

Supplementary File 1

Tables 1 & 2

Table 1: Health professional quotes relating to provision of psychological support

Perceived importance of psychological support	
Gaps in Care	<p><i>I don't think emotional support is prioritised enough, I think it is a postcode lottery I always feel we could do more. We have access to level 3 support via our nurse counsellors but nothing beyond this. We do have community talking therapies services we can refer to however we know that waiting lists can be long sometime between 6-12 months. It feels uncomfortable when you know a patient is in crisis now, that there is not a responsive service available (CNS, Survey, Open text)</i></p> <p><i>I believe the psychological and emotional support of these patients should be as integral to their treatment pathways as blood tests and clinical reviews (CNS, Survey, Open text)</i></p> <p><i>I also think there should be, we should have help, we should be able to access psychological support really quickly for people, because my concern is always that maybe I'm not telling them the right thing, or I'm not managing it properly, or maybe there's underlying other... I'm not a trained psychologist, psychiatrist, so is there other things that are deeper seated that they need to get out (CNS, Interview)</i></p>
Barriers to provision of support	<p><i>It is an area that is neglected, patients are often not forthcoming about psychological/emotional struggles following a cancer diagnosis (Interview with CNS)</i></p>
Assessment and monitoring	
Importance of HNA	<p><i>They are really helpful, and particularly for things that patients wouldn't necessarily talk to you about outside of one of those opportunities. So often things we get are difficulties with sex and impotence or fertility. Particularly for men, it's not something they would generally bring up in a conversation...And that in itself can have huge psychological issues, for men who struggle with erectile dysfunction because of chemotherapy effects (CNS interview)</i></p>
Barriers to assessment (Lack of time; Patient barriers)	<p><i>A single CNS at the moment, working at a DGH, I'm supposed to see all my newly diagnosed patients, I'm supposed to meet them all, I'm supposed to assess them all. And currently I probably only meet 50% of those, and from my point of view I probably only do a psychological assessment, a proper full-blown psychological assessment, on probably 5 to 10% of those, because I just don't have the time (CNS)</i></p> <p><i>It's still a bit taboo, it's still a bit of a...People don't see it as something they want to talk about, they should be able to manage it, you should be able to hide it. It's a very subjective thing (Haematologist, Interview)</i></p>

Training and confidence	
Lack of formal psychological training	<i>I am passionate about the need for health care professionals to open conversation with patients about mental health and emotional support. However, I have had no formal training and am shocked and saddened that HCPs curriculum does not include any mandatory training in providing psychological support. (Haematologist, survey free text)</i> <i>...So, I mean yeah, I've got lots of clinical training, clearly, and training in advanced communication skills, but I don't have any kind of formal psychological training. (Haematologist, Interview)</i>
Lack of confidence to support patient	<i>It feels uncomfortable when you know a patient is in crisis now, that there is not a responsive service available. Sometimes I only have limited skills to be able to support more complex issues (Haematologist, open text)</i>
Models of care	
Embedding psychological services within haematological cancer services	<i>There was a little bit of resistance at first, from kind of clinical leads, as to offering psychology as a baseline test, like we do every other test, actually because I think there was just a thought that were we forcing psychology support onto people...But actually, I think it's about how you phrase it and how you offer it to patients. (CNS, Interview)</i>
Importance of support workers in offering psychological support	<i>The support workers are really good at looking at the whole picture from a slightly nonmedical perspective, and I think I sort of sit in the middle, because what I'm trying to do is empathise, but try and talk more about how they may manage with things from a sort of nursing and medical sort of perspective (CNS, Interview)</i>
Development of collaboration with charities and voluntary groups providing psychological support needed	<i>It's really important that people understand that although we have all been health professionals, we are not part of that team. So, we are there as that extra support system. (Psychologist and Maggie's Cancer Centre Lead)</i>

Table 2: Quotes from interviews on psychological provision for people diagnosed with haematological cancer

Need for psychological support	
Awareness of need	<p><i>It's something most of us never do. It's interesting, I spoke to somebody, a friend of mine recently, about the Americans' obsession with therapy, and how I always thought 'what are the Americans like?' As I've got older I've thought 'that isn't a bad idea'. ... Yeah, just in the last year or so, that it wouldn't do any harm to sit and talk to somebody about... Things that have gone through your head and things that have caused you concerns</i></p> <p><i>The other two weeks between each three-weekly cycle I was able to operate. And so, I worked hard, and so I kept myself psychologically in a very positive place. And I was able to do that for various reasons. One is that I had made a very conscious decision not to play victim. Number two is that I shared the whole thing with all my close friends.</i> (B1:Male, aged >65;Non-Hodgkin Lymphoma)</p>
Working hard to stay positive and talking to friends	<p><i>I can't see how anything else... How anything could have really helped, to be honest. I mean you know, it was what it was, had to come to terms with it. And I don't think talking to a counsellor or something would have made much difference to how I...</i> (D2:Male, 41-65, Acute Myeloid Leukaemia)</p>
Experiences of psychological support from the healthcare team	
Importance of relationship between health professionals and patients	<p><i>She seemed to care...and was concerned about you... She was my kind of psychological support. I called her my guardian angel.</i> (B1:Male, >65, Non-Hodgkin Lymphoma)</p>
Good provision of psychological support from nurses	<p><i>The old fashioned bedside manner, that I think is very important. And some people have it, some people have a lot of it, and some people have very little.</i> (B1:Male, aged >65;Non-Hodgkin Lymphoma)</p>
Reluctance to call busy nurses	<p><i>We were given a nurse that we could ring at any time... She was there, but you don't feel like you want to ring and talk to these people because they're busy and the rest of it.</i> (C6: Male, aged 41-65, Non-Hodgkin Lymphoma)</p>
Nurses too busy to provide psychological support	<p><i>'When I asked her questions she didn't seem to be very forthcoming and appeared 'too busy' to deal with requests for help.</i> (B6: Male, aged 41-65, Multiple Myeloma)</p>
Provision of support from other psychological support services	
Counselling is beneficial to patients	<p><i>And the counselling was...It was helpful, and actually I just almost needed to say it out loud to someone. Because there was so much going on around me here, it was almost, you know that thing where it's almost easier to talk to</i></p>

	<p><i>someone that you don't know.</i> (C5: Female, aged 41-65, Non-Hodgkin Lymphoma)</p>
Long waiting time for specialist psychological support	<p><i>I was referred towards the end of the treatment, and it was probably six months later before I was actually offered [any].</i> (B4: Female, aged 41-65, Hodgkin Lymphoma)</p>
Specialist psychological support not beneficial	
Group counselling not beneficial	<p><i>And initially I went to one of their sessions, and it was a group session, and didn't really think it was for me, didn't really... Find it helpful. One, it was a mix of people there. So, I was the youngest person there, and there were people at varying points in their treatment.</i> (B4: Female, aged 41-65, Hodgkin Lymphoma)</p>