Delivering psychosocial services to patients with emotional problems – some experiences in the Netherlands

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• Quality of Life /distress of patients with cancer, diabetes, COPD, heartfailure
• Predictors of distress: e.g. personality, support of partner, gender
• Interventions (problem-solving, mindfulness, CBT)

Prof. Adelita Ranchor & Prof. Mariët Hagedoorn
Netherlands not part of Denmark
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This session
Three issues

- Psychosocial services for distressed patients with cancer in The Netherlands
Three issues

• Psychosocial services for distressed patients with cancer in The Netherlands

• Thoughts on whether (and how) screening for distress is helpful
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• Psychosocial services for distressed patients with cancer in The Netherlands

• Thoughts on whether (and how) screening for distress is helpful

• Development of protocols and research which is set out on testing its efficacy and future needs
Observations to share

- Psychosocial services for patients are upcoming at several levels, but still a lot to do – ways to influence
Observations to share

- Psychosocial services for patients are upcoming at several levels but a lot has to be done yet

- Screening should be integrated in package of services – only handing out a Distress Themometer is far too simple
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• Screening should be integrated in package of services – only handing out a Distress Themometer is far too simple

• Furthering treatment protocols – more theory needed – important question at stake:
  • How does the intervention work and for whom works what?
  • International cooperation
Incidence in the Netherlands

16 million people

- 2000  around 69.000
- 2005  around 81.000
- 2008  around 89.200

- Estimated number in 2015 is 95.000
Psychosocial Services in The Netherlands

• Within the hospital – nurses, social workers and psychologists

• Rehab program – given in hospitals and rehab centers (Brigitte Gijsen)
Psychosocial Services in The Netherlands

- Within the hospital – nurses, social workers and psychologists

- Rehab program – given in hospitals and rehab centers (Birgitte Gijsen)

- Specialized institutes (walk-in houses for support/information and treatment centers) – organised in a network for Psycho-oncological institutes (IPSO)

- First-line psychologists
Influencing policy concerning delivering psychosocial care

• Money allocated for psychosocial services

• Guidelines – psychosocial guidelines within medical guidelines on cancer treatment

• Research Grants - Dutch Cancer Society (KWF): allocated money for psychosocial research
Influencing policy concerning delivering psychosocial care II

- Dutch Society for Psychosocial Oncology
  - www.nvpo.nl
  - Courses
  - Being important stakeholder in National Plan Against Cancer (influencing the agenda)

- Dutch Oncology Nursing Society (2400 members)
- English part on site - www.oncologie.venvn.nl
Influencing policy concerning delivering psychosocial care III

“Psychological Patientcare in oncology – handbook for the professional”

- De Haes, Gualtherie van Weezel & Sanderman (2001; second edition 2009)
- We combined scientific chapters with guidelines / practical experiences (depression, fatigue, personality disorders, children with cancer)
- 450 pages
Influencing policy concerning delivering psychosocial care IV

Evidence -> Guidelines -> money for services -> carry out programs -> research -> evidence -> guidelines
Screening I

• After treatment (T1) and 2 months later (T2)
  • Distress and question on need for services
  • Interviews with those with unmet needs or high distress

• Distress – T1: 37%  T2: 31%
• Need for services – T1: 31%  T2: 18%

• At T2 50% of distressed did not need help
• At T2 25% of distressed had already help
Screening II

• Important to take unmet need into account

• Use screening to take further diagnostics steps

• Have services available

Still a lot of issues to be dealt with. However, an important political “device” – to get distress as an issue and the care for distressed, on the agenda
Psychosocial treatments

- Rehabilitation programs
  - E.g. Diabetes, COPD, Heart disease
  - Effective but a lot of ingredients – difficult to disentangle what works on the outcome

- Psychological treatments
  - Treatment of couples with cancer – showed to be effective
  - Problem solving (Nezu, Nezu, Houts et al)
  - In other diseases e.g. Mindfulness and Cognitive Behavioral Therapy (CBT)
Effective ingredients
How, what for whom

- Moderators
  - So what works for whom
  - Gender, age, educational level, personality, motivation

- Mediators
  - Do the elements of the intervention act as intended?
  - Testing of theory
Treatment integrity

- Opening “black box”

- For example: videos of treatment sessions
  - Content related to treatment protocol – introduced as intended?
  - Verbal and non-verbal behavior (non-specific factors)
What we need in this area

- Moderators and mediators
- Fundamental research on human behavior in the context of illness – will give clues how to intervene
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- Intervention research multi-center
  - Collaboration in order to have enough of eligible patients in trials
Thank you for your attention!