

# MENTAL HEALTH & CANCER

## Key stats

1 IN 5

Canadians will experience a mental health problem or illness in any given year<sup>1</sup>, and **this risk is higher for people living with cancer.**

**A large survey** of adult cancer survivors in Canada found that

78%

**experienced at least one emotional concern** one to three years following cancer treatment. Many of those concerns were not met.<sup>2</sup>

## Common mental health problems and illnesses

The most common mental health problems and illnesses among those being treated for cancer and cancer survivors are:

---

major depression

---

generalized anxiety disorder

---

adjustment disorder

---

panic disorder

---

post-traumatic stress disorder.<sup>3</sup>

---

Some studies estimate the **prevalence of depression and anxiety** in people treated for cancer to be at least

**double**

that in the general public.<sup>3,4</sup>

# How do mental health and cancer interact?

## Mental health problem or illness

Can occur at any stage of the cancer continuum: screening, diagnosis, treatment, survivorship, and palliative or end-of-life care.<sup>5</sup>

## Cancer

Several psychological, biological, and social factors intersect to impact the mental health of those living with and beyond cancer.<sup>6</sup>

intersect

## Cancer and Mental Health<sup>6</sup>

### Biological factors

Biological effects of cancer growth

Specific effects of tumour location

Impact of cancer treatment

Pain

### Psychological factors

Self-blame for diagnosis

Stigma related to type of cancer (e.g., lung cancer)

Stigma related to mental health

Cognitive impacts

Relationship difficulties

Grief about current and anticipated losses

Coping and fear of death

Personality changes

Body image disruption

### Social factors

Access to specialist care

Family support

Employment changes

Loss of income

## What can we do?

# 1

### **Mental health screening**

Mental health screening is recommended through all cancer stages so support can be accessed early.<sup>7</sup>

# 2

### **Reduce stigma**

Both cancer-related and mental health-related stigma are barriers that prevent people from accessing support.<sup>8</sup>

Improve awareness and normalize help seeking to assist in reducing stigma.

# 4

### **Improve access to mental health care**

Once a mental health problem or illness is recognized, access to timely, culturally safe and appropriate, quality mental health services and supports is required. Opportunities include:

- **collaborative and integrated care approaches**, where physical, pharmacological, and psychological supports are provided through a collaborative care team.<sup>9</sup>
- **stepped care approaches**, where the most effective and least resource-intensive treatment is delivered first, then adjusted as needed.<sup>10</sup> Stepped care has been shown to reduce wait times and improve access to mental health services.<sup>11</sup>

# 3

### **Awareness**

Recognize that some populations are at higher risk for cancer, chronic disease, and mental health problems and illnesses such as:

- immigrant, refugee, ethnocultural and racialized communities;
- First Nations, Inuit, and Métis communities;
- people living in rural and remote areas;
- the 2SLGBTQ+ community;
- linguistic minorities.

More research is needed in this area to ensure effective and appropriate prevention, screening, and treatment.

## Want to know more?

The key messages in this fact sheet are taken from the 2021 MHCC report:

*Towards Better Mental and Physical Health: Preventing and Managing Concurrent Mental and Physical Conditions: A Scoping and Rapid Realist Review.*

Access the full report at [mentalhealthcommission.ca/resource/preventing-and-managing-concurrent-mental-and-physical-conditions](https://mentalhealthcommission.ca/resource/preventing-and-managing-concurrent-mental-and-physical-conditions).

## About the Mental Health Commission of Canada

The Mental Health Commission of Canada (MHCC) is an arms-length, non-partisan organization funded by Health Canada. It leads the development and dissemination of innovative programs and tools to support the mental health and wellness of people in Canada.

## About the Canadian Partnership Against Cancer (the Partnership)

As the steward of the *Canadian Strategy for Cancer Control* (the Strategy), the Partnership works with Canada's cancer community to ensure fewer people get cancer, more people survive cancer and those living with the disease have a better quality of life. This work is guided by the Strategy, which is a 10-year roadmap to improve equity in the cancer system and drive measurable change for all Canadians affected by cancer from 2019 to 2029.

<sup>1</sup> Mental Health Commission of Canada. (2013). Making the case for investing in mental health in Canada. <https://mentalhealthcommission.ca/resource/making-the-case-for-investing-in-mental-health-in-canada/>

<sup>2</sup> Fitch, M., et al. (2019). Experiences of adult cancer survivors in transitions. *Support Care in Cancer*, 27(8), 2977-2986. <https://doi.org/10.1007/s00520-018-4605-3>

<sup>3</sup> Mitchell, A. J., et al. (2011). Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: A meta-analysis of 94 interview-based studies. *Lancet Oncology*, 12(2), 160-174. [https://doi.org/10.1016/S1470-2045\(11\)70002-X](https://doi.org/10.1016/S1470-2045(11)70002-X)

<sup>4</sup> Smith, H. R. (2015). Depression in cancer patients: Pathogenesis, implications and treatment [Review]. *Oncology Letters*, 9(4), 1509-1514. <https://doi.org/10.3892/ol.2015.2944>

<sup>5</sup> Naughton, M. J., & Weaver, K. E. (2014). Physical and mental health among cancer survivors: Considerations for long-term care and quality of life. *North Carolina Medical Journal*, 75(4), 283-286. <https://doi.org/10.18043/ncm.75.4.283>

<sup>6</sup> Darnell, R. B., & Posner, J. B. (2011). *Paraneoplastic syndromes*. Oxford University Press. <https://global.oup.com/academic/product/paraneoplastic-syndromes-9780199772735?cc=ca&lang=en&#>

<sup>7</sup> Naughton & Weaver. (2014). Physical and mental health among cancer survivors: Considerations for long-term care and quality of life.

<sup>8</sup> Hamann, H. A., et al. (2018). Multilevel opportunities to address lung cancer stigma across the cancer control continuum. *Journal of Thoracic Oncology*, 13(8), 1062-1075. <https://doi.org/10.1016/j.jtho.2018.05.014>

<sup>9</sup> Wick, W., Hertenstein, A., & Platten, M. (2016). Neurological sequelae of cancer immunotherapies and targeted therapies. *Lancet Oncology*, 17(12), e529-e541. [https://doi.org/10.1016/S1470-2045\(16\)30571-X](https://doi.org/10.1016/S1470-2045(16)30571-X)

<sup>10</sup> Krebber, A.-M. H., et al. (2012). Stepped care targeting psychological distress in head and neck and lung cancer patients: A randomized clinical trial. *BMC Cancer*, 12, Article 173. <https://doi.org/10.1186/1471-2407-12-173>

<sup>11</sup> Mental Health Commission of Canada. (2019). *Newfoundland and Labrador Stepped Care 2.0 e-mental health demonstration project: Final report*. <https://mentalhealthcommission.ca/resource/newfoundland-and-labrador-stepped-care-2-0-demonstration-project-final-report/>

