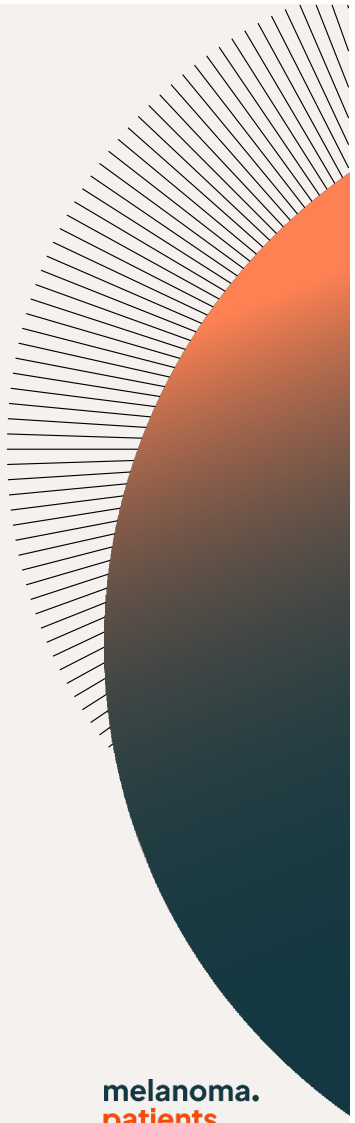
# Enhancing Patient Wellbeing Across the Melanoma Care Pathway

## Developing a Melanoma Telehealth Nurse Counselling Service

Clare McInerney-Harris



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# Acknowledgements

## Acknowledgement of Country

I acknowledge Traditional Custodians of the land on which I am presenting today, the Whadjuk Nyoongar people and pay my respects to Elders past and present.

## Acknowledgement of Lived Experience

I gratefully acknowledge all people affected by melanoma who have shared their lived experiences to inform and guide our work. Their courage, insights and willingness to contribute to our work, provides invaluable perspectives to help drive meaningful change and improve the support we provide.

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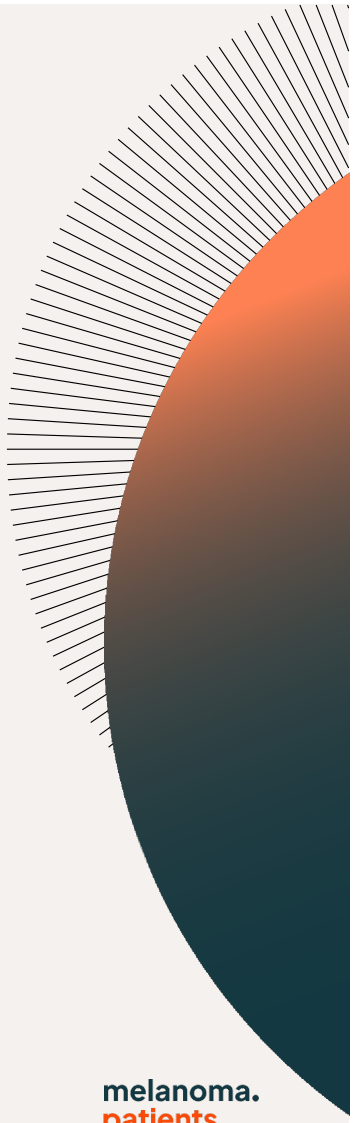
# Our Vision

**A nation where no one affected by melanoma walks alone.**

# Our Purpose

**To support, connect and advocate for Australians affected by melanoma.**



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# The Opportunity

- Emotional distress identified but not consistently addressed
- Limited access to tumour-specific psychosocial support
- Nurses witnessing anxiety, fear of recurrence, and ongoing distress
- Impact on patients, families, and nursing workforce

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# What We Did

- Developed a Melanoma Telehealth Nurse Counselling Service
- Built onto existing MPA Specialist Telehealth Nurse Service
- Funded by the Australian Cancer Nursing and Navigation Program
- Delivered nationally via telehealth, free of charge
- Developed a relevant and accessible Consent Form

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# Context: The Australian Cancer Care Landscape

- National focus on navigation and supportive care (ACNNP)
- Growing role of NGO-delivered telehealth services
- Melanoma as a high-incidence cancer with long-term survivorship needs
- Clear gaps in psychosocial support identified in practice
- Consistent with this finding, Roseleur et al (2023) reported that psychological needs were the most commonly unmet supportive care needs including stress and FCR

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# Why This Matters for Cancer Nurses

- Increasing complexity of cancer care and treatment pathways
- Rising psychosocial needs alongside improved survival
- Workforce pressure and inequitable access to support
- Relevant to clinical, telehealth, navigation and supportive care nurses

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# Key Elements of the Approach

- Nurse-led, tumour-specific counselling support
- Structured emotional support across the melanoma pathway
- Telehealth delivery to improve equity and continuity

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# What We Learned

- Emotional distress occurs across all stages of melanoma care
- Patients value speaking with nurses who understand melanoma
- Nurses are well-positioned to deliver integrated psychosocial care

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# Provision of Service

- Provide a space for counselling patients where they can express all thoughts, feelings and emotions
- As patients are at home – more comfortable surroundings; quite open to discuss emotions, less likely to edit thoughts
- Discuss management strategies for stress related to melanoma diagnosis/planning/treatment/ survivorship
- Often first talking therapy for patients
- Discuss referral for further Psych-Onc services

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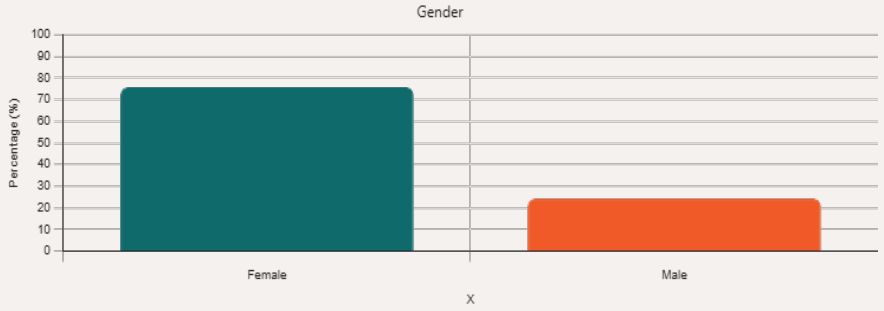
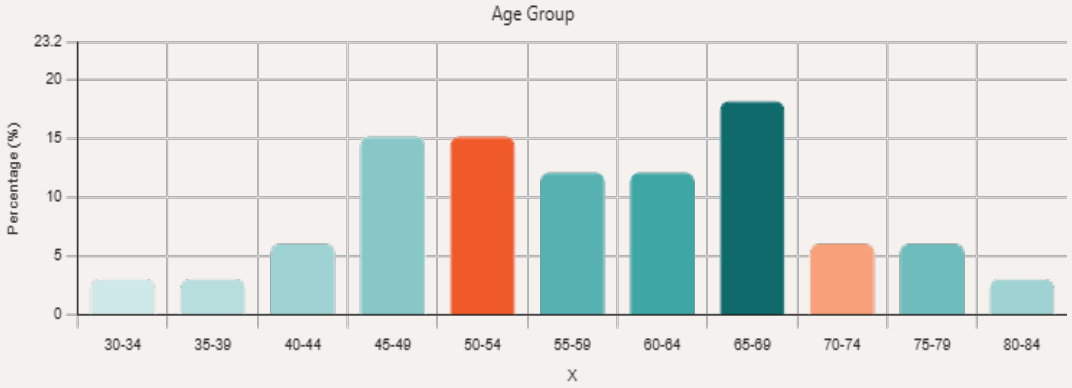
# Outcomes of service so far

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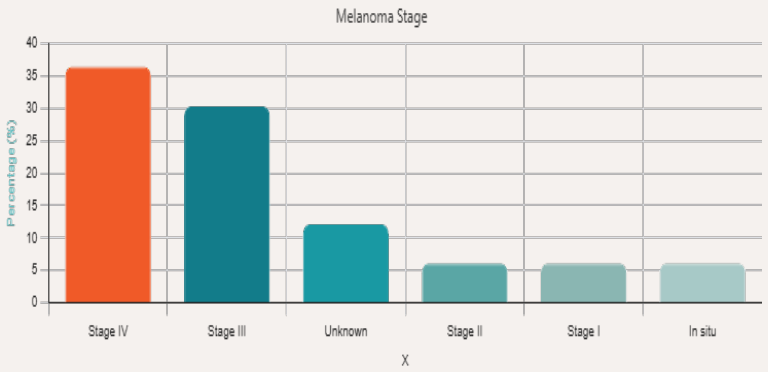


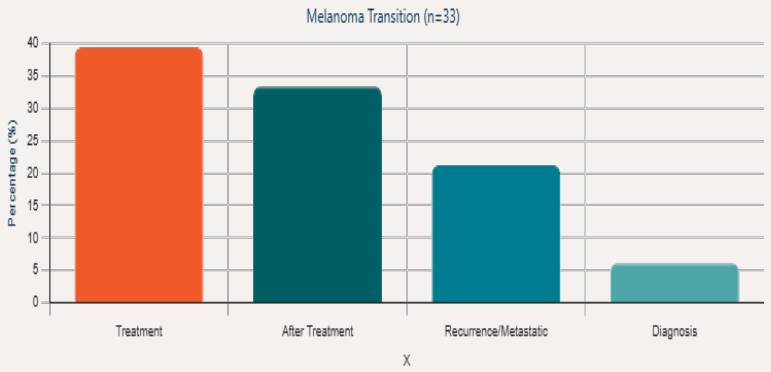


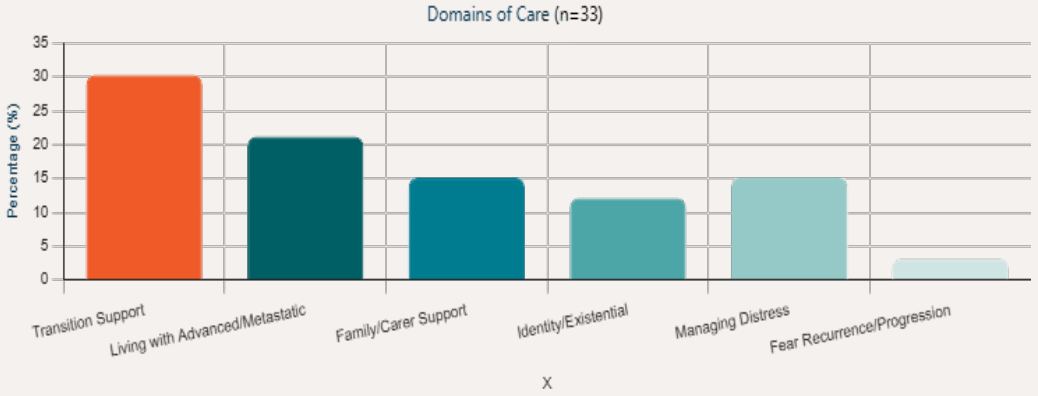


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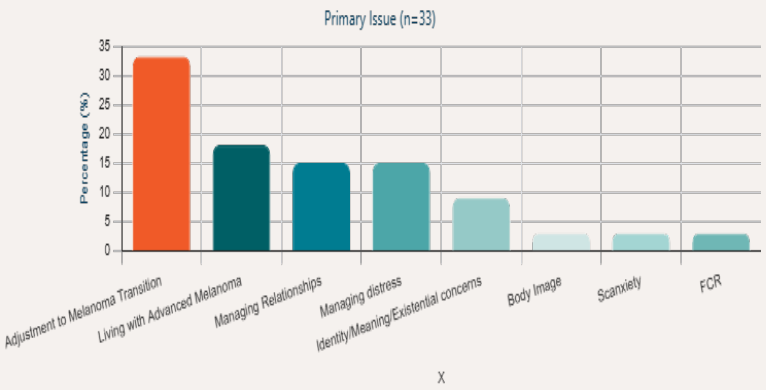


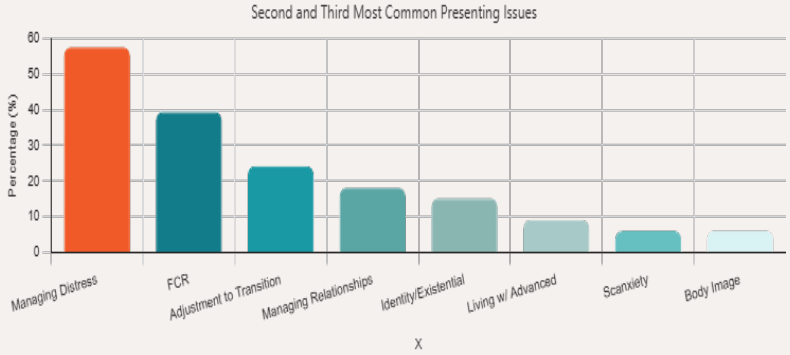


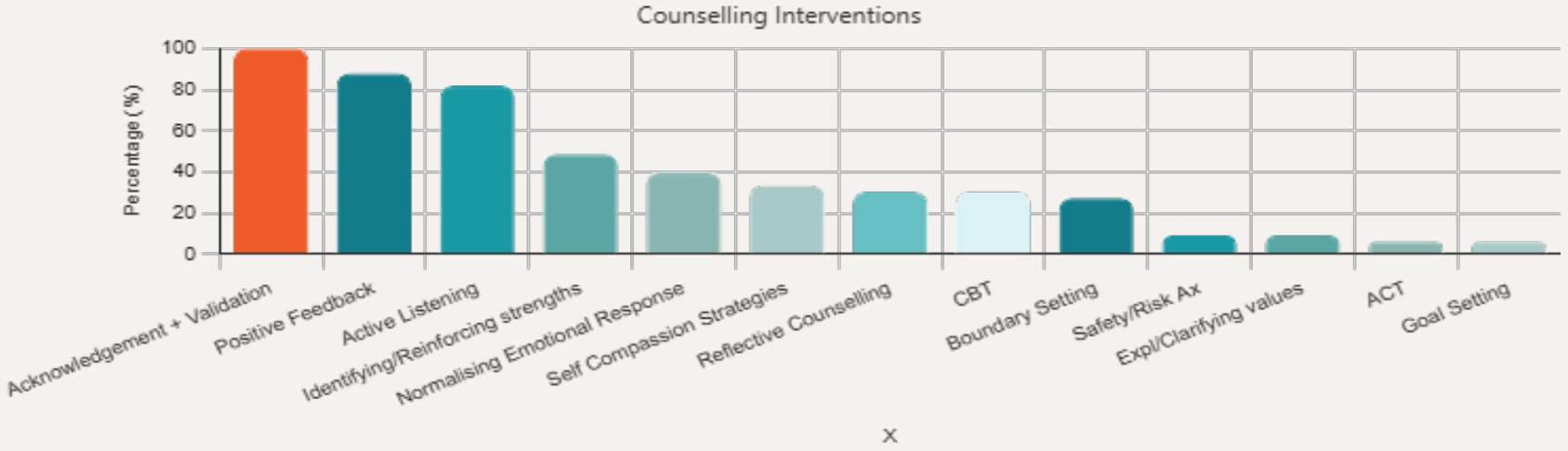


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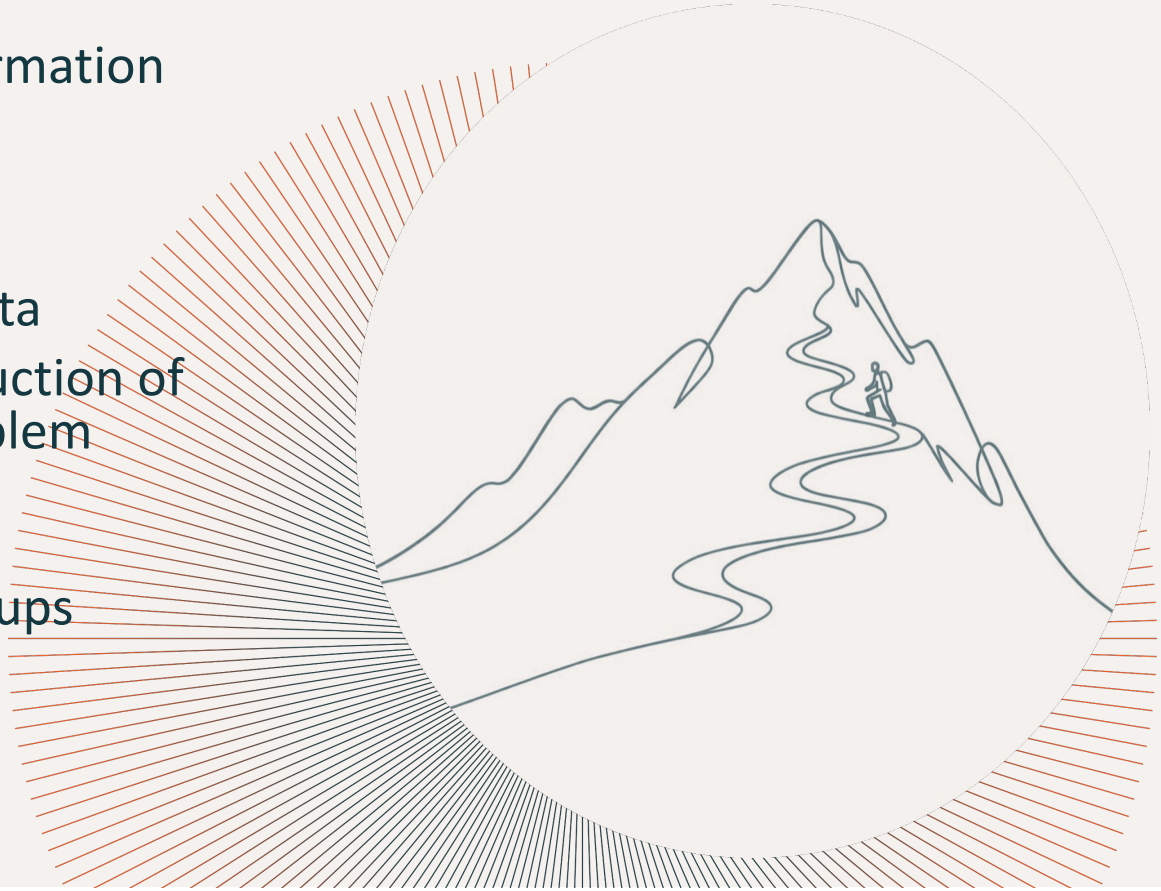
# Challenges and Limitations

- Balancing counselling with information provision
- Ensuring role clarity alongside psychology services
- Need for ongoing evaluation data
- Measurable outcomes – introduction of Distress Thermometer and Problem Checklist
- Look at ways to enhance MPA accessibility to younger age groups



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# Impact for Patients and Families

- Improved access to emotional support
- Greater understanding of diagnosis and treatment
- Validation of emotional responses
- Improved continuity of care

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# Implications for Cancer Nursing Practice

- Earlier identification of psychosocial needs
- Strengthened telehealth nursing roles
- Navigation that includes emotional support
- Expanded scope of practice
- Leadership opportunities in nurse-led supportive care
- Clearer integration within multidisciplinary teams

# What Could Be Done Differently Elsewhere

- Transferable to other tumour streams
- Requires local workforce and training considerations
- Must integrate with existing services
- Telehealth supports scalability

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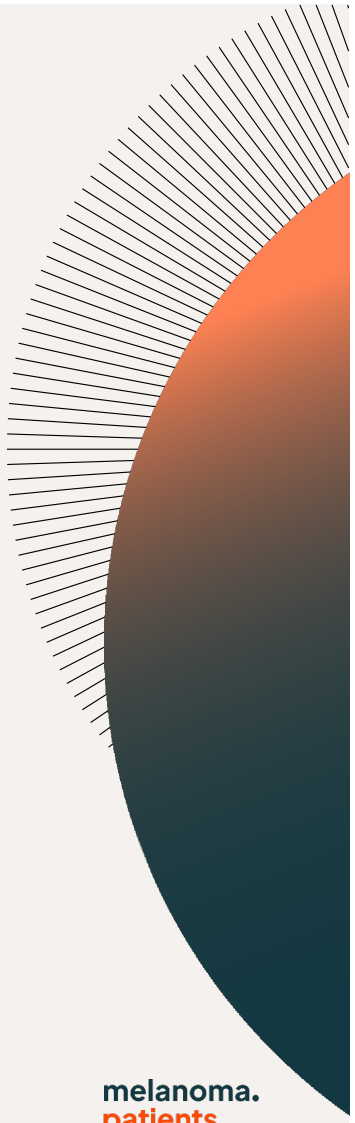
# Key Take-Home Messages

- Psychosocial needs are core to melanoma care
- Nurse-led counselling fills a critical gap
- Telehealth improves equity of access
- Tumour-specific knowledge matters



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# What’s Next

- Ongoing service evaluation
- Identifying high-distress points across the pathway
- Informing future nurse-led models
- Strengthening nursing leadership in psychosocial care

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# Other ACNNP Non-Government Organisations for Counselling Services

pancare FOUNDATION

NeuroEndocrine Cancer Australia
Champions for early diagnosis and a cure

Bowel Cancer AUSTRALIA

HEAD & NECK CANCER AUSTRALIA
ENGAGE · EDUCATE · EMPOWER

Cancer Council

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# Artwork

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# Thank You

- Clare McInerney-Harris
- Melanoma Patients Australia
- Questions welcome

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References

Roseleur, J., Laura Catherine Edney, Jung, J., & Karnon, J. (2023). Prevalence of unmet supportive care needs reported by individuals ever diagnosed with cancer in Australia: a systematic review to support service prioritisation. *Supportive Care in Cancer*, *31*(12). https://doi.org/10.1007/s00520-023-08146-y

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# Melanoma Patients Australia

Make a Referral

Health Care Professionals

Model of Care

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