

Table 1. Individual barriers to older adult cancer patient access to psychological services

Barriers	Mean	Standard deviation
Lack of patient knowledge of:		
Availability of mental health resources	4.65	.48
Importance of mental health for cancer patients	3.50	1.06
Relationship between physical and mental health	3.31	1.10
Skills/services of different mental health providers	2.88	1.23
Limited patient resources		
Limited financial resources	3.88	.93
Functional limitations	3.75	.97
Limited social support	3.44	.93
Negative patient beliefs		
Stigma regarding mental health care	3.88	1.11
Fear of cancer interferes with ability to talk about cancer	3.06	1.03
Negative experience with mental health treatment	3.00	.94
Belief that mental care means not fighting cancer	2.50	1.12
Stigma regarding cancer	2.44	.86
Not wanting to take resources from others	2.44	1.12
Difficulty with role changes		
Increased dependence on others	3.44	1.06
Difficulty accepting help	2.81	1.01
Difficulty being in patient role	2.56	1.00
Relative importance of individual barriers		
Limited patient resources	4.25	.75
Lack of patient knowledge	3.56	.86
Negative patient beliefs	3.38	1.11
Difficulty with role changes	3.13	1.11

Table 2. Microsystem barriers to older adult cancer patient access to psychological services

Barriers	Mean	Standard deviation
Medical team factors		
Competing demands on providers	4.47	.85
Lack of physician training in mental health	4.06	.80
Lack of awareness of importance of mental health care	3.82	1.15
Lack of physician training in communication	3.76	.94
High staff turnover	3.47	.85
Lack of continuing educational opportunities for mental health providers	2.94	.94
Family factors		
High caregiver burden	4.18	.78
Inadequate knowledge of mental health resources	4.12	.76
Inadequate caregiver support	4.00	.91
Mental health treatment factors		
Difficulty using online mental health resources	3.71	1.02
Failure to consider patient health literacy	3.47	1.04
Treatments too complex	3.12	.90
Treatments not culturally sensitive	2.94	.94
Failure to assess trauma due to medical treatments	2.81	1.18
Relative importance of microsystem barriers		
Medical team factors	3.94	.73
Family factors	3.53	.78
Mental health treatment factors	3.47	.92

Table 3. Mesosystem barriers to older adult cancer patient access to psychological services

Barriers	Mean	Standard deviation
Poor medical team communication		
Across care teams (e.g., referrals)	3.76	.88
Between care teams and patients' families	3.35	1.03
Within care teams (e.g., staff roles unclear)	3.06	.94
Challenges of virtual communication across team members	2.88	.90
Poor care coordination		
Mental health providers not integrated into care team	4.59	.60
Oncologic and mental health services in different locations	4.12	.90
Online resources to bridge types of care are difficult for older adults to navigate	3.41	.97
Relative importance of mesosystem barriers		
Poor care coordination	4.29	.75
Poor medical team communication	3.88	.96

Table 4. Exosystem barriers to older adult cancer patient access to psychological services

Barriers	Mean	Standard deviation
Inadequate system resources		
Mental health service shortage	4.71	.46
Shortage of mental health providers	4.24	.88
Mental health screening unavailable	4.06	.64
Inadequate transportation resources	3.65	.76
Healthcare system factors		
Lack of institutional support for mental health services	4.41	.69
Lack of parity in insurance coverage	4.31	.92
Slow pace of institutional change	4.00	.84
Healthcare institutions not integrated with community services	3.88	1.08
Research gaps on:		
Strategies for educating legislators on older adult mental health needs	3.41	1.03
Appropriate treatments for older adults	3.24	1.00
Different psychotherapy techniques	2.82	1.20
Societal mental illness stigma		
Mental health treatment not normalized	3.94	1.06
Depression in cancer patients seen as normal	3.65	1.03
Negative societal view of mental illness and care	3.53	1.38
Relative importance of exosystem barriers		
Inadequate system resources	4.35	.76
Healthcare system factors	4.35	.76
Societal mental illness stigma	3.53	1.19
Research gaps	2.94	.80

Table 5. Individual and microsystem strategies to improve older adult cancer patient access to psychological services

Strategies	Mean	Standard deviation
Patient education		
Use clear and accessible language	4.13	1.02
Market mental health resources in oncology practices	3.93	.93
Provide information on mental health across cancer trajectory	3.80	1.17
Provide information on stress/anxiety/depression during initial treatment planning	3.73	1.00
Use various strategies to provide information	3.67	.87
Educate/incentivize providers		
Integrate mental health training in medical school/residency	4.13	1.26
Incentivize providers to refer distressed patients to mental health care	3.87	1.09
Provide team with tools for educating patients/families on mental health services	3.73	1.06
Provide training in effective communication with patients	3.47	1.36
Give providers information on patients' mental health needs and available services	3.47	1.15
Facilitate providers' ability to monitor patient mental health	3.27	1.06
Increase provider awareness of relationship between patient-provider relationship and patient mental health	3.20	1.22
Give providers empirical data on benefit of mental health care	3.13	1.15
Support families		
Provide families with mental health services	4.20	.91
Integrate families into patient care	3.93	1.06
Provide families with information on when mental health treatment or change in treatment is indicated	3.80	1.17
Provide families with information on emotional impact of cancer	3.60	1.02
Help families find mental health resources for older adults	3.47	.81
Provide families with information on the negative impact of distress in patients and family members	3.47	1.15
Improve distress screening		
Consider multiple strategies for implementing distress screening	4.07	.57
Identify patients' mental health treatment preferences	4.00	.97
Repeat distress screening over time	3.93	.85
Utilize standardized geriatric-specific distress screening	3.93	.85
Assess patient and preferences for mental health care	3.80	.98
Integrate distress screening into other cancer screening efforts	3.73	1.06
Screen family members for distress	3.67	1.14

Table 5, continued. Individual and microsystem strategies to improve older adult cancer patient access to psychological services

Strategies	Mean	Standard deviation
Improve treatment delivery		
Bring mental health treatment to the patient	4.53	.72
Be flexible with the timing and course of treatment	4.13	.96
Change delivery method over treatment to meet patient needs	4.13	.96
Use all personnel to improve patient mental health	4.07	.85
Provide private space for mental health treatment	3.93	1.29
Leverage community organizations to assist with treatment delivery	3.80	1.05
Use patient portal to deliver mental health treatments	3.33	.79
Improve treatment content		
Adapt treatment content for older adults	4.33	.87
Offer ranges of services for patients to select from	4.27	.85
Simplify mental health treatments to reduce patient burden	4.13	.96
Provide culturally sensitive services	3.87	.88
Include stories of patients who benefited from mental health treatment	3.60	1.08
Allow patients to meet others who benefited from mental health treatment	3.47	1.09
Increase peer/social support	3.27	.93
Utilize technology	3.00	1.03
Integrate biofeedback	2.73	1.18
Relative importance of individual/microsystem strategies		
Improve treatment delivery	4.53	.62
Educate/incentivize providers	4.07	1.18
Improve treatment content	4.00	.82
Improve distress screening	3.87	1.09
Patient education	3.73	1.00
Support families	3.71	.88

Table 6. Mesosystem strategies to improve older adult cancer patient access to psychological services

Strategies	Mean	Standard deviation
Improve medical team communication		
Improve mental health referral process	4.40	.71
Improve communication between family and staff	4.07	.93
Provide opportunities for communication across teams	4.00	1.03
Provide training to the team to increase knowledge of mental health services	3.73	.68
Clearly define team members' roles	3.40	1.2
Improve care coordination		
Co-locate oncology and mental health services	4.60	.61
Standardize care plans to include mental health screening and care options	4.00	.89
Include mental health providers on care team	4.73	.44
Relative importance of mesosystem strategies		
Improve care coordination	4.46	.62
Improve medical team communication	4.07	.93

Table 7. Exosystem and macrosystem strategies to improve older adult cancer patient access to psychological services

Strategies	Mean	Standard deviation
Develop geriatric workforce		
Train more oncology and mental health providers in geriatrics	4.33	.87
Train more psychosocial oncology providers	4.20	.98
Provide additional training to current providers on aging issues	4.00	1.21
Standardize mental health provider training programs	3.53	1.09
Improve healthcare system interventions		
Use access to mental health services as a quality measure	4.36	.89
Capitalize on standards of care that include mental health (e.g., Commission on Cancer)	4.33	.70
Connect mental health service provision to accreditation	4.33	.94
Incentivize organizations to provide mental health care	4.13	.88
Build partnerships across institutions to improve access to mental health services	3.86	.83
Provide support for patient transportation services	3.60	1.02
Provide institutional leaders with information on the relationship between mental health services and healthcare utilization	3.53	1.15
Provide institutional leaders with information on mental health services	3.47	.88
Develop research initiatives		
Share data on the impact of mental health treatment on healthcare utilization	3.87	1.02
Conduct research on the cost effectiveness of early integration of mental health treatment into cancer care	3.80	1.05
Examine strategies for maximizing the integration and efficiency of mental health services	3.80	1.17
Conduct research on how to scale-up mental health treatment strategies	3.67	1.07
Increase advocacy and policy efforts		
Promote policies that increase funding and reimbursement for mental health services	4.20	.91
Partner with policymakers committed to mental health needs/services	3.67	.60
Advocate for mental health to be a priority for policy initiatives	3.60	.88
Normalize mental health treatment		
Normalize mental health care as part of oncology care	4.07	1.12
Use less stigmatizing language when referring to mental health services	3.80	1.17
Public awareness campaign	3.40	1.20
Normalize mental health services using patient peer groups	3.33	1.07

Table 7 continued. Exosystem and macrosystem strategies to improve older adult cancer patient access to psychological services

Strategies	Mean	Standard deviation
Feature information on mental health on disease organization websites	3.27	1.12
Involve legislators in campaigns to reduce stigma	3.21	1.21
Use social media to spread information	3.27	1.12
Relative importance of exosystem/macrosystem strategies		
Improve healthcare system interventions	4.2	.91
Develop geriatric workforce	4.13	1.09
Increase advocacy and policy efforts	4.00	.73
Normalize mental health treatment	3.93	1.18
Develop research initiatives	3.80	.98