



# 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.

### Fernando, A. 2020.

“Surgical, radio-oncological, and medical anti-cancer therapies have developed at pace and scale in recent years, yet there remains a huge unmet need for mental health in cancer care. Recent experience in the COVID-19 pandemic has added to recognition of this unmet need. There needs to be more effective clinical integration of relevant services, which must be informed by patient choice and clinical need, and accessible throughout the patient's whole cancer journey. This needs to be accompanied by training and research integration as well as more effective and creative use of technology such as virtual reality and simulation, quality assuring apps, and mobile technologies. Finally, as a clinical community we need to drive a shift in culture towards measurement of patient quality of life as a marker of treatment effectiveness. We also need to support our own clinical

workforce with their own mental health needs so that we prevent the alarming rates of burnout prevalent among clinicians treating cancer. The call to action for innovation and staff support has been amplified by experience in the COVID-19 pandemic. **PATIENT SUMMARY:** This report highlights the unmet need for mental health in cancer care. Patients need effective access to psychological support and mental health services throughout their cancer journey, including better use of technology. There is also a need to support the psychological wellbeing of cancer clinicians.”

**Masseti, 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 health status, 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 health disparities 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

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(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.

### **Cancer, Mental Health and COVID-19**

**Wang, Y., Duan, Z., Ma, Z., Mao, Y., Li, X., Wilson, A., Qin, H., Ou, J., Peng, K., Zhou, F., Li, C., Liu, Z. & Chen, R. 2020.**

“The current study aimed to explore mental health problems in patients diagnosed with cancer during the COVID-19 pandemic. A cluster sampling, cross-sectional survey with 6213 cancer patients was conducted in one of the largest cancer centers in China. The socio-demographic and clinical characteristics, psychosomatic conditions, interpersonal relationships and social support, COVID-19 infection-related psychological stress, and mental health status were measured. Medical conditions were extracted from patients' electronic healthcare records. Among the 6213 cancer patients, 23.4% had depression, 17.7% had anxiety, 9.3% had PTSD, and 13.5% had hostility. Hierarchical liner regression models showed that having a history of mental disorder, excessive alcohol consumption, having a higher frequency of worrying about cancer management due to COVID-19, having a higher frequency feeling of overwhelming psychological pressure from COVID-19, and having a higher level of fatigue and pain were the predominant risk factors for mental health problems in cancer patients. However, there were only 1.6% of them were seeking psychological counseling during COVID-19. We also revealed the protective factors associated with lower risk of mental health problems among cancer patients. The present study revealed a high prevalence of mental health problems and gaps in mental health services for cancer patients, which also indicated high distress from COVID-19-elevated risks. We call for systematic screening of mental health status for all cancer patients, and developing specific psychological interventions for this vulnerable population.”

### **Signs and Symptoms of Mental Health Problems**

The American Psychiatric Association states that if several of the following are occurring, it may be 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

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- 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



[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

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- 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 to influence one's life to the extent that it can interfere with daily activities such as 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:

[Picture Credit: Mental Health 2]

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



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.

[Picture Credit: Anxiety]

### **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



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comprehensive assessment before discussing an individualized treatment plan.

**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.

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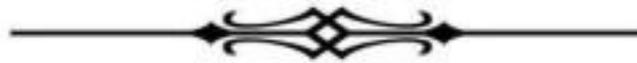
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“Survivor guilt - although happy to be alive, cancer survivors may feel guilty that they survived while fellow patients they became friendly with during treatment or as part of a support group did not. Early after a diagnosis of cancer, people first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

### Medical Disclaimer

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#### Anxiety

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