

## INTRODUCTION

The psychosocial aspects of the colorectal cancer patients are not screened & addressed and NO structured identification & referral protocol for patients with psychosocial distress is available in our unit.

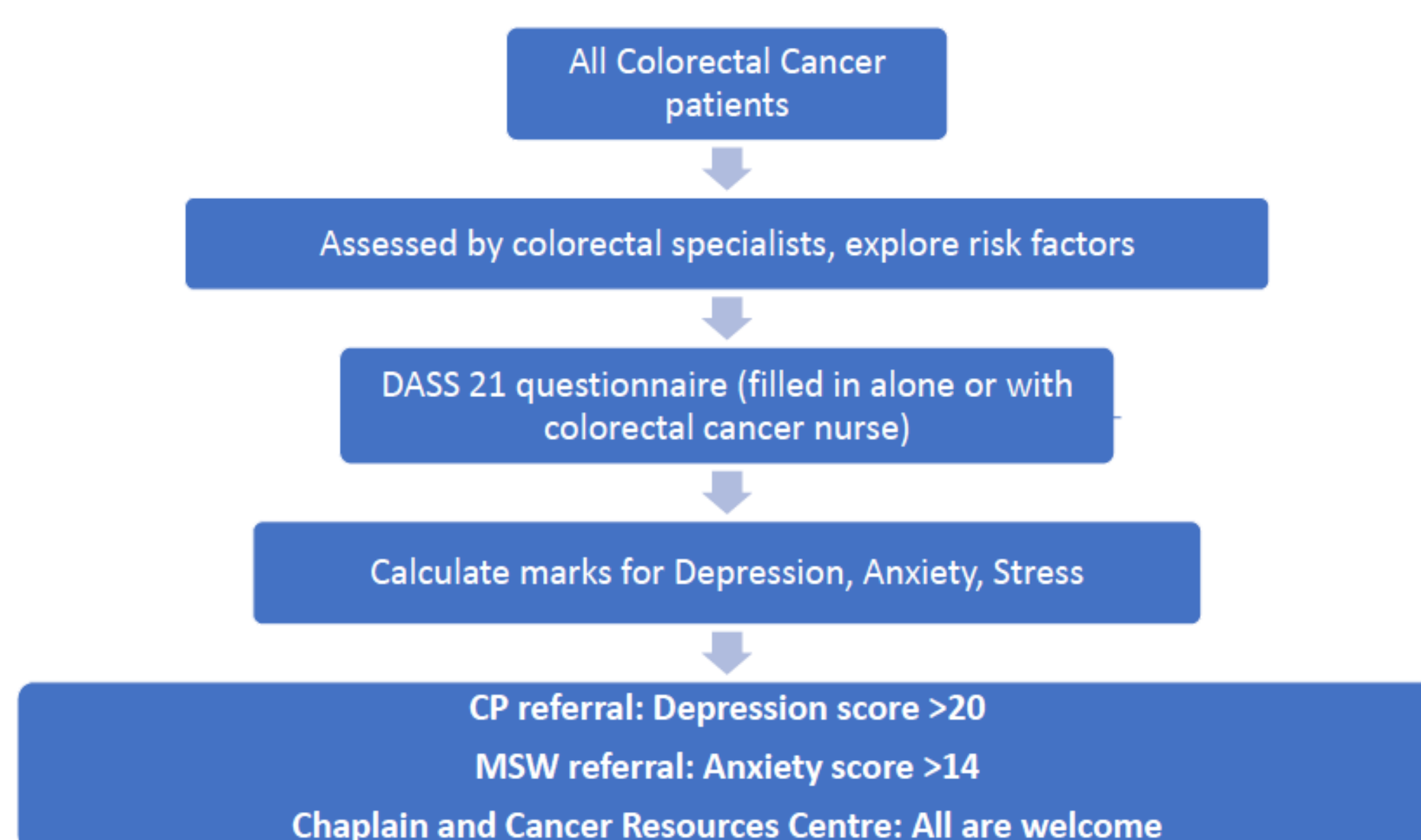
## AIM

The project aims at implementing psychosocial screening for all newly diagnosed colorectal cancer patients & refer those screened positive to clinical psychologist(CP) & medical social worker(MSW) for assessment & support.

It also aims as incorporating screening into the routine workflow.

## METHOD

- A Quality Improvement Team consisting of colorectal surgeons, nurses, CP & MSW was formed.
- A retrospective review of patients to see if any psychological distress screening was done prior to this project was performed.
- All newly diagnosed colorectal cancer patients were screened by a structured and validated Depression Anxiety Stress Scale(DASS21) questionnaire
- Those screened extremely severe/severe in depressive and anxiety score were referred to CP&MSW for support and assessment
- DASS21 was repeated 3 months after the diagnosis.
- Patients' demographics, disease status, number screened positive and referred, treatment received and follow-up DASS21 score were collected and analysed.



## RESULTS

Primary outcome:  
Increase in mental distress screening rate for newly diagnosed colorectal cancer patients  
Increase in referral to CP/MSW for screening +ve patients

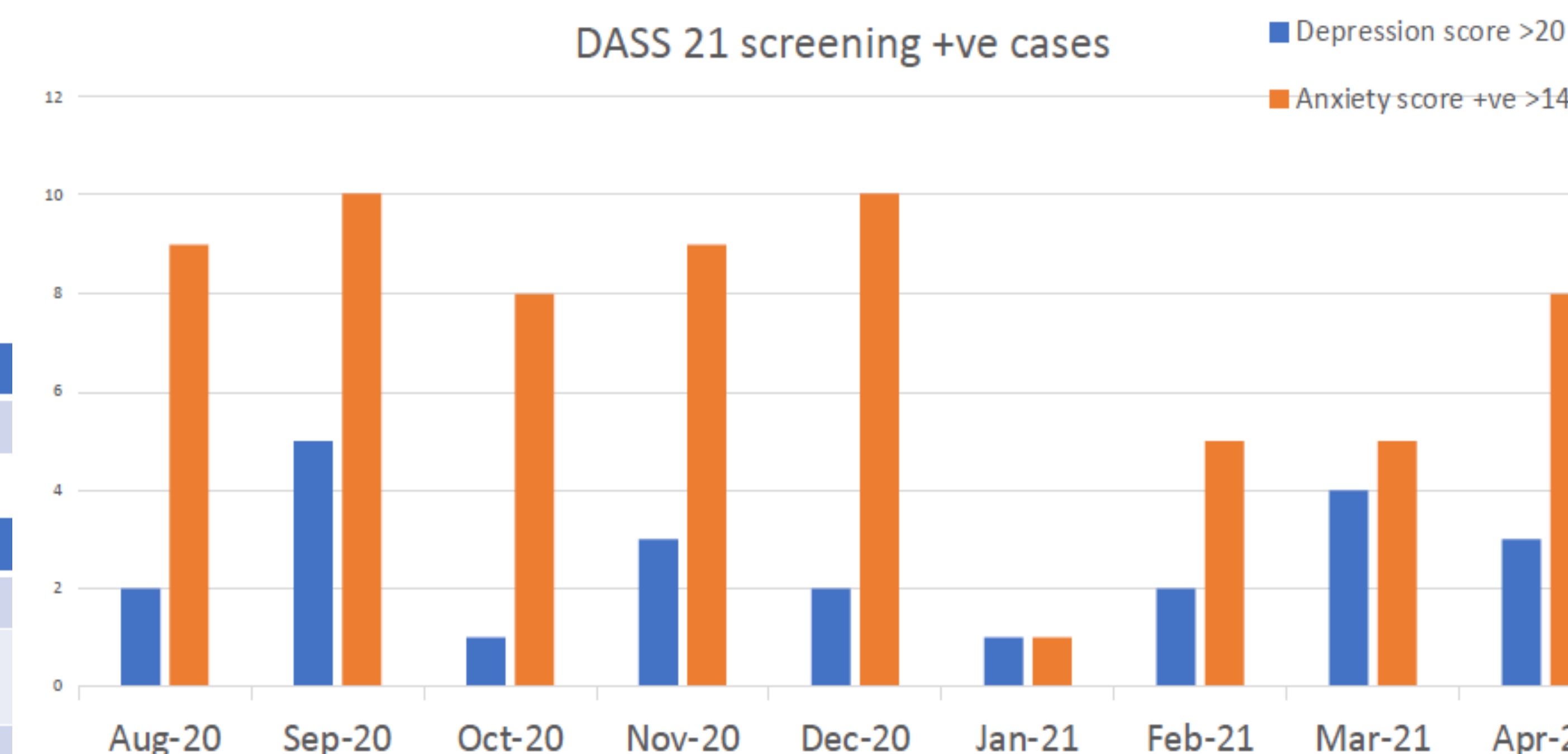
Secondary outcome:  
Implementation of mental distress screening as routine practice

No of patient screened BEFORE intervention	0/115
No of patient screened AFTER intervention	115

Demographics	Total: 115
Median patient age (range)	67 (38-89)
Gender (M:F)	Male 58 Female 57
Primary Site	Colon 61 (53%) Rectum 54 (47%)
Intent of treatment	Curative 93 (80.9%) Palliative 22 (19.1%)

Source of heightened distress	Frequency
Emotional	3 (2.6%)
Emotional + Physical	25 (21.7%)
Others eg family issue, financial issue	45 (39.1%)
No distress	42 (36.5%)

No of patients DASS 21 screened +ve	No (%)
Extremely Severe/Severe Depressive score (>20)	23 (20%)
Extremely Severe/Severe Anxiety score (>14)	65 (57%)



Treatment of heightened distress	No (%)
Clin Psy referral	8 (7%)
MSW referral	50 (43.5%)
Clin Psy + MSW referral	15 (13%)
Psychiatrist referral	0
Patients seen by CP	20/23 (87%)
No. of patients defaulted CP FU	3/23 (13%)
Patients seen by MSW	65/65 (100%)
Patient seen by Chaplain	1 (0.9%)
No of cases committed suicide/suicidal thought	0

Treatment of heightened distress	
Clin Psy treatment	Counselling CBT –cognitive behavioral therapy
MSW	Counselling Financial Support
Chaplain	Emotional Support

Patients referred CP DASS 21 Depression score	N=16 (Mean)
1 <sup>st</sup> DASS 21	25
2 <sup>nd</sup> DASS 21	6

Screened +ve Depression score after 2 <sup>nd</sup> DASS 21	1
Patients referred MSW DASS 21 Anxiety score	N=52 (Mean)
1 <sup>st</sup> DASS 21	22
2 <sup>nd</sup> DASS 21	5

- Primary Outcome:
  - Mental distress screening 0→100%
  - Referral of +ve patients to:
    - CP (7%)
    - MSW (43.5%)
    - CP + MSW (13%)
- Secondary Outcome:
  - Successful implementation of mental distress screening in 100% newly diagnosed colorectal cancer patients

## CONCLUSIONS.

- Important project –**Milestone**
- Involve all parties in the **Multidisciplinary Team** in quality improvement effort
- Mental distress of cancer patients should be **Addressed**
- Incorporate screening to **Routine workflow** is feasible
- Use of **Structured tool, standardized guideline & process** is important

## REFERENCES

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## ACKNOWLEDGEMENTS

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