

Suicidality among Indian Cancer Patients: Psychosocial Risk Factors and Prevention Strategies – A Narrative Review

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ABSTRACT

Cancer is a major public health concern and one of the leading causes of mortality worldwide. Beyond physical morbidity, cancer significantly affects the psychological well-being of patients and increases vulnerability to depression, anxiety, hopelessness, psychological distress, and suicidality. Indian cancer patients frequently experience emotional distress associated with chronic pain, uncertainty regarding prognosis, fear of death, social stigma, financial burden, prolonged treatment, and reduced quality of life. These challenges become more severe during advanced stages of illness, recurrence, disability, and terminal conditions. The present narrative review examines suicidality among Indian cancer patients and discusses the major biological, psychological, social, and cultural factors associated with suicide risk. Depression, hopelessness, inadequate social support, prior psychiatric illness, poor prognosis, chronic pain, and caregiver burden are identified as important contributors to suicidal ideation among cancer patients. Indian family systems play a dual role by providing emotional, financial, practical, and spiritual support while simultaneously experiencing considerable caregiving burden and emotional exhaustion. Psycho-oncology services, psychosocial interventions, palliative care, counseling, and routine mental health screening are essential for improving emotional adjustment and reducing suicide risk among cancer patients. Despite increasing awareness regarding psycho-oncology, routine suicide risk assessment and integrated mental healthcare services remain limited in many Indian oncology settings. This review emphasizes the need for culturally sensitive, multidisciplinary, and family-centered suicide prevention strategies to improve quality of life and psychological outcomes among Indian cancer patients.

Keywords: *Cancer Patients, Suicidality, Psycho-Oncology, Psychological Distress, Suicide Prevention, India*

Cancer is one of the most serious health conditions affecting millions of individuals globally and contributes substantially to mortality and disability (World Health Organization [WHO], 2024). According to the World Health Organization (WHO, 2024), cancer remains among the leading causes of death worldwide, accounting for millions of deaths annually. India continues to experience a rising cancer burden due to demographic transition, tobacco consumption, sedentary lifestyle, environmental risk factors, and delayed

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healthcare access. In India, the burden of cancer has increased considerably due to population aging, environmental exposures, lifestyle modifications, tobacco use, and delayed diagnosis. Beyond its physical consequences, cancer produces profound psychological, emotional, social, and behavioral disturbances among patients and caregivers. A diagnosis of cancer is frequently associated with emotional reactions such as fear, shock, denial, helplessness, uncertainty, sadness, and hopelessness (Pancholi et al., 2022). Many patients experience anxiety regarding treatment outcomes, body image disturbances, social isolation, occupational difficulties, and fear of death. Psychological distress may occur at multiple stages of illness including diagnosis, treatment, recurrence, survivorship, and terminal care. Research has consistently demonstrated that individuals diagnosed with cancer have significantly higher rates of suicidal ideation, suicide attempts, and suicide mortality compared to the general population (Heinrich et al., 2022). Psychological distress is often intensified immediately after diagnosis and during advanced stages of illness, recurrence, chronic pain, disability, and palliative care.

The psychological burden of cancer becomes more severe in individuals experiencing chronic pain, advanced-stage disease, poor prognosis, disability, and recurrence (Joad et al., 2022). In the Indian context, additional factors such as limited mental healthcare resources, financial burden, stigma associated with cancer and mental illness, and inadequate psycho-oncology services further intensify emotional distress among patients. Many patients experience feelings of hopelessness and helplessness due to prolonged hospitalization, dependence on caregivers, fear of becoming a burden, and uncertainty regarding recovery.

The emotional impact of cancer extends beyond patients and affects caregivers and family systems. In India, family support plays an important role in providing emotional reassurance, practical support, spiritual guidance, and financial assistance during cancer treatment. Positive family involvement can improve emotional resilience and reduce psychological distress among patients. However, caregiving burden and emotional fatigue may negatively affect both caregivers and patients.

Psycho-oncology is an important interdisciplinary field that addresses the psychological, emotional, social, and behavioral aspects of cancer care (Brahmbhatt & Desai, 2023). Psychological counseling, psychiatric interventions, palliative care, psychosocial rehabilitation, support groups, and routine distress screening can significantly improve coping and quality of life among cancer patients. However, psycho-oncology services remain underdeveloped in several healthcare settings in India (Brahmbhatt & Desai, 2023). The present narrative review focuses on suicidality among Indian cancer patients and highlights major psychosocial risk factors, caregiver-related challenges, and psycho-oncology interventions relevant to suicide prevention.

Prevalence and Burden of Suicidality in Cancer Patients

Cancer patients demonstrate significantly higher levels of psychological morbidity compared to the general population (Marik et al., 2022). Depression, anxiety, adjustment difficulties, hopelessness, existential distress, and suicidal ideation are commonly reported among individuals undergoing cancer treatment (Heinrich et al., 2022; Pancholi et al., 2022). A large meta-analysis conducted by Heinrich et al. (2022) reported that patients with cancer have a substantially elevated risk of suicide mortality compared to the general population.

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The risk of suicidality is particularly high during the initial months following diagnosis, advanced stages of disease, recurrence, terminal illness, severe pain, and loss of functional independence. Emotional distress may arise due to fear of suffering, anticipated death, uncertainty regarding treatment outcomes, reduced quality of life, and social isolation. Patients with cancers associated with severe physical impairment, chronic pain, or poor prognosis may experience greater psychological vulnerability.

In India, the burden of cancer-related distress is intensified by delayed healthcare access, inadequate psycho-oncology services, financial strain, stigma, and low awareness regarding mental health. Long-term hospitalization and expensive treatments often create emotional exhaustion among patients and caregivers. Patients may also withdraw socially due to body image concerns, reduced functioning, or fear of discrimination.

Psychological Impact of Cancer Diagnosis

Cancer diagnosis and treatment significantly affect psychological functioning and emotional adjustment. Individuals diagnosed with cancer often experience emotional reactions such as denial, fear, sadness, anger, helplessness, and uncertainty regarding survival. Long-term treatment procedures including chemotherapy, radiotherapy, surgery, and repeated hospitalization may negatively affect self-esteem, body image, interpersonal relationships, occupational functioning, and social participation.

Psychological distress tends to become more severe in advanced stages of illness, recurrence, metastasis, and terminal conditions (Joad et al., 2022). Depression and anxiety are among the most common psychiatric conditions observed among cancer patients. Patients may also experience sleep disturbances, fatigue, reduced motivation, social withdrawal, and emotional exhaustion.

Hopelessness is considered one of the strongest predictors of suicidality among medically ill individuals and has been consistently associated with suicidal ideation among cancer patients (Heinrich et al., 2022). Cancer patients who perceive themselves as burdensome, socially isolated, or unable to recover may develop suicidal thoughts. Fear of pain, dependency, disability, and death further contribute to emotional distress.

Additionally, cancer-related stigma in some Indian communities may lead to secrecy, discrimination, social isolation, and delayed help-seeking behaviors. Such psychosocial stressors may worsen emotional adjustment and increase vulnerability to suicidal ideation.

Risk Factors Associated with Suicidality in Cancer Patients

Suicidality among cancer patients is influenced by multiple biological, psychological, social, and cultural factors. Major clinical risk factors include advanced-stage cancer, chronic pain, poor prognosis, recurrence, terminal illness, disability, and severe treatment-related side effects. Patients with severe physical suffering and poor quality of life often experience increased hopelessness and emotional exhaustion.

Psychological factors such as depression, anxiety disorders, hopelessness, demoralization, previous psychiatric illness, substance abuse, and poor coping skills significantly contribute to suicide risk among oncology patients (Deodhar et al., 2024; Heinrich et al., 2022). Elderly cancer patients and individuals with prior mental health problems may demonstrate greater psychological vulnerability.

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Social and environmental factors also play a major role in suicidality. Financial burden due to prolonged treatment, unemployment, reduced income, and travel expenses for treatment can increase emotional stress among Indian cancer patients. Lack of social support, family conflict, stigma associated with mental illness, and limited access to psychological services further intensify suicide risk.

Research also suggests that reduced emotional resilience, social isolation, inadequate communication regarding prognosis, and feelings of being a burden may contribute to suicidal ideation among cancer patients. Therefore, suicidality in oncology settings requires multidimensional psychosocial assessment and intervention.

Role of Family Systems and Caregivers in India

Family systems play a central role in the care and emotional adjustment of cancer patients in India, particularly within collectivistic sociocultural settings (Pancholi et al., 2022). Caregiving responsibilities are commonly undertaken by spouses, children, parents, or extended family members. Family support provides emotional reassurance, practical assistance, transportation, financial help, and spiritual encouragement during treatment.

Positive family involvement can reduce loneliness, fear, hopelessness, and emotional distress among patients and improve emotional coping during treatment (Joad et al., 2022). Emotional connectedness and social support are considered important protective factors against depression and suicidality. In collectivistic cultures such as India, family relationships significantly influence coping and treatment adherence.

However, caregiving is associated with substantial emotional, physical, and financial burden. Caregivers often experience stress, fatigue, anxiety, burnout, and emotional exhaustion while managing the patient's medical and psychological needs. Communication difficulties regarding diagnosis, prognosis, and end-of-life issues may further increase distress within families.

Some patients may develop guilt due to dependency on family members for financial and physical support. Feelings of perceived burden and loss of autonomy may contribute to hopelessness and suicidal thoughts. Therefore, family-centered psychosocial interventions and caregiver support programs are essential components of psycho-oncology care.

Current Mental Health and Psycho-Oncology Support Systems

Psycho-oncology focuses on addressing the emotional, psychological, social, and behavioral aspects of cancer care. Psycho-oncology services include psychological counseling, psychiatric treatment, supportive psychotherapy, palliative care, support groups, distress screening, and psychosocial rehabilitation.

Mental healthcare support in oncology settings is typically provided by multidisciplinary teams including psychologists, psychiatrists, oncologists, nurses, palliative care specialists, and social workers. Psychosocial interventions can improve coping skills, treatment adherence, emotional resilience, and quality of life among cancer patients.

Despite increasing awareness regarding psycho-oncology, many Indian healthcare settings still lack structured psychosocial care services and trained mental health professionals within oncology units (Brahmbhatt & Desai, 2023). Limited availability of trained mental health

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professionals, stigma associated with psychiatric consultation, inadequate infrastructure, and lack of routine mental health screening remain major barriers to effective care (Brahmbhatt & Desai, 2023).

Routine screening for depression, anxiety, hopelessness, distress, and suicidal ideation is essential in oncology settings. Early identification of vulnerable patients may improve treatment outcomes and reduce suicide risk.

Psychosocial Interventions for Coping and Suicide Prevention

Psychosocial interventions play an important role in reducing psychological distress and suicidality among cancer patients. Counseling interventions help patients process emotional reactions associated with diagnosis, treatment, fear of death, and uncertainty regarding prognosis.

Cognitive-behavioral interventions can help patients identify maladaptive thoughts, reduce hopelessness, improve coping strategies, and enhance emotional regulation among cancer patients experiencing psychological distress (Pancholi et al., 2022). Supportive psychotherapy, mindfulness-based approaches, meaning-centered therapy, psychoeducation, and stress management interventions have also shown beneficial outcomes in psycho-oncology settings.

Family support, peer support groups, palliative care, and spiritual counseling may improve emotional resilience and quality of life among patients with advanced cancer. Emotional validation and practical support from healthcare professionals and caregivers can reduce feelings of isolation and helplessness.

Financial assistance programs, transportation support, nutritional support, and rehabilitation services may reduce treatment-related stress and improve psychosocial adjustment. Suicide prevention strategies should therefore address psychological, social, financial, cultural, and spiritual dimensions of cancer care.

Need for Suicide Prevention Strategies and Future Directions

Suicide prevention among Indian cancer patients requires a multidisciplinary, culturally sensitive, and family-centered approach. Mental health assessment should become a routine component of oncology care, particularly for patients experiencing depression, hopelessness, chronic pain, recurrence, terminal illness, and poor social support.

Routine screening tools for distress, depression, and suicidality should be integrated into oncology services to facilitate early identification and intervention among vulnerable patients (Brahmbhatt & Desai, 2023; Deodhar et al., 2024). Early identification of vulnerable patients can facilitate timely psychological and psychiatric intervention. Psychoeducation programs may help reduce stigma associated with mental illness and encourage help-seeking behaviors among patients and caregivers.

Family-centered interventions, caregiver support programs, and palliative care integration are important for improving emotional resilience and reducing caregiver burden. Training healthcare professionals in psycho-oncology and communication skills may improve psychosocial care delivery.

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Future research in India should focus on culturally appropriate suicide prevention models, longitudinal studies on psychological outcomes, caregiver mental health, and accessibility of psycho-oncology services in rural and urban healthcare settings.

Clinical Implications

The findings of this review highlight the urgent need for integration of mental healthcare services within oncology settings in India. Routine psychological screening for depression, hopelessness, anxiety, distress, and suicidal ideation should become a standard component of cancer care. Psycho-oncology interventions should not be limited to psychiatric referral alone but must include counseling, supportive psychotherapy, caregiver interventions, psychoeducation, palliative care support, and multidisciplinary rehabilitation services.

Healthcare professionals working in oncology settings require training in communication skills, suicide risk assessment, emotional support strategies, and culturally sensitive psychosocial care. Family-centered interventions may improve emotional resilience among patients while simultaneously reducing caregiver burden and burnout. Greater policy-level attention is also required to strengthen psycho-oncology infrastructure and accessibility in both rural and urban healthcare settings in India.

NARRATIVE REVIEW METHODOLOGY

This narrative review was conducted to examine suicidality among Indian cancer patients and to identify major psychosocial risk factors, caregiver-related concerns, and psycho-oncology interventions relevant to suicide prevention. Relevant literature published between 2015 and 2025 was reviewed using electronic databases including PubMed, Google Scholar, Scopus, ResearchGate, and PsycINFO. Search terms included “cancer and suicide,” “suicidality in cancer patients,” “psycho-oncology,” “depression in cancer patients,” “psychological distress in oncology,” “caregiver burden in cancer,” and “Indian cancer patients and mental health.” Peer-reviewed journal articles, review articles, WHO reports, psycho-oncology literature, and Indian oncology research publications written in English were included. Studies focusing on psychosocial distress, suicide risk factors, coping mechanisms, psycho-oncology interventions, and family support systems in oncology settings were narratively synthesized.

Limitations of the Review

This narrative review has certain limitations. The review primarily included English-language literature and relied on narrative synthesis rather than systematic review methodology. Some available regional studies and unpublished literature may not have been included. Furthermore, limited Indian empirical research specifically examining suicidality among cancer patients restricts broader generalization. Despite these limitations, the review provides clinically relevant insights into psychosocial risk factors and suicide prevention approaches among Indian cancer patients.

CONCLUSION

Cancer significantly affects both physical and psychological health and increases vulnerability to emotional distress, depression, hopelessness, anxiety, and suicidality. Indian cancer patients experience additional psychosocial challenges associated with financial burden, stigma, limited mental healthcare access, chronic pain, and social isolation.

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Family systems, psycho-oncology services, psychosocial interventions, and palliative care play important roles in improving emotional adjustment and reducing suicide risk among cancer patients. Integrated mental healthcare services, routine psychological screening, suicide risk assessment, and culturally sensitive psychosocial interventions are essential for improving quality of life and mental health outcomes among Indian cancer patients.

A multidisciplinary approach involving oncologists, psychologists, psychiatrists, nurses, social workers, caregivers, and palliative care professionals is necessary for comprehensive cancer care and suicide prevention in India.

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Conflict of Interest

The author(s) declared no conflict of interest.

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