

## **Providing Psycho-oncology Services for Patients with Cancer: Some Problems and Solutions**

**Sepideh Omidvari**, Psychiatrist

1. Health Metrics Research Center, Iranian Institute for Health Sciences Research, ACECR, Tehran, Iran
2. Cancer Research Center, Cancer Institute of Iran, Tehran University of Medical Sciences

Although psychiatric disorders are common in patients with cancer and the majority of patients suffer from moderate to severe psychological distress requiring psychiatric evaluation and interventions, cancer patients in developing countries do not receive appropriate diagnostic and therapeutic services in many cases.

Despite the fact that according to international standards, psychiatrists and clinical psychologists should be included in the treatment team of patients with cancer, they are not included in most cancer settings in Iran. The low rate of recognizing psychiatric disorders by non-mental health professionals<sup>1</sup> may depict the unfavorable conditions in which cancer patients find themselves. Although it is said that developing countries generally face financial difficulties, it is important to note that the financial burden of not meeting mental needs of cancer patients and their families might be greater than the costs of providing psycho-oncology care. Furthermore, cancer charities and other community resources and organizations can play important roles in compliance with codified and transparent policies, procedures and regulations and in coordination with the Ministry of Health and teaching hospitals to meet the needs of cancer patients through cooperation with hospital authorities in order to supply professional human resources required via financial support, provide psychosocial support and home care to patients by trained caregivers and so on.

To overcome problems such as disproportion between the number of psychiatrists and cancer beds, arrangements such as screening cancer inpatients, using appropriate measures can be done and cutoffs can be determined based on the number of the available psychiatrists and clinical psychologists and workload, in addition to scientific evidence. Besides, specificity of the results could be improved by considering the need patients feel to be mentally assessed and asking questions on severity of perceived distress and impairment of function (social, personal, occupational, ...) – the two important criteria for diagnosing psychiatric disorders. In this way, patients more likely to suffer from psychiatric disorders or problems might be detected.

Providing psycho-oncology services in cancer departments may not only meet patients' mental

needs but also affect their participation in treatment, satisfaction with medical care, and health-related quality of life<sup>2</sup>.

Psycho-oncology is a growing field that connects mental and non-mental health professionals, including oncologists, psychiatrists, clinical psychologists, surgeons, radiotherapists, and palliative care specialists<sup>3</sup>.

Such a multidisciplinary team can improve cost-effectiveness of care, acceptance of treatment, clinical outcomes, psychological well-being of patients, as well as job satisfaction and psychological well-being of team members<sup>4</sup>. Integrating mental health professionals in cancer departments is feasible; nevertheless, like any other modification, it necessitates the inclination of policy makers and authorities and cooperation of qualified professionals from different disciplines to work together based on the procedures arranged wisely and compassionately.

## REFERENCES

1. Mitchell AJ, Chan M, Bhatti H, Halton M, Grassi L, Johansen C, Meader N. Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies. *Lancet Oncol.* 2011; 12 (2): 160-74.
2. Mitchell AJ. Rapid psychometric assessment of distress and depression. In: Wise TN, Biondi M, Costantini A. *Psycho-Oncology*. First ed. Washington, DC: American Psychiatric Publishing; 2013: 233-57.
3. Biondi M, Costantini A, Wise TN. *Psycho-Oncology*. First ed. Washington, DC: American Psychiatric Publishing; 2013: xiii-xvi.
4. Grassi L, Caruso R, Nanni MG. Psycho-oncology and opti-

mal standards of cancer care: developments, multidisciplinary team approach, and international guidelines. In: Wise TN, Biondi M, Costantini A. *Psycho-Oncology*. First ed. Washington, DC: American Psychiatric Publishing; 2013: 315-39.