

Cancer Beyond the Physical Illness: Structural Barriers to Psychological Care – A Narrative Review

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Abstract: The Cancer is a life-threatening chronic illness that affects individuals not only physically but also psychologically, emotionally, socially, and financially. Cancer patients frequently experience anxiety, depression, fear of recurrence, emotional exhaustion, uncertainty regarding treatment outcomes, and reduced quality of life. Despite increasing recognition of psycho-oncology, access to psychological care among cancer patients remains inadequate, particularly in low- and middle-income countries such as India. This narrative review synthesizes existing literature on the structural barriers that prevent cancer patients from accessing psychological care. The review highlights major barriers including financial burden, inadequate healthcare infrastructure, shortage of trained mental health professionals, geographic inaccessibility, social stigma, lack of awareness, and caregiver burden. Existing evidence indicates that these barriers significantly contribute to untreated psychological distress, poor treatment adherence, emotional suffering, and impaired psychosocial adjustment among cancer patients. Particular emphasis is placed on the Indian healthcare context, where economic inequalities, delayed diagnosis, and limited psycho-oncology services further intensify emotional and psychological burden. The review further discusses the importance of integrating psychological support into routine oncology care and emphasizes the need for multidisciplinary, accessible, and culturally sensitive psycho-oncology services. Findings suggest that structural barriers continue to remain a major obstacle in achieving holistic cancer care.

Keywords: Cancer, Psychological Care, Psycho-oncology, Structural Barriers, Mental Health, India, Narrative Review.

1. Introduction

Cancer is one of the most serious and life-threatening chronic illnesses that affects individuals not only physically but also psychologically, emotionally, socially, and financially. Apart from physical suffering, cancer patients frequently experience emotional distress in the form of anxiety, depression, fear of recurrence, hopelessness, uncertainty regarding treatment outcomes, emotional exhaustion, and reduced quality of life. Although psychological distress is considered a common response to cancer diagnosis and treatment, many patients continue to experience prolonged emotional difficulties that significantly interfere with daily functioning, coping abilities, interpersonal relationships, and treatment adherence.

Psycho-oncology, an interdisciplinary field focusing on the psychological, social, behavioral, and emotional aspects of cancer care, has increasingly emphasized the importance of integrating mental healthcare into oncology treatment. Psychological care within oncology settings aims to support patients in managing emotional distress, improving coping mechanisms, enhancing psychosocial adjustment, and maintaining overall well-being throughout diagnosis, treatment, survivorship, and palliative care stages. Despite the growing recognition of psycho-oncology, access to psychological care among cancer patients remains limited, particularly in low- and middle-income countries such as India. Structural barriers including financial burden, inadequate healthcare infrastructure, shortage of trained mental health professionals, geographic inaccessibility, social stigma, caregiver burden, and lack of awareness significantly restrict the utilization of psycho-oncology services. These barriers contribute to untreated psychological distress, delayed mental healthcare access, poor treatment adherence, emotional suffering, and impaired quality of life among cancer patients. Existing studies have consistently demonstrated high prevalence rates of anxiety, depression, and emotional distress among individuals diagnosed with cancer, highlighting the urgent need for accessible psychological interventions and integrated psychosocial support systems.

The process of reviewing the structural barriers affecting psychological care among cancer patients involves a critical examination of existing literature focusing on psycho-oncology services, healthcare inequalities, emotional distress, and accessibility challenges experienced by individuals undergoing cancer treatment. The present narrative review critically evaluates the impact of systemic, economic, healthcare-related, and sociocultural barriers on the psychological well-being of cancer patients, with particular emphasis on the Indian healthcare context. The importance of this review is to understand how structural barriers influence emotional well-being, help-seeking behavior, psychosocial adjustment, and access to mental healthcare services among cancer patients. The review further aims to assess the existing gaps in psycho-oncology care and highlight the need for integrated,

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multidisciplinary, and culturally sensitive psychological support services within oncology settings. The overall review is based on findings obtained from systematic reviews, empirical studies, cross-sectional studies, mixed-methods research, and psycho-oncology literature examining the relationship between structural barriers and psychological outcomes among cancer patients.

2. Psychological Distress Among Cancer Patients

Psychological distress is highly prevalent among individuals diagnosed with cancer. The diagnosis itself is often experienced as a traumatic and emotionally overwhelming event. Patients commonly report feelings of fear, helplessness, uncertainty, sadness, anger, hopelessness, and emotional exhaustion following diagnosis and during treatment. Emotional distress tends to increase during intensive treatment phases, recurrence, prolonged hospitalization, and palliative care stages where uncertainty regarding prognosis remains high. Studies consistently demonstrate high levels of anxiety and depression among cancer patients. Normen *et al.* (2021) reported that more than half of cancer patients experienced moderate to severe psychological distress during treatment. Similarly, Deodhar *et al.* (2025) identified psychological distress rates ranging from 22% to 62% among cancer patients in India. Kumar *et al.* (2023) further reported that 78.4% of patients experienced anxiety while 64.9% experienced depression during treatment. Research in psycho-oncology also indicates that psychological distress fluctuates across different stages of the cancer trajectory. Distress is often highest during diagnosis disclosure, intensive treatment phases, recurrence, and terminal care settings where uncertainty and perceived threat are elevated. Emotional suffering is also intensified by chronic pain, fatigue, nausea, sleep disturbances, physical weakness, and treatment-related side effects, creating a reciprocal relationship between physical and psychological distress. Untreated emotional distress may negatively influence treatment adherence, healthcare communication, decision-making ability, coping behavior, and overall psychosocial functioning. Therefore, psychological well-being is increasingly recognized as an essential component of comprehensive cancer care rather than merely a supportive intervention.

3. Structural Barriers to Psychological care

Structural barriers such as financial burden, inadequate healthcare infrastructure, shortage of trained psycho-oncology professionals, geographic inaccessibility, social stigma, caregiver burden, and lack of awareness significantly restrict access to psychological support services. In many cases, patients prioritize physical treatment over mental healthcare due to financial limitations and limited availability of psycho-oncology services. Additionally, emotional distress, fear of social judgment, and inadequate psychosocial support further affect the utilization of mental health services among cancer patients.

A. Financial Barriers

Financial burden is a major barrier to psychological care for

cancer patients. Cancer treatment often entails prolonged hospital stays, surgery, chemotherapy, radiation, medications, and repeated investigations, producing significant economic strain for patients and families. Limited finances frequently lead patients to prioritize direct medical treatment over psychosocial care. Added costs transportation, temporary accommodation near treatment centers, lost wages, and employment disruption intensify this strain. The term “financial toxicity” describes the emotional and psychological consequences of cancer-related economic hardship, which can include long-term debt, reduced productivity, employment instability, and chronic financial insecurity, all of which exacerbate emotional distress and delay seeking psychological support

B. Healthcare System Barriers

Health system limitations restrict access to psycho-oncology services. Many oncology settings emphasize physical outcomes and do not routinely integrate psychological assessment and intervention into standard care. Structured distress screening, clear referral pathways, and dedicated psycho-oncology units are often absent. Psychological symptoms are under-recognized because clinicians commonly prioritize disease progression and medical management over emotional well-being. Time constraints, limited psychosocial training, and poor interdisciplinary collaboration further reduce identification and management of distress. Despite guidelines recommending early psychological assessment, routine screening remains inconsistently implemented.

C. Workforce Shortages

A shortage of mental health professionals trained in psycho-oncology is a significant structural barrier. Many facilities especially in low-resource regions lack sufficient psychiatrists, clinical psychologists, counselors, and psychiatric social workers with oncology expertise. This limits timely access to counseling, psychotherapy, and psychiatric care. Rural and semi-urban areas are particularly underserved because of unequal workforce distribution, reducing opportunities for early identification and intervention and resulting in prolonged psychological suffering.

D. Geographic Barriers

Geographic inaccessibility compounds access problems. Specialized oncology and mental health services are concentrated in urban centers, making care difficult to obtain for people living in rural or remote areas. Long travel distances, limited transport, accommodation costs, and referral delays discourage patients from seeking psychological support. Geographic disparities contribute to delayed diagnoses, interrupted treatment continuity, and wider inequities in psycho-oncology care.

E. Social and Cultural Barriers

Social stigma related to cancer and mental health negatively affects help-seeking. In many societies, discussing emotional issues or seeking psychological care is associated with weakness, shame, or social disapproval. Patients may conceal emotional concerns for fear of discrimination or burdening

family members. Cultural beliefs about resilience, illness, and appropriate emotional expression can lead to emotional suppression and reduced engagement with psychosocial services. Limited psychoeducation and misconceptions about cancer and mental health further reduce utilization of available support.

F. Lack of Awareness and Psychoeducation

Inadequate awareness about mental health and psycho-oncology services is a persistent barrier. Patients and families often normalize distress as an expected response to cancer and may overlook clinically significant psychological problems. Limited knowledge about counseling, psychotherapy, psychiatric treatment, and support groups reduces help-seeking. Inadequate training for healthcare professionals in identifying and communicating about psychological distress contributes to delayed referrals and poor integration of psychosocial care into oncology pathways.

4. Indian Context of Structural Barriers

In India, structural barriers are amplified by economic inequality, constrained healthcare infrastructure, and limited psycho-oncology integration. High out-of-pocket expenditure for cancer care creates severe financial burden for many families. Limited access to specialized centers in rural areas contributes to delayed diagnosis and restricted availability of psychological services. Cultural stigma around cancer and mental health further discourages help-seeking. Psycho-oncology is an emerging specialty in India; many hospitals lack dedicated psycho-oncology units, routine distress screening, and trained personnel. Although awareness has increased through multidisciplinary initiatives, psychoeducation programs, and nascent hospital-based mental health services, broader policy-level integration and standardization are still needed.

5. Indian Context of Structural Barriers

This narrative review analysed multiple peer-reviewed studies including systematic reviews, empirical studies, and psycho-oncology literature published over the past two decades to examine how structural barriers affect psychological care accessibility and emotional well-being among cancer patients.

Cancer diagnosis and treatment act as major psychological stressors, often resulting in anxiety, depression, hopelessness, fear of recurrence, emotional exhaustion, and reduced quality of life (Mitchell *et al.*, 2011). These psychological challenges are compounded by structural barriers such as financial burden, healthcare inequalities, social stigma, lack of awareness, and limited psycho-oncology services, all of which negatively affect psychological adjustment and treatment adherence (Mallath *et al.*, 2014; Norman *et al.*, 2021).

A key finding of this review is the strong relationship between emotional well-being and the availability of psychological support systems. When structured psycho-oncology interventions including counselling, routine distress screening, psychoeducation, and multidisciplinary care are accessible, they significantly reduce psychological distress and

improve coping abilities among cancer patients (Sharpe *et al.*, 2014; Holland *et al.*, 2013). Importantly, these interventions not only help patients manage current emotional difficulties but also promote long-term psychosocial adjustment and resilience throughout treatment, survivorship, and even bereavement.

However, access to these beneficial services remains uneven, particularly within the Indian healthcare context. Cultural stigma surrounding both cancer and mental health, combined with financial inequalities, geographic inaccessibility, and limited psychoeducation, continues to restrict utilization of mental healthcare services among cancer patients and their caregivers (Corrigan, 2004; Patel *et al.*, 2018). These barriers collectively widen the treatment gap in psycho-oncology care and disproportionately affect economically disadvantaged and rural populations.

Therefore, integrating psychological care into routine oncology treatment remains essential. By addressing structural barriers through culturally sensitive service delivery, expanded infrastructure, routine distress screening, and policy-level interventions, healthcare systems can improve emotional well-being and achieve holistic, patient-centered cancer care for all.

6. Conclusion

Cancer significantly affects the psychological, emotional, social, and physical well-being of individuals. This narrative review identified financial burden, inadequate healthcare infrastructure, shortage of trained professionals, social stigma, geographic inaccessibility, and lack of awareness as major barriers limiting access to psychological care among cancer patients.

These barriers contribute to untreated psychological distress, poor treatment adherence, and reduced quality of life. Therefore, integrating psycho-oncology services into routine cancer care, improving accessibility to mental healthcare services, increasing awareness regarding psychological support, and promoting early psychological intervention remain essential for achieving holistic and patient-centered cancer care.

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