

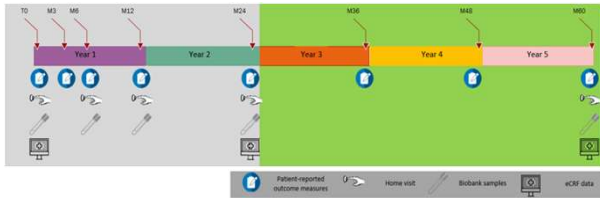
# MENTAL HEALTHCARE UTILIZATION AMONG HEAD AND NECK CANCER PATIENTS FROM DIAGNOSIS UP TO TWO YEARS AFTER TREATMENT: A LONGITUDINAL COHORT STUDY

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## Objective

To investigate the utilization of mental healthcare from diagnosis to 2 years after treatment among head and neck cancer (HNC) patients, in relation to psychological symptoms, mental disorders, need for mental healthcare, and sociodemographic, clinical and personal factors.

Figure: NET-QUBIC design



## Methods

Population: NETHERlands Quality of life and Biomedical Cohort (NET-QUBIC) (n=610).

Mental healthcare utilization: visits to a psychologist, psychotherapist or psychiatrist in the last 3 months (iMCQ).

Psychological symptoms and mental disorders: Hospital Anxiety and Depression Scale (HADS), Cancer Worry Scale (CWS) and psychiatric interview (CID).

Mild-severe symptoms: HADS-A >7, HADS-D >7 or CWS >11

Severe symptoms: HADS-A >10, HADS-D >10 or CWS >13

Mental disorder: Anxiety or depressive disorder in the past 6 months

Need for mental healthcare: Supportive Care Needs Survey Short-Form 34.

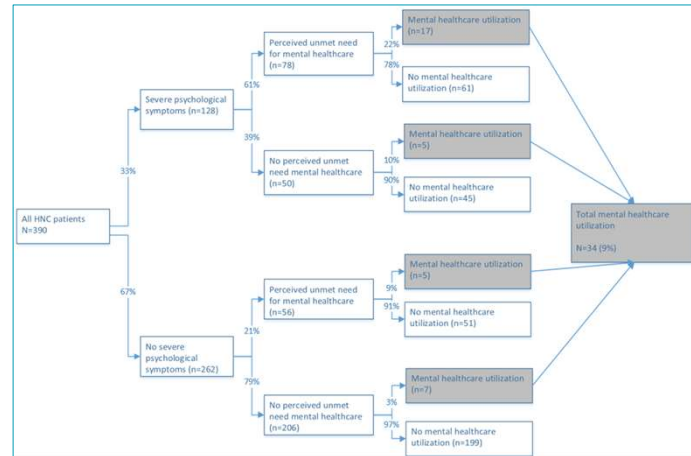
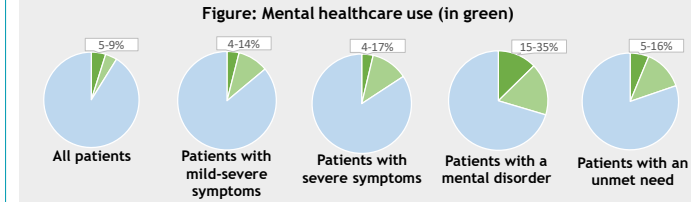


Figure: Mental healthcare utilization 1 year after treatment in relation to severe psychological symptoms and unmet need for mental healthcare



## Results

Mental healthcare use per timepoint was 5-9% among all patients. Higher usage rates were found among specific subgroups.

Generalized Estimation Equation analyses among all patients showed that higher symptoms of anxiety, a higher need, lower age, higher disease stage, lower self-efficacy and higher social support seeking were significantly associated with mental healthcare utilization.

Analyses among patients with psychological symptoms showed that higher symptoms of anxiety, higher needs, lower age, lower self-efficacy, higher social support seeking (mild-severe and severe) and living together (severe) were significantly associated with mental healthcare utilization.

## Conclusions

Mental health care utilization among HNC patients is limited, and is related to psychological symptoms, need for mental healthcare, and sociodemographic, clinical and personal factors.

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