



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 1017

**Submitting author:** Mrs KIN YAN Doris YEUNG

**Post title:** Clinical Psychologist, Queen Mary Hospital, NULL

### **The Stepped-care Model for the Unmet Psychological Needs of Patients undergoing Haematopoietic Stem Cell Transplant (HSCT): The QMH Clinical Psychology Experience**

*Yeung D, Hung D, Wu L, Lau P*

*Department of Clinical Psychology, Queen Mary Hospital*

#### **Keywords:**

stepped-care

psychology

HSCT

haematopoietic stem cell transplant

BMT

BMT

#### **Introduction**

About 80% of patients undergoing Haematopoietic Stem Cell Transplant (HSCT) suffered from emotional distress over their treatment (Siegel, 2008). Before 2013, the referrals of patients undergoing HSCT was mainly initiated by the ward staff. Since Nov 2013, a stepped-care model was introduced to Queen Mary Hospital in the provision of clinical psychological services for HSCT patients, which aims to enhance efficiency of service provision while ensuring the matching of patients' psychological needs and the intensity of the services provided. With the support from Psychology Assistant (PA) in providing structured and low-intensity services, such as psycho-education, periodic screening and systematic mood monitoring, Clinical Psychologist (CP) can focus on the delivery of high intensity services. The model has the potential to maximize the available resources. Progress of treatment are monitored systematically with stepping up or stepping down of treatment as needed, so that more intensive treatments are generally reserved for patients with greater psychological needs.

#### **Objectives**

Assessment of patients' needs in HSCT center (Nov 2013 to Nov 2015): There was 209 adult patients seen by CP and screened by PA, totally 488 attendances by PA across different time points. Among the patients screened, 43.5% of patients were screened positive thus were provided with high intensity treatments by CP. The remaining 56.5% of patients were screened by PA periodically to systematically monitor their psychological needs along with the provision of psychological support.

#### **Methodology**

Advantages of current stepped-care model

#### **Result**

The present introduction shows an example of the application of the new stepped-care model in CP services for the HSCT patients in QMH. The model of care has the benefits of addressing different levels of patients' needs. Further support for the Psychology Assistant program is suggested. Reference: Siegel (2008). Psychosocial considerations in HSCT: implications for patient quality of life and post-transplant survival. *Community Oncology*, Vol 5(7), 307-411.