</td>
<td>Anxiety</td>
<td>Supportive Counseling- in house therapy or a community referral (evidence-based)</td>
</tr>
<tr>
<td>DISTRESS THERMOMETER</td>
<td>Office / Treatment visit</td>
<td>Resource referrals; Supportive Counseling- in house therapy or a community referral</td>
</tr>
<tr>
<td>PC-PTSD-5 PCL-5</td>
<td>PTSD, trauma</td>
<td>Supportive Counseling- in house therapy or a community referral (evidence-based)</td>
</tr>
<tr>
<td>MY WELLNESS CHECK SURVEY</td>
<td>Office / Treatment visit</td>
<td>Supportive Counseling- in house therapy or a community referral (evidenced-based)</td>
</tr>
</tbody>
</table>

*Other suicide screening tools are also used based on agency preference*

### Similarities/Differences by Settings

<table>
<thead>
<tr>
<th></th>
<th>Academic</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>NCI Designated Cancer Center, CoC, Breast Accredited, GI Accredited, site specific</td>
<td>Accreditation – Pathology Accredited, Radiology Accredited, Rx-To-Go Accredited, site specific</td>
</tr>
<tr>
<td>PHQ-2 / PHQ-9</td>
<td></td>
<td>PHQ-2 / PHQ-9</td>
</tr>
<tr>
<td>GAD-7</td>
<td></td>
<td>GAD-7</td>
</tr>
<tr>
<td>Distress Thermometer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Other suicide screening tools are also used based on agency preference*
PHQ-9 and GAD-7 screening tools

**Patient Health Questionnaire and General Anxiety Disorder (PHQ-9 and GAD-7)**

**Date:**
**Patient Name:**
**Date of Birth:**

**PHQ-9**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or eating less than normal.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself down.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Add the score for each column**

**Total Score (add your column scores):**

**If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one):**

**Not difficult at all**

<table>
<thead>
<tr>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very Difficult</th>
<th>Extremely Difficult</th>
</tr>
</thead>
</table>

**Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.**

**GAD-7**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it’s hard to sit still.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily irritated or irritable.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Add the score for each column**

**Total Score (add your column scores):**

**If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one):**

**Not difficult at all**

<table>
<thead>
<tr>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very Difficult</th>
<th>Extremely Difficult</th>
</tr>
</thead>
</table>

**Guide for Interpreting PHQ-9 Scores**

<table>
<thead>
<tr>
<th>Score</th>
<th>Depression Severity</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>None-minimal</td>
<td>Patient may not need depression treatment.</td>
</tr>
<tr>
<td>5 - 9</td>
<td>Mild</td>
<td>Use clinical judgment about treatment, based on patient’s duration of symptoms and functional impairment.</td>
</tr>
<tr>
<td>10 - 14</td>
<td>Moderate</td>
<td>Use clinical judgment about treatment, based on patient’s duration of symptoms and functional impairment.</td>
</tr>
<tr>
<td>15 - 19</td>
<td>Moderately severe</td>
<td>Treat using antidepressants, psychotherapy or a combination of treatment.</td>
</tr>
<tr>
<td>20 - 27</td>
<td>Severe</td>
<td>Treat using antidepressants with or without psychotherapy.</td>
</tr>
</tbody>
</table>

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kuhl/Korenko and colleagues with an educational grant from Pfizer Inc. No permission required for reproduction, translation, display or distribution, 1993.
Normal Distress When Facing Cancer

Distress is a word that has lots of meaning. Here we use “distress” to describe those unpleasant feelings or emotions that may interfere with your ability to cope with your cancer diagnosis. It can affect emotions, thoughts, behaviors, and how you interact with others.

Distress is normal when you or a family member has a cancer diagnosis.

AHCI offers this brief Distress Screen. It helps us provide you with ongoing support and the best care.

A Distress Screen is a tool much like a pain scale. A score of 5 or more on the Distress Thermometer indicates moderate to severe distress.

In most cancer centers, the Oncology Social Worker is the first support person you may see when the cancer care team wants to refer you to someone for distress. They are available to you when your distress falls into the area of psychosocial or practical problems. They provide counseling support and assist with referrals to relieve stress related to the problems identified on the distress screen.

After completing the attached Distress Screen, please indicate your desire to have communication with someone from our Oncology Social Work staff.

Thank you.
Outpatient Psychosocial Distress Screening:

- EMR integrated assessment and triage
- Delivered prior to ambulatory oncology visits for patients with an ICD-10 cancer DX
- Assessment no more than at one visit in 30 days
- Scored and BPAs triggered in real-time to relevant providers
- Assesses:
  - 5 PROMIS CATs: emotional distress (depression, anxiety), pain, fatigue and physical function
  - Nutrition
  - Physical activity
  - practical and psychosocial needs
- Results available to patients and providers in English, Spanish and Creole/French

*All elevated depression and anxiety scores will trigger a BPA to the Social Work team who may administer further screening utilizing the PHQ-9, GAD-7, and Columbia Suicide Severity Rating Scale (C-SSRS).

Best Practice Advisory (BPA) Alert Thresholds

<table>
<thead>
<tr>
<th>Domains</th>
<th>Clinician Alert Thresholds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>≥ 65</td>
</tr>
<tr>
<td>Depression</td>
<td>≥ 60</td>
</tr>
<tr>
<td>Pain</td>
<td>≥ 65</td>
</tr>
<tr>
<td>Fatigue</td>
<td>≥ 65</td>
</tr>
<tr>
<td>Physical Function</td>
<td>≤ 40</td>
</tr>
</tbody>
</table>

MWC Battery:
- 5 PROMIS CATs (Anxiety, Depression, Pain, Fatigue, Physical Function
- Physical Activity
- Supportive Care Needs
- NutriScore
- FACT-G7 HRQoL.

Implementation of the program and impact on ER visits/hospitalizations publications:
1. JAMA Network Open (2023) - Implementation of the program
2. J Clin Oncology Practice (2022) - Impact on ER visits and hospitalizations
3. JCO Oncology Practice (2022) - Unmet needs associated with ER visits and hospitalizations
**Inpatient Distress Screening - (Distress Thermometer)**

National Comprehensive Cancer Network (NCCN) Distress Thermometer

<table>
<thead>
<tr>
<th>Distress Thermometer</th>
<th>Problem List</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NCCN Distress Thermometer</strong>&lt;br&gt;Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.&lt;br&gt;Instructions: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.</td>
<td></td>
</tr>
<tr>
<td>Extreme distress 10</td>
<td>Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)</td>
</tr>
<tr>
<td>9</td>
<td>Physical Concerns</td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>No distress</td>
</tr>
</tbody>
</table>

*All positive scores for depression and anxiety will trigger additional assessments such as the PHQ-9, GAD-7, and Columbia Suicide Severity Rating Scale (C-SSRS).*

Source: NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Distress Management Version 2.2023
Florida Cancer Specialists & Research Institute

• PHQ-9 is administered in clinics. Based on findings, referrals to Behavioral Health Therapists and other resources and community referrals are discussed and offered to patient.

*Tools available to screen for distress, depression, anxiety, and other mental health disorders.
Distress is an unpleasant emotional state that may affect how you feel, think, and act. It can include feelings of unease, sadness, worry, anger, helplessness, guilt, and so forth. It is common to feel sad, fearful, and helpless.

Feeling distressed may be a minor problem or it may be more serious. You may be so distressed that you can’t do the things you used to do. Serious or not, it is important that your treatment team knows how you feel.

The Distress Thermometer (please see below) is a tool that you can use to talk to your health care providers about your distress. It has a scale on which you circle your level of distress. It also asks about the parts of life in which you are having problems. The Distress Thermometer has been tested in many studies and found to work well.

The Distress Thermometer and the other questions below will help your treatment team know if you need supportive services. You may be referred to supportive services at UF or in your community. Supportive services can include help from support groups, chaplains, social workers, mental health counselors, psychologists, or psychiatrists.

1. Please tell us the number that best describes how much distress you have been having in the past week including today.

2. Please tell us if any of the following areas have been a problem for you in the past week, including today.

3. Over the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Little interest or pleasure in doing things</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
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Cancer Patients Entering the Cancer System 100%

- All patients require screening of needs on an ongoing basis.
- All patients require relevant information, basic emotional support, good communication, and symptom management.
- All patients require assessment of needs on a regular basis.

Providing Supportive Care Services

- 20% will only require this level of service
- 30% will also require this level of service
- 35%–40% will also require this level of service
- 10%–15% will also require this level of service

- Many will need additional information, education, and encouragement to seek additional help
- Some will require specialized/professional intervention for symptom management/distress
- A few may need complex care
Distress Across the Survivorship Spectrum

- During work-up for cancer
- Upon diagnosis
- During active treatment
- Upon end of treatment
- Upon disease recurrence or progression
- Upon experiencing acute treatment side effects and/or long-term treatment effects
- During inpatient hospitalization for cancer evaluation, treatment, and/or symptom management
- Upon discussion of goals of care and advance directive as end-of-life approaches
- At end-of-life and/or during active dying
Mental Health Emergencies in Oncology Settings

- Imminent risk for suicide and/or homicide
  - Baker Act
  - Involuntary psychiatric examination
- Substance use disorder posing imminent danger to self or others
  - Marchman Act
  - Involuntary psychiatric examination
- Delirium
- (In some cases) Self-directed discharge from acute care settings
After Distress Screening: Interventions

- Psychosocial education on mental health, coping with cancer, manage acute crisis
  - Validate, normalize, commonalities, problem-solve, plan and strategize

- Individual and/or family therapy
  - Forum to process, communicate, decrease depression/anxiety, feelings of loneliness and grief
  - Evidence based therapy

- Group mutual aid or psychoeducational group forums
  - Connection and support; learning from others’ wisdom and tips, instills hope

- Referrals to psychosocial resources: financial, housing, transportation, community services, support groups, psychiatrists, higher level of care/inpatient treatments, nutrition services
  - Supports patients to achieve optimal functioning and independence, maintain/improve well-being

- Referrals and coordination with nurse navigation for DME, home health, palliative and hospice services
  - Ensures access to needed and requested resources; supports quality of life and resilience

- Advance Care Planning and End of Life conversations
  - Facilitates acceptance, awareness, and sense of control; informs care team

- Assessment of suicide and self-harm; safety coordination, Baker Act
  - Protects and supports vulnerable and distressed, coordinates needed care
Beyond the Screen

➢ Why is it important to look beyond the screen?
  ➢ Cancer and suicide are leading causes of death
  ➢ Greatest risk are among:
    ➢ Pancreatic
    ➢ Lung
    ➢ Colon cancer has increased significantly

Potential Risks when psychosocial issues are left untreated:
  ➢ Non-compliance with the medical regimen
  ➢ Social and emotional isolation
  ➢ Caregiver burden/interference of family roles
  ➢ Development of psychiatric d/o
  ➢ Disruption of relationships

Helping the patient cope
  ➢ First line of defense in coping, is having a doctor and care team that you feel safe with
  ➢ Remember that you are treating the patient, not just their disease.
  ➢ Caregivers are a strong source of support- so remember to include them in the care plan
Suicidal death within a year of a cancer diagnosis
Psychological Issues Related to Cancer

- Anxiety, Panic, stress
- Depression
- Loss and Grief
- Fear of Dying
- Wish to Hasten Death
- Loss of Personal Control/Independence
- Hopelessness/Worthlessness

- Guilt/Anger
- Spiritual Distress
- Intimacy Concerns
- Denial
- Self-Esteem Concerns
- Loss of Dignity
- Irritability and Impatience
- Body Image
- Sexual Problems
Assessing and addressing diverse psychosocial needs

Distress screening is meant to function as an initial step in the more targeted evaluation of the source(s) of the patient’s distress.

Distress screening is inherently a clinical function. Assessing for psychosocial problems, such as anxiety, depression, post-traumatic stress, fatigue, and cognitive complaints. The goal of distress screening is to identify and address otherwise unmet biopsychosocial needs.

Screening alone (i.e., without a coherent referral and/or intervention program) is not helpful.

Assessment tools matter

Timing matters (e.g., screening on first visit results in false-positive findings).
Case Scenario

Patient is a 45-year-old female recently diagnosed with thyroid cancer. She will need radiation treatment for several weeks. She is a single mother with two children. She lives 20 miles from the cancer center and doesn’t have reliable transportation. She can no longer afford to pay for Marketplace insurance. She has a diagnosis of depression due to past trauma. She only speaks Spanish.
Barriers

- Workloads
- Lack of Time
- Understaffing
- Space Limitations
Questions
Other Supportive Resources

Fertility Preservation

• Insurance can cover basic fertility (initial consultations and diagnostic exams)
• In FL, preservation treatment is not usually covered
• Cost for females is much higher than for males
• Male Cancer Patients- organization can assist with fertility treatment for the partner if the cancer patient is male

Livestrong.org

• Helps with the cost of medication for egg/embryo freezing
• Post cancer: can assist with fresh IVF and Frozen IVF transfers

Stupid Cancer

• Largest non-profit organization that addresses young adult cancer through advocacy, research, support, outreach, and mobile health

Cactus Cancer Society

• cactuscancer.org, provides a safe space where young adults (ages 18-45) facing cancer can connect, cope, and thrive with one another in an online community through creativity and expression.

Cancer Support Community

• cancersupportcommunity.org, Gilda's Club; support and community, experts, resources, education

Mental Health Support:

Psychology Today - psychologytoday.com - directory lists clinical professionals, psychiatrists, and treatment centers providing mental health services.
Brave Health - bebravehealth.com
Che Behavioral Health Services - www.cheservices.com

Yoga

• Free oncology yoga class on Zoom - www.christinaphippsfoundation.com/post/free-oncology-yoga-class-on-zoom
Resources to support patients and family

- Picklesgroup.org - free peer-to-peer support and resources to kids affected by their parent or guardian’s cancer
- Cancer.org - The American Cancer Society offers programs and services to help you during and after cancer treatment, Lodging During Treatment, patient and caregiver support program, Rides to Treatment, Connecting Cancer Survivors, Hair Loss and Mastectomy Products.
- Triage Cancer - triagecancer.org, provides free one-on-one help in the areas of health insurance, disability insurance, employment, finances, medical decision-making, estate planning, and more
- Westandtogetherinc.org - We Stand Together, 954-667-9336, financial assistance and Scholarship Fund is awarded to Florida High School Seniors and College Undergraduates who has a parent who is battling cancer or has passed away due to cancer diagnosis.
- Cancercare.org - CancerCare, 800-813-4673- counseling support groups, financial and co-pay assistance with co-payments for their prescribed treatments
- Florida Cancer Specialists Foundations (fcsf.org) - 941-677-7181, non-medical financial help with day to day living expenses
- HealthWell Foundation - healthwellfoundation.org, assistance with prescription drugs, counseling services, Cognitive Behavioral Therapy, and transportation needed to manage cancer related behavioral health issues.
- LLS.org - The Leukemia and Lymphoma Society (LLS)-Speak one-on-one with an Information Specialist who can assist with information on cancer treatment, financial and social challenges and give accurate, up-to-date disease, treatment and support information.
- Patient Advocate Foundation - patientadvocate.org, provides case management services and financial aid to Americans with chronic, life threatening and debilitating illnesses.
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- Sophia K. Smith; Matthew Loscalzo; Carole Mayer; Donald L. Rosenstein; American Society of Clinical Oncology Educational Book 38813-821.