

Why Breast Cancer Care Fails Without Mental Health

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DESCRIPTION

Psychological Burden of Breast Cancer

Prevalence and Spectrum of Mental Health Challenges: Anxiety and depression affect 20–40% of breast cancer survivors, often persisting beyond five years post-treatment. Fear of recurrence is highly prevalent, affecting up to 70% of survivors, and can lead to hypervigilance, avoidance behaviors, and reduced engagement in health-promoting activities. Body image concerns and sexual dysfunction are common, particularly after mastectomy, reconstructive surgery, or chemotherapy-induced alopecia. Cognitive dysfunction (“chemo brain”) and fatigue further exacerbate emotional distress, impair daily functioning, and affect social relationships.

Impact on Physical Health and Treatment Adherence: Chronic stress and depression negatively influence immune function, increasing systemic inflammation (elevated IL-6, TNF- α) and dysregulated cortisol rhythms, which may indirectly affect tumor biology. Survivors experiencing mental health challenges are less likely to adhere to adjuvant therapies, attend follow-up appointments, or maintain lifestyle interventions, potentially impacting recurrence risk and survival. Untreated psychological distress contributes to comorbidities, including cardiovascular disease, metabolic syndrome, and chronic pain.

Current Gaps in Mental Health Care

Limited Integration into Oncology Care: Mental health screening is often reactive rather than proactive, relying on patient self-report or referral requests. Many oncology providers lack formal training in psychosocial assessment and intervention. Mental health care is fragmented, with separate referral pathways and minimal coordination with oncologic treatment teams.

Access and Equity Issues: Survivors in rural, low-resource, or underserved communities face significant barriers to mental health care. Stigma, cultural beliefs, language barriers, and socioeconomic constraints limit engagement with available services. Minority populations are disproportionately affected by

unmet mental health needs, contributing to disparities in survivorship outcomes.

Insufficient Evidence on Long-Term Outcomes: Although small trials demonstrate benefits of psychotherapy, mindfulness, and stress reduction, large-scale, longitudinal studies assessing impacts on survival, recurrence, and long-term quality of life are limited. Existing survivorship guidelines recognize the importance of mental health but often lack actionable implementation strategies or standardized screening protocols.

Rationale for Integrating Mental Health Services

Holistic Survivorship Care: Comprehensive care requires addressing the whole person, including physical, emotional, social, and spiritual dimensions. Integration facilitates early identification of distress, timely intervention, and continuity of care across the survivorship continuum.

Potential Biological Benefits: Psychotherapy and stress reduction interventions (mindfulness, CBT, yoga) can modulate cortisol levels, reduce pro-inflammatory cytokines, and improve autonomic balance. Improved psychological health may enhance immune surveillance, optimize metabolic regulation, and contribute to favorable tumor microenvironments.

Enhanced Treatment Adherence: Survivors receiving structured mental health support show higher adherence to adjuvant therapies, lifestyle interventions, and follow-up protocols. Improved adherence contributes to better recurrence outcomes, enhanced quality of life, and reduced healthcare costs over time.

Proposed Strategies for Integration

Multidisciplinary Survivorship Clinics: Clinics should incorporate oncologists, nurses, psychologists, psychiatrists, social workers, and rehabilitation specialists. Routine mental health screening using validated instruments (PHQ-9, GAD-7, Distress Thermometer) should occur at

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Received: September 09, 2025; Manuscript No: JWHS-25-1525; Editor Assigned: September 12, 2025; PreQc No: JWHS-25-1525(PQ); Reviewed: September 19, 2025; Revised: September 26, 2025; Manuscript No: JWHS-25-1525(R); Published: October 31, 2025

Citation: Mei Y (2025). Why Breast Cancer Care Fails Without Mental Health. J Women Health. Vol.1 Iss.2, October (2025), pp:9-10.

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diagnosis, during treatment, and throughout survivorship. Structured referral pathways ensure survivors receive timely interventions tailored to severity and type of distress.

Telepsychiatry and Digital Mental Health Platforms:

Telepsychiatry can bridge gaps in access for rural and underserved populations. Mobile applications and online platforms offer cognitive behavioral therapy, mindfulness modules, peer support, and real-time mood tracking. AI-driven digital tools can identify early signs of distress and provide personalized interventions, increasing engagement and adherence.

Early Intervention and Patient Education: Survivors should be educated on common psychological challenges, stress management techniques, and the availability of support services. Early intervention prevents chronicity of mental health disorders and improves long-term outcomes. Psychoeducation empowers survivors to engage actively in their emotional well-being, reducing fear, helplessness, and social isolation.

Culturally Tailored Approaches: Interventions should be adapted to cultural norms, language, and health beliefs. Community-based peer support programs enhance acceptability and adherence, particularly in minority populations. Incorporating family and social support systems improves engagement and effectiveness.

Research and Evidence Generation: Large-scale, longitudinal studies are needed to evaluate the impact of integrated mental health services on survival, recurrence, and quality of life. Comparative effectiveness studies can identify optimal models for service delivery across diverse healthcare systems. Data on cost-effectiveness and scalability will inform policy and funding decisions.

Case Examples and Best Practices

High-Income Settings: Multidisciplinary psycho-oncology clinics in North America and Europe integrate CBT, mindfulness-based stress reduction, yoga therapy, and pharmacotherapy. Structured follow-up ensures continuity from treatment to long-term survivorship.

Low- and Middle-Income Countries (LMICs): Peer support networks, community health worker-led programs, and mobile health interventions provide scalable mental health support. Group-based interventions improve adherence, foster community, and address cultural stigmas associated with mental health.

Innovative Models: Integration of wearable devices and digital platforms allows real-time monitoring of stress, sleep quality, and mood, enabling early intervention. AI-driven platforms personalize interventions, track adherence, and provide data for research and quality improvement.

Challenges and Barriers

Workforce Limitations: Shortage of trained psycho-oncologists, clinical psychologists, and psychiatrists limits service availability. Task-shifting models, nurse-led interventions, and telepsychiatry can partially mitigate workforce gaps.

Stigma and Cultural Barriers: Survivors may be reluctant

to seek mental health support due to stigma or fear of judgment. Community education and culturally sensitive interventions are essential to increase engagement.

Healthcare System Constraints: Limited reimbursement for integrated mental health services discourages widespread implementation. Advocacy and policy reform are required to ensure sustainable funding.

Coordination with Oncology Care: Lack of communication between oncology and mental health providers can lead to fragmented care. Integrated electronic health records and standardized referral pathways improve coordination.

Future Directions

Integration with Precision Medicine: Molecular profiling may identify survivors at higher risk of stress-related recurrence or treatment non-adherence. Personalized interventions can be targeted based on immune, metabolic, and genetic profiles.

Digital Health Innovation: AI-driven platforms can predict periods of heightened distress and deliver adaptive interventions. Integration with wearable devices enables continuous monitoring of physiological and behavioral markers.

Longitudinal and Holistic Assessment: Continuous monitoring of mental health, fatigue, sleep, and quality of life can guide timely interventions. Incorporation of patient-reported outcomes into electronic health records facilitates data-driven care.

Global Implementation: Scalable interventions for low-resource settings include telehealth, mHealth applications, peer support, and community-based programs. Policy advocacy and partnerships with non-governmental organizations can expand access to underserved populations.

Research Priorities: Evaluate the impact of integrated mental health services on survival, recurrence, adherence, and cost-effectiveness. Explore mechanistic links between psychological health, immune function, and tumor biology. Develop and validate culturally adapted interventions for diverse survivor populations.

Policy Implications: Health systems must recognize mental health as a core component of oncology care. Reimbursement structures should incentivize integration of mental health services. Guidelines should mandate routine screening and referral for psychological distress in all breast cancer care pathways. Investment in workforce development, digital platforms, and community-based programs is essential to achieve equitable access.

CONCLUSION

Mental health is a critical yet frequently neglected component of breast cancer care. Survivors face substantial psychological challenges that impact quality of life, adherence, and potentially biological outcomes. Integrating mental health services into routine oncology care is imperative for comprehensive survivorship support.