**Psychosocial Task Force**

**Psychosocial needs (L&MIC) survey**

The Psychosocial Task Force is currently working on a survey about psychosocial needs and services in pediatric oncology programs in low and middle income countries.

Though global pediatric oncology programs have gained momentum over several decades to address the medical needs of patients in L&MIC, little attention has been paid to the psychosocial needs of this vulnerable population.

Collecting more information from global pediatric oncology providers is the first step in understanding and addressing the psychosocial needs of the children and their families. The attention of psychosocial issues in L&MIC deserves high priority due to the particular influence that these might have on treatment outcomes.

We aim to explore L&MIC providers’ experiences as well as perception of patient/family needs. We also plan to collect information about the scope of psychosocial services available at their programs. We estimate that our survey, which will send electronically, will take about 15 minutes to complete.

 It is our hope that our colleagues working in L&MIC will collaborate answering this survey once we circulate it, and sharing it with colleagues in other centers of these countries to help us obtain a wide coverage in many regions of the globe. We expect that the results of this survey can be disseminated to organizations that have the potential to improve patient, family, and provider needs related to psychosocial oncology care.

**Psychosocial risk screening**

The Psychosocial Assessment Tool 2.0 (PAT) is a brief screener of psychosocial risk in pediatric oncology that provides an assessment of contextual factors that may affect adaptation in childhood illness. The instrument assesses a constellation of risk and resource factors including family structure, family resources, social support, child knowledge, school attendance, child emotional, and behavioral concerns, child maturity for age, marital/family problems, family beliefs, and other stressors.

As argued in the literature, a screening instrument and screening protocols may help to systematize and organize better provision of psychosocial services. In developing countries this purpose has the extra characteristic of the contextual limitations that make even more urgent the implementation of steps that may guide the optimization of use of resources. The scarcity of human and technical resources may not necessarily change through screening, but the screening might have an impact on the prioritization and utilization of the resources available in a way that can be directed to those in most urgent need.

We are planning an exploratory study for piloting the PAT 2.0 for use in pediatric cancer population in L&MIC. We plan to engage stakeholders in various countries where minimal staff is available for implementing the PAT during a six months period. We’re now working on securing participant countries and developing the general proposal.