



ATTACHMENT ONE

EMOTIONAL SUPPORT PROGRAMME - PROPOSED NATIONAL ROLLOUT

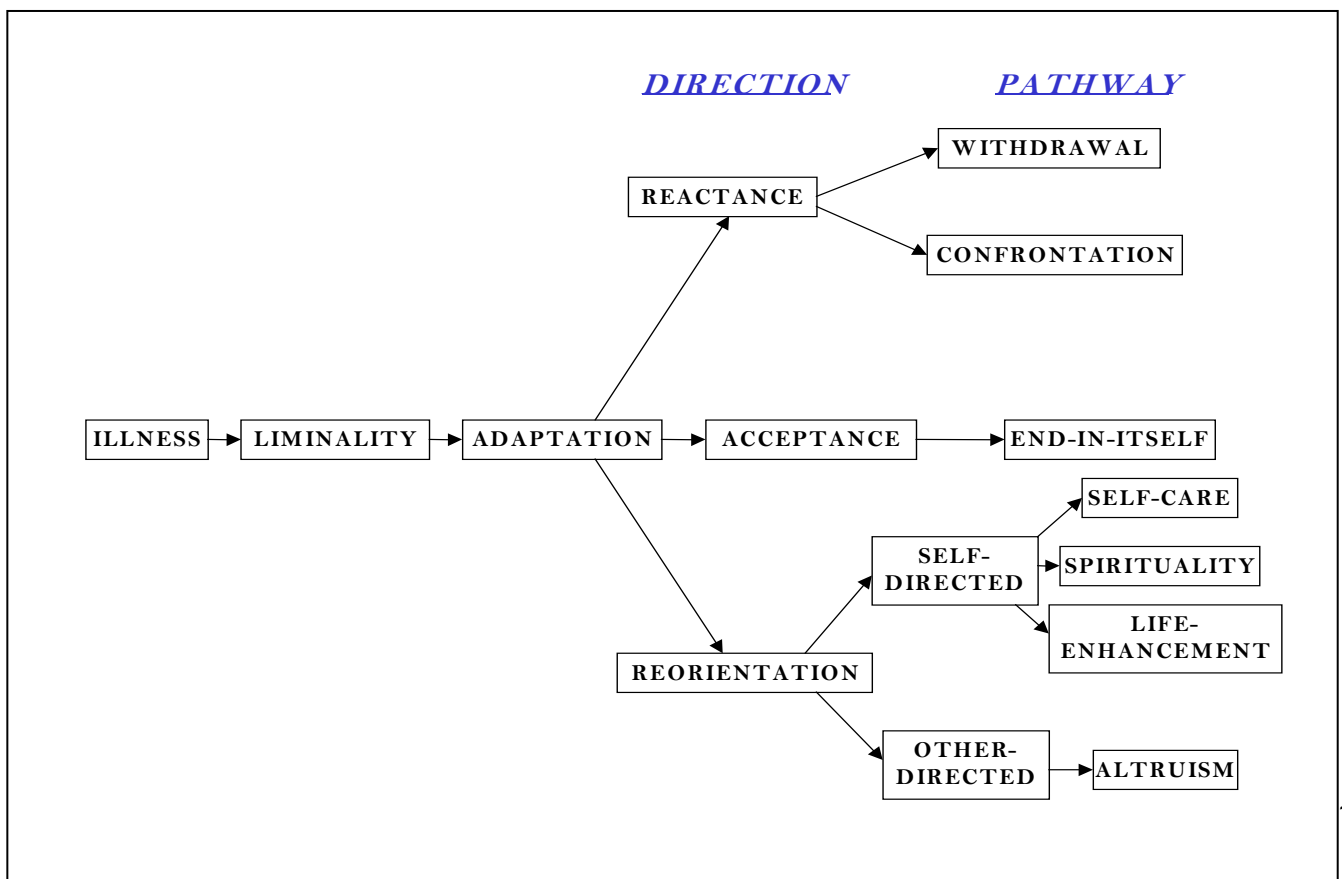
Overview

The Emotional Support Programme was designed to relieve stress in diagnosed gynaecological cancer sufferers. Anecdotal evidence suggested and our own research confirmed that reducing stress levels in newly diagnosed patients can have significant beneficial effects on patient outcomes. Further, most newly diagnosed patients will benefit significantly by being able to simply talk to a past-patient, preferably someone in their own age group and having had the same type of gynaecological cancer.

This evidence led to the development and implementation of the free-call Help-line established in 2001 and having handled over 5,000 calls to date. As the result of information gained from callers and following further research, the Society established the Supporting Partners element of the Programme in 2004. In excess of 3,000 Supporting Partners Kits have been delivered to date.

Research

The following table, developed by the Centre for Values, Ethics and the Law in Medicine at the University of Sydney, shows the results of a six year Australia wide research project into the critical emotional path of cancer patients.



It clearly shows the effectiveness of targeted emotional assistance during the important 'Adaptation' phase of a patient's critical emotional path. Our research was therefore directed toward the most effective method of providing emotional assistance to gynaecological cancer patients and their carers.

During 1999 and 2000, the Society undertook extensive consultation with stakeholders including the Queensland Cancer Fund, leading gynaecologists and gynaecological oncologists, psychologists, social workers, nursing staff and current and past-patients. The purpose of these consultations was to quantify and qualify the anecdotal need for an emotional support service and develop a directional policy and implementation strategy.

During the consultation process the following factors were agreed upon:

- Due to the fact, fiction and perception surrounding gynaecological cancer, most women will benefit from emotional support contact during early diagnosis
- Medical practitioners may lack the time, inclination or skill to offer constructive emotional support
- Existing emotional support structures do not specialise in the area of gynaecological cancer, or are fully occupied with existing commitments
- Patients saw most value in talking directly to someone who had had the real life experience of gynaecological cancer
- Given a choice, patients would prefer to speak to someone in their own age group and with their type of gynaecological cancer
- The validity of peer-based emotion support structures
- The desirability of volunteer support workers
- The need for specialised training of volunteer support workers
- The need to recognize the limitations of volunteer support workers
- The absolute need to provide professional counselling back up to volunteers
- A referral system for patients requiring professional counselling assistance
- Hospital visitation was problematic due to the intense nature of treatment, reduced hospitalization and the need for pathology to confirm final diagnosis
- Preferred methods of support delivery were:
 - telephone
 - group discussion
 - personal visitation:
 - home
 - hospital
 - written correspondence

Results

Based upon these results, the Society formulated a Programme model comprising the following:

- Volunteer gynaecological cancer past-patients who had received a clearance from their doctor to participate
- A specialised volunteer induction and training Programme with regular training updates and debriefing sessions
- Telephone, hospital and group contact
- Professional back-up service for workers and patients
- Establishment of a suitable telephone-based infrastructure

Proposal

The Gynaecological Cancer Society proposes the national rollout of the Emotional Support Programme comprising two elements:

- The free-call telephone help-line (attachment 1a)
- The Supporting Partners Kit (attachment 1b)

Both elements of the Emotional Support Programme are tried and tested and available for immediate rollout. Our fully costed proposal assumes an initial five (5) year federal involvement. Subsequent funding would be sought from participating state and territory authorities.