

Coping with cancer: Improving mental health support services in cancer care

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Cancer is a diverse disease, and as such, patients diagnosed with cancer can experience a varying array of illness experiences that are manifest both physiologically and psychologically. Improvements in the management of disease symptoms and treatment side effects in recent years have been attributed to scientific and medical advancements, enabling the amelioration of physiological cancer experiences¹. On the other hand, support for the psychological cancer experience may be lacking due to an absence of targeted mental health services, and potential issues with the coordination of care.

The term “cancer” encompasses a vast range of diseases that behave in different ways. There are over two hundred cancers, with unique prognoses and treatment options available for different cancer types. In his book *Cancer is a Word, Not a Sentence*, Dr. Robert Buckman states that, “by constantly referring to this large group of different diseases under the generic title of *cancer* we generate – even if it is only in the subconscious – a deep-seated fear and dread...”². As such, a cancer diagnosis can be devastating to a patient, regardless of cancer type and prognosis.

The processes of treatment, follow-up and long-term management can be equally as devastating, if not more so. Research indicates that many patients experience depression, anxiety and stress both during and after their treatment, despite the severity of their illness³). Therapy often affects a patient’s self-esteem due to obvious physical changes, such as hair loss or disfigurement due to surgery, which can interfere with social and intimate relationships⁴. The potential for infertility, cognitive impairment, chronic pain and fatigue can further reduce psychosocial functioning and quality of life. Perhaps even more psychologically challenging is the possibility of recurrence, which in itself is stressful and anxiety-

itself is stressful and anxiety-inducing. It is evident that all patients may potentially have a difficult psychological cancer experience, and could benefit from mental health support.

Furthermore, targeting psychological support to the needs of different groups may be an important step toward improving mental health services. For example, variation in demographic factors, such as age, may affect the type of mental health support needed. A child’s level of adjustment to cancer diagnosis and treatment may be closely related to parental adjustment and coping⁵. This demonstrates the strong role that family plays in children’s mental health support. Young adults with cancer may have a unique set of concerns related to relationships, fertility, and financial security that are not shared by other age groups⁶. Meanwhile, older adults may worry more about recurrence and developing a secondary primary cancer⁷. It is obvious that the psychological cancer experience varies at different points in life; this necessitates varied and targeted mental health support that should be ongoing and integrated as part of a regular treatment and post-treatment schedule.

A significant barrier to the provision of mental health support services for individuals with cancer may be issues with coordinated care. Cancer is now likened to a chronic illness, with survivors experiencing mental and physical effects that require short- and long-term management both during and after treatment. As with chronic illnesses, the coordination and delivery of care across multiple disciplines are imperative to fulfilling the needs of cancer patients. While social workers and psychologists are part of a hospital healthcare team, their counsel may not be sought as often as it should, perhaps due to a lack of referral to these professionals by the consulting oncologist. Physicians frequently focus on the physiological effects as opposed to psychosocial

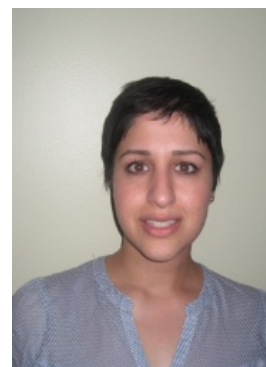
that patients often have to endure⁸, while patients typically only report what is asked of them or what they believe is more important to their physician⁹. Without appropriately gauging the mental health support needed, oncologists may be under-referring their patients to counselling services. Unless a patient exhibits health-seeking behaviours, it is unlikely that they would self-refer to available services provided by the health care centre. As such, in addition to services that are typically offered to patients (e.g. fertility specialists, dentistry and pain clinics), oncologists should offer mental health services to all of their patients as part of their practice.

Potential contributions to psychological support services for individuals with cancer are collaborative support groups held outside of clinical time. These groups, facilitated by oncologists, social workers and psychologists, can provide multi-levels of support. With practitioners from both psychosocial and medical disciplines present at each meeting, and with the addition of peer guidance, these types of groups enable patients to engage in dialogue regarding both physical health and mental coping outside of the clinic, allowing for more robust discussion and greater levels of support. Collaborative groups that are specific to different age groups would be additionally beneficial. Furthermore, support services should be extended to family, as family members may feel depression and anxiety at levels equal to that of the patient¹⁰. While barriers such as clinician time and organizational resources may limit the implementation of such groups, the benefits of creating collaborative out-of-clinic mental health services warrant further research and consideration.

Psycho-oncology is a burgeoning field and the long-term effects of cancer are now beginning to be understood. Given the improvements in recent years to the medical care and survival of cancer patients, it is only logical that the provision of appropriate mental health services should be ameliorated to support patients during treatment and throughout their lives.

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Author Profile

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