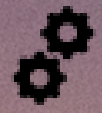




Mental Health Status of Adolescents and Young Adults

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BACKGROUND



A cancer diagnosis has the potential to disrupt a range of developmental processes, resulting from the practicalities of treatment limiting the opportunity for independence, decision-making and social growth¹. Cancer recurrence is an unfortunate reality in survivors of AYA cancers; in a study of mortality in adolescents who had survived five years or more, the leading cause of death was recurrence of the original cancer (67%)². This can lead to ‘Damocles Syndrome’ – where cancer survivors experience anxiety when preparing for the future due to the persistent fear of recurrence³.



TYAs are at particular risk for psychological distress, as they face unique challenges not necessarily faced by paediatric or adult populations. These stem from the paradox between their current developmental stage and experiencing a life-threatening illness⁴. One study found that in a sample of teenage and adult cancer patients found that 29.5% experienced increased depressive symptoms and 20.8% had increased anxiety symptoms⁵. Similarly, research examining the prevalence of psychiatric disorders of teenage and young adult survivors of childhood cancers found that 73 of the 130 survivors (56.2%) reported experiencing at least one psychiatric disorder since their cancer diagnosis, mostly anxiety (39.2%), mood (27.7%), or major depressive (24.6%) disorders⁶.



The original DSM-IV definition of trauma requires “actual or threatened death, serious injury, or sexual violence”; a cancer diagnosis, particularly that of a terminal nature, would satisfy this criterion. However, the DSM-V revisions hugely restricted the type of events which can be considered as traumatic. In the sphere of medical incidences, non-immediate, non-catastrophic life-threatening illness no longer qualify as trauma.

METHOD

Journal articles were identified from four research databases : Cumulative Index of Nursing and Allied Health Literature (CINAHL), Cochrane Library, PubMed and PsycINFO. The search was conducted using four thematic stems containing multiple search terms. The study inclusion criteria for this review comprised of the following: 1) “sample population” - survivors must be aged between 16 and 30 at the time of the study and diagnosed with cancer between the ages of 15 and 25, and be no more than 2 years of therapy; 2) “study type” – the studies must present empirical data (e.g. no review articles, clinical guidelines, policy statements etc.); and 3) “study content” – the paper presented must focus on the mental health outcomes of adolescent and young adults post-treatment

RESULTS & DISCUSSION

2233 potentially relevant papers were identified from four separate databases, and of these we sought the full-text reports of 19 articles. Upon examination of these full-text reports, all 19 were excluded on the basis of not meeting the inclusion criteria. As such, there are no studies identified examining the mental health outcomes of cancer survivors diagnosed in adolescence and young adulthood.

There is a lack of evidence upon which to draw empirically valid conclusions regarding the incidence of mental health outcomes among adolescent and young adult cancer survivors. This indicates a need to examine the presence of mental health issues within this specific demographic. However, evidence presented from the ‘near-miss’ full-text articles indicate that there is the potential for a subset of cancer survivors to experience mental health outcomes in survivorship approaching/reaching clinically significant levels.

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