Final report

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Overview of the research

The objective of this study is to firstly establish the psychosocial support needs of partners of men with prostate cancer and to use this information to develop an internet based support program for these partners which aims to:

1) Improve the mental health status of partners of men with prostate cancer
2) Improve the relationship between the partner and the man with prostate cancer including their communication techniques, intimacy and sexual relationship

The study further aimed to assess the useability and acceptability of the online psychological support program by way of pilot testing and user feedback.
Executive Summary

A series of focus groups have been conducted to ascertain the support needs of partners of men with prostate cancer. The results of these focus groups have been used to develop the online psychological intervention for partners of men with prostate cancer.

A summary of the main outcomes are below:

- The data collected from the focus groups with partners of men with prostate cancer indicated that:
  - Emotional reactions were heavily influenced by the coping responses employed by the couple and three styles of responses emerged which reflected how they coped and the impact the coping they adopted had on their relationship.
  - The way in which the man coped with their prostate cancer experience had a significant and direct impact on the psychological status of the partner.
  - There were different approaches to the level of involvement partners had in the patient’s treatment decision making and treatment process and this appeared to impact on marital satisfaction and psychological functioning.
  - Navigating sexual intimacy following prostate cancer treatment was difficult for most partners and heavily influenced by the couples ability to communicate about this topic.
  - Partners were aware of the impact that prostate cancer can have on a man’s sense of identity and masculinity and this was an issue that partners felt unprepared to manage.
  - Partners took on the responsibility of maintaining the practical management of the family, communicating with others about the patient’s health status and supporting other family members and commonly neglected to implement self-care strategies.
• The findings of the focus groups were utilised to develop the online psychological intervention which has undergone pilot testing.

• This online psychological intervention for partners of men with prostate cancer is the first program to specifically target partners utilising a self-directed online model of delivery.

• Pilot testing data indicates that the program is user friendly and engaging. All participants reported that this intervention provides much needed information and support.

• Pilot data indicates that participant’s levels of self-reported anxiety, depression and relationship satisfaction showed a trend towards improvement and a statistically significant improvement in mental wellbeing was found from pre- to post-intervention assessments.

• A number of minor enhancements are recommended as a result of this pilot and we hope to be able to use the pilot data for an NHMRC grant application for a randomised controlled trial early next year.
Background

Cancer of the prostate (CaP) is the most common cancer diagnosis in Australia (excluding non-melanocytic skin cancer), with more than 18,000 new cases diagnosed each year\(^1\). New diagnoses of CaP have surpassed any other form of cancer, including breast cancer. There is no uniformity in care provision both for localised and for metastatic prostate cancer. The major morbidities associated with treatment of localised prostate cancer include failed cancer control, incontinence of bladder and bowel, sexual dysfunction, and psychological trauma\(^2,3,4,5\). These morbidities are extant in all of the different prostate cancer treatment modalities and understandably have an impact not only on the patient but also on their partner.

*Prostate Cancer and Quality of life:*

It is well-known that the treatment of prostate cancer with prostatectomy or radiotherapy can result in residual symptoms such as ‘lethargy, fatigue, shortness of breath, decreased libido and hot flashes’ post-treatment\(^6,2,29\). Few patients feel that their doctors provide them with enough detail on these symptoms, the severity of these symptoms and for how long they should persist\(^29\). Coping with residual symptoms can be very difficult for the patient\(^7\) and has been found to significantly impact on the patient’s quality of life\(^8,9\). Compared to the outcome of survival, side effects such as impotence and incontinence seem trivial to patients when deciding on a treatment path, however once actually faced with these issues after treatment, for most men, they gain hugely in significance\(^29\). Psycho-social implications of prostate cancer have been documented. Depression is at least two to three times more common in patients with cancer\(^10\), with the prevalence of general psychological disorders (including depression and anxiety) estimated at 25-47% \(^9,11,12\). It is also noted that depressive symptoms are believed to be under-diagnosed and under-reported among cancer patients \(^13\). Suicide in older men with prostate cancer has also been documented with one study
reporting that older men with prostate cancer were over four times more likely to complete suicide than an age and gender matched cohort without prostate cancer\textsuperscript{14}.

Partners of men with prostate cancer have been reported to experience even higher levels of distress and emotional disturbance than the patients themselves\textsuperscript{15,16}. Healthcare workers tend to focus solely on the patient leaving the partners feeling isolated and uneducated on what is happening to their loved one\textsuperscript{24}. Pitceathly and Maguire\textsuperscript{30} found that whilst most partners and family members cope well with their new role as caregiver, an important minority become highly distressed and some even develop an affective disorder. Partners have reported that a range of issues impact on their mental health status following on from their partners diagnosis of prostate cancer including ongoing distress and worry about cancer recurrence, changes in the sexual and intimate relationship, mood state of the man, disruptions to usual social and domestic relationships and poor communication within the couple. Feelings of depression and burden are more common amongst care-giving wives than care-giving husbands\textsuperscript{31}. Pruncho and Resch\textsuperscript{31} suggest women in their later years may feel more heavily burdened and susceptible to depression after having raised their families and thus believing their role as a caregiver to be behind them.

\textbf{Partners and prostate cancer: the current literature}

Prostate cancer creates many challenges for both the man, and his partner, and as such, has become known as a ‘couples’ illness’. Together with dealing with the devastating news, the partner has to adjust to ‘role transitions, interruption to daily life, financial worries, and a possible strain on marital and sexual satisfaction\textsuperscript{15,25,26}. Open communication within the spousal dynamic is said to play an important role in the positive adjustment of couples coping with illness\textsuperscript{32,35}. Both partners, however, have admitted to suppressing their emotions, worries and questions in order to protect their loved one. Partners have also admitted to limited exchanges with their husbands regarding feelings, for
fear they might create problems that were non-existent or just that they didn’t expect their husbands to open up to them in the first place\textsuperscript{32}.

Partners are eager to find out as much information as possible and have been noted to play a huge role in influencing how patients adapt to and cope with their new illness\textsuperscript{27}. Evertson and Wolkenstein\textsuperscript{33} noted one participant in their study as saying that although she was interested in finding out as much as she could about the diagnosis and available treatment options her husband did not want to ‘face the reality’. Upon a prostate cancer diagnosis, patients generally go into shock and despite realizing the urgency of deciding on a preferred course of treatment, this shock prevents them from engaging in coping strategies such as information-seeking behaviour\textsuperscript{34}.

Carlson et al\textsuperscript{35} noted that in order to decrease the negative effect of cancer on both partners’ QOL it is important to maintain as much control over the decision-making process as possible. Once over the initial shock of diagnosis, patients and partners have acknowledged that they like to be educated as much as possible yet find it difficult to have all the correct information on hand at the right time. Unfortunately in some cases, important facts come to light after the relevant time period for the information or by accident\textsuperscript{36}. Feltwell and Rees\textsuperscript{34} documented that partners both sought and avoided information. Partners engaged in information-seeking behaviours in order to reduce their anxiety and uncertainty about the future and to be better able to support their partner through his illness\textsuperscript{34}. Other partners avoided information-seeking in a bid to reduce their fear and to maintain a sense of normality\textsuperscript{34}. Some patients themselves engaged in downplaying the severity of their illness and its implications in order to maintain some semblance of normality and to relieve somewhat the emotional effect of the illness on the couple\textsuperscript{25,32}.

Dealing with a partner with prostate cancer can take a high emotional toll on the caregiving spouse\textsuperscript{29}. Not only are they emotionally distressed, and overcome by fear or in some cases going
through anticipatory mourning but their usual confidante, the patient, is the one suffering and this can leave many partners feeling lonely and isolated\textsuperscript{33,35,36}. There is a need for additional support for caregiving spouses as the patients’ specialists often are short on time and cannot always provide the necessary level of support or depth of information sought after. Bottorff et al\textsuperscript{25} found three main reasons why women like to attend prostate cancer support groups: ‘to support their partners, to gain an understanding of the illness and to manage their experience’. The benefits they noted from attendance at these meetings were greater knowledge of the disease, reassurance and connecting with others. All these benefits can be similarly achieved utilising online technology. There are some issues surrounding the use of the internet as a source of medical information, such as, credibility of the information, who is endorsing the information, are drug companies paying large sums of money to have their treatments advocated etc. Rozmovits et al\textsuperscript{28} found however, that patients and their families are more likely to seek out, and trust in, non-commercial sites that are backed by recognised ‘centres of excellence’ and institutions.

\textit{Current provision of psychological intervention and support in the Victorian healthcare sector}

Whilst the recognition that there is a strong link between the experience of cancer and increased rates of mental health disorders in the patient and their immediate family is growing, there is no standard model of care in terms of accessibility of appropriate and timely psycho-social support services for patients or their families. Prostate cancer ‘Standard care’ focuses primarily on medical interventions with limited access to appropriate support staff for the patient, and even less access available for their partner. In most instances referral to psychiatry, psychology or social work services only occurs when acute distress is evident or when the patient or their family directly requests such services and often these services must be accessed outside the hospital setting in the community if available. Rural and regional patients and their families often have the most difficulty in accessing appropriate support and referral is often made on an ad-hoc basis. Screening for
mental health disorders within this population is not routine and almost never includes an assessment of the mood state of the patient’s partner. Many partners of men with prostate cancer report feeling extremely isolated, alone and unsupported.

Support groups are available for prostate cancer patients and their partners to attend. The topics covered in these groups are predominantly physical symptom focussed and offer information and support in terms of management of physical symptoms (e.g. where and how to access continence products or ED aides). The Cancer Council of Victoria (CCV) offers telephone and internet based support groups for different groups of prostate cancer patients and their partners (e.g. young men with prostate cancer or advanced prostate cancer). These services offer excellent social support for patients and their families but do not provide specific psycho-social interventions that aim to reduce the risk of mental health disorders in this population.

There are currently very limited resources available for partners of patients. No structured psychological interventions are available or accessible for partners of men with prostate cancer over the internet.

**Internet-based Intervention as a means to facilitating increased support**

The efficacy of psycho-social support has been repeatedly reported in the general cancer setting. Unfortunately, access to appropriate and timely psycho-social support is often limited, particularly in rural and remote regions of Australia but also in public hospitals across the entire country. It has been reported that only 14 to 21% of women in Australia attend face-to-face support.\(^{17,18}\)

Mental and behavioural health promotion, prevention, treatment and management-oriented interventions that are delivered via the internet or other electronic technologies (“e-Interventions”), with or without human support\(^ {19}\) can overcome many of these barriers. Whilst the use of e-
Interventions has grown in both the mental health and general health setting (e.g.,\textsuperscript{20,21}) it has received limited attention in the cancer setting.

e-Interventions do have limitations as some people prefer a face-to-face therapy modality. However, as Klein\textsuperscript{19} comments “the major concern levelled at e-Interventions is the belief that the therapeutic alliance will be compromised by employing remote methods with which to engage and interact. However, emerging evidence demonstrates that consumers using e-Interventions rate the quality of their relationship and satisfaction with the e-Intervention as high and at similar rates to their face-to-face counterparts. Continued investigation of these issues is important.” In addition, a recent Australian general public survey (Klein & Cook, in preparation) regarding the use of e-mental health services demonstrated that less than 10% of the sample reported that they would not use e-mental health services should they have a mental health condition. This clearly suggests that the bulk were agreeable to using e-mental health services.

e-Interventions therefore can provide the majority with an acceptable alternative support modality medium. Psycho-education and self-directed therapeutic techniques can easily be formatted onto an online environment and may also break down the barriers that many people face in terms of accessing support, both in terms of available resources and in terms of stigma, fear and uncertainty in accessing mental health services, factors that deter many people in accessing support\textsuperscript{22,23}. 
**Phase 1: Evaluation of need and development of the online psychological intervention**

Four focus groups were conducted with a total of 13 participants. All participants were partners of men who had undergone treatment between 3 months and 8 years previously. Participant’s ranged in age from 42-76 years.

All focus groups were analysed and transcribed and the transcripts were independently coded by three researchers. Emerging themes were identified.

**Theme 1:**

Emotional reactions were heavily influenced by the coping responses employed by the couple and three styles of responses emerged which reflected how they coped and the impact the coping they adopted had on the relationship.

1. **Congruent positive coping responses between the couple:** These couples both coped with the diagnosis, treatment and recovery reasonably well

These couples appeared to implement good communication and problem solving skills and had good social support. e.g. “fortunately [he] is a really very open warm sort of person so tends to confide and express his emotions fairly openly”

2. **Incongruent coping responses between the couple:** Positive coping response from the partner and a pessimistic or anxious response from the patient.

These couples found that the partner often took responsibility for supporting the patient and maintaining positivity. e.g. “That is the thing that has clouded us …the uncertainty about the future”.
3. Congruent negative coping responses between the couple: These couples both found the experience of prostate cancer very difficult.

These couples found communication, problem solving and their interpersonal relationship in general very difficult to manage and conflict often arose. e.g. “he thinks it’s just his battle that’s what I find really difficult” .....“I’ve found it a very isolating experience”

Theme 2:

The way in which the man coped with their prostate cancer experience had a significant and direct impact on the psychological status of the partner.

Where men who coped very well, partners tended to view their partner very positively and admired their coping ability. Partners of these men appeared to have lower levels of distress and anxiety. These men tended to use open communication, problems solving, research and were able to find meaning in their experience.

   e.g. “he handles everything with ease, he’s just a dream to deal with, what I’d call the perfect patient”

In couples who coped well but the man was pessimistic, the partner reported some emotional distress but communication remained reasonably open and sexual intimacy was maintained. Partners in this situation reported feeling the need to be positive and not show their own emotions.

   e.g. “he said you know ‘it’s alright for you, you’re not going through it’ and I then had to sort of try to get it across to him ‘you don’t seem to understand I am trying to keep so calm and so cool and not let you know I just wanted to fall down in a heap but you’re not allowed to do that you don’t do that you know’ but the thing is how do you find that balance”
Couples where the man did not cope well, partners were distressed and the relationship was impacted by a lack of open communication, no sexual intimacy or both. Men tended to avoid, be unable to communicate and both members of the couple found it difficult to express their emotional states.

  e.g. “he became totally single minded um in my opinion feelings just closed up... went to a separate room and we’re still in separate room”

**Theme 3:**
There were different approaches to the level of involvement partners had in the patient’s treatment decision making and treatment process and this appeared to impact on marital satisfaction and psychological functioning.

The type and variety of information obtained appeared to be directly related to the level of emotional wellbeing of the partner and the patient. Couples who coped well accessed information from a wide variety of sources, either independently or as couple, to make the treatment choices and also to aid them through recovery. Those couples who found it difficult to cope appeared to have limited information.

  e.g. “I really didn’t think there was enough information for me about.. um.. expectations around recovery and what I could do for him or to help him or how I can be supportive”

Most partners reported attending the medical appointments with their partner however the level of engagement in the consultation appeared to be tempered by the couple’s level of emotional wellbeing. Partners from couples who were not coping well found it difficult to feel confident to ask questions of the doctors and were often reluctant to express their concerns.
e.g. “I’m not going to ask things which is probably another thing we need to address, the protocol of what wives can know ...so you just kind of think ‘should I say something now? No maybe I’ll do it when, or maybe tomorrow morning after we’ve got some sleep’”

**Theme 4:**

Navigating sexual intimacy following prostate cancer treatment was difficult for most partners and heavily influenced by the couples ability to communicate about this topic.

Cost of erectile function aids (such as Viagra) and attitudes to sexual aids were stated as barriers for both members of the couple. Some partners were surprised at how long recovery of sexual function took and thought this should be more explicitly communicated to couples before treatment. Many partners also commented that they were not prepared for the adjustment required and would have benefited from some guidance in this area.

Some partners commented that husband’s pleasure from sex and sexual desire had changed as a result of surgery and this impacted on their sexual intimacy as a couple. The majority of partners reported feeling a sense of loss of intimacy at some level and for most this was not related to sex, per se, but rather to the loss of closeness in the relationship. For some their husband’s view that sex was not important anymore in their relationship resulted in them feeling disconnected and unheard in terms of the impact on them.

e.g. “Literature infers you can dodge the bullet on ED [but there will be a] level of damage” – [literature] needs to be more explicit that from patients point of view surgery can “save [you] from cancer but [can] bugger their lives”

**Theme 5:**
Partners were aware of the impact that prostate cancer can have on a man’s sense of identity and masculinity and this was an issue that partners felt unprepared to manage.

Some husbands were explicit in talking about their loss and the frustration in recovery. These tended to be partners who coped well as couples. For other partners, they sensed the man’s loss but he did not articulate the loss. Some couples found this topic very difficult to discuss and tended to focus on safer areas of discussion. Some couples found that even physical touch triggered significant emotional distress.

\textit{e.g. “it [is] harder to do something [hug, or touch] that reminds you how terrible your loss is”}

\textbf{Theme 6:}

Partners took on the responsibility of maintaining the practical management of the family, communicating with others about the patient’s health status and supporting other family members and commonly neglected to implement self-care strategies.

Many partners reported feeling worn out by the whole experience but unable to take time out for themselves. This appeared to be more problematic for partners in relationships where conflict or lack of communication was problematic.

\textit{e.g. “I found my husband made it more difficult for me at the stage when he found out he’d had prostate cancer he wouldn’t tell anyone, I couldn’t tell anyone, didn’t want to tell boo which made it really difficult”.

Many partners reported an understanding that further support would have been beneficial but did not know how to access this support.

\textbf{Partner Support Program}
The focus group data provided strong support for the need to improve support delivery to partners of men with prostate cancer, across the disease trajectory from diagnosis, recovery and advanced disease. Partner’s experiences indicated 6 main areas of need including:

1. Learning more about prostate cancer
2. Improving emotional wellbeing and reducing stress
3. Enhancing communication
4. Improving intimacy within the relationship
5. Looking after yourself
6. Living with uncertainty and planning for the future.

These themes formed the basis of the modules developed for the partner program. 5 partners (consumers) were involved in the development of the intervention program.

The partner program offers 6 modules of interactive information and exercises as well as downloadable offline exercises designed to engage partners to work through issues as a couple. There is a forum where participants are encouraged to share their experiences.
The program features many interactive exercises that can be completed while working through the program or logged to a to-do list to complete at a later time.
The program also features videos of partners speaking about their own experiences.

Online Psychological assessment

Two forms of psychological, quality of life and wellbeing assessment have been developed.

The first is an online assessment to screen and assess the mental health status of the participants, as well as quality of life, wellbeing, relationship satisfaction and communication styles utilising validated questionnaires.

This includes domains such as:
- Psychological distress: Measured using the PHQ-9 and the GAD-7 measuring:
  - Anxiety
  - Depression
- Emotional wellbeing: Measured using the Mental Health Continuum- Short Form (MHC-SF)
- Relationship satisfaction: Measured using the Kansas Marital Satisfaction Survey (KMS).
- Communication patterns: Measured using the Communication Patterns Questionnaire-Short Form (CPQ-SF) and the Dyadic Sexual Communication Scale (DSC).

This assessment takes the form of an online survey that the participant completes at each assessment point. This provides a comprehensive assessment of the participant’s mental health and quality of life and forms the basis of the outcome measures used to evaluate the program.

The second assessment developed is a participant focussed assessment used to track the key factors identified in the focus group research:

1. Emotional wellbeing and
2. Relationship satisfaction
3. Communication
4. Sexual intimacy
5. Work and leisure life satisfaction

These domains are assessed weekly throughout the duration of the program using a “check-up” survey. This assessment provides visual feedback to participants in the form of a graph plotting scores over time and also generates recommended parts of the program that the participant might
benefit from. For example if a participant rates their mood as low they will receive a recommendation to review the aspects of the program that focus on managing mood.
Phase 2: Pilot testing of the online psychological intervention

The first phase of pilot testing has been completed with 10 participants completing the 6 week program and providing pre-intervention and post-intervention assessments as well as qualitative feedback.

Participants completed pre- and post-intervention assessments including the assessments detailed above as well as comprehensive demographic information. Participant use, engagement and retention was analysed and as well as change in scores of mental health, emotional wellbeing, communication styles and relationship satisfaction. These results will inform further refinement (if required) before conducting a randomised controlled trial to evaluate the efficacy of the intervention in a controlled way.

Results

Ten partners of men who had received treatment for prostate cancer participated in the pilot. The mean age of participants was 58 years (range 49-70 years). All participants were female, were in a married relationship with the man with prostate cancer and had been in this relationship for longer than 10 years. All participants resided in Victoria; 9 in metropolitan areas and 1 in rural Victoria. A range of treatment modalities had been
received by the participant’s partners. Six had received radical prostatectomy (2 open and 4 robotically) only, 1 had received radical prostatectomy, radiotherapy and hormone therapy, 2 had received radiotherapy and hormone therapy and 1 had received brachytherapy. These treatment modalities indicate that the stage of disease for the majority of partners of the participants was localised but at least one participant was the partner of a man with advanced prostate cancer.

Mean anxiety, depression, mental wellbeing, and marital satisfaction were calculated to compare baseline (time 1) and post-intervention (time 2) change. The data indicated non-significant improvements in anxiety, depression and marital satisfaction but significant improvements in mental wellbeing.

Figure 1: Mental Wellbeing mean score change from time 1 to time 2 (P =0.003).

Figure 2: Anxiety and Depression mean score change from time 1 to time 2 (P >0.05).
These data indicates that the partner program made significant improvements in participant self-rated mental wellbeing. The program also shows promise in reducing anxiety and depression and improving marital satisfaction although these measures did not reach significance.

**Participant feedback**

Participants were asked to provide ratings of the program as well as qualitative feedback. Mean program satisfaction was 8.2 out of 10 indicating very high satisfaction with the program.

Qualitative feedback indicated that the program provided useful and relevant information that participants felt benefited them.

"gave ideas how to cope when stressed, I didn't feel so alone, and it was just good to feel that someone cared, as you can be in a very dark space sometimes, only wish it was available when first diagnosed" (Participant, Age 49).

"Some ideas about how to cope with the big impact that his prostate cancer has had on our intimacy has been great. We still have a long way to go but at least we know where to start now" (Participant, Age 52).

"Knowing that I am not alone" (Participant, Age 70).
"I have found it most interesting and feel that it will be a great support and also learning/information application for partners going through this" (Participant, Age 51).

There were some challenges faced by participants when accessing the program specifically related to the password protection of the site. This feedback will be used to improve the login system. Other areas of improvement suggested by the participants included the forum activity. Almost all participants felt that the forum did not have enough activity and stated that this would be a very useful part of the program if more participants were using the site.

Areas of particular interest for participants were the video stories of other partner's experiences and feedback indicated more of this type of content would be beneficial. Offline exercises were reported to be useful but only 2 of the 10 participants reported asking their partner to do the exercises with them. This will be an area that will require further exploration and enhancement to support partners to engage their spouses in these exercises.

Enhancements required as a result of the pilot testing:

1. Reduce complexity of login process
2. Ensure activity on the forum which will come about with increased participants engaging in the site but will also require moderator posting to start discussions.
3. Development of further video material if possible (funding dependent).
4. Enhance participant use of offline exercises and explore strategies to support partners to include their spouse. Further exploration with participants to understand the barriers to engaging their partner in the activities will be required.

Overall, the program has been received very well and only minor changes have been suggested by the participant group.
At this stage we will make these minor refinements and continue to recruit pilot participants in order to have a larger sample of pilot data which we will use to apply for further grant funding to comprehensively assess the efficacy of this intervention using a randomised controlled trial methodology. We hope to be able to apply for NHMRC funding in March 2014.

**Challenges of the project**

Overall this project has run well and the developed program has been designed to meet the significant needs of partners of men with prostate cancer. A number of challenges have resulted in delayed completion of the project. Firstly, delays in contractual agreements and ethics approvals resulted in delayed commencement of the study. Technical developments and refinements further to consumer feedback throughout the development period have further delayed this project. However, a decision was made to implement these recommendations prior to full pilot testing so as to deliver an intervention that would meet the needs of the target population.

This project will now continue to run until the end of the year in order to collect a larger sample of pilot data.

**Online prostate cancer portal**

Whilst developing this online intervention Australian Prostate Cancer Research in collaboration with Melbourne Health and Cancer Council Australia has also developed an online prostate cancer portal, called PROSTMATE. This platform enables users to get access to tailored information, ongoing quality of life and mood check-ups that track progress over time and record progress. This portal also provides a platform to access tele-health services from prostate cancer experts (prostate cancer nursing only in stage 1) and engage in intervention programs (such as the partner program) and participate in research. The partner program has been built to integrate with this new portal and...
users of PROSTMATE are invited to pilot test the partner program. PROSTMATE portal dashboard recommends programs such as the partner program based on the users type. Currently the portal is recommending participation in the partner program to all PROSTMATE users who identify as a partner of a man with prostate cancer and users can link through to the partner program from the PROSTMATE dashboard.

The image below demonstrates the PROSTMATE dashboard with integration of the partner program in the “programs” section of the dashboard.

The PROSTMATE portal has been independently funded by Australian Prostate Cancer Research with seed funding from the Portland House Foundation.

**Summary and conclusions**

The partner program is the first self-directed online psychological intervention for partners of men with prostate cancer worldwide. Focus group research indicates that this is a much needed resource that will provide low cost, easily accessible specialist support to this underserved population.

Many other institutions have contacted us to learn about our experiences developing and evaluating this program and we are proud to be the first group to provide such a program. beyondblue’s
support has been instrumental in achieving this and we recognize the support provided by beyondblue with donations from the Movember Foundation.

For those interested in looking at the program please go to www.partners.prostmate.org.au

At the moment the site is password protected so please use the below:

Username: prostmate
Password: fidgetfriend123

Then feel click on login and use the below login details

Username: addie.wootten@mh.org.au
Password: prostmate


