The Supportive Oncology Research Group

Improving mental health and wellbeing in women living with or beyond breast cancer

Preliminary findings from the Plus1 Study

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Introduction

- People living with or beyond breast cancer experience a range of physical and psychosocial symptoms related to their cancer and its treatment (PMID: 30601265)
- QoL, mental health and wellbeing are negatively impacted by these symptoms
- Numerous barriers prevent psycho-oncological intervention (cost, availability/wait times, access in rural/remote areas)
- The Be Well Plan is a 5-week wellbeing program (developed by Be Well Co / Flinders University Institute for Mental Health and Wellbeing) with demonstrated efficacy (PMID: 35471196, 34357876)

The Plus1 Study aimed to trial the Be Well Plan in a cohort of women living with or beyond breast cancer +/- a support person (a "Plus1").

Methods

This study was conducted in collaboration with consumers identified through the Health Translation SA Consumer Register. All study procedures were approved by the Flinders University HREC (#4866).

Inclusion criteria:

- Breast cancer (grade I-IV) within the past 3 years
- 18 years or older
- Internet access
- Willing and able to engage in the program delivered in English

Be Well Plan:

- 5-week course (2 h/wk) delivered by Zoom
- Delivered in small groups (maximum 10)
- Delivered by trained Wellbeing Facilitator with a consumer co-facilitator

Outcome measures (assessed pre- and post-intervention):

- Mental wellbeing – WEMWBS
- Resilience – Brief Resilience Scale (BRS)
- Depressive symptoms – Patient Health Questionnaire (PHQ-9)
- Anxiety – General Anxiety Disorder (GAD-7)
- Self-compassion (SCS)
- Quality of life (EORTC-QLQ-C30)

Results

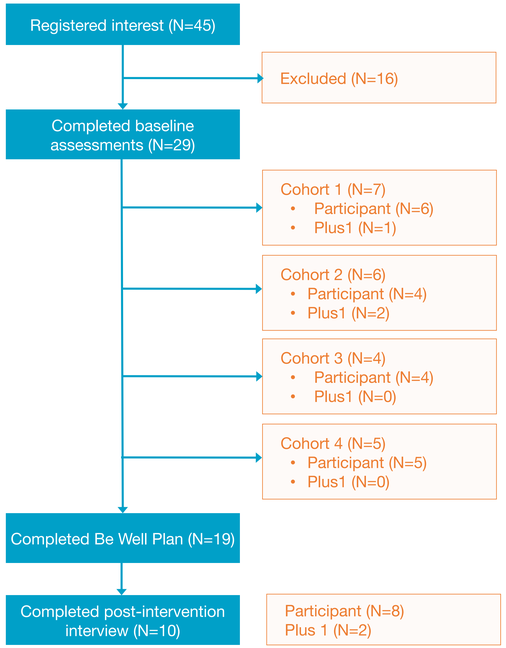

Figure 1: Participant recruitment and participation in the program

Key study participant attributes:

- Conducted over 4 cohorts
- Mean age 45.7years (SD=7.74)
- All female
- 37% were in paid employment
- Majority stage II/III (36.8% and 31.6%, respectively)
- Majority within 2 years of diagnosis (57.9%)
- All received surgery +/- chemotherapy (63%) or radiotherapy (68%)
- 42% reported seeing a psychologist or psychiatrist after diagnosis
- Only N=3 (15.8%) participants opted to bring a Plus 1

Table 1: Outcome measures pre- and post-Be Well Plan evaluated by MANOVA.

Scale	Pre Mean (SD)	Post Mean (SD)	MANOVA
Mental wellbeing	44.6 (9.0)	53.4 (5.2)	$F(1,18) = 26.560$; **$p = .000$**, partial $\eta^2 = .596$
Resilience	17.7 (1.6)	17.7 (1.2)	$F(1,18) = 0.004$; $p = .948$, partial $\eta^2 = .000$
Self-compassion	3.3 (0.8)	3.6 (0.6)	$F(1,18) = 7.335$; **$p = .014$**, partial $\eta^2 = .290$
Depressive symptoms	18.3 (6.0)	13.6 (3.1)	$F(1,18) = 12.149$; **$p = .003$**, partial $\eta^2 = .403$
Anxiety	13.4 (5.0)	9.7 (2.0)	$F(1,18) = 14.816$; **$p = .001$**, partial $\eta^2 = .451$
Quality of life	8.5 (2.8)	9.3 (2.6)	$F(1,18) = 1.374$; $p = .256$, partial $\eta^2 = .071$

The current study was supported in part by the private bequest of Ms Ruth Murchland. We would like to thank all study participants and consumers involved in the design and conduct of this study. HW is supported by the Hospital Research Foundation Group.

Results

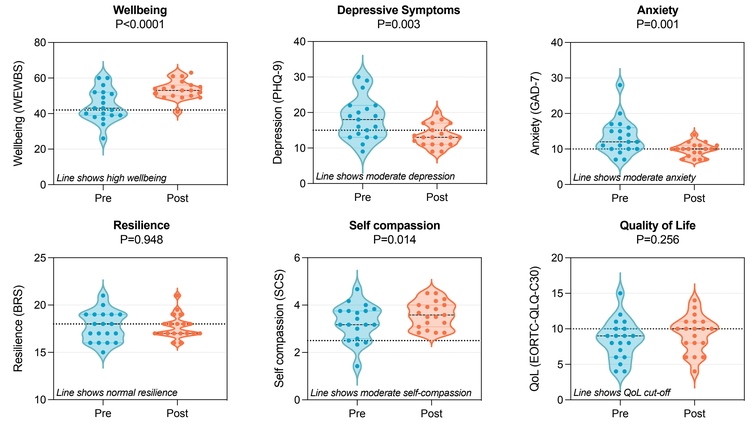

Figure 2: Pre- and post- intervention assessments of wellbeing, depression, anxiety, resilience, self compassion and QoL. All outcomes, with the exception of resilience and self-compassion, showed a large effect size ($F(1,25)$) reaching significance on MANOVA (Table 1).

Conclusions

- The Be Well Plan is an accessible and well-received wellbeing intervention that resulted in clinically-meaningful improvements in key domains of wellbeing/mental health
- Plus 1 was not readily adopted - plan to re-engage with participants to identify reservations/barriers

> "I was in a real victim mode, I was dying, and I was, I don't know, everything hurt, and I just focused on the negatives and now I'm focusing on the positives."
> *Study Participant*

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