

Written evidence submitted by the Royal College of Psychiatrists (ECS0023)

The Royal College of Psychiatrists

1. The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists and setting and raising standards of psychiatry in the United Kingdom. It works to secure the best outcomes for people with mental health difficulties by promoting excellent mental health services, training psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.
2. This submission is mostly concerned with the issues raised in Policy area 3, Government commitment 4 'Living well with and beyond cancer'.

Psychiatry in cancer services

3. Some patients have complex problems that cannot improve without addressing both their physical and mental health needs such as people with long-term physical illnesses. Many people with long-term conditions also have mental health problems that are associated with poor outcomes for their physical illness and greatly reduce their quality of life.¹ Another group of problems is experienced by people in a situation where both their physical and mental health problems need to be managed as part of their immediate healthcare. For example, some physical illnesses or their treatments affect the brain in ways that cause mental disorders.
4. Clinicians trained in liaison psychiatry provide mental healthcare in physical healthcare settings. They have expertise in the assessment and treatment of mental illness when it occurs in someone with physical illness, particularly in the most complex cases. The essential role of liaison psychiatry is in meeting the mental health needs of the most complex and high-risk patients within a comprehensive integrated healthcare pathway.
5. Psychological distress is common among people affected by cancer and is an understandable and natural response to a traumatic and threatening situation. Around the time of a diagnosis of cancer, approximately half of all patients experience levels of anxiety and depression severe enough to affect their quality of life adversely and approximately one quarter continue to be so affected during the following six months. The prevalence of anxiety and depression rises to 50% among people who experience recurrence of disease and remains at this level throughout the course of advanced illness. Around one in ten patients will experience symptoms in the year following diagnosis that are severe enough to warrant intervention by specialist psychological/psychiatric services. Such symptoms can also be seen in 10-15% of patients with advanced disease.² Patients' psychological symptoms are often not recognised, with the result that they are not offered access to needed services.
6. Access to psychiatry is an important consideration for psycho-oncology services because of the expertise in matters such as: the interactions between cancer treatments and psychiatric medications, supporting those with serious mental illness throughout the cancer pathway and coordinating and linking with community mental health teams.

Meeting the Government commitment

¹ Long-term conditions and mental health. The cost of co-morbidities. The King's Fund and the Centre for Mental Health. 2012.

² Guidance on Cancer Services Improving Supportive and Palliative Care for Adults with Cancer: The Manual. National Institute for Clinical Excellence. March 2004

7. The Government commitment for Policy area 3, 'Living well with and beyond cancer' is that 'By 2021 where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.'
8. National data from 2019³ indicates that while 58 per cent of respondents indicated that hospital staff discussed with or gave the patient information about the impact of cancer, only 30% of patients who responded to the survey were given a care plan, while 50% were not (the remainder did not know what a care plan was or could not remember). However, 70% of respondents were given information about support or self-help groups by hospital staff. During hospital visits only 38% said they could find someone on the hospital staff to talk to about worries and fears (compared with 58% treated as an outpatient).
9. Whilst this data above does not specifically look at dedicated psychological services for people living with and beyond cancer, it is indicative of the patchy approach to the provision of psychological therapies which are generally configured in accordance with the four level model of professional psychological assessment and support recommended by NICE⁴. Level 4 includes the provision of diagnosis of psychopathology and psychiatric interventions.

Illustration of provision of services - London

10. The Transforming Cancer Services Team (TCST) for London undertook a mapping exercise in November 2017 to examine:
 - Mapping London provision: An overview and details of psychological support services for adults affected by cancer in London (per STP)
 - Information and Support Centres (ISCs): are there sufficient Information and Support Centres (ISCs) available at all acute trusts as recommended in the 2015 Psychological support guidance document
 - IAPT (Improving Access to Psychological Therapies services) in London
 - Number of Integrated IAPT services (seeing people with long-term conditions) and location
 - Other third sector led cancer specific supportive care services
 - Services specific to those from diverse backgrounds with cancer
11. A refresh exercise was carried out in 2019 to identify progress. It revealed that there is at least some level of dedicated psychosocial support for cancer patients available at each of the acute trusts in London, with five exceptions. Following the mapping exercise conducted in 2017, new services were established at Kings College Hospital NHS Foundation Trust and Northwick Park and Central Middlesex Hospitals; both of these services are funded by Macmillan Cancer Support for a two-year period.
12. Whilst provision of level 4 and level 3 support is variable across London, most psycho-oncology services have some provision of level 4 support, however, access to dedicated psychiatric services as part of the psycho-oncology service is limited to three trusts covering South-West London, South-East London and North-West London, with 1.6 WTE allocated between them. All other trusts provide access to general hospital liaison psychiatry but report difficulty in obtaining psychiatric services⁵. This is compounded by inconsistency and a lack of transparency, security and sustainability in commissioning the arrangements.

³ National Cancer Patient Experience Survey 2019: National results summary. NHS/Picker Institute Europe. 2020.

⁴ Guidance on Cancer Services Improving Supportive and Palliative Care for Adults with Cancer: The Manual. National Institute for Clinical Excellence. March 2004

⁵ Pan-London Mapping of Psycho-oncology Services. Healthy London Partnership/Macmillan Cancer

Integrating liaison psychiatry into cancer care

13. Macmillan Cancer Support is currently looking at ways to influence investment in services to reduce inequality in access to psycho-oncology services across the four nations, with an active psychosocial workstream dedicated to this aim.
14. By way of example of what is in place and can be achieved, the Macmillan Cancer Psychological Support Team (CaPS), St George's University Hospitals NHS Foundation Trust Team is integrated into the cancer services of St George's Hospital and offers mental healthcare for any adult patients affected by cancer and their families and carers. The CaPS Team includes liaison psychiatrists and clinical psychologists who use a range of interventions, including medication and psychological therapy. The service has a single point of access for both in-patients and out-patients and works closely with colleagues in the general hospital and wider community.
15. The CaPS team also delivers innovative training to other clinical staff within the acute trust, including an inter-professional simulation training programme which addresses work at the interface of cancer, mental health and end of life care. Outcome measures for the service have shown high levels of patient satisfaction, with a reduction in the severity of patients' symptoms and improvement in their day-to-day functioning⁶.

Support. February 2020

⁶ The role of liaison psychiatry in integrated physical and mental healthcare – Position Statement. Royal College of Psychiatrists. December 2019.