



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.

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 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).

Ng, H.S., Roder, D., Koczwara, B. & Vitray.S. 2018.

AIM: To assess the prevalence of comorbidities and measures of physical and mental health among the cancer patients and survivors compared with the general population.

METHODS: Data collected by the Australian Bureau of Statistics from 2011-2012 National Health Survey were utilized for this cross-sectional study. Comparisons were made between adults aged 25 years and over with history of cancer (n = 2170) and those respondents who did not report having had a cancer (n = 11 592) using logistic regression models. Analyses were repeated according to cancer status (current cancer vs. cancer survivor).

RESULTS: People with history of cancer had significantly higher odds of reporting mental and behavioral problems (overall cancer group adjusted odds ratio 1.36, 95 percent confidence interval 1.20-1.54; current cancer 2.53, 1.97-3.27; cancersurvivor 1.20, 1.05-1.38), circulatory conditions (overall cancer group 1.25, 1.12-1.39; current cancer 1.38, 1.08-1.76; cancer survivor 1.22, 1.09-1.38), musculoskeletal conditions (overall cancer group 1.37, 1.24-1.52; current cancer 1.66, 1.30-2.12; cancer survivor 1.33, 1.19-1.48) and endocrine system disorders (overall cancer group 1.19, 1.06-1.34; current cancer 1.29, 1.00-1.66; cancer survivor 1.17, 1.04-1.33) compared with the noncancer group. Cancer patients and survivors were more likely to report poor health status, a higher level of distress, and a greater number of chronic conditions compared with the noncancer group.

CONCLUSION: Poor health and comorbidity is more prevalent among cancer patients and survivors than the noncancer population. Our results further support the need to develop models of care that effectively address multiple chronic conditions experienced by the cancer population.

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.

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- 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]

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.

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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.

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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]



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).

Medical Disclaimer

This Fact Sheet is intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in this Fact Sheet. So far as permissible by law, the Cancer Association of

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

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MD Anderson Cancer Center

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Mental Health

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Mental Health 1

https://www.google.co.za/search?q=mental+health&source=Inms&tbn=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

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Mental Health 2

https://www.google.co.za/search?q=mental+health&source=lnms&tbm=isch&sa=X&ei=jzXxUqzsl9SB7QbQx4DACQ&ved=0CAcQ_AUoAQ&biw=1517&bih=714&dpr=0.9#facrc=_&imgdii=_&imgsrc=I9cja4IWxJnfMM%253A%3BoNU-W5l630zZuM%3Bhttp%253A%252F%252Ftheagenda.backend.tv.org%252Fsites%252Fdefault%252Ffiles%252Fmental%252520health%252520labels.jpg%3Bhttp%253A%252F%252Ftheagenda.tv.org%252Fspecial%252Fagenda-explores-our-mental-health%3B827%3B580

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University of Maryland Medical Center

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Yale Cancer Center

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