

RESEARCH ENDORSING PSYCHOSOCIAL SUPPORT AND SERVICE PROVISION - TELEPHONE SUPPORT GROUP PROGRAM, CANCER COUNCIL NSW.

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Background:

The Cancer Council in NSW has an eight-year history of running Telephone Support Groups (TSG). TSGs operate in a similar way to face-to-face groups but are convened over conference call technology. The TSG Program utilises the Mutual Aid Model, a social work group model. All groups, with the exception of bereavement groups, are 'open groups' - they allow for new members to join at any time. Each group has three to seven participants and is facilitated by two leaders (co-facilitated) for one, to one and a half hours.

The TSG Program is specifically designed to deliver a support group service to 'special needs groups' – those cancer patients, carers and bereaved carers who have no or limited access to more conventional forms of support.

The use of the telephone is a helpful tool in the provision of oncology based supportive care, particularly for those participants who are geographically isolated or those limited by or caring for someone with failing health. In effect, the service brings the support to the participant, rather than requiring the participant to physically access the support.

The TSG Program has steadily grown over the past eight-years – from 16 Groups in 2000 to over 240 groups in 2008. Given the maturity of the program and the increasing interest from potential participants and other state and territory Cancer Councils, a recent formal evaluation has been undertaken by The Centre for Health Research and Psycho-oncology (CHeRP) at the University of Newcastle.

Objectives:

There is little published research assessing the impact of TSG on conventional outcomes and this evaluation assessed the effectiveness and acceptability for cancer patients, carers and facilitators.

Methods:

Facilitators and all living former, current and new TSG members were eligible to participate. The sample includes people diagnosed with cancer as well as those caring for someone diagnosed with cancer. The evaluation consists of pre/post-group assessment of new TSG members' well-being, and a post-group acceptability survey of new, current and former TSG members.

Results:

Preliminary results indicate a high level of satisfaction from participants, with 97% indicating they would recommend the services to others. The majority of participants preferred groups that would run fortnightly for about one hour, with 5-8

members and allowing new members to join at any time. The most commonly perceived benefits included sharing experiences, sharing information and emotional support. Participants were most likely to find out about the groups from the Cancer Council Helpline, than from a member of the allied health team, with only 10% informed about the groups by their GP or cancer specialist.

Conclusion:

The results of the evaluation will be used to inform the future development and economic sustainability of the program. They will also highlight the importance of linking psychosocial service delivery with thorough program evaluation to ensure best practice standards and goals are achieved.