Barriers to psychosocial support service use by men with cancer living in rural areas

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Psychosocial Support Service Use

• Psychosocial support interventions
  • While not effective for all cancer patients, can have the effect of:
    • increasing wellbeing
    • improving adjustment and coping
    • reducing distress in people living with cancer

• Despite these reported benefits, a significant number of people with cancer (75% - 98%) never seek the support of formal services, even when they are experiencing distress
Barriers to Participation in Psychosocial Support Services

• Logistical Barriers
  • Awareness
    • Lack of information and referral
  • Access in rural areas
    • Lack of available services

• Attitudinal Barriers
  • Attitudes to help-seeking among cancer patients
    • Reluctance to express need for help
    • Imposition on medical personnel
    • Stigma
    • Query benefits
Current Study

• Investigated levels of awareness and participation in psychosocial support services among a sample of rural men

• Used quantitative and qualitative methods (questionnaires and semi-structured interviews) to examine perceived barriers to service use
Survey Participants

• 82 men diagnosed with cancer living in the Grampians Region of Victoria
• ARIA+ remoteness
  • Inner regional 52.6%
  • Outer regional 40.8%
  • Remote 6.6%
• Age
  • Mean = 69.18 (10.27) yrs
  • Range = 22-89 years
• Demographic summary
  • Married/partnered = 82.9%
  • Secondary school = 40.8%
  • Retired = 67.1%
  • Genito/urinary cancer = 72.4%
  • More than 2yrs since diagnosis = 65.8%
Interview Participants

• Nine survey participants were interviewed
  • All had prostate cancer
  • All were married
  • Mean age was 69 years
  • Inner regional residence = 5 men
  • Outer regional residence = 4 men

• Health professionals
  • Social worker/urologist/community health nurse
Materials

- Psychosocial Support Questionnaire
- Measures of psychological and physical symptoms and level of social support
  - List of Physical Complaints (von Zerssen & Koller, 1975)
  - Brief Symptom Inventory (Derogatis, 1993)
  - Social Support Subscale of the Coping Resources Inventory (Hammer & Marting, 1988)
- Demographic Questionnaire
- Semi-structured interview schedule
Procedure

- Ethics approval gained from University and Hospitals Human Research Ethics Committees
- 500 questionnaires distributed to third party recruiters
  - 200 to oncology clinics
  - 100 to cancer specialist clinics
  - 150 to an urology clinic
  - 50 distributed among three different cancer support groups.
- Recruiters distributed questionnaires to cancer patients attending regular appointments.
- Survey participants indicated on surveys their willingness to be interviewed.
- A small sample of third party recruiters approached to participate in an interview.
Results - Awareness

- 82% of participants were aware of at least one service offering emotional support

Table 1

*Awareness of services offering psychosocial support*

<table>
<thead>
<tr>
<th>Service</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Council of Victoria</td>
<td>53</td>
<td>64.6</td>
</tr>
<tr>
<td>Social Worker</td>
<td>44</td>
<td>53.7</td>
</tr>
<tr>
<td>Counsellor</td>
<td>44</td>
<td>53.7</td>
</tr>
<tr>
<td>Specific cancer organisation</td>
<td>43</td>
<td>52.4</td>
</tr>
<tr>
<td>Support group</td>
<td>39</td>
<td>47.6</td>
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<tr>
<td>Psychologist</td>
<td>32</td>
<td>39.0</td>
</tr>
<tr>
<td>Phone-based counselling</td>
<td>32</td>
<td>39.0</td>
</tr>
<tr>
<td>Psychiatric Service</td>
<td>31</td>
<td>37.8</td>
</tr>
</tbody>
</table>
Results - participation

- Participation in psychosocial support services
  - 48.7% participated in a service
  - 51.3% were non-participants

- Support services utilised
  - Cancer Council of Victoria/Specific cancer organisation – 34% had used either or both
  - 18% had seen a social worker
  - 11% had used telephone based counselling
  - 10% had seen a counsellor
  - 10% had attended a support group
  - One participant had seen a psychologist
  - No participant had used a psychiatric service
Results – Reasons

- Most frequently endorsed reasons for not participating in a psychosocial support service:
  - I have sufficient support from family 72.7%
  - I can cope on my own 50.0%
  - I have sufficient support from friends 47.0%
  - I have no emotional problems 37.9%
  - Other patients are in more need of support 22.7%

- Reasons relating to rural location not frequently endorsed
  - I would have to travel too far to access professional support services 6.1%
  - There is a lack of choice of professional services in my area 4.5%

(n = 75)
Results – Logistical barriers

• Interviews with health professionals
  • Awareness
    • “You have no idea of what’s out there until you need it” (ID: H002)
    • “Some people are proactive, but they’re still not necessarily aware of the services” (ID:H003)

• Awareness of services relatively high among men surveyed
Results – Logistical barriers

• Interviews with health professionals
  • Rural residence
    • “Transport is a big issue, and the cost of it” (ID: H002)
    • “No, there’s not (enough services in rural areas). I mean it’s minimalist at best, and that’s not for lack of effort, that’s just lack of resources” (ID: H003)
Results – Logistical barriers

- Interviews with men
- Rural residence
  - “I didn’t go for a support group because it was too far to drive.” (ID: P009, ARIA+ score = 1.92, Inner regional area)
  - “Oh, you can handle going to (regional city) for services . . . it wasn’t a major problem. Plus it’s only two hours (driving).” (ID: P004, ARIA+ score = 2.88, Outer regional area)
Results – Informal Support as a Barrier?

• High levels of informal support
• Interviews with men
  • “Obviously you discuss it with the wife; otherwise I could see that you could become depressed very, very easily.” (ID: P002)
  • “They (family) stick like shit to a blanket!” (ID: P006)
Results – Informal Support as a Barrier?

• Interviews with health professionals
  • “I think the blokes rely very heavily on their partner, very heavily.” (ID: H002)
  • Most people's support comes from their family.” (ID: H003)

• “I think it's an advantage for all men to have daughters, because very often that's the sort of support that's offered.” (ID: H001)
Results – Attitudinal Barriers

• Survey data – reasons for not participating

• Interviews with men
  • “To get people to talk about it, the average man, it’s not like a lady, they shut themselves off.” (ID: P003)
  • “If a man gets sick . . . he doesn’t go looking for help.” (ID: P007)
  • “I never dropped the bundle, I always thought positive, even though I was in a lot of pain at the time, I still didn’t drop my bundle.” (ID: P006)
Results – Attitudinal Barriers

• Interviews with health professionals
  • “Presumably it (not seeking help) would not be for rational reasons, it would be out of embarrassment, loss of control . . . some of it could be pig-headedness you know, it could be a false belief that they can cope when they can't. I guess particularly for those people who have always been in charge it's difficult to put themselves in a position when they're no longer in charge, and to take instructions would be difficult, and look I guess denial, there are a few people who don't tell their families . . . it's my life, I'm in charge, I'll control that information and I will use the services I want to!” (ID: H001)
  • “A lot of them (men) just think that they should just be able to tough it out and do it, that's very much the go.” (ID: H002)
  • “. . . that sense of what is wrong with me, to have to need to speak to a social worker?” (ID: H003)
Discussion

Awareness and use of psychosocial support services

- Comparatively high levels of awareness and use
- Contrast to view of health professionals
- Type of service used

- Importance of informal support networks
  - Agreement among men and health professionals
  - Utilise to encourage participation

- Attitudes vs. logistics
  - Rural location a barrier to participation – contrasting perceptions of men and health professionals
  - Importance of attitude towards help-seeking – agreement among men and health professionals
    - the attitudes of others in a patient’s social network
    - rural residents attitudes
    - men’s help-seeking behaviours
Conclusions

• This study represents the first attempt to investigate the use of formal psychosocial support services by men with cancer who reside in rural Australia

• Further research needed to
  • Identify factors that might facilitate the use of formal psychosocial support when needed
  • Identify types of formal services that are acceptable to men

Not all rural men with cancer will need to access a psychosocial support service, but...

Understanding the factors that contribute to or form a barrier to participation increase the possibility of improved care for rural men with cancer in need of extra psychosocial support.