

Global psycho-oncology in low middle-income countries: Challenges and opportunities

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Abstract

Objectives: This Special Issue of *Psycho-Oncology* is focused on challenges and opportunities in the provision of psychosocial care to patients in low and middle-income countries (LMICs). The aim is to highlight global disparities and inequity in the provision of evidence-based, culturally-sensitive and timely psychosocial care and to showcase the work of researchers and practitioners to address this gap. We hope that this Issue will help to advance the psychological and social dimensions of cancer care in all parts of the world.

Methods: The focus of the papers is on research and clinical innovations in LMICs that target the psychological, social and cultural dimensions of cancer and on interventions to improve or maintain the psychological well-being, social functioning and/or quality of life of those who are affected and their families.

Results: These papers draw attention to guidelines, resource needs, clinical service evaluation, emerging research and knowledge translation within LMICs that advance knowledge and implementation in the field of psycho-oncology.

Conclusions: Innovations and advances in psycho-oncology are emerging from LMICs to enhance the care of patients with cancer and their families in these regions and in all parts of the world. A sustained global initiative is now needed to ensure that guidelines for such care are routinely included in global, national and local cancer control plans and that essential resources and attention are directed to implement them.

KEYWORDS

cancer, caregivers, global, inequity, LMICs, mental health, psycho-oncology, psychological, social

1 | BACKGROUND

GLOBOCAN has predicted that there will be a 47% rise in cancer incidence by 2040, with an estimated 28.4 million cases by that

time.^{1,2} The largest increase, and therefore the greatest burden of disease, will be seen in transitioning or low Human Development Index (HDI) countries, with this trend exacerbated by globalisation and evolving economies. The infrastructure needed for cancer care and

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control, including its psychosocial dimensions, is least well developed in these countries,^{3,4} although there is a large body of global evidence demonstrating the value of psychosocial cancer care.⁵⁻⁷

This Special Issue of Psycho-Oncology is intended to highlight research and clinical innovations that have emerged from low and middle-income countries (LMICs) regarding the psychological, social and cultural aspects of cancer. Such research has not often found a voice in mainstream oncology, despite its connection to the WHO Sustainable Development Goal 3 - Good Health and Well-being. The generation and dissemination of such evidence are essential steps in ensuring that evidence-based psychological care is included in clinical practice guidelines and in national cancer control plans and that disparities in psychosocial cancer care that exist across countries and regions⁸ are addressed.

Clinical practice guidelines have typically been based on high-level evidence from transitioned and high-World Development Indicators (WDI) countries, which is often not translatable or relevant to low and medium-WDI contexts. Platforms that highlight psycho-oncology research from LMICs can help to ensure that a more relevant evidence base is disseminated and taken into account in future guideline development in these regions.

2 | OVERVIEW OF THE SPECIAL ISSUE CONTENT

The Special Issue begins with two important Editorials that argue for the integration of psychosocial cancer care⁹ and for a global cancer initiative to promote the implementation of such services in LMICs.¹⁰ An invited Commentary, based on a webinar hosted by the Education Subcommittee of the International Psycho-Oncology Society (IPOS) Palliative Care Special Interest Group, highlights the impact of Covid-19 on global palliative care and the consequences for psychosocial care across the world.¹¹

A number of papers in this Special Issue address barriers and potential solutions to the development of research in LMICs and to the implementation of culturally sensitive psychosocial interventions. Bizri et al.¹² describe challenges in building psycho-oncology services in Lebanon, and Onyeka et al.¹³ found, with a few exceptions, that huge gaps exist in psychosocial care for patients with cancer in sub-Saharan Africa. Global partnerships can be of value to advance the routine implementation of psychosocial care for patients with cancer and their families. In that regard, Costas-Muñiz¹⁴ describe an international collaboration to connect clinicians, educators and researchers from Latin-American and Spanish-speaking countries who are engaged in psychosocial oncology, behavioural medicine and palliative care. Building a unified voice in advocacy, Kim et al.¹⁵ report on the consensus of more than 1400 professionals in psycho-oncology throughout the world on the need for new resources to address unmet needs of cancer survivors and family caregivers. Decat Bergerot et al.¹⁰ describe a global breast cancer initiative to improve the comprehensive care of patients with breast cancer in low and middle-income countries for improving global breast cancer outcomes. The support of global organisations such as the Union for

International Cancer Control (UICC), highlighted in the editorial by Johnson and Adams,⁹ will be essential in order for such initiatives to achieve their goal.

Papers in this Special Issue also draw important attention to the interconnections among mental, physical and social determinants of health. Thaduria et al.¹⁶ report on the association between financial toxicity, employment and well-being in oral cancer survivors in a sub-Himalayan city in North India in the era of Covid-19. In a systematic review of the duration of time from symptom onset to the first consultation with a health professional in breast cancer patients, Petrova et al.¹⁷ demonstrated the role that literacy and education, stigma, low socioeconomic status and social support play in delaying help-seeking in this population. Ainembabazi et al.¹⁸ have demonstrated the link between perception of risk and seeking of screening in female relatives of patients with breast cancer in Uganda.

Psychosocial research included in this Special Issue identifies individual resiliency factors, such as self-compassion, in patients with cancer in Xi'An, China¹⁹ and pilot studies are reported demonstrating the feasibility of written exposure therapy for posttraumatic stress disorder in Iranian women with breast cancer²⁰ and of acceptance and commitment therapy for parents of children with a haematological malignancy or a solid tumour.²¹ Asuzu et al.²² report a pilot psychosocial intervention group in Nigeria that shows potential in supporting breast cancer patients. However, the need for greater attention to interventional research in psychosocial oncology was highlighted by Onyeka et al.¹³ in a scoping review of the psychosocial aspects of cancer in sub-Saharan Africa. In a similar vein, based on a survey of cancer care providers in Africa, Lounsbury et al.²³ provide support for the need for culturally grounded communication research and program design. To support this, Costa-Muniz et al.¹⁴ have provided a step-by-step guide to the cultural adaptation process for cancer-related interventions. Five studies focus on country specific issues within Kenya,²⁴ Ghana,²⁵ Uganda,²⁶ Indonesia²⁷ and Brazil.²⁸ All link together to highlight a common thread that psychosocial care is developing in LMICs but remains in need of improved access to resources. The research reported within this Special Issue accentuates that implementation strategies can be developed through multi-disciplinary and multi-national collaboration.

3 | CONCLUSIONS AND PRIORITIES FOR FUTURE RESEARCH

We hope that this Special Issue provides information and impetus to stimulate partnerships and advocacy to build research, education and clinical services in psychosocial oncology. Building local research infrastructure and generating local evidence will support the inclusion of evidence-based psychosocial care in national cancer plans and in universal health care, with the engagement of community-based strategies and resources. These are essential steps to ensure that psychosocial care is considered a fundamental and core component of humane and comprehensive cancer care. We hope this Special Issue of the Journal will play a small part in this process.

CONFLICT OF INTEREST

The authors declare that there is no conflict.

DATA AVAILABILITY STATEMENT

New data is not presented in this Editorial.

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