

# Cancer and your mental health: Tips from an expert in oncology and psychiatry

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It's hard to talk about a cancer diagnosis without thinking about the emotions that can be involved: fear, anxiety, anger, shame.

Even those who seem to have great mental health will likely feel rattled after a [cancer diagnosis](#). Adding in a mental illness, a history of unhealthy coping mechanisms or a shaky support system and it can be even more difficult.

Wilmot Cancer Institute is dedicated to treating the whole patient, not just their [cancer](#). Daniel McFarland, MD, associate professor in the departments of Psychiatry and Medicine, Hematology/Oncology, joined the faculty at Wilmot in 2022. As a [medical oncologist](#) specializing in treating head, neck, and lung cancers who also has a background in psychiatry, he leads the Psychosocial Oncology Program at Wilmot.

We asked him a few questions about what [cancer patients](#) and their families should know when it comes to mental health.

## **Can poor mental health cause cancer?**

The short answer is no, not directly. It's still an open question, but most of the large population-based studies suggest there is no direct association.

That being said, having poor mental health might mean lifestyle choices that are associated with cancer. Those would be things like smoking or obesity. Those create an indirect pathway.

I will say, attention to mental health once you have cancer is extremely important. But the relationship it has with the cancer itself is still being worked out.

## **What are some signs that can signal you might need to seek help for your mental health from a professional?**

Depression can masquerade as many different things. Sometimes, I'll see patients who know what their depression looks like but then, in the cancer world, often we'll see someone who's never dealt with any mental health issues and all of a sudden, they find themselves in a place where they're overwhelmed or what they usually use to cope isn't working. Or, they're having symptoms that they're attributing to either being stressed out from having cancer or treatments. And so even as clinicians, these are things that are tricky because if you look at the criteria for depression—appetite, sleep, energy—those are all related to depression, but they're all things that can be impacted by treatment.

Some particular issues to watch for include self-esteem. That shouldn't change in theory. Changing thought patterns may warrant attention. People may withdraw from their social group.

Sleep is like a barometer for mental health. You almost can't be depressed and not have sleep issues. It's like the window to the mind.

Appetite issues can be concerning and also relationships becoming edgier and behaviors that are not characteristic of the person.

Those are all signs. The mind lets us know when it's struggling. If we're able to get [depression](#) under control, it helps with outcomes, including quality of life and survival.

## **What is the biggest piece of advice you'd give to cancer patients when it comes to coping with cancer?**

Communication issues are huge. When you're diagnosed with cancer, there are expectations that folks will rally. More often than not, it doesn't quite look the way people wanted it to look.

What can be helpful is, instead of waiting until your spouse or someone does the right thing, just tell them exactly what they need to do for you. It alleviates a lot of distress.

Your world's been turned upside down and you don't quite know how to relate and other people don't know how to relate. What happens is, you as the patient become the expert in your illness and it's helpful for people to understand that and you just own it.

Cancer changes everyone. It's always a crisis in life and life looks different afterward. It's about defining how that's going to look and what it means. And by the way, just because someone has cancer doesn't mean they don't also have all these other issues that they already have in their life. Then it becomes truly overwhelming. You might have to take some time to deal with those other things.

## **Should people with cancer focus on remaining positive all the time?**

Being positive is helpful if it's real. The real issue is about understanding your emotions, tuning in to what they really are, and if you need to, emote. Be sad. Cry. Get it out. This is a trauma. It's something that causes a lot of emotion. It's OK to have emotion. I worry more about folks who aren't quite tapping into that emotion. But it will come out eventually.

Every once in a while, I'll meet someone who will tell me, I know I'm supposed to be positive all the time. I'll say, well, nothing against positivity. It's a very good thing. But you have to process these emotions.

Can you share some examples of healthy coping mechanisms? Are there any that are particularly innovative for cancer patients?

I think you do what feels right, and that's different for everybody. People generally know what makes them happy, what they like to do, and sometimes they just need a little bit of permission to do that.

It's hard to be too prescriptive because ultimately, people will find the things that they do to alleviate stress. Maybe it's going for a walk, going to the gym, getting some exercise, talking to a good friend. Those things are still available to them, hopefully. I would encourage all of those kinds of healthy coping.

Other times people really do need help with managing symptoms, understanding the meaning behind the cancer, and things like that. If you follow up with a mental health clinician, they'll tell you what their assessment is.

## **Should cancer patients see only therapists or psychiatrists who specialize in oncology? What if a patient can't get in?**

Access is a challenge, there's no denying that. Stick with it and advocate for yourself when you are in need.

Patients are often reluctant to bring up [mental health issues](#) with their oncologists and their team but people should bring these things up so that their team knows and has a sense of what's going on.

A lot of times people are ambivalent about whether to get mental health treatment or not. Stigma is very real, but we should normalize that this is something a lot of people do and then advocate for ourselves. I wouldn't discourage anyone from seeking mental [health](#) care wherever they can.

Provided by University of Rochester Medical Center

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