Additional Material for Chapter 9
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The importance of emotional support
When my patient and friend Penny Brohn was diagnosed with breast cancer in 1979 when her 3 children were under 10 years old, she said that it was like a nuclear bomb going off in the middle of her life. The physical reality of a malignant lump, an operation and sorting out the right treatments for her illness were very confronting but nothing, she said, compared with the seismic emotional wave of distress, confusion, anger, fear and existential panic that swept over her, changing her reality for ever.

Penny’s constructive reaction to her diagnosis was to change the face of cancer care for ever, because with her immense creative, emotional and spiritual intelligence, her previous training in acupuncture, love of her husband David, family and friends and the profound spiritual support of Pat and Christopher Pilkington, she set about defining and fulfilling the full spectrum of emotional needs and self-help options of people with cancer, creating a comprehensive holistic service that became known as the ‘Bristol Approach to Cancer’.

The Bristol Cancer Help Centre (now Penny Brohn Cancer Care) that this pioneering group opened in 1980 was to change the face of cancer care worldwide, as it modelled a key shift from people with cancer being ‘passive dependent patients’ to that of ‘empowered proactive self-helping partners’ right at the centre of the healthcare team.

The Bristol Centre provided courses, therapies and self-help training to provide emotional support, strengthen the fighting spirit and optimise the health and wellbeing of the body, mind, spirit and environment of the person with cancer and their carers. In this ground-breaking transformational approach to cancer people were encouraged to see not only the danger in the crisis, but also the opportunity created to learn from the illness, using the illness as a springboard from which to learn about themselves and their previous relationship to life and to take off into a new healthier and far more fulfilling lifestyle.

Mentoring
So strong was this message from our study groups about the need for a well informed link worker that this study inspired me to develop a new kind of healthcare worker – a health creation mentor who would walk the journey every step of the way with you, help you to understand your state and needs, and provide the necessary support, information, guidance and encouragement to get you to the right resources and into the right types of self-help. It would appear from the 2006 Macmillan Study ‘Worried sick’ that there is still a big gap in the provision of emotional care as they found that:

- 26% of patients felt abandoned by the health system when not in hospital.
- 37% found the cancer system confusing especially women, younger people and those who had completed treatment
- 25% were not sure how and where to access available health services.
- 75% patients reported cancer-related ‘anxiety’
- 56% patients said got no help with anxiety as did 89% of anxious carers
• 49% patients reported cancer-related depression
• 60% said got no help as did 75% ‘depressed’ carers

This so sad when stunning support services exist and we urge all of you who need help to find the right support to engage a Mentor to get help to you straight away.

The mentor is not a therapist themselves, but a person who can regularly help you to identify your current state and needs as these change. This mentoring is designed in two phases. First to go with you through the process of diagnosis and treatment supported by interactive workbook known as the Cancer Lifeline Programme; second to take you through a health and life revival process with support of a second workbook called the Health Creation Programme. There is also a workbook for those of you who are carers known as the Carer’s Guide and the mentors are also trained to support carers both to be really great carers but also to recognise their own state and needs at this very stressful time. If you know that you need a Mentor to guide you through this challenging time and on into your self-healing process then contact Health Creation or Yes to Life to get this set up.

Depression and cancer
Since Greer’s early work there have been a number of studies that show both that up to half of all people with cancer are depressed.
• Of 269 women with early breast cancer, 49.6% were clinically anxious and 37.2% were clinically depressed in the first 3 months (PSE) (Hall et al, 1999)
• Of 222 women with early breast cancer, 48% were clinically anxious and/or depressed in the first year (DSM IIIR) (Burgess et al, 2005)
• Of 2,297 patients with cancer at OP clinics in 34 cancer centres, 36% were GHQ-12 positive (Fallowfield et al, 2001).
• Of 987 patients with newly diagnosed inoperable lung cancer, 33% had clinically significant depression, which in many cases was persistent (Hopwood and Stephens, 2000).

And also, worryingly, that the depressed are at greater risk with cancer (3). This means that the same illness has a different prognosis according to the mental state of the person!! These facts alone mean that the provision of positive psychological support and the learning of good coping strategies to beat depression are not just a ‘nice to have’ comfort for those with cancer, but a vital therapeutic intervention which may well be as potent as the medical treatment to improve survival. Positive evidence of survival improvement was then shown in those attending support groups by Spiegel (4) and Fawzi (5) in the US, which was echoed by UK researcher Professor Leslie Walker (6), then in Aberdeen.