ARCHIVES OF Health Sciences

Artigo Original
ISSN 2318-3691

DOI: 10.17696/2318-3691.32.1.2026.335

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Cancer and Mental Health in the Hospital Context: Profile of Patients Receiving Psychological Consultation

Câncer e saúde mental no contexto hospitalar: perfil de pacientes que receberam interconsulta psicológica

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ABSTRACT

Introduction: Cancer is a complex and increasingly common disease due to population aging and social changes. **Objective:** To identify the socio-epidemiological profile of patients with different types of cancer who were hospitalized and received psychological liaison consultations at a teaching hospital in the interior of São Paulo state, Brazil. **Method:** This is a quantitative, retrospective, exploratory, and descriptive study. **Results:** A total of 628 liaison consultation requests involving 524 patients were analyzed between 2021 and 2023. Among the patients, 48.3% were female and 51.7% were male, with a mean age of 59.8 years. The most frequent diagnoses were gastrointestinal cancer (22.13%), lung cancer (17.07%), breast cancer (13.35%), and head and neck cancer (12.02%). A high prevalence of metastasis was observed (77.67%), and the main outcome of hospitalization was death (65.83%). Regarding mental health care, only 0.19% had documented psychological follow-up in their medical records, and 4.77% were receiving psychiatric care. Despite this, 30.72% of the patients were using psychotropic medications. Concerning the liaison consultation requests, 16 reasons were identified, with the three most frequent being mood disorders (34.2%), breaking bad news (22.1%), and psychological support during hospitalization (20.7%). **Conclusion:** the study characterized cancer patients undergoing psychological consultations in a tertiary hospital, highlighting the prevalence of metastatic disease and the main reasons for psychological consultation, such as mood swings and communication of bad news.

Descriptors: Psycho-Oncology, Hospitals, Patients.

RESUMO

Introdução: o câncer é uma doença complexa e cada vez mais comum devido ao envelhecimento populacional e às mudanças sociais. **Objetivo:** identificar o perfil sócio-epidemiológico de pacientes com diferentes tipos de câncer internados e atendidos por interconsulta psicológica em um hospital escola do interior paulista. **Método:** trata-se de um estudo quantitativo, com delineamento retrospectivo do tipo exploratório descritivo. **Resultados:** foram analisadas 628 solicitações de interconsulta de 524 pacientes entre os anos de 2021 e 2023. Entre os pacientes, 48,3% eram mulheres e 51,7% eram homens, com idade média de 59,8 anos. Os diagnósticos mais frequentes foram câncer gastrointestinal (22,13%), câncer de pulmão (17,07%), câncer de mama (13,35%) e câncer de cabeça e pescoço (12,02%). Observou-se uma alta prevalência de metástase (77,67%) e o principal desfecho para a internação foi o óbito (65,83%). Em relação à saúde mental, apenas 0,19% tinham acompanhamento psicológico documentado em prontuário, e 4,77% recebiam acompanhamento psiquiátrico. Apesar disso, 30,72% dos pacientes faziam uso de psicotrópicos. Quanto às solicitações de interconsulta, foram identificados 16 motivos, sendo os três principais: alterações de humor (34,2%), más notícias (22,1%) e acompanhamento psicológico durante a hospitalização (20,7%). **Conclusão:** o estudo caracterizou pacientes com câncer submetidos a interconsultas psicológicas em um hospital terciário, destacando a prevalência da doença metastática e os principais motivos de interconsulta psicológica, como alterações de humor e comunicação de más notícias.

Descritores: Psico-Oncologia, Hospitais, Pacientes.

INTRODUCTION

Cancer is a highly significant topic in the field of healthcare. It is a complex illness, as it encompasses more than 100 different types of malignant diseases that share the common characteristic of uncontrolled cell growth. This growth can lead to the invasion of adjacent tissues or distant organs from the original site, a condition known as metastasis[1].

Recent data indicate that cancer is responsible for a significant proportion of premature deaths in many countries, often ranking first or second among the causes of death before the age of 70. Several factors are driving this concerning trend. The aging population is a key factor, along with changes in behavior and environment. Structural changes in society, such as urban mobility, food insecurity patterns, diet, and exposure to environmental pollution, also contribute to this data[2].

The proportional distribution of the most common types of cancer highlights the main

Authors' contributions: JASO, project supervision, tabulation, study design, discussion of findings and writing of the manuscript. YPM, collection, tabulation, discussion of findings and writing of the manuscript. AMC, project supervision, study design, discussion of findings and writing of the manuscript.

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Conflict of interest statement: No

Funding: The present study was carried out with the support of FAMERP.

Received: 27/06/2025
Approved: 30/03/2026

areas of concern in terms of public health. In men, the most frequent cancers are prostate (30%), colon and rectum (9.2%), followed by trachea, bronchi, and lungs (7.5%). Among women, the most common types are breast cancer (30.1%), colon and rectum (9.7%), and cervical cancer (7%). The state of São Paulo has the highest number of diagnoses. For the year 2023, the estimated numbers were 22,430 new cases of breast cancer, 16,980 new cases of prostate cancer, 14,440 new cases of colon and rectal cancer, and 7,740 new cases of trachea, bronchial, and lung cancer[2].

Cancer treatment can be carried out through various modalities, each with its own characteristics and indications. Treatment options include oncologic surgery for the complete removal of the tumor, chemotherapy, and radiotherapy to destroy tumor cells. Additionally, bone marrow transplantation is indicated for patients with leukemia, lymphoma, multiple myeloma, and other severe hematologic diseases[3].

All types of treatment can cause side effects, which may lead to complications. As a result, the patient may require hospitalization. The number of hospital admissions due to neoplasms has increased over the past 10 years; between 2008 and 2018, there were 7,578,552 hospitalizations of oncology patients, with an average hospital stay of 5.4 days[4]. Being hospitalized in a general hospital is a critical moment in a person's life, where they are faced not only with physical illness but also with the need to adapt to a strange and often stressful environment[5].

The hospitalization phase evokes a mixture of contradictory feelings in patients and their caregivers. While hospitalization offers the possibility of symptom remission or control, it also exposes the patient to their own disease condition, leading them to experience invasive procedures, family isolation, and the suffering of other patients[6]. Depression emerges as a recurring phenomenon among patients hospitalized for long periods, many of whom succumb to this condition due to pain, physical limitations, poor prognosis, feelings of loneliness, and lack of social support[7].

Despite the clinical relevance of emotional distress in oncology, significant barriers persist that prevent patients from receiving adequate psychological support during hospitalization. In a multicenter study involving 4,837 oncology patients[8], found that individuals with prior mental disorders, those using psychotropic medications, as well as men, older adults, and patients hospitalized for extended periods, were less likely to be screened for emotional distress or to receive psychological support. These findings highlight that the groups most vulnerable to psychological illness may be the least reached by current care strategies, underscoring the need for more systematic approaches to screening and referral within hospital psychology services.

Beyond barriers to access, the literature also highlights the direct impact of physical and psychological symptoms on patients' overall well-being. In a recent study[9], demonstrated that among hospitalized oncology patients, greater psychological symptom burden was associated with a significant reduction in spiritual well-being, while the combined intensification of physical and psychological symptoms correlated with higher levels of emotional distress. These findings reinforce that early identification of emotional needs and the provision of psychological interventions during hospitalization not only reduce suffering but also foster greater integration of the physical, emotional, and spiritual dimensions of oncology care.

The challenges faced by cancer patients are multifaceted, involving physical, emotional, and social stress, as the disease represents a disruption in the normal course of life. Each person facing cancer has distinct needs, which vary according to the severity of the disease, treatment effects, available support systems, and social and cultural context[10].

With the enactment of Ordinance No. 3.535 by the Brazilian Ministry of Health in 1998, it became mandatory for all institutions providing services to oncology patients to implement multiprofessional care, including psychological support. In this context, the psychologist becomes essential, as they are responsible for identifying and managing the patients' adaptive difficulties, improving quality of life, and assisting with treatment and hospitalization adherence[5,10].

In the context of hospital psychology, psychological consultation aims to understand and enhance patient care within the hospital environment[11]. This type of consultation addresses the needs of the patient, their family, and the healthcare team, promoting more comprehensive and effective care[5,11]. The psychologist's role should remain centered on the principles of humanization, seeking to alleviate and prevent symptoms caused by the disease and treatments. This humanized approach also extends to the patient's family, which is impacted by the diagnosis and faces a series of challenges, actively participating throughout the treatment process[10].

Based on the above, the objective of the present study was to identify the socio-epidemiological and demographic profile of patients with various types of cancer who were hospitalized in the Oncology Ward of a Tertiary Teaching Hospital and for whom psychological consultations were requested. This understanding is essential for the development of more effective and personalized psychological interventions, considering the specific characteristics of the patients. This research is justified by the need to improve psychological care in the Oncology sector, making it more effective, comprehensive, and integrated with other healthcare areas, as well as contributing to the enhancement of support provided to families.

METHOD

This is a quantitative study with a retrospective, exploratory-descriptive design. All medical records of patients who had requests for psychological consultation between 2021 and 2023 were included in the study. This information was recorded in Microsoft Excel spreadsheets by the psychology professionals who performed the interconsultation. Only medical records that did not contain the information necessary to complete the socio-epidemiological demographic identification questionnaire were excluded from the sample. It is worth noting that, as there was a possibility that a patient would have more than one request for interconsultation, repeated information, such as age and diagnosis, was excluded for the analysis of quantitative variables. Finally, to ensure the reliability of the information collected, the data collected was double-checked by the authors of this study.

Participants

A total of 628 psychological consultation requests were analyzed for oncology inpatients at a Tertiary Teaching Hospital located in the interior of São Paulo state, Brazil, between the years 2021 and 2023. Among these requests, medical records from 524 patients were analyzed, since a single patient could have more than one psychological consultation request.

Instrument

Socio-epidemiological demographic identification questionnaire: The researchers had authorized access to the patient's electronic medical records through the corporate software MV (Electronic Medical Record - MV PEP), which contains personal data and records

of medical and multiprofessional care for all patients treated by the institution. Based on this access, the following information was collected: sex, age, city of residence, diagnosis, duration of treatment, metastasis, use of psychotropic medication, psychological and psychiatric follow-up, outcome of hospitalization, reason for consultation request, referring specialty, and year.

Procedures

The research began after the project was approved by the Research Ethics Committee, under CAAE 50099221.9.0000.5415, following these steps: As part of the routine of the Psychology Service responsible for patient care in the Oncology Ward, psychological consultation requests were recorded in Microsoft Excel spreadsheets. Based on these records, patient charts were reviewed to collect information for completing the socio-epidemiological demographic identification questionnaire, for subsequent data analysis.

Data Analysis

Descriptive statistics were used to summarize and interpret the data obtained from the medical records, allowing for the identification of patterns and relevant characteristics in the patient profile. Additionally, Spearman's correlation and multiple linear regression were performed to investigate associations between clinical, psychosocial variables and treatment duration.

RESULTS

In line with the objective of identifying the socio-epidemiological demographic profile of inpatients with various types of cancer for whom psychological consultations were requested between 2021 and 2023, 628 requests were analyzed. From these requests, 524 individual patient records were identified, considering that a single patient could generate multiple consultation requests.

Among the patients, 48.3% (n = 253) were female and 51.7% (n = 271) were male. The average age was 59.8 years (SD = 12.3), with a minimum age of 20 and a maximum of 95. It was possible to identify that the most frequent cancers were: gastrointestinal cancer (n=116; 22.13%), lung cancer (n=79; 15.07%), breast cancer (n=70; 13.35%) and head and neck cancer (n=63; 12.02%). It is worth noting that there were patients with more than one oncological diagnosis. The average treatment time was 19.6 months (SD=24.5 months), with a maximum time of 228 months and a minimum of zero months, that is, patients who had been diagnosed close to the date of the request for psychological consultation. A high prevalence of metastases was observed (n=407; 77.67%) and the main outcome of hospitalization was death (n=345; 65.83%).

Regarding mental health, 30.72% (n=161) of the patients were using at least one psychotropic drug. However, data on psychological and psychiatric monitoring were difficult to access, since this information was not described in many medical records. Only 1 (0.19%) patients with recorded psychological monitoring and 25 (4.77%) patients in psychiatric monitoring were identified.

After identifying the socio-epidemiological and demographic characteristics of the patients, the 628 requests for psychological interconsultation were analyzed. For the interconsultation request, the professional requesting it had to include the reason for requesting the evaluation of the Psychology professional. Sixteen different reasons for requesting interconsultation were identified, namely: 1- mood swings (34.2%; n=215); 2- bad news (22.1%; n=139); 3- follow-up with psychology during hospitalization (20.7%; n=130); 4- support for family members (7.8%; n=49); 5- referral to the Palliative Care team (2.9%; n=18); 6- difficulty adhering to treatment (2.4%; n=15); 7- treatment (2.4%; n=15); 8- history of mental disorder (1.7%; n=11); 9- family conflicts or family members in conflict with the team (1.6%; n=10); 10- adaptation to the diagnosis (1.3%; n=8); 11- suicidal ideation or attempt (1.3%; n=8); 12- mental confusion (0.9%; n=6); 13- processes related to finitude (0.8%; n=5); 14- lack of social support (0.5%; n=3); 15- abstinence (0.3%; n=2); and 16- difficulty communicating with the team (0.3%; n=2).

Regarding the number of interconsultation requests, it was identified that in 2022, 224 (35.6%) interconsultation requests were made, followed by 2021 with 213 (33.9%) requests and 2023 with 191 (30.4%) requests. During the period analyzed, it was observed that the request for psychological interconsultations was mostly made by the Clinical Oncology medical team, representing 95% of the requests (n = 601). The other requests were made by the Mastology (2%; n = 16), Physiotherapy (0.3%; n = 2), Gynecology (0.3%; n = 2), Speech Therapy (n = 1; 0.1%), Pulmonology (n = 1; 0.1%), General Clinic (n = 1; 0.1%) and Neurosurgery (n = 1; 0.1%) teams. Statistically significant correlations were observed between some clinical and psychosocial variables, which can be seen in Table 1.

Table 1. Correlations between clinical and psychosocial variables ($p \leq 0.05$) in the study of Cancer and Mental Health in the Hospital Context, São Paulo, Brazil, from 2021 to 2023.

		1	2	3	4	5	6	7	8
(1) Age	*r*	—							
	p	—							
(2) Treatement duration	*r*	-0.034	—						
	p	0.44	—						
(3) Metastasis	*r*	-0.012	0.119	—					
	p	0.79	0.01	—					
(4) Psychological Follow-up	*r*	0.036	0.012	-0.023	—				
	p	0.41	0.78	0.60	—				
(5) Psychiatric Follow-up	*r*	0.066	-0.08	-0.075	-0.01	—			
	p	0.13	0.07	0.09	0.82	—			
(6) Hospitalization Outcome	*r*	-0.023	0.152	-0.044	0.031	-0.102	—		
	p	0.59	< .001	0.32	0.48	0.02	—		
(7) Cancer Diagnosis	*r*	-0.149	0.157	0.02	-0.056	-0.076	-0.016	—	
	p	< .001	< .001	0.66	0.20	0.08	0.72	—	
(8) Use of Psychotropics	*r*	0.051	0.101	-0.006	0.029	-0.2	0.08	0.027	—
	p	0.24	0.02	0.89	0.51	< .001	0.07	0.53	—

In general, the results indicate modest, yet statistically significant associations between clinical variables and aspects related to psychological support and the course of treatment. The positive correlation between treatment duration and variables such as metastasis and hospitalization outcomes suggests a possible relationship between greater clinical complexity and prolonged oncological care. On the other hand, the negative association between psychiatric follow-up and psychotropic use may reflect a distinct therapeutic management profile among patients, highlighting the relevance of differentiated mental health care strategies in the oncological context. These findings provide important insights for further discussion and for planning integrated interventions.

To evaluate these associations in a multivariate context, a multiple linear regression was performed with treatment duration as the outcome. The model was significant (R^2 = 0.190; adjusted R^2 = 0.149; $F(25,497)$ = 4.65; $p < 0.001$), indicating that approximately 15% of the variability in treatment duration was explained by the other variables analyzed.

Among the predictors, only cancer diagnosis and hospitalization outcome were significantly associated with treatment duration. Patients with testicular/urogenital cancer and breast cancer had longer average treatment durations compared with those with gastrointestinal cancer (β = 24.52 and 19.14 months, respectively; $p < 0.001$). Patients who were discharged remained hospitalized, on average, 6.7 months longer than those who died (β = 6.70; $p = 0.003$). Age, sex, presence of metastasis, use of psychotropic drugs, psychological follow-up, and psychiatric follow-up were not significant predictors ($p > 0.05$). These findings complement the Spearman correlation results, indicating that cancer type and hospitalization outcome are key determinants of treatment duration, even after adjusting for multiple clinical and psychosocial variables.

DISCUSSION

Understanding the socioepidemiological and demographic profile of hospitalized cancer patients allows us to identify specific vulnerabilities and direct more effective and personalized psychological interventions. The high frequency of advanced diagnoses observed in this study, evidenced by the high rate of metastasis, reinforces the urgent need for public policies aimed at the prevention and early diagnosis of cancer in Brazil[2,12,13]. Delayed detection, in addition to compromising clinical prognosis, intensifies emotional suffering and limits therapeutic options, directly impacting the patient's subjective experience of the disease.

The significant use of psychotropic drugs in contrast with low adherence to psychiatric monitoring reveals a worrying scenario: the medicalization of psychological distress, often carried out by non-specialized professionals, can lead to inadequate prescriptions, clinical worsening and the absence of effective psychotherapeutic interventions[14,15]. This finding highlights the importance of specialized mental health care, since adequate psychiatric monitoring favors more rational prescriptions, longitudinal monitoring and consideration of non-pharmacological approaches[16,17,18].

The absence of mandatory fields for recording mental health information in electronic medical records contributes to a fragmented view of the patient, making it difficult to integrate the physical and emotional dimensions of care[19]. Implementing standardized systems can enable early identification of psychological demands and optimize multidisciplinary management.

The negative correlation between age and cancer diagnosis observed in this study may reflect not only epidemiological aspects, but also perceptive and attentional biases of the health team[20,22]. Younger patients, because they are in a productive phase and have experienced significant social and professional losses, tend to express their suffering more explicitly, which may generate greater sensitivity and priority for referral for psychological evaluation. This trend highlights the importance of establishing systematic screening protocols that cover all age groups, avoiding underdiagnosis in older patients.

The psychological demands identified, especially mood swings and emotional support during the hospitalization process, corroborate the literature that points to cancer as a potentially traumatic event, capable of triggering intense reactions of fear, sadness and anxiety[22,23,24]. Communicating bad news emerges as a critical moment, requiring technical skill and sensitivity on the part of the multidisciplinary team, with the psychologist being a central player in welcoming, emotional mediation and promoting a safe environment for expressing feelings[25].

In addition to the patient, the emotional impact also significantly affects family members and caregivers, who often face anticipatory grief, emotional overload and conflicts[26,27,28]. Interventions aimed at these groups are essential to prevent secondary mental illness, improve quality of life and support collective coping with the disease.

The occurrence of suicidal ideation, even in small proportions, highlights the degree of hopelessness and extreme suffering that can accompany the diagnosis and progression of cancer[29]. Early detection of such manifestations, through systematic psychological assessments, is essential to reduce the risk of fatal outcomes, highlighting the need for effective integration between mental health and oncology.

The continuous presence of a psychologist in the multidisciplinary team should not be seen as optional support, but as a structuring component of oncological care[24,30,31,32,33]. Their role from the beginning of treatment, using structured screening, assessment and longitudinal monitoring protocols, enables early, individualized interventions focused on the emotional and existential needs of patients and their families.

Finally, the findings reinforce the urgency of institutional investments and public policies that promote the effective integration of mental health in oncological care[34]. The adoption of standardized consultation protocols, training teams to recognize psychological distress, and valuing systematic recording in medical records are essential measures to ensure truly comprehensive care that recognizes the inseparability of the physical and mental dimensions in the fight against cancer.

CONCLUSION

This study characterized the socio-epidemiological profile of cancer patients hospitalized in a tertiary teaching hospital who received psychological consultations. The most common cancer types were gastrointestinal, lung, breast, and head and neck, with a predominance of metastatic disease and death as the primary outcome. Psychological consultations primarily addressed mood changes, the delivery of bad news, and support during hospitalization. These findings underscore the need to integrate mental health into oncology care, train non-specialist healthcare professionals in the management of psychotropic medications and referrals, and systematize the documentation of mental health information to promote comprehensive patient care.

REFERENCES

1. Instituto Nacional de Câncer - INCA. O que é o câncer? Rio de Janeiro: INCA; 2024 [cited 2025 June 6]. Available from: https://www.inca.gov.br/o-que-e-cancer

2. Instituto Nacional de Câncer – INCA. A vigilância de câncer fornece os subsídios para que os gestores monitorem e organizem as ações para o controle de câncer. Rio de Janeiro: INCA; 2026 [cited 2025 June 6]. Available from: https://www.gov.br/inca/pt-br/assuntos/cancer/numeros/estimativa/introducao
3. Instituto Nacional de Câncer - INCA. Tratamento do cancer. Rio de Janeiro: INCA; 2024 [cited 2025 June 6]. Available from: https://www.inca.gov.br/tratamento
4. Santos HLPC, Maciel FBM, Oliveira RS. Internações hospitalares por neoplasias no Brasil, 2008-2018: gastos e tempo de permanência. Rev Bras Cancerol. 2020;66(3): e-04992. doi:10.32635/2176-9745.RBC.2020v66n3.992
5. Santos M, Rodrigues IF, Vasconcelos NL, Paiva TT. Análise do processo de interconsulta psicológica com idosos em um hospital universitário. Rev Psicol Saúde. 2022;14(4):99-111. doi:10.20435/pssa.v14i4.2125
6. Alzahrani N. The effect of hospitalization on patients' emotional and psychological well-being among adult patients: an integrative review. Appl Nurs Res. 2021;61:151488. doi:10.1016/j.apnr.2021.151488
7. Silva RP, Pinto PIDP, Alencar AMC. Efeitos da hospitalização prolongada: o impacto da internação na vida do paciente e seus cuidadores. Saúde (Santa Maria). 2018;44(3):1-12. doi:10.5902/2236583424876
8. Günther MP, Schulze JB, Jellestad L, Mehnert-Theuerkauf A, von Känel R, Euler S. Mental disorders, length of hospitalization, and psychopharmacy: new approaches to identify barriers to psychological support for patients with cancer. Psycho-oncol. 2021;30(10):1773-81. doi:10.1002/pon.5743
9. Aktaş A, Uğur Ö. The effect of physical and psychological symptoms on spiritual well-being and emotional distress in inpatient cancer patients. Support Care Cancer. 2023;31(8):473. doi:10.1007/s00520-023-07945-7
10. Oliveira E, Andrade MCM. A Psico-oncologia e seus diversos desdobramentos. Rev Mosaico. 2019;10(1):43-8. doi:10.21727/rm.v10i1.1685
11. Botega NJ, organizador. Prática psiquiátrica no hospital geral: interconsulta e emergência. 4. ed. Porto Alegre: Artmed; 2017.
12. Gonçalves PS. Impacto dos fatores psicológicos na qualidade de vida de doentes com cancro metastático [dissertação]. Lisboa: Instituto Superior de Psicologia Aplicada; 2021 [cited 2025 June 6]. Available from: http://hdl.handle.net/10400.12/8358.
13. Bobek PR. Investigação do tempo entre a primeira consulta e diagnóstico e do tempo entre diagnóstico e início de tratamento e fatores associados em pacientes com câncer de pulmão, mama e próstata, atendidos em um hospital público de referência em Porto Alegre (2012-2016) [dissertation on the internet]. Porto Alegre: Universidade Federal do Rio Grande do Sul; 2021 [cited 2025 June 6]. 95 p. Available from: https://lume.ufrgs.br/bitstream/handle/10183/243128/001141995.pdf?sequence=1&isAllowed=y
14. Rodrigues PS, Francisco PMSB, Fontanella AT, Borges RB, Costa KS. Uso e fontes de obtenção de psicotrópicos em adultos e idosos brasileiros. Cienc Saude Colet. 2020;25(11):4601-14. doi:10.1590/1413-812320202511.35962018
15. Teles ALS, Baldaçara L, Silva AG, Leite VS, Benito ALP, Ribeiro FV. Interfaces between oncology and psychiatry. Rev Assoc Med Bras (1992). 2024;70(Supl 1):e2024S129. doi:10.1590/1806-9282.2024S129
16. Lima TN, Sousa MNA. Uso abusivo de psicotrópicos e fatores associados à má utilização na atenção primária à saúde. Id Online Rev Mult Psic. 2021;14(54):92-103. doi:10.14295/idonline.v15i54.2915
17. Vita G, Compri B, Matcham F, Barbui C, Ostuzzi G. Antidepressants for the treatment of depression in people with cancer. Cochrane Database Syst Rev. 2023;3(3):CD011006. doi:10.1002/14651858
18. Grassi L. Psychiatric and psychosocial implications in cancer care: the agenda of psycho-oncology. Epidemiol Psychiatr Sci. 2020;29:e89. doi:10.1017/S2045796019000829
19. Assunção e Silva AC, Borges Ferreira V, Amaral Rosa T, Lopes Pacheco L, Eugênio de Oliveira MA, Ferreira Vasconcellos TH. Inserção da psicologia em um hospital geral: desafios, demandas e perfis dos pacientes atendidos. Scientia Generalis. 2025;6(1):100-11. https://doi.org/10.22289/sg.V6N1A9
20. Funk-Lawler R, Mundey KR. Understanding distress among patients with cancer receiving specialized, supportive care services. Am J Hosp Palliat Care. 2020;37(10):830-6. doi:10.1177/1049909120905780
21. Galindo Vázquez O, Rivera S, Lerma A, Calderillo Ruiz G, Espinoza Bello M, Meneses A, et al. Detection of psychosocial distress in cancer patients: a survey of Mexican oncologists. J Psychosoc Oncol. 2022;40(6):708-23. doi:10.1080/07347332.2021
22. Li D, Li Y, Bai X, Wang M, Yan J, Cao Y. The effects of aromatherapy on anxiety and depression in people with cancer: a systematic review and meta-analysis. Front Public Health. 2022;10:853056. doi:10.3389/fpubh.2022.853056
23. Rodrigues IM, Oliveira JAS, Valerio NI, Carniel AM. Breast and prostate cancer: personality factors, anxiety, depression and psychiatric disorders. Rev Aracê. 2025;7(4):17947-66. doi:10.56238/arev7n4-136
24. Chayadi E, Baes N, Kiropoulos L. The effects of mindfulness-based interventions on symptoms of depression, anxiety, and cancer-related fatigue in oncology patients: a systematic review and meta-analysis. PLoS One. 2022;17(7):e0269519. doi:10.1371/journal.pone.0269519
25. Gallego PB, Peres RS, Gomes LRS. Comunicação de más notícias: significados atribuídos por psicólogos hospitalares. Rev Soc Bras Psicol Hosp. 2023;26:e002. doi:10.57167/Rev-SBPH.v26.523
26. Ladeira T, Grincenkov T. Relação entre a saúde mental de pacientes com câncer avançado em quimioterapia paliativa e seus familiares cuidadores. Rev CES Psicol. 2020;13(7):1-7. https://doi.org/10.21615/cesp.13.2.1
27. Vale JMM, Santana ME, Lima VLA, Parente AT, Sonobe HM, Ferreira IP. Sobrecarga de cuidadores familiares de adolescentes por câncer em cuidados paliativos. Cogitare Enferm. 2023;28:89726. https://doi.org/10.1590/ce.v28i0.89726
28. Silva PPC, Abreu YP, Gabardo AA. Cuidar de quem cuida: estratégias psicossociais na promoção da saúde mental de cuidadores de idosos. Rev Ft. 2024;28(139). doi:10.69849/revistaft/th102411071145
29. Amorim JN, Cavalcante LA, Rodrigues KC, Pucci SHM. Ideação suicida em pacientes oncológicos. Rev Ibero-Am Humanid Ciênc Educ. 2022;8(7):978-98. doi:10.51891/rease.v8i7.6388
30. Fonseca R, Castro MM. A importância da atuação do psicólogo junto a pacientes com câncer: uma abordagem psico-oncológica. Psicol Saude Debate. 2016;2(Ed Esp1):54-72. doi:10.22289/2446-922X.V2EEA5
31. Lara LP, Kurogi LT. O(a) parecer da psicologia hospitalar em equipe multiprofissional. Rev Soc Bras Psicol Hosp. 2022;25(1):3-16. doi:10.57167/Rev-SBPH.v25.024
32. The Lancet Oncology. Provision of mental health care for patients with cancer. Lancet Oncol. 2021;22(9):1199. doi:10.1016/S1470-2045(21)00480-0
33. Benton JZ, Bergerot CD, Woodruff P, Williams SB, Wallis CJD, Klaassen Z. Mental health screening and diagnosis in cancer patients: impact on mortality and suggestion of racial bias. Cancer. 2022;128(2):234-6. doi: 10.1002/cncr.33901
34. Iannizzi P, Feltrin A, Martino R, Toni CD, Galiano A, Pambuku A, et al. Psychological assessment and the role of the psychologist in early palliative care. Front Psychol. 2024;15:1437191. doi:10.3389/fpsyg.2024.1437191