

The Secretary
Senate Community Affairs References Committee
Parliament House
Canberra ACT 2600

June 6th 2006

Thank you for the opportunity to respond to the Senate Inquiry into gynaecological cancer.

The following submission limits its response to addressing only one of the terms of reference, in the psychosocial aspects of treatment, referred to the Community Affairs References Committee. The comments following refer in particular to the:

b) extent, adequacy and funding for treatment services, and for wider health support programs for women with gynaecological cancer.

The following submission from the GMCT funded 'Psychosocial Support Project' is an example of the approach taken here in NSW. Additionally it provides a brief overview of current psychosocial services in NSW, identifies gaps and suggested recommendations. If required I would be happy to discuss further any of the issues raised.

Yours truly

A handwritten signature in black ink, appearing to read 'Jane Mills'. The signature is written in a cursive style with a large loop for the letter 'J'.

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NSW Psychosocial Support Project

Gynaecological Oncology

Background

The NSW Psychosocial Support Project, Gynaecological Oncology, is a funded initiative of the Greater Metropolitan Clinical Taskforce (GMCT) of NSW Health. The aim of the project is to promote, improve and enhance the psychosocial support given to women, their carers and friends, who have been diagnosed with a gynaecological cancer in NSW.

The main aim of this project is to highlight the importance of providing to every woman diagnosed with a gynaecological cancer, adequate emotional, psychological and practical support available from time of diagnosis, throughout treatment, aftercare and palliation if necessary.

The Psychosocial Support Project was funded by the GMCT to identify and implement the most efficient and effective strategies to address the psychosocial needs of women with a gynaecological cancer across NSW. The project has with limited resources developed projects that target women, their carers and families directly, general practitioners, nurses and other allied health professionals currently working in the area of gynaecological cancer care.

Accomplishments to date:

- In conjunction with NSW Health and Life Force Foundation the development of the '*Directory of gynaecological oncology treatment and support services*'. This directory informs general practitioners and women about the specialist gynaecological oncology units, linked rural clinics and psychosocial support services available across NSW
- Organize and facilitate state-wide health professional network meetings
- The development of the gynaecological cancer support website www.gynaecancersupport.org.au. That includes:
 - Establishment of an on-line women's virtual community
 - On-line support network for health professionals
 - RACGP accredited eLearning continuing education for general practitioners.

Guiding Principles of the Psychosocial Support Project

- A gynaecological cancer diagnosis impacts on every aspect of a woman's life requiring not only a medical response but also support and understanding of the effect it has on her emotional, psychological and spiritual well being and that of her family and friends.
- Outcomes including survival rates are improved for women who are informed about their treatment options and subsequently receive treatment at a specialist gynaecological oncology unit.
- Promote equitable access for all women to one of the four specialist gynaecological oncology networks where they will receive integrated and comprehensive medical and psychosocial care from a multidisciplinary team.
- Psychosocial care should be considered a fundamental core component of gynaecological cancer care.
- All women should have access to accurate information and on-going emotional, psychological, psychosexual, practical and pastoral support from the point of diagnosis, through to accessing initial treatment, aftercare and palliative care if required.
- Referral pathways need to be strengthened and where necessary established between the public, private and community based services in order for a woman's psychosocial needs to be adequately met.
- Women from rural and remote regions, Indigenous women and women from different cultural backgrounds need equity of access to psychosocial and psychosexual services.

Provision of Psychosocial Services in NSW

<i>Provider</i>	<i>Access / location</i>
GMCT Psychosocial Support Project www.gynaecancersupport.org.au	<ul style="list-style-type: none"> • 'Directory of gynaecological oncology treatment and support services' • Information, education and support • On-line support group for women • Accredited eLearning education course for GPs • On-line support network for health professionals
GMCT –Gynaecological Oncology Networks <ul style="list-style-type: none"> • Central / South Western Sydney ▪ Northern / Western and Wentworth ○ South Eastern / Illawarra ❖ Hunter / Central Coast 	Specialist centres in each of the 4 networks <ul style="list-style-type: none"> • RPA Hospital • Liverpool Hospital ▪ Westmead Hospital ▪ Nepean Hospital ▪ Royal North Shore Hospitals ○ Royal Hospital for Women ○ St George Hospital ○ Wollongong Hospital ❖ John Hunter Hospital ❖ Gosford
Cancer Institute <ul style="list-style-type: none"> • Clinical psychologists and social workers (generalists) 	Locations around the state
NSW Cancer Council <ul style="list-style-type: none"> • Gynae. Cancer Peer Support • Information / helpline 	State-wide-telephone access State-wide – telephone access Various locations
Support Groups <ul style="list-style-type: none"> • Specific gynaecological cancer groups □ General cancer support groups 	<ul style="list-style-type: none"> • Westmead Hospital • Hunter centre for Gynaecological Cancer, Newcastle • Sydney Adventist Hospital □ Located across the state
Private allied health practitioners	Located across the state

Identified Gaps in Provision of Psychosocial Cancer Support Services in NSW

- Whilst each of the specialist gynaecological oncology units incorporates and recognises the importance of psychosocial care, the models of care differ between each of the networks
- No capacity to formally research alternative and emerging models of psychosocial care
- Due to insufficient resources the capacity to adequately follow up all women after discharge particularly those from the rural areas is limited
- Professional links and referral pathways to the various services available is often ad hoc
- Women living in rural and remote areas lack the opportunity for ongoing psychosocial support
- Limited Medicare cover for psychosocial support results in many women not being able to access professional assistance when needed

Recommendations

The delivery of optimal psychosocial care requires:

- A multidisciplinary team in each of the specialist units including, at a minimum, a psychologist, social worker and specialist nurses that allow the unit the capacity to provide to every woman the emotional, psychological and practical support she needs
- Expansion of psychosocial services within each network to ensure the capacity to deliver an outreach service
- Capacity to follow up and support women and their families living in rural and remote regions, beginning whilst in-patients and continuing that support after discharge
- Establishment and co-ordination of networks between public and private sectors and the community to ensure ongoing access to psychosocial services
- Continuing education of GPs, Gynaecologists and other health practitioners in the role of provider of psychosocial support
- Funding to research what psychosocial interventions are effective and to implement findings
- Provision of direct supportive care to women across NSW.