

MELODIC

Mental Health Support for Young Adults with Cancer

Project Number: 101101253

WP3: Co-design guide and training to decrease health inequalities

Deliverable 3.3. Guide for continuing education on mental health needs of people affected by cancer

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Executive Summary

The Melodic training programme was developed in response to growing evidence linking cancer with mental health challenges, particularly among young adults (YA) with cancer. Research consistently demonstrates strong associations between cancer and conditions such as anxiety and depression, which affect not only disease outcomes but also long-term survivorship and overall quality of life. These relationships are complex and often reciprocal, shaped by factors such as social support, healthcare experiences, and family dynamics. Importantly, their impact extends beyond patients, also affecting caregivers and healthcare professionals.

Young adulthood is a critical developmental stage characterized by identity formation, increasing independence, and future planning. A cancer diagnosis during this period can significantly disrupt education, employment, relationships, and psychosocial development. As a result, YA with cancer are at increased risk of mental health difficulties compared to both their healthy peers and other cancer populations, with these effects often persisting into survivorship. Caregivers also face unique challenges as they strive to balance providing support with respecting the young person's autonomy.

Despite the clear need for psychosocial support, healthcare professionals (HCPs) often lack standardized guidelines, training, and tools to effectively identify and address mental health concerns in this population. Mental health issues may be under-recognized or misinterpreted as normal reactions to illness, while gaps in skills, confidence, and resources hinder timely intervention. This highlights a critical need for structured, competency-based education.

The Melodic training programme addresses these gaps by providing comprehensive, interdisciplinary education focused on key competencies, including mental health screening, communication, and interprofessional collaboration. It also emphasizes provider well-being and reflective practice to support sustainable, high-quality care delivery.

Developed within the EU4Health-funded Melodic project (2024–2027), the training programme aims to strengthen HCP skills to identify mental health challenges of YA and their family members, and to improve mental health outcomes for YA and their families through enhanced screening, early detection, and person-centred care. The programme is grounded in holistic approaches such as social prescribing, engagement with nature, and physical activity to promote overall well-being and social inclusion.

The purpose of this guide is to support learners in navigating the Melodic training programme and platform, and understanding its structure, objectives, and pedagogical framework. It serves as both an instructional manual and a strategic resource for educators, practitioners, and policymakers. By strengthening competencies across disciplines and promoting standardized approaches to psychosocial care, the Melodic programme contributes to reducing health inequalities and improving the quality of care for YA with cancer and their families.

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Appendix 1. Summary of Melodic curriculum

1. Introduction

1.1. Young adults with cancer and mental health

There is ample evidence in the literature to indicate associations between mental health and a cancer diagnosis. Depression and anxiety have associations with cancer incidence, survival, and cancer-specific mortality (Wang et al., 2020), suggesting its influence at each stage of care, with the potential to last into long-term survivorship (Mosher et al., 2016). Furthermore, the strength of the association between cancer and depression found in research is increasing (Mejareh et al., 2021). While the evidence of an association between adverse mental health outcomes and cancer is strong, the direction and mediators of this relationship are difficult to determine, with reciprocal relationships between social support, perception of medical services, and mental health contributing to a self-perpetuating decline in overall quality of life (Abdelhadi, 2023; Chang et al., 2019; Shalata et al., 2024; Voskanyan et al., 2024). Further complicating these relationships is that they extend beyond the patient to their family, caregivers, and healthcare staff, with similarly reciprocal relationships between their mental health and the health outcomes of the patient (Caruso et al., 2017; Wang & Feng, 2022).

Young adults (YA) with cancer occupy a particularly sensitive position in relation to mental health. Young adulthood is a key period of development and growing autonomy that cancer threatens to severely disrupt. Educational, financial, and sexual milestones, coupled with threats to one's sense of identity and social bonds (Neylon et al., 2023), may be derailed by the cancer diagnosis and subsequent care (Jin et al., 2021). Additionally, caregivers such as parents face unique challenges also; as the diagnosis occurs during a period of predicted autonomy for the YA, the result can be a tense balance between encouraging privacy and providing care that creates additional distress for all involved (Pettitt et al., 2025).

The literature indicates the potential consequences of these disruptions - YA are at additional risk of mental health issues, both in relation to young adults without a diagnosis (McGrady et al., 2023; Osmani et al., 2023; Tanner et al., 2023) and other age groups with lived experience of cancer (Bergerot et al., 2024; Osmani et al., 2023). Furthermore, evidence suggests the additional negative mental health impacts YA with cancer experience last long into survivorship, indicating the potential lifelong ramifications of these disruptions (Baclig et al., 2023; Lee et al., 2023; Zhang et al., 2025).

Given the threat of a feedback loop in the mental health of YA, wherein reciprocal factors contribute to one another to cause a potentially long-lasting decline in mental health, it is vitally important for healthcare professionals (HCPs) to be able to detect these issues early in a YA treatment. However, research across the world consistently demonstrates that many HCPs in cancer care do not have standardized guidelines to follow for mental health (Aquil et al., 2024; Karchoud et al., 2023; Wagner et al., 2025), with nurses instead often relying on experience. The result is a lack of evidence-based techniques for screening, the foundation for determining and organising treatment for YA and caregivers experiencing mental health challenges (Bergerot et al., 2024).

Mental health concerns among YA with cancer are often insufficiently recognized by HCPs (Fernando et al 2023), who may interpret such expressions as natural reactions to a cancer diagnosis rather than signs of emerging psychological difficulties. In addition, HCPs have been reported to lack the skills and resources needed to identify early indicators of mental health problems and to respond in timely manner (Granek 2019). Consequently, delivering adequate psychosocial support that meets the mental health needs of YAs with cancer can be challenging for HCPs (Grassi et al. 2017; Duggan 2021). As the mental health challenges that YA with cancer face is multidimensional, so must be their treatment, with a diverse, multidisciplinary group of professionals able to contribute as needed (Jin et al., 2021).

1.2. Educational Needs of Health-Care Professionals Supporting Young Adults With Cancer

HCPs require comprehensive, ongoing education to effectively meet the mental health needs of YAs with cancer (Bradford et al., 2018; Morsink et al., 2026; Santivasi et al. 2024). Core educational domains include developmental understanding, distress screening, communication skills, resource literacy, interdisciplinary collaboration, and provider well-being (Bergerot et al. 2024; Grassi et al. 2017). Addressing these gaps is essential for improving psychosocial outcomes and ensuring equitable, developmentally appropriate care for this vulnerable population (WHO 2022).

A central priority is strengthening developmentally responsive, age-appropriate care competencies. Due to cancer, YAs experience disruptions in identity, relationships, education, and employment at a critical life stage (Zebrack et al. 2015; Huges et al. 2024), which can intensify vulnerability to anxiety, depression, existential distress, and social isolation (Osmani et al. 2023; Lee et al. 2023). HCP education must therefore

enhance understanding of how cancer intersects with developmental trajectories and shapes psychosocial experiences (Korenblum et al. 2025).

In parallel, mental health screening, assessment, and early intervention skills must be prioritized (Morsink et al 2026). Despite high levels of distress among YAs, symptoms are frequently under-detected in oncology settings. Routine screening is therefore a key component of quality cancer care (Fitch et al., 2024; NCCN, 2026), with validated tools enabling timely identification and intervention (NCCN, 2026). HCP education must equip professionals to use these tools effectively and engage confidently in discussions about emotional well-being.

Communication and relationship-centered practice represent another key educational need.). Evidence highlights gaps in communication around these issues and the need for more proactive, age-appropriate discussions (Avutu et al., 2022; Vialle et al., 2025). YAs value honest, transparent communication alongside emotional validation and autonomy in decision-making (Mack et al., 2019). Experiential training approaches, such as role-play, can strengthen communication skills and relational competence (Ferrell et al., 2025).

Another consistently identified need is resource literacy and care navigation. HCPs often lack awareness of available psychosocial and supportive services (Kirchhoff et al., 2017). Unmet needs across financial, fertility, and psychosocial domains highlight the importance of effective coordination (Baudry et al., 2024). Education should strengthen knowledge of these resources and develop navigation skills, enabling HCPs to act as effective coordinators and advocates.

Interdisciplinary collaboration and integrated models of care are essential for delivering comprehensive psychosocial support. Evidence shows that addressing mental health needs in cancer care requires a coordinated, interdisciplinary approach involving oncology teams, mental health professionals, social workers, and other specialists, ensuring that psychosocial concerns are identified and managed alongside medical treatment (Berardi et al. 2020). Effective care therefore depends on coordinated input across multiple disciplines, as multidisciplinary teams have been shown to improve decision-making, adherence to guidelines, and overall patient outcomes in cancer care (Corveleyn et al 2025).

Finally, provider well-being, reflective practice, and resilience must be integral components of training. HCPs working with oncology patients are frequently exposed to sustained emotional demands and close relationships with patients and families, which can lead to emotional exhaustion and burnout (Salehi et al. 2025; Paiva et al. 2021).

Education should equip HCPs with strategies to process these challenges and sustain compassionate, high-quality care.

The Melodic Training Programme offers an online course that addresses these educational needs in a structured and engaging way. By integrating evidence-based content across the domains outlined above into a continuous, interdisciplinary learning model, the programme supports skill development in a practice-embedded manner. This approach fosters retention, reflection, and real-world application in clinical contexts, ultimately ensuring that healthcare professionals are better prepared to deliver holistic, developmentally appropriate and equal psychosocial care to YA with cancer.

1.3. The purpose of the guide

This guide is designed to support learners in navigating and completing the Melodic-course by providing a clear orientation to its structure and learning objectives. It complements the training programme developed within the Melodic project (WP3) and aims to facilitate skill development among HCPs, while also ensuring the programme's continuity and long-term sustainability.

The guide outlines the didactic framework of the Melodic training programme and serves as a practical manual for using the Melodic training platform. It is intended for anyone interested in learning about mental health and psychosocial well-being among YA with cancer and their family members

The Melodic training programme also can provide further strategic guidance for educational and curriculum planning. In line with current national and international recommendations, it reinforces psychosocial care as an essential component of high-quality oncology practice. However, variations in professional training and lack of role clarity continue to limit consistent implementation. Establishing and mandating core educational competencies across disciplines, including medicine, nursing, allied health, and psychosocial professions, would support more standardized practice and reduce inequities in the delivery of psychosocial care. Effective education must be ongoing, accessible, and embedded within health systems, rather than delivered as isolated training sessions.

The target audience of this guide consists of HCP, Non-Governmental Organization (NGO) practitioners and policy makers working with young adults with cancer and their families.

2. Melodic project

This guide was developed as a part of Melodic project (WP3). The overall aim of the Melodic- project was to promote mental health and psychosocial well-being of YA with cancer and their family members. This was done by improving screening, early detection, and person-centered management of mental health needs. As an outcome of the project, recommendations for HCP on mental health needs of YA with cancer, screening and timely management, will be created.

In the Melodic project, the promotion of mental well-being among YA with cancer and their families is grounded in a framework that emphasizes social prescribing, connection with nature—specifically blue and green spaces—and physical activity. The implementation of these approaches is intended to enhance well-being, social inclusion, and holistic health. Social prescribing underscores the importance of individual resources and community-based support, incorporating a range of supportive orientations that aim to strengthen individuals' sense of control and capacity for self-management of their health (WHO, 2022; Chatterjee et al., 2018). Connection with nature contributes to psychological restoration and stress reduction and is widely recognized for its role in health protection and disease prevention (WHO, 2016; Grellier et al., 2017). Physical activity, in turn, supports both mental and physical health outcomes (Brunet et al., 2018). Collectively, these interrelated approaches form an integrative and comprehensive model for supporting mental well-being in the context of the significant psychosocial challenges associated with serious illness.

In WP3, the focus was to co-design a training programme for HCP working with YA with cancer and their family members. Based on the interview and survey findings from WP2 and the existing body of literature, a training programme was co-developed for HCPs with the aim of strengthening their skills in screening, early detection, and management of the mental health needs of YA with cancer and their family-members.

The training programme was co-designed using workshop methodologies together with patient advocates and healthcare professionals as key stakeholders. This collaborative and immersive approach enabled the integration of diverse perspectives from both YA with lived cancer experience and professionals working in oncology care.

In the long term, enhancing the competence and confidence of HCPs is expected to improve the quality of support provided to individuals affected by cancer, thereby contributing to reduced health inequalities among those diagnosed with cancer.

The Melodic-project was funded by EU4Health- programme and run between 1.9.2024-31.8.2027. Project partners included various stakeholders having expertise of the research topic - all together 13 partners participated, including universities, higher education institutions, NGOs and University hospitals.

3. Curriculum

The aim of Melodic training programme is to strengthen HCPs' skills, knowledge and autonomous professional practice in managing and screening mental health needs of YA with cancer and their family members, to offer holistic person-centred care, to improve care quality, patient engagement and equality, and overall health outcomes. To achieve this, curriculum was designed according to the principles of competence-based education at EQF Level 7, which corresponds to advanced knowledge and professional practice (EU 2018).

3.1. Curriculum development

The development of the MELODIC curriculum was guided by the Common Micro-credential Framework (CMF) to ensure quality assurance, transparency, and alignment with European policy objectives related to lifelong learning and skills recognition. The CMF served as a structured reference framework that informed both pedagogical and structural decisions throughout the curriculum co-design process. (EU 2018.)

In line with the CMF, the MELODIC training programme is based on clearly defined and measurable learning outcomes. Each learning unit articulates explicit knowledge, skills, and competence outcomes, ensuring consistency with CMF principles and facilitating the formal recognition of learners' achievements. This outcomes-based approach supports the certification of learning in a manner that is transparent and comparable across different educational systems (EU 2018; ETF 2022).

Following CMF guidance, the MELODIC curriculum was organized into four learning modules and international symposium, corresponding to micro-credentials. These units

were intentionally designed as smaller, targeted components addressing clearly identified learner and workforce needs. Such modularity supports flexible participation, enables focused upskilling and reskilling, and aligns with policy priorities that promote adaptable, learner-centred education and training pathways.

The CMF also informed the alignment of the MELODIC curriculum with the European Qualifications Framework (EQF) levels 7–8, encompassing master’s and doctoral-level learning (EU 2018). This alignment ensures academic coherence and positions MELODIC micro-credentials within the broader European qualifications context, thereby enabling the potential accumulation of credits toward established formal qualifications (ETF 2022).

In accordance with CMF criteria, the scope of MELODIC learning units was defined using ECTS credits to ensure transparency and comparability. The curriculum adheres to CMF workload expectations of 4–6 ECTS, corresponding to approximately 100–150 hours of learner effort. This approach supports consistency with higher education standards and facilitates institutional recognition of the learning outcomes.

Furthermore, the CMF influenced the design of the MELODIC curriculum as a stackable learning provision. Learning units were developed to be combined progressively across institutions and learning contexts, enabling personalized learning pathways and the gradual development of competences over time. This stackability supports key policy goals related to flexible education, learner mobility, and lifelong learning.

Finally, CMF principles were applied not only to curriculum content but also to the design and structure of the MELODIC online learning platform. The platform supports the documentation of learning outcomes, assessment processes, and certification in accordance with CMF requirements, ensuring that learners’ achievements are visible, transferable, and verifiable. Table 1 illustrates how the MELODIC curriculum is designed to align CMF with these criteria.

Table 1. Melodic curriculum and its correspondence to CMF criteria.

Melodic training programme curriculum	CMF criteria
The learning outcomes were guided by level 7 EQF (corresponding master’s and doctoral-level learning).	To achieve EQF level 5-8.
Workload = 135 hours /5 ECTS	Workload ranging 100-150 hours / 4-6 ECTS.
Students signing methods: personal e- mail address and password.	Reliable method of students’ ID verification.
Course certificate is issued after completion of the course according to the course requirements.	Transcript with specification of learning outcomes, hours, EQF and ECTS (1 micro-credential) gained.

3.2. Training programme outline and learning contents

Melodic training programme includes four learning modules, and each module contains various submodules. Figure 1 illustrates the programme outline and main contents, which are explained more specifically in the following text. Each module corresponds to 1 ECTS.

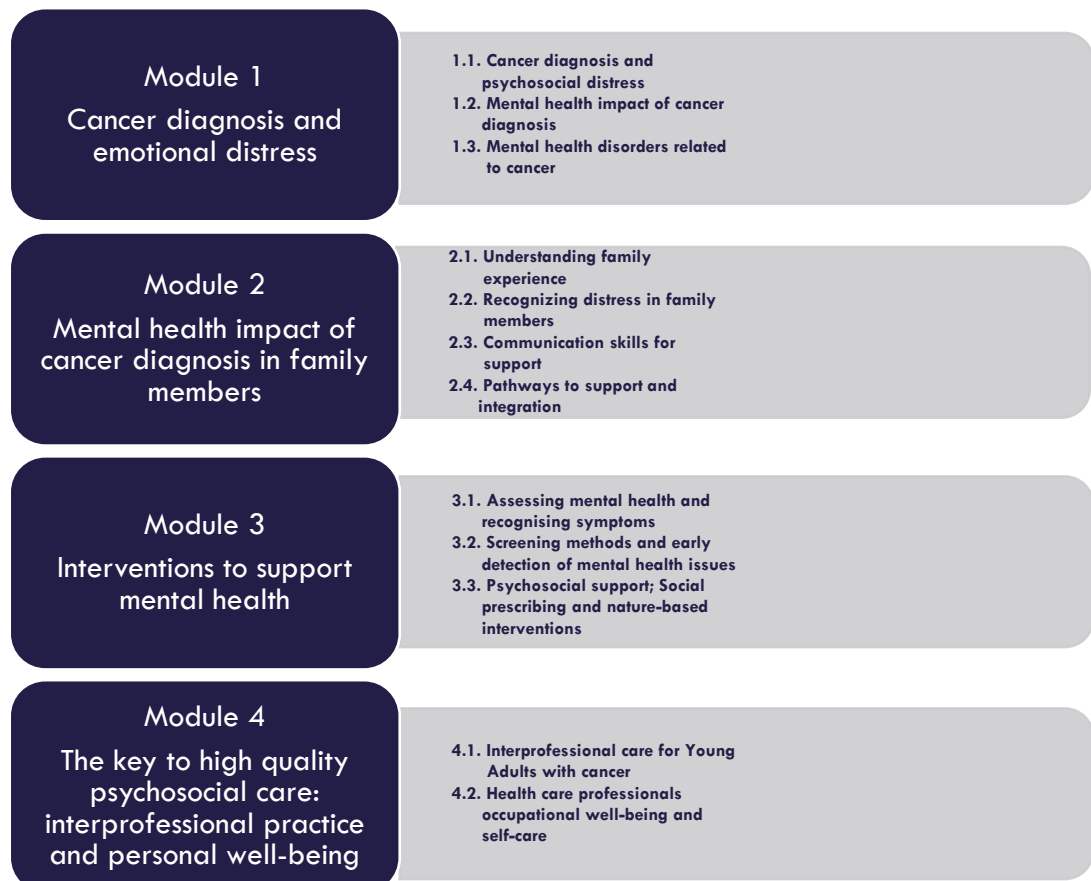


Figure 1. Outline and contents of Melodic training programme.

Description of the learning modules

Below is a brief description of the content covered in each module, along with the learning objectives to be achieved upon completion. The key topics and focus areas of each module are outlined. A summary of the curriculum is provided in Appendix 1.

Module 1: Cancer diagnosis and emotional distress

The module examines the impact of a cancer diagnosis on YA, introducing key models of health and emphasizing the application of the NCCN guidelines and the Distress Thermometer in the identification and management of psychological distress. Particular attention is paid to the range of factors that interact to shape mental health outcomes following diagnosis.

In addition, the module explores common mental health disorders associated with cancer in YA, providing a comprehensive understanding of their mental health needs within the care context.

Module 1 is organized into three main themes: 1) Cancer diagnosis and psychosocial distress 2) Mental health impact of cancer diagnosis and 3) Mental health disorders related to cancer.

Learning objectives in Module 1:

- Explore the psychological impact of a cancer diagnosis on adolescents and YAs by identifying models of health
- Apply NCCN guidelines to identify and address cancer
- Examine how biological, psychological and social factors interact to shape mental health outcomes after diagnosis
- Recognize common mental health disorders associated with cancer

Module 2: Mental health impact of cancer diagnosis in family members

Module 2 focuses on the mental health impact of a cancer diagnosis on family members. Emphasis is placed on recognizing family members as integral participants in the care process and ensuring that their mental health and well-being are adequately supported within oncological contexts.

The module explores the range of psychological distress experienced by family members in response to the diagnosis, while particular attention is paid to the ways in which family roles, relationships, and everyday functioning may be disrupted.

In addition, the module examines how healthcare professionals can support families' coping and resilience processes, highlighting effective communication strategies that facilitate psychosocial adjustment.

The module includes four main themes: 1) Understanding family experience 2) Recognizing distress in family members 3) Communication skills for support and 4) Pathways to support and integration.

Learning objectives in Module 2:

- Explain how cancer affects family system and the role of different family members.
- Identify common psychological reactions and signs of distress in family members.
- Apply basic supportive communication strategies in interactions with families.
- Identify referral pathways and resources for family members.

Module 3: Interventions to support mental health

This module focuses on assessing mental health and interventions aimed at promoting and supporting mental health of YA with cancer. It explores evidence-based approaches designed to prevent mental health challenges, strengthen resilience, and enhance overall psychological well-being.

The module addresses the identification of key signs that should be recognized when assessing the mental well-being of YA. Attention is given to early detection of emotional, behavioral, biological and psychosocial changes that may signal emerging mental health concerns.

The module includes four main themes: 1) Assessing mental health and recognizing symptoms 2) Screening methods and early detection of mental health issues 3) Psychosocial support - Social prescribing and nature-based interventions.

Learning objectives of Module 3:

- Execute systematic mental health assessment.
- Interpret commonly used screening methods.
- Apply evidence-based psychosocial support, including social prescribing approaches.

Module 4: The key to high quality psychosocial care: interprofessional practice and personal well-being

This module examines the prerequisites and competencies needed for healthcare professionals to engage in interprofessional practice while providing psychosocial support. It emphasizes the application of collaborative practices that integrate the expertise of multiple disciplines to provide comprehensive, patient-centered care.

In addition, the module also addresses the importance of maintaining and promoting health care professionals' own occupational health, recognizing that well-functioning teams and individual well-being are closely interconnected

The module includes two main themes: 1) Interprofessional care for YA with cancer 2) Health care professionals occupational well-being and selfcare.

Learning objectives in module 4:

- Familiarize with the concepts in interprofessional collaboration within psychosocial care
- Understand the role of interprofessional teamwork
- Understand the importance of emotional intelligence, resilience compassion stress and compassion fatigue and how they are related to occupational well-being
- Recognize and regulate own emotions and reactions and know how to apply self-care practices to support bio- psycho- social- spiritual well-being

3.3. Teaching and Learning Methods and Materials

The teaching and learning methods employed in the Melodic training programme incorporate a range of evidence-based and blended learning approaches (Table 2). The core learning components of the modules consist of video lectures, including slide presentations with voiceovers, complemented by additional materials such as assigned readings and podcasts. This blended learning model combines digital, self-paced study with guided learning to support flexibility and engagement.

The video lectures focus on key concepts, providing concise overviews and essential definitions. A deeper understanding of the subject matter is fostered through engagement with supplementary materials and self-directed learning. Furthermore, the

integration of theory and practice is supported through reflective exercises, case examples, and the use of video-based materials, enabling learners to critically apply their knowledge in practical contexts.

Through critical reflection and practical application, participants are encouraged to strengthen their competencies in fostering sustainable, supportive care practices that benefit both patients, family members and professionals. This learning is reinforced through facilitated contact sessions held every other week.

Table 2. Teaching and learning methods in Modules 1 -4.

Module	Teaching and learning methods
Module 1	- Recorded video lectures - Interactive and reflective assignments - Quiz - Clinical cases - Audio podcast - Evidence- based articles; other text resources - Facilitated contact lessons
Module 2	- Recorded video lectures - Reflection questions - Audio podcast - Quiz - Clinical cases - Evidence-based articles; other text resources - Facilitated contact lessons
Module 3	- Recorded video lectures - Interactive power-point - Clinical Cases - Quiz - Evidence-based articles; other text resources - Facilitated contact lessons
Module 4	- Recorded video materials - Power Point presentations - Clinical cases - Reflective assignment - Evidence-based articles; other text resources - Facilitated contact lessons

Learning materials in the Melodic Training Programme

Learning materials in the Melodic training programme include resources designed to support healthcare professionals in developing the knowledge, skills, and competencies needed to address the mental health needs of YA with cancer. These materials facilitate understanding, encourage practical skill development, and support the application of learning in clinical practice.

Types of learning materials used in the programme:

- Text-based resources: background readings and text summaries that provide foundational knowledge on young adult cancer care and mental health

- Digital content: online learning modules, recorded lectures, and video materials that offer flexible, self-paced learning opportunities and illustrate key concepts in practice.
- Interactive tools: case-based scenarios, quizzes, and structured exercises that promote critical thinking, clinical decision-making, and application of knowledge to real-life situation.
- Visual aids: slides, infographics, and diagrams used to present complex information clearly, such as care pathways, screening processes, and models of psychosocial support.
- Practical materials: role-play scenarios, communication exercises, and reflective tasks that enable participants to practice skills such as distress screening, patient communication, and interdisciplinary collaboration.

Together, these learning materials support an engaging, practice-oriented training experience that equips healthcare professionals to deliver equal and person-centred psychosocial care for YA with cancer.

3.4. Assessment & evaluation

The evaluation of the training programme is carried out through a continuous, module-based process that combines knowledge testing, reflection, and interactive learning activities (Table 3). Each of the four modules includes structured assessment tasks that participants must complete before progressing further. This approach ensures that learning is gradual and that participants achieve a sufficient level of understanding at each stage.

After completing each module, learners engage in self-assessment through methods such as multiple-choice quizzes, reflective assignments, and interactive activities. The quizzes are used to evaluate participants' understanding of key concepts and require a minimum pass rate of 75% to move on to the next module. This threshold ensures that participants have adequately mastered the material before continuing.

In addition to quizzes, reflective components play a central role in the evaluation process. These include reflective prompts, and self-reflection activities that encourage learners to connect theoretical knowledge with their own experiences and professional

contexts. In Module 4, for example, learners also complete task in which they develop a personal self-care plan, supporting deeper application of learning.

The course also incorporates collaborative and applied forms of assessment across all modules. Reflective group discussions and case study critiques allow learners to analyze real or simulated situations, share perspectives, and learn from one another. In Module 3, an additional activity-based task, such as a matching game, is used to reinforce understanding in an engaging way.

Overall, the evaluation approach is formative and learner-centered, combining individual performance in quizzes with reflective and collaborative activities. Rather than relying on a single final examination, the course emphasizes continuous assessment, ensuring that learners not only acquire knowledge but also develop critical thinking skills and apply what they have learned in meaningful ways.

Table 3. Assessment in study modules 1-4.

Module	Assessment method
Module 1	Multiple-choice quiz Reflective questions Case studies critique
Module 2	Multiple-choice quiz Reflective questions/reflection log entry Case studies critique
Module 3	Self-reflection Multiple-choice quiz Activity match game Case studies critique
Module 4	Multiple-choice quiz Self-reflection activity Tests Self-assessment (self-care plan) Case studies critique

3.5. Course certificate

A Certificate of Completion is awarded to learners who successfully complete the Melodic Training Programme. This certificate serves as formal recognition of their learning achievements and validates the skills they have acquired during the course. An example of certificate that will be provided to participants is presented in Figure 2.



Figure 2. Course certificate.

4. Realization of the modules

Each module is designed to be completed over a two-week period. This timeframe considers learners potential employment and aligns the workload of the module content accordingly. The following section provides examples of how modules can be scheduled in a way that supports learning and the successful completion of course requirements (Figure 3).

MODULE 1 SCHEDULE	
Week 1	
Monday	Independent work: Familiarize yourself with module aims and learning methods. Start doing submodules Distress in YA and Models of Health
Tuesday	Independent work: Read NCCN guidelines Explore the clinical cases
Wednesday	Independent work: Continue doing the module exercises
Thursday	Independent work: Study the various impacts of cancer in YA: start with biological and emotional impacts.
Friday	Independent work: Continue with social impacts
Week 2	
Monday	Independent work: Study Integrated care models
Tuesday	Independent work: Study Mental health disorders in cancer
Wednesday	Independent work: Continue with Mental health disorders in cancer
Thursday	Explore the clinical cases and continue with the sub-module exercises
Friday	Facilitated contact lesson to reflect and discuss case examples and module contents It's recommended that all assignments are done before contact lesson, because discussions in contact lesson are based on module contents.

MODULE 2 SCHEDULE	
Week 1	
Monday	Independent work: Familiarize yourself with module aims and learning methods Start doing submodule Understanding family experiences
Tuesday	Independent work: Continue with Understanding family experiences Do exercises related to this submodule
Wednesday	Independent work: Study Recognizing distress in family members Familiarize with caregiver Strain index
Thursday	Independent work: Continue with Recognizing distress in family members Do the exercises in this sub-module
Friday	Independent work: Start with submodule Communication skills for support
Week 2	
Monday	Independent work: Continue with Communication skills for support Listen to the Podcast on communication
Tuesday	Independent work: Communication skills for support: Read related articles and do exercises
Wednesday	Independent work: Pathways of support and integration
Thursday	Independent work: Listen to Podcast of clinical cases
Friday	Facilitated contact lesson to reflect and discuss case examples and module contents It's recommended that all assignments are done before contact lesson, because discussions in contact lesson are based on module contents.



MODULE 3 SCHEDULE	
Week 1	
Monday	Independent work: Familiarize yourself with module aims and learning methods Start doing submodule 3.1 – Assessing Mental Health and Recognising Symptoms.
Tuesday	Independent work: Study Submodule 3.1 contents. Explore the Clinical Cases and Group Discussion Questions (3.1.1).
Wednesday	Independent work: Continue with Submodule 3.2 – Screening Methods and Early Detection. Independent work: Study the Distress Thermometer (3.2.1) and, if possible, explore optional interactive visualization of distress thermometer.
Thursday	Independent work: Study the Clinical Cases and Group Discussion Questions (3.2.2).
Friday	Independent work: Start Submodule 3.3 – Psychosocial Support. Explore the Clinical Cases and Group Discussion Questions (3.3.1).
Week 2	
Monday	Independent work: Study Social Prescribing Activities: Origins, Modalities and Effects (3.3.2).
Tuesday	Independent work: Study Social Prescribing Activities for Young Adults with Cancer (3.3.3). Independent work: Complete Activity Match Game – Find the Right Social Prescribing Activity (3.3.4).
Wednesday	Independent work: Study Nature-Based Interventions: Green and Blue Spaces (3.3.5). Review the Social Prescribing Overview Infographic (3.3.6).
Thursday	Independent work: Complete the Module 3 – Final Quiz. Review Module 3 contents and explore Additional Resources.
Friday	Facilitated contact lesson to reflect and discuss case examples and module contents
It's recommended that all assignments are done before contact lesson, because discussions in contact lesson are based on module contents.	



MODULE 4 SCHEDULE	
Week 1	
Monday	Independent work: Familiarize yourself with module aims and learning methods Start doing submodule 4.1. Interprofessional care for YAs with cancer contents
Tuesday	Independent work: Study submodule 4.1. Interprofessional care for YAs with cancer contents
Wednesday	Independent work: continue with submodule 4.1. contents and do self - test and self- reflection activity
Thursday	Independent work: Study clinical cases
Friday	Independent work: Study materials related to submodule 4.1.
Week 2	
Monday	Independent work: Familiarize yourself in submodule 4.2. Health care professionals occupational well-being and self-care Start doing self- care plan
Tuesday	Independent work: Write your self- care plan and start reflecting how it works
Wednesday	Write your selfcare plan and reflect how it works
Thursday	Independent work: Study materials in submodule 4.2.
Friday	Facilitated contact lesson to reflect and discuss case examples and module contents
It's recommended that all assignments are done before contact lesson, because discussions in contact lesson are based on module contents	

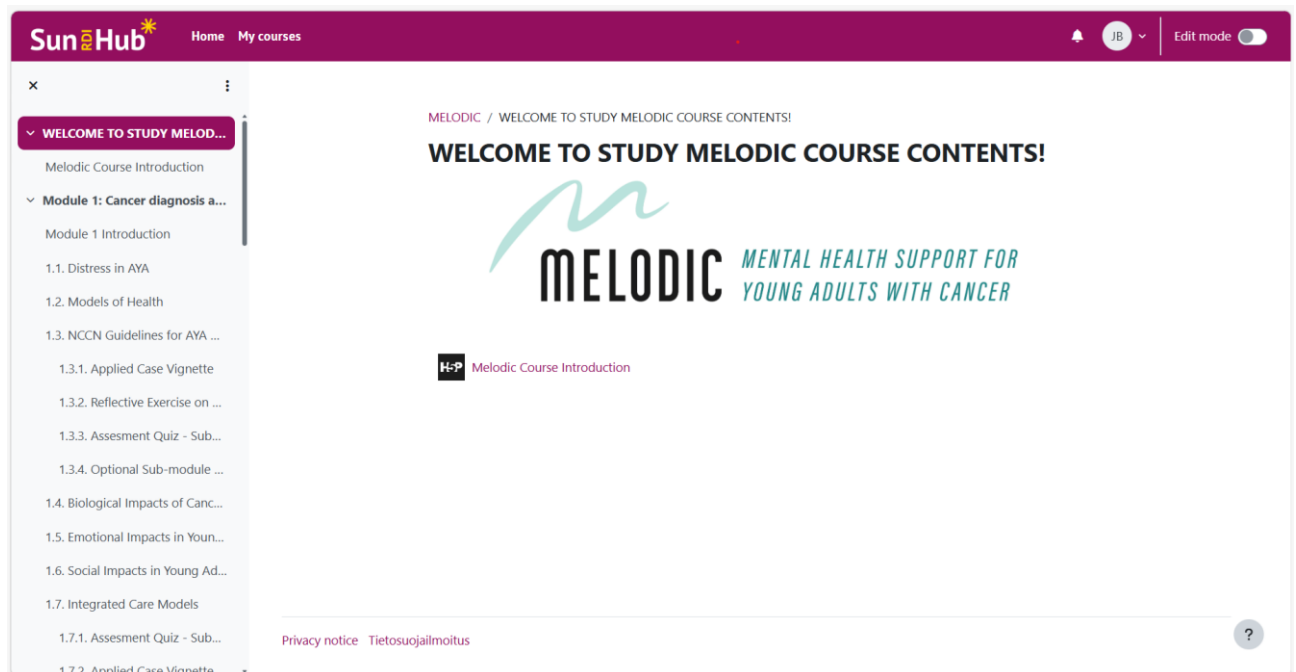
Figure 3. Example of modules' realization.

5. Technical functions and instructions to use the platform

How to access the Melodic- course platform:

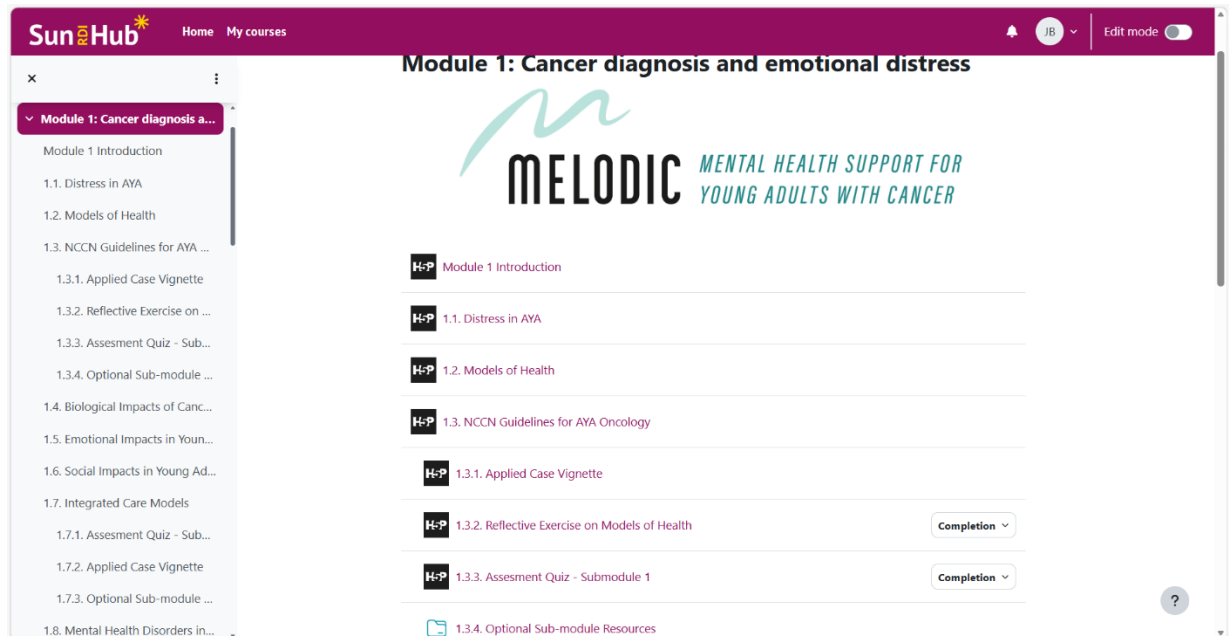
The learning platform for the Melodic course is the Moodle learning environment. To log in to the platform and start the course, learners must first register through provided link.

After accessing the course, the main page opens:

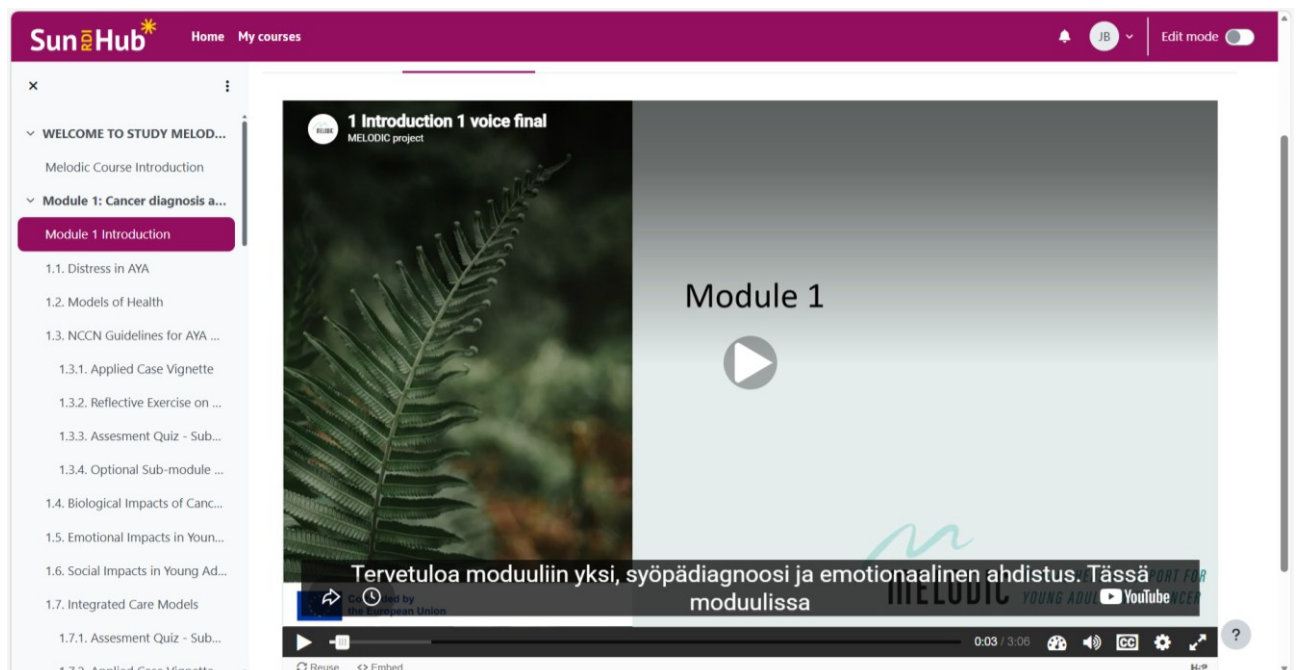


The course structure is visible in the left-hand panel. By scrolling down, modules 2–4 will become visible.

To access each module learners must click on each module name, for example “Module 1: Cancer diagnosis and emotional distress” which opens the content of the Module 1. By clicking the subheadings learner can see the content and start studying.



The study contents include several YouTube- videos. Learners can get subtitles in some languages (Portuguese, English, Greek, Dutch, English, Finnish) for YouTube videos by clicking the CC- icon in the bottom-right corner.



6.Summary

The Melodic training programme guide for continuing education provides a structured, evidence-informed framework designed to enhance healthcare professionals' competencies in supporting the mental health of YAs with cancer and their family members. It responds to the growing recognition that this population faces complex psychosocial challenges that require developmentally appropriate, integrated care.

The guide outlines key learning objectives focused on strengthening knowledge, skills, and confidence in identifying and addressing mental health concerns, such as anxiety and depression, across the cancer continuum. It emphasizes the importance of early recognition, effective communication, and timely referral to appropriate psychosocial services. Core content areas include understanding young adult development, distress screening practices, patient-centred communication, and awareness of available support resources.

A central feature of the programme is its interdisciplinary approach. The guide highlights the importance of collaboration among oncology professionals, mental health specialists, social workers, and community services to ensure coordinated and comprehensive care. It also promotes a shared responsibility for psychosocial care within healthcare teams.

The training incorporates diverse learning materials and methods, including case-based learning, interactive exercises, and reflective activities, to support practical application in clinical settings. It further recognizes the emotional demands placed on healthcare professionals and includes components aimed at fostering resilience, reflective practice, and provider well-being.

The Melodic training programme guide supports the delivery of holistic, high-quality, and equitable cancer care by equipping healthcare professionals with the competencies needed to effectively address the mental health needs of YA with cancer.

The Melodic training programme underscores the need for systematic investment in workforce development and the integration of psychosocial care into standard oncology services for YA. Policymakers are encouraged to support the implementation of such evidence-informed training initiatives by embedding them within national cancer strategies, professional education frameworks, and quality standards for care delivery. The long-term sustainability of the programme can be maintained through its integration into existing educational systems and clinical pathways, the adoption of a train-the-trainer model to build internal capacity, the use of accessible digital learning resources, and the provision of continuous professional development opportunities. Ensuring sustainable funding, promoting interdisciplinary collaboration across sectors, and

mandating routine distress screening can strengthen early identification and intervention. Additionally, policies should address inequities in access to mental health services and support the development of clear referral pathways, enabling healthcare systems to provide coordinated, equal and person-centred care that responds to the complex psychosocial needs of YA with cancer and their family members.

7. Additional materials and useful links

ECO_ European Cancer Organization <https://www.europeancancer.org/>

YARN_ European Youth Cancer Network <https://beatcancer.eu/>

YCE_ Youth Cancer Europe <https://youthcancereurope.org/>

Europe's Beating Cancer-plan https://commission.europa.eu/topics/public-health/european-health-union/cancer-plan-europe_en

EU – Projects :

<https://strongaya.eu/>

More additional materials and links can be found in Modules 1-4.

8. References

- Abdelhadi, O. (2023). The impact of psychological distress on quality of care and access to mental health services in cancer survivors. *Frontiers of Health Services* 3,1111677. doi: 10.3389/frhs.2023.1111677
- Aquil, A., Mouallif, M., & Elgot, A. (2024). Identification and management of mental health distress in Moroccan patients with cancer: Strategies adopted by oncology nurses and barriers to practice. *Cancer Reports*, 7(4), e1985.
- Avutu, V., Lynch, K. A., Barnett, M. E., Vera, J. A., Glade Bender, J. L., Tap, W. D., & Atkinson, T. M. (2022). Psychosocial needs and preferences for care among adolescent and young adult cancer patients. *Cancers*, 14(3), 710. DOI: 10.3390/cancers14030710
- Baclig, N. V., Comulada, W. S., & Ganz, P. A. (2023). Mental health and care utilization in survivors of adolescent and young adult cancer. *JNCI Cancer Spectrum*, 7(6). <https://doi.org/10.1093/jncics/pkad098>
- Baudry, V., Girodet, M., Lochmann, M., Bottichio, M., Charton, E., Flahault, C., Baudry, A.-S., Bertrand, A., & Christophe, V. (2024). Supportive care needs of adolescents and young adults 5 years after cancer: A qualitative study. *Frontiers in Psychology*, 15, 1268113. DOI: 10.3389/fpsyg.2024.1268113
- Berardi, R., Morgese, F., Rinaldi, S., Torniai, M., Mentrasti, G., Scortichini, L., & Giampieri, R. (2020). Benefits and Limitations of a Multidisciplinary Approach in Cancer Patient Management. *Cancer Management and Research* 30 (12), 9363-9374. doi: 10.2147/CMAR.S220976.
- Bergerot, C., Jacobsen, P. B., Rosa, W. E., Lam, W. W. T., Dunn, J., Fernández-González, L., ... & Li, M. (2024). Global unmet psychosocial needs in cancer care: health policy. *EClinicalMedicine*, 78.
- Bradford, N.K., Greenslade, R., Edwards, R.M., Orford, R., Roach, J. & Henney, R. (2018). Educational Needs of Health Professionals Caring for Adolescents and Young Adults with Cancer. *Journal of Adolescent and Young Adult Oncology* 7(3):298-305. doi: 10.1089/jayao.2017.0082. Epub 2018 Jan 16. PMID: 29336666.
- Brunet, J., Wurz, A. & Shallwani, S.M. (2018). A scoping review of studies exploring physical activity among adolescents and young adults diagnosed with cancer. *Psycho-Oncology* 27(8), 1875-1888. doi.org/10.1002/pon.4743
- Caruso, R., Nanni, M., Riba, M., Sabato, S. & Grassi, L. (2017). The burden of psychosocial morbidity related to cancer: patient and family issues. *International Review of Psychiatry* 29(5), 389-402. doi: 10.1080/09540261.2017.1288090.
- Corveleyn, A., Fann, J.R., Gray, T.F. & Samolovitch, S. (2025). Addressing mental health in cancer care: Optimizing interdisciplinary psychosocial support. *Journal of the National Comprehensive Cancer Network* vol. 23, Supplement. DOI: <https://doi.org/10.6004/jnccn.2025.5002>
- Chang, H. A., Barreto, N., Davtyan, A., Beier, E., Cangin, M. A., Salman, J., & Patel, S. K. (2019). Depression predicts longitudinal declines in social support among women with newly diagnosed

breast cancer. *Psycho-Oncology* (Chichester, England), 28(3), 635–642.

<https://doi.org/10.1002/pon.5003>

Chatterjee, H.J., Camic, P.M., Bridget Lockyer, B. & Thomson, L.J.M. (2018). Non-clinical community interventions: a systematised review of social prescribing schemes. *Arts & Health* 10(2), 97-123, DOI:10.1080/17533015.2017.1334002

Duggan, A.M. (2021). The Impact of Cancer on Mental Health: Recognizing Symptoms and Providing Support. *Oncology Nurse Advisor*.

ETF European Training Foundation. (2022). Guide to design, issue and recognise micro-credentials. Available at <https://www.etf.europa.eu/sites/default/files/2023-05/Micro-Credential%20Guidelines%20Final%20Delivery.pdf>

EU 2018. The European Qualifications Framework: Supporting learning, work and cross-border mobility. Luxembourg: Publications office of the European Union.

Fernando, A., Tokell, M., Ishak, Y., Love, J., Klammer, M. & Koh, M. (2023). Mental health needs in cancer – a call for change. *Future Healthcare Journal* 10(2), 112-116.

<https://doi.org/10.7861/fhj.2023-0059>.

Ferrell, B. R., Buller, H., Paice, J., Glajchen, M. & Haythorn, T. (2025). Description and outcomes of an interprofessional communication training program for adult oncology clinicians. *Supportive Care in Cancer*.

Fitch, M. I., Nicoll, I. & Burlein-Hall, S. (2024). Screening for psychosocial distress: A brief review with implications for oncology nursing. *Healthcare*, 12(21), 2167.

Granek, L., Nakash, O., Ariad, S., Shapira, S., Ben-David, M. (2019). Mental Health Distress: Oncology nurses' strategies and barriers in identifying distress in patients with cancer. *Clinical Journal of Oncology Nursing* 23(1), 43-51. DOI:10.1188/19.CJON.43-51

Grassi, L., Spiegel, D., & Riba, M. (2017). Advancing psychosocial care in cancer patients. *F1000Research*.doi:10.12688/f1000research.11902.1 doi: 10.12688/f1000research.11902.1

Grellier, J., White, M.P., Albin, M., Bell, S., Elliot, L.R., Gascon, M., Gualdi, S., Mancini, L., Nieuwenhuijsen, M.J., Sarigiannis, D.A., van den Bosch, M., Wolf, T., Wuijts, S. & Fleming, L.E. (2017). BlueHealth: a study programme protocol for mapping and quantifying the potential benefits to public health and well-being from Europe's blue spaces *BMJ Open* 2017;7:e016188. doi: 10.1136/bmjopen-2017-016188

Jin, Z., Griffith, M. A., & Rosenthal, A. C. (2021). Identifying and Meeting the Needs of Adolescents and Young Adults with Cancer. *Current Oncology Reports*, 23(2), Article 17. <https://doi.org/10.1007/s11912-020-01011-9>

Karchoud, J. F., de Kruif, A. J. T. C., Lamers, F., van Linde, M. E., Van Dodewaard-de Jong, J. M., Braamse, A. M., ... & Dekker, J. (2023). Clinical judgment of the need for professional mental health care in patients with cancer: A qualitative study among oncologists and nurses. *Journal of Cancer Survivorship*, 17(3), 884-893.

- Kirchhoff, A. C., Fowler, B., Warner, E. L., Pannier, S. T., Fair, D., Spraker-Perlman, H., Yancey, J., Bott, B., Reynolds, C., & Randall, R. L. (2017). Supporting adolescents and young adults with cancer: Oncology provider perceptions of adolescent and young adult unmet needs. *Journal of Adolescent and Young Adult Oncology*, 6(4), 519–523. DOI: 10.1089/jayao.2017.0011
- Korenblum, C., Taylor, R. M., Fern, L. A., Hough, R. & Wickramasinghe, B. (2025). Factors affecting psychosocial distress in adolescents and young adults with cancer: BRIGHTLIGHT cohort study. *Cancers*, 17(7), 1196.
- Lee, A. R. Y. B., Low, C. E., Yau, C. E., Li, J., Ho, R., & Ho, C. S. H. (2023). Lifetime burden of psychological symptoms, disorders, and suicide due to cancer in childhood, adolescent, and young adult years. *JAMA Pediatrics*, 177(8), 790. <https://doi.org/10.1001/jamapediatrics.2023.2168>
- Mack, J. W., Fasciano, K. M., & Block, S. D. (2019). Adolescent and young adult cancer patients' experiences with treatment decision-making. *Pediatrics*, 143(5), e20182800. DOI: 10.1542/peds.2018-2800
- McGrady, M. E., Willard, V. W., Williams, A. M., & Brinkman, T. M. (2023). Psychological outcomes in adolescent and young adult cancer survivors. *Journal of Clinical Oncology*, 42(6), 707–716. <https://doi.org/10.1200/jco.23.01465>
- Mejareh, Z. N., Abdollahi, B., Hoseinipalangi, Z., Jeze, M. S., Hosseini, H., Rafiei, S., ... & Ghashghaee, A. (2021). Global, regional, and national prevalence of depression among cancer patients: A systematic review and meta-analysis. *Indian Journal of Psychiatry*, 63(6), 527-535.
- Morsink, S., Kranenburg, L.W., Berg, J., Bista, E., Dashondog, S., Kivistik, S., Lahti, M., Monge-Montero, C., Oliveira Lopes, J., Sakellari, E., Sezgin, D., Rodrigues Tomás, M.; Varik, M. & Oldenmenger, W.H. (2026). Educational Needs Regarding Mental Health of Professionals Working with Young Adults with Cancer: A European Survey. *Current Oncology* (33)5, 263.
- Mosher, C. E., Winger, J. G., Given, B. A., Helft, P. R., & O'Neil, B. H. (2016). Mental health outcomes during colorectal cancer survivorship: a review of the literature: Mental health in colorectal cancer survivorship. *Psycho-Oncology* (Chichester, England), 25(11), 1261–1270. <https://doi.org/10.1002/pon.3954>
- NCCN. National Comprehensive Cancer Network. (2026). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Distress management (Version 1.2026). Retrieved from <https://www.nccn.org>
- NCCN. National Comprehensive Cancer Network. (2024). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Adolescent and Young Adult (AYA) Oncology (Version 2.2024). Retrieved from <https://www.nccn.org>
- Neylon, K., Condren, C., Guerin, S., & Looney, K. (2023). What are the psychosocial needs of adolescents and young adults with cancer? A systematic review of the literature. *Journal of Adolescent and Young Adult Oncology*, 12(6), 799-820.
- Osmani, V., Hörner, L., Klug, S. J., & Tanaka, L. F. (2023). Prevalence and risk of psychological distress, anxiety and depression in adolescent and young adult (AYA) cancer survivors: A systematic

review and meta-analysis. *Cancer Medicine*, 12(17), 18354–18367.

<https://doi.org/10.1002/cam4.6435>

Paiva, B. S. R., Mingardi, M., Valentino, T. C. O., Oliveira, M. A., & Paiva, C. E. (2021). Prevalence of burnout and predictive factors among oncology nursing professionals: A cross-sectional study. *São Paulo Medical Journal*, 139(4), 341–350. DOI: 10.1590/1516-3180.2020.0606.R1.1202021

Pettitt, N. J., Petrella, A. R., Neilson, S., Topping, A., & Taylor, R. M. (2025). Psychosocial and support needs of the main caregiver for adolescents and young adults undergoing treatment for cancer. *Cancer Nursing*, 48(3), e195-e202.

Salehi, M., Ghasemian, A., Vafaei Najar, A., Nazari, H., & Hooshmand, E. (2025). From compassion to burnout: Emotional labor in oncology nursing—A qualitative study. *BMC Nursing*, 24, 1–8. DOI: 10.1186/s12912-025-02928-x

Santivasi, W. L., Gentry, J. H., Jones, C. A., & Casarett, D. J. (2024). A Weekly Multiple-Choice Quiz for Continuing Education in a Palliative Care Interdisciplinary Team. *Journal of Pain and Symptom Management*, 67(5), e671.

Shalata, W., Gothelf, I., Bernstine, T., Michlin, R., Tourkey, L., Shalata, S. & Yakobson, A. (2024). Mental Health Challenges in Cancer Patients: A Cross-Sectional Analysis of Depression and Anxiety. *Cancers* 16, 2827. <https://doi.org/10.3390/cancers16162827>

Shi, S., Engstrom, T., Lee, W. R., Forbes, C., Walker, R., Bradford, N., & Pole, J. D. (2023). Mental health patient-reported outcomes among adolescents and young adult cancer survivors: A systematic review. *Cancer Medicine*, 12(17), 18381–18393. <https://doi.org/10.1002/cam4.6444>

Voskanyan, V., Marzorati, C., Sala, D., Grasso, R., Pietrobon, R., van der Heide, I., Engelaar, M., Bos, N., Caraceni, A., Couspel, N., Ferrer, M., Groenvold, M., Kaasa, S., Lombardo, C., Sirven, A., Vachon, H., Velikova, G., Cinzia Brunelli, C., Apolone, G. & Pravettoni, G. (2024). Psychosocial factors associated with quality of life in cancer survivors: umbrella review. *Journal of Cancer Research and Clinical Oncology* 150:249. doi.org/10.1007/s00432-024-05749-8

Wagner, A. S., Milzer, M., Schmidt, M. E., Kiermeier, S., Maatouk, I., & Steindorf, K. (2025). Nurses' Knowledge of Cancer-Related Fatigue and the Coverage of This Subject in Nursing Training: A Cross-Sectional Study. *Journal of Nursing Research*, 33(2), e379.

Wang, Y. H., Li, J. Q., Shi, J. F., Que, J. Y., Liu, J. J., Lappin, J. M., ... & Bao, Y. P. (2020). Depression and anxiety in relation to cancer incidence and mortality: a systematic review and meta-analysis of cohort studies. *Molecular psychiatry*, 25(7), 1487-1499.

Wang Y. & Feng, W. (2022). Cancer- related psychosocial challenges. *General Psychiatry* 35: e100871. doi:10.1136/gpsych-2022-100871

WHO. (2022). A toolkit on how to implement social prescribing. Available at:

<https://iris.who.int/bitstream/handle/10665/354456/9789290619765-eng.pdf?sequence=1>

Vialle, M., Saias-Magnan, J., Dezamis, A., Guillemain, C., Bounnik, A.-D., Mancini, J. & Courbiere, B. (2025). Exploring fertility preservation in AYA cancer survivors: Information needs and post-cancer challenges. *PLOS One*, 20(5), e0323867 DOI: 10.1371/journal.pone.0323867

Zebrack, B., Kayser, K., Sundstrom, L., Savas, S. A., Henrickson, C., Acquti, C., & Tamas, R. L. (2015). Psychosocial distress screening implementation in cancer care: an analysis of adherence, responsiveness, and acceptability. *Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology*, 33(10), 1165–1170. <https://doi.org/10.1200/JCO.2014.57.4020>

Zhang, A., Urban-Wojcik, E., Seewald, M., & Zebrack, B. (2025). Mental health trajectories among US survivors of adolescent and young adult cancer as they age. *JAMA Network Open*, 8(5), e2511430. <https://doi.org/10.1001/jamanetworkopen.2025.11430> OK

APPENDIX 1. Summary of Melodic curriculum

Module	Learning Objectives	Content	Teaching/learning methods	Assessment
1. Cancer diagnosis and emotional distress (1 ECTS)	- Explore the psychological impact of a cancer diagnosis on adolescents and YAs by identifying models of health - Apply NCCN guidelines to identify and address cancer - Examine how biological, psychological and social factors interact to shape mental health outcomes after diagnosis - Recognize common mental health disorders associated with cancer	Cancer diagnosis and psychosocial distress Models of Health NCCN Guidelines for AYA Oncology Distress Thermometer to identify cancer related stress Biological, Emotional & Social Impacts of cancer in Young Adults Integrated Care Models Mental Health Disorders including Depression, Anxiety, Post-traumatic stress, Adjustment Disorder related to Cancer	- Recorded video lectures - Interactive and reflective assignments - Quiz - Clinical cases - Audio podcast - Evidence- based articles; other text resources - Contact lesson: reflection and discussion related to module contents based on case examples	Assessment Quiz Optional reflective exercise Mini podcast
2. Mental health impact of cancer diagnosis in family members (1 ECTS)	- Explain how cancer affects family systems and the roles of different members. - Identify common psychological reactions and signs of distress in family members. - Apply basic supportive communication strategies in interactions with families. - Identify referral pathways and resources for family members.	Family systems theory and ripple effects of illness. Psychological impact on patients vs. Families. Signs of distress: anxiety, depression, caregiver strain Risk factors of caregiver burden	- Recorded video lectures - Reflection questions - Evidence-based articles; other text resources - Audio podcast - Quiz - Clinical cases - Contact lesson: reflection and discussion related to module contents based on case examples	Quiz/reflection questions
3. Interventions to support mental health (1 ECTS)	- Execute systematic mental health assessment - Interpret commonly used screening methods - Understand and apply evidence-based supportive interventions relevant for young adults with cancer.	Assessing Mental Health and Recognizing Symptoms Screening Methods and Early Detection of Mental Health Issues Clinical cases and group discussions Social Prescribing Activities Nature-Based Interventions: Green and Blue Spaces	- Recorded video lectures - Interactive power-point - Clinical Cases - Quiz - Evidence-based articles; other text resources - Contact lesson: reflection and discussion related to module contents based on case examples	Self-Reflection Quiz Multiple Choice Quiz Activity match game

4.The key to high quality psychosocial care: interprofessional practice and personal well-being (1 ECTS)	- Familiarize with the concepts in interprofessional collaboration within psychosocial care - Understand the role of interprofessional teamwork. - Understand the importance of emotional intelligence, self-care and resilience. - Recognize and regulate own emotions and reactions and knows how to apply self-care practices to support bio-psychosocial-spiritual well-being	Definitions & differentiations Interprofessional collaboration: skills, barriers, facilitators, & ways Importance of working across disciplines and sectors Working together: benefits for the young adult with cancer & organizations How to collaborate in an interdisciplinary team Strategies for self-screening and self-management methods	- Recorded video materials - Power Point presentations - Clinical cases - Reflective assignment - Evidence-based articles; other text resources - Contact lesson: reflection and discussion related to module contents based on case examples	Self-Test Self-reflection activity Quiz Learning diary (outcome: Self-care plan)
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