

Prioritizing Mental Wellbeing Along the Cancer Care Continuum

Cancer clearly impacts physical health, but it also affects mental health. Approximately 1 in 3 people treated for cancer in hospitals have a common mental health challenge, such as depression or anxiety.¹ Up to 25% of cancer patients have depression,² and two-thirds of those with depressive symptoms also experience anxiety.³

Prioritizing mental wellbeing throughout a cancer journey improves prognosis.⁴ Here are some ideas for adding social and emotional support at each stage of the cancer care continuum.



PREVENTION

Disparity

People with serious mental illness often receive fewer preventive services and have less access to high-quality medical care, leading to fewer opportunities for preventive cancer screenings.⁵ People with mental health challenges are also more likely to engage in lifestyle behaviors such as smoking, poor diet, physical inactivity, inadequate sleep and increased alcohol use, all of which are strongly associated with increased cancer risk.^{6,7}

Recommendation

Create outreach programs to increase awareness about the importance of regular cancer screenings and improve screening and early detection for those with mental health challenges. Advocate for systemic environmental and policy changes that support cancer prevention, such as smoke-free policies and improved access to healthy foods and physical activity in residential, inpatient and outpatient mental health treatment facilities.^{8,9}



SCREENING/ASSESSMENT

Disparity

Cancer screening is a key strategy for prevention, but people with mental health and substance use challenges seek screening less often than the general population.¹⁰

Recommendation

Implement an integrated care model that combines mental health, substance use and primary care services to improve coordination and ensure cancer prevention and screenings are not overlooked among people with mental health and substance use challenges.¹¹ This approach also creates opportunities for education on recommended screening guidelines and potential risk factors for different types of cancers.



ACCESS TO CARE

Disparity

Many people with mental health and substance use challenges face socioeconomic difficulties that further complicate access to cancer care, including limited transportation options, inadequate health insurance coverage, higher out-of-pocket costs, underemployment or unemployment, and income loss.^{12,13}

Recommendation

It is essential to address and reduce barriers to accessing care, particularly financial barriers. Advocate for insurance coverage of mental health and substance use services as a part of cancer care, develop partnerships with community organizations to provide additional supportive services and resources, and implement patient navigation services.¹³⁻¹⁵



RECEIVING CARE

Disparity

Untreated or poorly managed psychiatric symptoms adversely impact patients' engagement with cancer care and treatment, often because the separation of cancer care and mental health treatment systems and settings creates obstacles to receiving care.¹⁶⁻¹⁸

Recommendation

Address fragmentation in care for patients experiencing cancer diagnoses and treatment alongside mental health and/or substance use challenges by prioritizing integrated and collaborative care teams, co-located services and care coordination.^{14,15}



RECOVERY, SURVIVORSHIP AND THRIVERSHIP

Disparity

Though estimates vary, cancer survivors undeniably experience higher rates of anxiety and depression compared to the general population, and depressive symptoms can persist for more than five years post-diagnosis.^{19,20} Rates of moderate and severe mental distress are significantly higher among cancer survivors ages 15-39 compared to people without cancer.^{20,21}

Recommendation

Prioritize integrated care teams and implement regular screenings for psychological distress throughout the cancer care continuum, long after treatment. Tailor evidence-based interventions to individual needs, address barriers to care, promote peer support and focus on long-term survivorship.^{19,20,22-27}

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