

Improving the Mental Health of Cancer Survivors: Stigma and Culturally Appropriate Conversations About Mental Health with Audio Descriptive Transcript

Audio Descriptive Text

- Patient-Provider Communication: Improving the Mental Health of Cancer Survivors. National Association of Chronic Disease Directors. Centers for Disease Control and Prevention.
- Dr. Lynne Padgett introducing herself.
- Rev. Dr. James Brewer-Calvert introduced.
- Dr. Lynne Padgett discussing about mental health issues during and after cancer treatments.
- Dr. Lynne Padgett with Rev. Dr. James Brewer-Calvert.
- Rev. Dr. James Brewer-Calvert discussing his story about his father's colon cancer diagnosis and passing, his colon cancer diagnosis and treatment, his symptoms and fears, and his hopes for connecting patients and providers holistically.
- Dr. Lynne Padgett confirming Rev. Dr. James Brewer-Calvert's story and providing tips for patients and providers on discussing symptoms and confidentiality.
- Rev. Dr. James Brewer-Calvert asking Dr. Lynne Padgett about tendencies for medical personnel to rush through the screening process.
- Dr. Lynne Padgett discussing the rush that both patients and providers as well as suggested tips for providers to assign patients to cancer care centers.
- Rev. Dr. James Brewer-Calvert feeling grateful for his doctors and nurses for the holistic vision and careful treatment.
- Dr. Lynne Padgett affirming Rev. Dr. James Brewer-Calvert's position.
- Rev. Dr. James Brewer-Calvert affirming the beneficial opportunity for doctors and nurses reduce the impact of the problems he experienced.
- Dr. Lynne Padgett affirming that open communication between healthcare providers and patients regarding cancer related mental health concerns is an important part of care.
- Last slide showing the following links to the following websites–
 - CDC's Cancer Prevention and Control at www.cdc.gov/cancer.
 - National Association of Chronic Disease Directors at www.chronicdisease.org/.

Video Summary

For some cancer survivors, talking about mental health challenges is more difficult than talking about physical health concerns. Clinical health psychologist Dr. Lynne Padgett and cancer survivor Reverend Dr. James Brewer-Calvert discuss how cultural beliefs, worries about stigma, and negative attitudes about mental health can all play a role in how difficult these discussions can be.

Audio Script

[Music]

[Dr. Lynne Padgett] Hello. I'm Dr. Lynne Padgett, and I'm a clinical health psychologist. I'm here with the Rev. Dr. James Brewer-Calvert. He's a colon cancer survivor.

Cancer survivors are often affected by mental health problems that for some patients talking about these challenges is far more difficult than talking about physical health concerns. These are not always easy conversations for providers to start either. Cultural beliefs, worries about stigma and negative attitudes about health can all play a role in how difficult these discussions can be. James is going to tell us about his experience

talking about mental health issues with his healthcare providers during and after his cancer diagnosis and treatment.

James, welcome.

[Rev. Dr. James Brewer-Calvert] Hello. How are you, doctor?

[Dr. Lynne Padgett] Good. Thank you.

[Rev. Dr. James Brewer-Calvert] Excellent.

[Dr. Lynne Padgett] We are delighted to hear your story.

[Rev. Dr. James Brewer-Calvert] Thank you.

So in 2005, my father passed away from colon cancer and he had been diagnosed in 2003 and he was given 20 months to live which is about as long as he did live after that. But he used that time to say goodbye and thank you to everybody. It was a very gracious opportunity for us to connect with him even though it was very difficult and we miss him terribly.

In 2015 exactly 10 years later I was diagnosed with colon cancer. And so in May 2015, I was given a few days before surgery and so I went around saying goodbye and thank you to anyone who moved because I figured this was it. And it was a very frightening time for me as well as my family. I was blessed to have a doctor who cared about me in a very holistic way. We connected on a level of faith. He was Jewish and I was Christian. He had a wonderful temple. I had a wonderful church and so we were able to share stories about that and he would ask me how I was doing and what I was feeling and thinking. So I felt I had a kinship person in this process; and then, when I came out of surgery and miracle of miracles I lived, went on to meet with my oncologist and as I went through six months of chemotherapy, he also dealt with me on a very holistic level. He made time to see how I was doing and I was able to tell him what I was experiencing. The highs to lows my fears my challenges and I also noticed that in the waiting rooms, pre-op and also in the chemo lab I call it the cancer ward--

[Dr. Lynne Padgett] Yeah.

[Rev. Dr. James Brewer-Calvert] -- for lack of better language that people were very sad and stressed. There was a lot of grief, loss, a lot of pain, fear, worries, and going through chemo is an awful experience for everyone. It's an equal opportunity offender. You know? It attacks everything that's living in your body. And so I would walk in and say it's another day of healing. Try to turn the tables on fear and give people hope that this was a healing process. I would hope that doctors and nurses would use this opportunity to connect with their patients on a very holistic way just say simply how are you? What are you going through? And that makes all the difference in the world sometimes. Let me ask you a question. So, what issues or concerns do you think that patients should tell their providers and what should providers tell their patients when it comes down to finding out where people are in this process?

[Dr. Lynne Padgett] All right. We'll James, first of all, I'm really touched by what a positive experience you had sharing your highs and lows with your providers and getting really positive responses from them and of course that's what we all hope for. For patients, it's important to know that the whole person is the target of care and the whole person is important. That includes communicating to your doctor physical and psychological or mental health symptoms. Those symptoms are all important and all make up the totality of your care. One of the ways that we try to elicit that information from patients is through distress screening. So it's an opportunity for patients to check off what symptoms they are experiencing and those include physical and mental health symptoms.

[Rev. Dr. James Brewer-Calvert] Yes.

[Dr. Lynne Padgett] So things like depression, anxiety, fear, some of the things that you mentioned. That's a way to report it. One thing that's really important for patients to know is that the symptoms mental health symptoms that they discuss with their provider are also protected and confidential information just like their physical symptoms are. So that's what I would tell to patients. For providers, I think it's really important to know that even sometimes if they do ask and we encourage them to ask or to discuss the results of screenings. But that even if they do, patients may have social, cultural, religious, or personal beliefs that make it difficult for them to talk about mental health symptoms versus physical symptoms. And so it's important for providers to really reach out and encourage them to talk and to recognize some of the barriers that may keep them from speaking about it.

[Rev. Dr. James Brewer-Calvert] Do you think that there's a tendency for medical personnel to think oh, I've got to rush through this process because there's a long line of patients lining up behind? And I really don't have time to ask how are you because that might put me off schedule?

[Dr. Lynne Padgett] I think that that's probably an external pressure that providers can feel based on scheduling. I think it's a pressure that patients can feel too about getting everything covered during the visit and it may be easy for both providers and patients to discount those mental health symptoms. But what we know is that those are important to the totality of care, and that for good physical and mental health outcomes you have to address both of those during the visit. Providers don't have to solve the problem in the visit. They just need to be aware of asking, recognizing, and then referring patients to cancer center resources or perhaps resources in their local community.

[Rev. Dr. James Brewer-Calvert] I felt very strongly throughout the process that my doctors and nurses saw me holistically. That I was being treated body mind and soul. And I tried to act accordingly with them but that was a very helpful part of the healing process. And so I'm grateful for them. Thank you.

[Dr. Lynne Padgett] Well you certainly had a very positive experience and that would be our goal for all patients to experience.

[Rev. Dr. James Brewer-Calvert] I hope so. I hope so. Doctors and nurses have a real opportunity to reduce the impact of problems like these and to live happy, healthier lives.

[Dr. Lynne Padgett] Open communication between healthcare providers and patients regarding cancer related mental health concerns is an important part of care. Healthcare providers can make this communication easier by assessing patients' cultural, social, or stigma related beliefs first.

For access to healthcare provider training resources and information about the topics discussed, visit cdc.gov/cancer and chronicdisease.org.