Cancer Association of South Africa (CANSA)

Fact Sheet
on
Cancer and Mental Health

Introduction

The World Health Organization defines mental health as: " … a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."
(World Health Organization).

[Mental Health 1]

Any serious illness can impact on someone's mental health. For patients, caregivers and their loved ones, going through cancer can be a devastating experience. "Receiving a potentially fatal diagnosis, going through treatment protocols and learning to live with limitations can cause depression in many patients, as can the side effects from the treatment itself. Managing mental health needs of cancer patients is a crucial part of the treatment process and may even impact on prognosis" (Spiegel 2013).

A study by Singer, *et al*., (2013) looked into the prevalence of mental health conditions diagnosed in cancer patients of working age. The study identified that nearly 30 percent of the patients in their study were diagnosed with one or other mental health condition during the study. According to the study there was a noteworthy increase in the number of cancer patients who were diagnosed with one or other mental health condition.

Massetti, G.M., Thomas, C.C., King, J., Ragan, K. & Buchanan Lunsford, N. 2017.
INTRODUCTION: Chronic mental health problems often emerge in young adulthood, when adults begin to develop lifelong health behaviors and access preventive health services. The associations between mental health problems and modifiable cancer risk factors in young adulthood are not well understood.
METHODS: In 2016, the authors analyzed 2014 Behavioral Risk Factor Surveillance System data on demographic characteristics, health service access and use, health status, and cancer risk factors (tobacco use, alcohol use, overweight or obesity, physical activity, and sleep) for 90,821 young adults aged 18-39 years with mental health problems (depressive disorder or frequent mental distress) compared to other young adults.

RESULTS: Mental health problems were associated with white race; less than a high school education; lower income; being out of work or unable to work; being uninsured (for men only); poor health; previous diagnosis of asthma, skin cancer, or diabetes; and not having a recent checkup. After controlling for demographic characteristics, health service use, and healthstatus, mental health problems among young adults were associated with smoking, binge drinking, inadequate sleep, having no leisure time physical activity, and being overweight or obese (among women only). Cervical cancer screening was not associated with mental health problems after controlling for demographic characteristics, health service use, and health status.
CONCLUSIONS: Mental health problems in young adulthood were associated with potentially modifiable factors and behaviors that increase risk for cancer. Efforts to prevent cancer and promote health must attend to mental healthdisparities to meet the needs of young adults.

Cancer and Mental Health

One out of three people diagnosed with cancer also wind up struggling with a mental health disorder such as anxiety or depression, a new study from Germany reports. Many people seem to cope with the natural stress of a cancer diagnosis, but for about 32 percent of cancer patients, the diagnosis may prompt a full-blown psychological disorder. (Scheffold, *et al*., 2017; Vehling, *et al*., 2017; Menhert, *et al*., 2014).

Ernst, M., Wiltink, J., Tibubos, A.N., Brähler, E., Schulz, A., Wild, P.S., Burghardt, J., Münzel, T., König, J., Lackner, K., Pfeiffer, N., Michal, M. & Beutel, M.E.J. 2019.

Objective: In aging populations, a growing number of individuals are affected by cancer. However, the relevance of the disease for mental health is still controversial, especially after treatment. We drew from a representative community sample to explore the link of cancer with mental health assessing different dimensions and different periods of time.
Methods: A cohort of 14,375 men and women (35-74 years) underwent medical assessments and was queried about cancer history, previous diagnoses of mental disorders, current mental distress symptoms, and current subjective health appraisal.
Results: 1066 participants (7.4%) reported a diagnosis of cancer (survival time M = 9.79 (SD = 9.07) years). Most common were breast (24.3%), skin (20.9%), gynecological (13.8%), and prostate cancer (12.9%). Based on cut-off-scores of standardized self-report scales (PHQ-9, GAD-2), rates of depression (8.4%; 95%CI 6.90-10.30) and anxiety symptoms (7.8%; 95%CI 6.30-9.60) corresponded to those of participants without cancer. In men, cancer was related to a lifetime diagnosis of depression (OR = 2.15; 95%CI 1.25-3.64). At the time of assessment, cancer was associated with reduced subjective health in both sexes and with anxiety symptoms in men (OR = 2.43; 95%CI 1.13-4.98).
Conclusion: Findings indicate different relations of cancer in men and in women with different operationalizations of mental health. They underscore that a history of cancer is not universally linked to distress in the general population. The study points out that different ascertainments of the association of cancer and mental health might be traced back to different assessment strategies. It also notes potential targets for interventions to alleviate distress, e.g. by physical activity.

Signs and Symptoms of Mental Health Problems

The American Psychiatric Association states that if several of the following are occurring, it may useful to follow up with a mental health professional.

- Withdrawal — Recent social withdrawal and loss of interest in others
- Drop in functioning — An unusual drop in functioning, at school, work or social activities, such as quitting sports, failing in school or difficulty performing familiar tasks
- Problems thinking — Problems with concentration, memory or logical thought and speech that are hard to explain
- Increased sensitivity — Heightened sensitivity to sights, sounds, smells or touch; avoidance of over-stimulating situations
- Apathy — Loss of initiative or desire to participate in any activity
- Feeling disconnected — A vague feeling of being disconnected from oneself or one's surroundings; a sense of unreality
- Illogical thinking — Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or "magical" thinking typical of childhood in an adult
- Nervousness — Fear or suspiciousness of others or a strong nervous feeling
- Unusual behaviour – Odd, uncharacteristic, peculiar behaviour
- Sleep or appetite changes — Dramatic sleep and appetite changes or decline in personal care
- Mood changes — Rapid or dramatic shifts in feelings

(American Psychiatric Association).

[Picture Credit: Mental Health]

Granek, L., Nakash, O., Ariad, S., Shapira, S. & Ben-David, M. 2019.
Objective: To explore oncologists, social workers, and nurses' perceptions about the causes of their cancer patient's mental health distress.
Methods: The grounded theory (GT) method of data collection and analysis was used. Sixty-one oncology health care professionals were interviewed about what they perceived to be the causes of mental health distress in their patients. Analysis involved line-by-line coding and was inductive, with codes and categories emerging from participants' narratives.
Results: Oncology health care professionals were sensitive in their perceptions of their patients' distress. The findings were organized into three categories, namely, disease-related factors, social factors, and existential factors. Disease-related themes included side effects of the disease and treatment, loss of bodily functions, and body image concerns as causing patient's mental health distress. Social-related themes included socio-economic stress, loneliness/lack of social support, and family-related distress. Existential themes included dependence/fear of being a burden, death anxiety, and grief and loss.
Conclusions: Oncology health care professionals were able to name a wide range of causes of mental health distress in their patients. These findings highlight the need to have explicit conversations with patients about their mental status and to explore their understanding of their suffering. A patient-centered approach that values the patient's conceptualization of their problem and their narrative to understanding their illness can improve the patient-provider relationship and facilitate discussions about patient-centered treatments.

Distress

Nearly half of cancer patients report experiencing a lot of distress. According to the Yale Cancer Centre, patients with lung, pancreatic and brain cancers may be more likely to report distress, but in general, the type of cancer does not make a difference. Factors that increase the risk of anxiety and distress are not always related to the cancer.

The following may be risk factors for high levels of distress in patients with cancer:

- Trouble doing the usual activities of daily living
- Physical symptoms and side effects (such as fatigue, nausea, or pain)
- Problems at home
- Depression or other mental or emotional problems
- Being younger, non-white, or female
- Having a lower level of education

Dealing with an illness as serious as cancer is no small matter. A cancer diagnosis is often accompanied by swift and aggressive treatment and it is all but expected that a person will be overwhelmed, worried, fearful and anxious while doctors focus on their medical well-being.

It is true that anxiety and depression are two very real and very common consequences of a cancer diagnosis. Although expected to occur, these two conditions should not be ignored. Addressing the mental health needs of cancer patients at all ages is essential and counselling for cancer patients is valuable for its own sake. It does go a step further: failing to address these concerns may actually decrease the patient's odds of recovery.

Anxiety and Stress Among Cancer Patients

Patients living with cancer feel many different emotions, including anxiety and distress:

In an anxiety-related disorder, one's fear or worry does not go away and very often can get worse over time. It has the ability can influence one's life to the extent that it can interfere with daily activities such school, work and/or relationships. (van Rooij & Stenson, No date).

Distress, according to the American Cancer Society, is common in people with cancer and in their family members and loved ones. It can make it harder to deal with the changes that come with a cancer diagnosis.

Saying that you are distressed can mean that you feel:

- Sad
- Hopeless
- Powerless
- Afraid
- Guilty
- Anxious
- Panic
- Discouraged
- Depressed
- Uncertain

[Picture Credit: Mental Health 2]

The stress of dealing with cancer can affect parts of your life other than your feelings. It can affect how you think, what you do, and how you interact with others.

Götze, H., Friedrich, M., Taubenheim, S., Dietz, A., LOrdick, F. & Mehnert, A. 2019.
PURPOSE: Our study provides data on depression and anxiety in long-term cancer survivors, in men, women and various age groups, as well as identifies associated factors and coping-related resources.
METHODS: We present data obtained from 1002 cancer survivors across a large variety of tumour entities 5 years (cohort 1) and 10 years (cohort 2) after diagnosis, in a cross-sectional study. We analysed depression (PHQ-9) and anxiety (GAD-7) symptomatology in comparison with two large age- and sex-matched samples randomly selected from the general population.
RESULTS: Moderate to severe depression and anxiety were reported in 17% and 9% of cancer survivors, respectively. There were no significant differences between the 5 years and 10 years after diagnosis cohorts ($p = 0.232$). In both cohorts, we found higher depression and anxiety in women than in men ($p < 0.001$), and lower depression and anxiety in elderly patients ($p < 0.001$). Cancer survivors younger than 60 years of age were more depressed and anxious than the general population ($p < 0.001$). The variables, financial problems (Beta = 0.16, $p < 0.001$), global quality of life (Beta = - 0.21, $p < 0.001$) and cognitive function (Beta = - 0.30, $p < 0.001$), had the strongest association with depression and anxiety.
CONCLUSIONS: For the prevention of depression and anxiety in long-term cancer survivors, individual treatment of physical and psychological symptoms is as important as social support and professional counselling. Post-treatment, cognitive limitations should be carefully assessed in long-term cancer survivorship to distinguish them from symptoms of a mental disorder, especially since younger cancer survivors of working age and female survivors seem to be more affected by depression and anxiety.

Granek, L., Nakash, O., Ariad, S., Shapira, S. & Ben-David, M. 2019.
Background: A substantial number of people with cancer endorse suicidality when compared with the general population. Thus, oncology healthcare workers may experience the death of a patient to suicide over their careers.
Aims: To explore the impact of patients' mental health distress and suicidality on oncology personnel with a secondary aim of exploring how personnel cope with these types of events.
Method: We interviewed 61 healthcare professionals (HCPs) at two cancer centers. The grounded theory method (GT) was used.
Results: The impact of patients' mental health distress and suicidal ideation on oncology HCPs included sadness, depression, worry and concern, and feeling emotionally overwhelmed. The impact of patient suicide on HCPs included trauma, guilt, and surprise. Oncology personnel reported a change in practice, including communication style, being attuned to patient cues, and changing the physical environment. Coping strategies included colleague support, seeking professional help, and setting boundaries between their work and home life.
Limitations: It is likely that HCPs who participated in the study represent those who are more willing to discuss issues related to suicide. Thus, the impact of patient suicide on healthcare providers may be even more pronounced among the general oncology HCP community.
Conclusion: Given the higher risk of suicide among cancer patients, it is necessary to increase awareness about the impact these events may have on HCPs. Professional guidelines can highlight the need for a balance between ensuring the availability of informal support and more formal methods of help.

Anxiety and the Treatment of Anxiety

Anxiety disorders and depression are treatable. Many people experience meaningful symptom relief and improvement in their quality of life with professional care. However, treatment success varies. Some people respond to treatment after a few weeks or months while others may take longer. If people have more than one anxiety disorder or if they suffer from other co-existing conditions, treatment may take longer. An experienced provider will conduct a comprehensive assessment before discussing an individualized treatment plan.

[Picture Credit: Anxiety]

Anuk, D., Özkan, M., Kizir, A. & Özkan, S. 2019.

Background: Although the adverse effects of cancer diagnoses and treatments on mental health are known, about less than 10% of patients are estimated to be referred to seek help. The primary purpose of this study was to obtain the baseline information on patients with cancer seeking help for mental health who presented for the first time to the psycho-oncology outpatient clinic, and to identify risk factors that may provide clues healthcare practitioners in recognizing those needing psychological help in oncology practice.

Methods: We reviewed the charts of 566 patients with cancer who were referred to the psycho-oncology outpatient clinic over a two-year period. The study includes the socio-demographic data, illness characteristics, psychiatric characteristics, psychiatric diagnoses, and treatment recommendations for these patients.

Results: The incidence of diagnoses of psychiatric disorders was 97.5%. The distributions of psychiatric diagnoses were as follows: any kind of adjustment disorders, mood disorders, anxiety disorders, organic brain syndrome, personality disorders, delusional disorder, and insomnia. Recurrence of cancer, other chronic medical illnesses, a history of psychiatric disorders, poor social support, and low income comprised the common significant risk factors for adjustment disorders, mood disorders, and anxiety disorders. These risk factors were also seen to be significant in the regression analysis in terms of sex.

Conclusion: This study identifies the distribution of psychiatric disorders, the risk factors for specific psychiatric disorders, and draws attention to the fact that there are serious delays in patients seeking psychiatric help and in the referrals of oncologists for psychological assessment. Identifying risk factors and raising oncologists' awareness toward risk factors could help more patients gain access to mental health care much earlier.

The Psychological Price of Survivorship

"Mental health in cancer survivors is defined by the presence or absence of distress as well as the presence or absence of positive well-being and psychological growth" (Andrykowski, *et al*., 20120). Furthermore, psychological health in cancer survivors is also determined by the balance between various factors: the stress and burden posed by the cancer experience and the resources available for coping with this stress and burden.

Survivorship comes at a psychological price. According to Ann MacDonald, some of the major issues include:

"The 'Damocles syndrome' - according to Greek legend, once Damocles realised that a sword was dangling precariously over his head, he could no longer enjoy the banquet spread in front of him. In the same way, the sceptre of cancer hangs over some cancer survivors. They can become emotionally paralysed and have a hard time deciding to get married, change jobs, or make other major decisions.

"Fear of recurrence - given cancer's potential to lay dormant for a while and then spread (metastasis), cancer survivors often experience ongoing fear of recurrence. Follow-up medical visits, unexplained pain, or even sights and sounds they associate with treatment can trigger bouts of anxiety and fear that are as debilitating as those that occurred immediately following diagnosis and/or during cancer treatment.

"Survivor guilt - although happy to be alive, cancer survivors may feel guilty that they survived while fellow patients they became friendly with during treatment or as part of a support group did not. Early after a diagnosis of cancer, people first ask, "Why me?" When survivors think about those who have died, they tend to ask, 'Why not me?'"
(MacDonald, 2015).

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Sources and References Consulted and/or Utilised

American Cancer Society
https://www.cancer.org/treatment/treatments-and-side-effects/emotional-side-effects/distress/what-is-distress.html

American Journal of Clinical Nutrition
http://ajcn.nutrition.org/content/70/3/560s.full

American Psychiatric Association.
https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness

Andrykowski, M.A., Lykins, E. & Floyd, A. 2008. Psychological health in cancer survivors. *Semin Oncol Nurs*. 2008. Aug:24(3):193-201. doi: 10.1016/j.soncn.2008.05.007.

Anuk, D., Özkan, M., Kizir, A. & Özkan, S. 2019. The characteristics and risk factors for common psychiatric disorders in patients with cancer seeking help for mental health. *BMC Psychiatry*. 2019 Sep 3;19(1):269. doi: 10.1186/s12888-019-2251-z.

Anxiety
https://www.google.co.za/search?q=anxiety+depression&source=lnms&tbm=isch&sa=X&ei=dmYMU9O4Oe3G7AbHi4G4CQ&sqi=2&ved=0CAcQ_AUoAQ&biw=1120&bih=661&dpr=0.9#facrc=_&imgdii=_&imgrc=GX4TdxozB6IWmM%253A%3BqZBKsnrqPIWkTM%3Bhttp%253A%252F%252Fthrivehealingmassage.com%252Fwp-content%252Fuploads%252F2012%252F05%252Fanxiety-depression-massage-in-Seattle.jpg%3Bhttp%253A%252F%252Fthrivehealingmassage.com%252Fmassage-therapy-for-anxiety-and-depression%252F%3B289%3B272

Anxiety and Depression Association
http://www.adaa.org/understanding-anxiety/depression/treatment
https://adaa.org/finding-help/treatment

Butler Hospital
http://www.butler.org/cancerandmentalhealth/

Cape Peninsula University of Technology
http://www.researchsa.co.za/news.php?id=1519

Cheruvu, V.K. & Oancea, S.C. 2016. Current depression as a potential barrier to health care utilization in adult cancer survivors. Cancer Epidemiol. Aug: 44|:132-137. Doi: 10.1016j.canep.2016.08.012 [Epub ahead of print].

Depression
https://www.google.co.za/search?q=anxiety+depression&source=lnms&tbm=isch&sa=X&ei=dmYMU9O4Oe3G7AbHi4G4CQ&sqi=2&ved=0CAcQ_AUoAQ&biw=1120&bih=661&dpr=0.9#facrc=_&imgdii=_&imgrc=bFStPmadbWrLnM%253A%3BT3_zFmM_x0QZEM%3Bhttp%253A%252F%252Fwww.polarishealth.com%252Fstorage%252Fassessing-depression-anxiety-cardiac-disease.jpg%253F__SQUARESPACE_CACHEVERSION%253D1351183137837%3Bhttp%253A%252F%252Fwww.polarishealth.com%252Fpolaris-cv%252F%3B1375%3B1207

Ernst, M., Wiltink, J., Tibubos, A.N., Brähler, E., Schulz, A., Wild, P.S., Burghardt, J., Münzel, T., König, J., Lackner, K., Pfeiffer, N., Michal, M. & Beutel, M.E.J. 2019. Linking cancer and mental health in men and women in a representative community sample. *Psychosom Res*. 2019 Sep;124:109760. doi: 10.1016/j.jpsychores.2019.109760. Epub 2019 Jul 2.PMID: 31443804

Faller, H., Weis, J., Koch, U., Brähler, E., Härter, M., Keller, M., Schulz, H., Wegscheider, K., Boehncke, A., Hund, B., Reuter, K., Richard, M., Sehner, S., Wittchen, H.U. & Mehnert, A. 2017. Utilization of professional psychological care in a large German sample of cancer patients. *Psychooncology*. 2017 Apr;26(4):537-543. doi: 10.1002/pon.4197. Epub 2016 Jul 13. PMID: 27327213.

Faller, H., Weis, J., Koch, U., Brähler, E., Härter, M., Keller, M., Schulz, H., Wegscheider, K., Boehncke, A., Hund, B., Reuter, K., Richard, M., Sehner, S., Szalai, C., Wittchen, H.U. & Mehnert, A. 2016. Perceived need for psychosocial support depending on emotional distress and mental comorbidity in men and women with cancer. *J Psychosom Res*. 2016 Feb;81:24-30. doi: 10.1016/j.jpsychores.2015.12.004. Epub 2015 Dec 15. PMID: 26800635.

GoodTherapy.Org
file:///D:/Cancer%20and%20Mental%20Health/Mental%20Health%20and%20Cancer%20%20The%20Often-Overlooked%20Connections.htm

Götze, H., Friedrich, M., Taubenheim, S., Dietz, A., LOrdick, F. & Mehnert, A. 2019. Depression and anxiety in long-term survivors 5 and 10 years after cancer diagnosis. *Support Care Cancer*. 2019 Apr 18. doi: 10.1007/s00520-019-04805-1. [Epub ahead of print]

Granek, L., Nakash, O., Ariad, S., Shapira, S. & Ben-David, M. 2019. Cancer patients' mental health distress and suicidality. *Crisis*. 2019 Nov;40(6):429-436. doi: 10.1027/0227-5910/a000591. Epub 2019 Apr 29.

Granek, L., Nakash, O., Ariad, S., Shapira, S. & Ben-David, M. 2019. Oncology Health Care Professionals'perspectives on the causes of mental health distress in cancer patients. *Psychooncology*. 2019 Aug;28(8):1695-1701. doi: 10.1002/pon.5144. Epub 2019 Jun 7.

Harvard Medical School
http://www.health.harvard.edu/blog/the-mental-and-emotional-challenges-of-surviving-cancer-201103282146

Helpguide.org
http://www.helpguide.org/mental/anxiety_types_symptoms_treatment.htm
http://www.helpguide.org/mental/treatment_strategies_depression.htm

MacDonald, A. 2015. The mental and emotional challenges of surviving cancer.
https://www.health.harvard.edu/blog/the-mental-and-emotional-challenges-of-surviving-cancer-201103282146

Massetti, G.M., Thomas, C.C., King, J., Ragan, K. & Buchanan Lunsford, N. 2017. Mental health problems and cancer risk factors among young adults. *Am J Prev Med*. 2017 Sep;53(3S1):S30-S39. doi: 10.1016/j.amepre.2017.04.023.

Mayo Clinic
http://www.mayoclinic.org/diseases-conditions/chemo-brain/basics/definition/con-20033864

MD Anderson Cancer Center
http://www.mdanderson.org/patient-and-cancer-information/cancer-information/cancer-topics/dealing-with-cancer-treatment/chemobrain/index.html

Mehnert, A., Brähler, E., Faller, H., Härter, M., Keller, M., Schulz, H., Wegscheider, K., Weis, J., Boehncke, A., Hund, B., Reuter, K., Richard, M., Sehner, S., Sommerfeldt, S., Szalai, C., Wittchen, H.U. Koch, U. 2014. Four-week prevalence of mental disorders in patients with cancer across major tumor entities. J Clin Oncol. 2014 Nov 1;32(31):3540-6. doi: 10.1200/JCO.2014.56.0086. Epub 2014 Oct 6. PMID: 25287821.

Mental Health
https://www.google.co.za/search?q=anxiety+depression&source=lnms&tbm=isch&sa=X&ei=dmYMU9O4Oe3G7AbHi4G4CQ&sqi=2&ved=0CAcQ_AUoAQ&biw=1120&bih=661&dpr=0.9#facrc=_&imgdii=_&imgrc=gGDEJvkkfQrBaM%253A%3B418Hl10sqpgSfM%3Bhttp%253A%252F%252Fwww.bubblews.com%252Fassets%252Fimages%252Fnews%252F1282716304_1391302755.jpg%3Bhttp%253A%252F%252Fwww.bubblews.com%252Fnews%252F2219580-living-with-depression-and-anxiety%3B280%3B186

Mental Health 1
https://www.google.co.za/search?q=mental+health&source=lnms&tbm=isch&sa=X&ei=jzXxUqzsI9SB7QbQx4DACQ&ved=0CAcQ_AUoAQ&biw=1517&bih=714&dpr=0.9#facrc=_&imgdii=_&imgrc=xO08NCzrf5OqoM%253A%3Bb0cdvbrTNmD_SM%3Bhttp%253A%252F%252Fwww.diabetesmine.com%252Fwp-content%252Fuploads%252F2013%252F10%252FMentalHealth.jpg%3Bhttp%253A%252F%252Fwww.diabetesmine.com%252F2013%252F10%252Ffirst-national-conference-on-mental-health-and-diabetes.html%3B366%3B245

Mental Health 2
https://www.google.co.za/search?q=mental+health&source=lnms&tbm=isch&sa=X&ei=jzXxUqzsI9SB7QbQx4DACQ&ved=0CAcQ_AUoAQ&biw=1517&bih=714&dpr=0.9#facrc=_&imgdii=_&imgrc=I9cja4IWXJnfMM%253A%3BoNU-W5l630zZuM%3Bhttp%253A%252F%252Ftheagenda.backend.tvo.org%252Fsites%252Fdefault%252Ffiles%252Fmental%2520health%252520labels.jpg%3Bhttp%253A%252F%252Ftheagenda.tvo.org%252Fspecial%252Fagenda-explores-our-mental-health%3B827%3B580

Mind.org
http://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-early-signs/#.UwtN5fmSySo

Ng, H.S., Roder, D., Koczwara, B. & Vitray.S. 2018. Comorbidity, physical and mental health among cancer patients and survivors: an Australian population-based study. *Asia Pac J Clin Oncol*. 2018 Apr;14(2):e181-e192. doi: 10.1111/ajco.12677. Epub 2017 Mar 29.

Pokorney, R.R. & Bates, G.E. 2017. Cancer-related depression. *JAMA Oncol.* Published online January 12, 2017. doi:10.1001/jamaoncol.2016.5851

Scheffold, K., Philipp, R., Koranyi, S., Engelmann, D., Schulz-Kindermann, F., Härter, M. & Mehnert, A. 2017. *Palliat Support Care*. 2017 May 15:1-9. doi: 10.1017/S1478951517000281. [Epub ahead of print]. PMID: 28502270.

Singer, S., Szalai, C., Briest, S., Brown, A., Dietz, A., Einenkel, J., Jonas, S., Konnopka, A., Papsdorf, K., Langanke, D., Löbner, M., Schiefke, F., Stolzenburg, J.U., Weimann, A., Wirtz, H., König, H.H. & Riedel-Heller, S. 2013. Co-morbid mental health conditions in cancer patients at working age – prevalence, risk profiles, and care uptake. *Psychooncology*. 2013 Mar 14.

Spiegel, D. 2013. Minding the body: Psychotherapy and cancer survival. *Br J Health Psychol*. 2013 Aug 26.

UC San Diego Moores Cancer Center
http://cancer.ucsd.edu/coping/resources-education/Pages/patient-tips.aspx

van Rooij, S. & Stenson, A. (No Date). What is anxiety?
https://www.anxiety.org/what-is-anxiety

Vehling, S., Kissane, D.W., Lo, C., Glaesmer, H., Hartung, T.J., Rodin, G. & Mehnert, A. 2017. The association of demoralization with mental disorders and suicidal ideation in patients with cancer. *Cancer*. 2017 Sep 1;123(17):3394-3401. doi: 10.1002/cncr.30749. Epub 2017 May 4.
PMID: 28472548.

WebMD
http://www.webmd.com/cancer/news/20141006/cancer-diagnosis-can-take-toll-on-mental-health-study-finds

World Health Organization
Mental Health: Strengthening our response. Fact Sheet No 220.

University of Maryland Medical Center
http://umm.edu/health/medical/altmed/supplement/omega3-fatty-acids

Yale Cancer Center
http://medicine.yale.edu/cancer/patient/programs/headneck/info/info.aspx?id=CDR269124