Emerging research suggests that understanding psychological wellbeing in people affected by cancer requires looking beyond traditional diagnostic categories.

A cancer diagnosis is far more than a medical event. It can disrupt every aspect of a person's life, reshaping relationships, work, identity, and future plans almost overnight. While remarkable advances in prevention, early detection, and treatment have transformed outcomes for millions of people, the psychological consequences of cancer remain among the most complex and often underestimated aspects of care.

More than 20 million people are diagnosed with cancer every year, and that number continues to rise. As survival improves, the focus of oncology has expanded beyond treating disease alone towards supporting people throughout survivorship. Increasingly, clinicians recognise that recovery is not defined solely by tumour response or years gained, but also by emotional wellbeing, resilience, and quality of life.

Yet understanding mental health in people affected by cancer remains challenging.

Many symptoms commonly associated with psychiatric disorders—including fatigue, sleep disturbance, appetite changes, cognitive difficulties, and reduced energy are also common consequences of cancer itself or its treatment. This overlap can make it difficult to distinguish psychological distress from the physical effects of illness. At the same time, many patients experience emotional difficulties that extend beyond anxiety and depression, but these may go unnoticed when assessment focuses on only a limited number of psychological conditions.

These challenges have prompted researchers to ask an important question: are current approaches to assessing mental health broad enough to capture the full psychological experience of people living with cancer?

Looking Beyond Traditional Diagnosis

For decades, psychiatry has relied on two internationally recognised classification systems: the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Classification of Diseases* (ICD). These frameworks have shaped clinical practice worldwide and remain essential tools for diagnosing mental illness.

However, both systems were designed primarily for the general population rather than for people living with complex medical conditions such as cancer, where physical symptoms and psychological distress frequently intersect.

In recent years, researchers have increasingly explored alternative ways of conceptualising mental health. One of the most promising is the **Hierarchical Taxonomy of Psychopathology (HiTOP)**, a dimensional framework that seeks to describe psychological difficulties as interconnected spectra rather than as separate diagnostic categories.

Instead of asking whether someone meets the criteria for a particular disorder, HiTOP examines the full range, severity, and relationships between psychological symptoms. This approach acknowledges that mental health rarely fits neatly into isolated diagnoses and that many conditions share overlapping features.

For psycho-oncology, where emotional experiences are often multifaceted and influenced by both illness and treatment, such a perspective may provide a richer understanding of patients' psychological wellbeing.

Dr Darren Haywood, whose recent research explored the application of HiTOP in people affected by cancer, believes this broader approach could address important limitations in current practice.

"Most psycho-oncology care still relies on approaches that focus primarily on traditional diagnosis using tools like the DSM or only distress, anxiety and depression," he explains.

According to Dr Haywood, this presents a significant challenge.

Many symptoms used to identify psychiatric disorders—including fatigue, appetite changes, sleep disturbance, and concentration difficulties are also direct consequences of cancer and its treatment. At the same time, people living with cancer often experience psychological challenges that extend beyond what are traditionally considered internalising disorders.

"Together this may suggest the potential for misdiagnosis using tools like the DSM and potentially missing important mental health challenges beyond common internalising difficulties," he says.

Rather than replacing established diagnostic systems, HiTOP offers an additional lens through which clinicians and researchers can understand psychological wellbeing. By focusing on dimensions of psychopathology rather than discrete diagnoses, it may provide a more comprehensive picture of patients' experiences and highlight needs that conventional assessment approaches can overlook.

More Than Anxiety and Depression

The central aim of Dr. Haywood's study was to determine whether existing psycho-oncology assessments adequately reflect the complexity of psychological experiences among people living with cancer.

Historically, psycho-oncology has focused largely on distress, anxiety, and depression. These remain critically important aspects of patient care, informing routine screening and many psychosocial interventions. However, the researchers questioned whether this relatively narrow focus might overlook other clinically meaningful psychological difficulties.

Their findings suggest that it does.

People living with cancer reported elevated difficulties across a much broader range of psychological domains than those routinely assessed in oncology settings. As expected, symptoms associated with anxiety and depression were more common among participants with cancer. However, researchers also identified substantial increases in somatisation and thought-related symptoms, alongside elevations across several additional dimensions of psychopathology that receive comparatively little attention in routine cancer care.

These findings paint a more complex picture of psychological well being than conventional assessment tools typically capture.

"We found that people with current cancer experienced elevated difficulties across a much broader range of psychological domains than those routinely assessed in cancer care," says Dr Haywood.

"This suggests that a narrow focus on distress, anxiety and depression may overlook clinically meaningful aspects of patients' experiences. A broader assessment framework could help identify needs that might otherwise go unrecognised and untreated."

For clinicians, this distinction matters. Identifying distress is only the beginning. Understanding *how* that distress manifests and recognising when it extends beyond traditional diagnostic categories

may allow support to become more personalised and clinically meaningful.

A broader assessment framework could help healthcare professionals detect psychological needs earlier, tailor interventions more effectively, and ultimately provide more holistic care throughout the cancer journey.

Can One Mental Health Framework Work for Everyone?

Applying a framework developed within psychiatry to people affected by cancer naturally raises an important question. Does cancer create such a unique psychological context that it requires an entirely separate model of mental health, or can existing evidence-based frameworks still accurately describe patients' experiences?

This was one of the study's central questions.

The researchers examined whether the structure of psychological difficulties measured by the HiTOP Self-Report remained consistent among people affected by cancer and compared these findings with individuals from community and mental health populations.

The results were striking.

Across all groups, the researchers identified eleven broad dimensions of psychopathology that closely mirrored patterns previously observed in psychiatric research. In other words, the fundamental architecture of mental health appeared remarkably consistent regardless of whether someone was living with cancer.

For Dr Haywood, this represents one of the study's most important findings.

"We found that the overall structure was remarkably similar across people affected by cancer and people drawn from community and mental health populations," he explains.

"This means that many of the same building blocks of mental health appear to exist both within and outside cancer populations."

At the same time, the study identified meaningful differences in how some psychological dimensions interacted within cancer populations.

Experiences related to bodily symptoms and blood-injection fears, for example, showed stronger associations with broader psychological domains among people living with cancer than in comparison groups. These findings suggest that while the underlying structure of mental health remains stable, the experience of cancer can shape how different psychological difficulties emerge and interact.

Rather than requiring an entirely separate classification system, the findings indicate that dimensional models such as HiTOP can be applied within psycho-oncology while remaining sensitive to the unique realities of living with cancer.

"We do not need an entirely separate model of mental health for cancer care," says Dr Haywood. *"Instead, we can use the same evidence-based framework while recognising that cancer-related experiences influence how some psychological difficulties present and interact."*

This connection between psycho-oncology and broader psychiatric research has important implications. It allows cancer researchers to build on decades of evidence from mental health science while adapting assessment and interventions to the realities of cancer diagnosis, treatment, and survivorship.

From Research to Clinical Practice

Beyond validating the use of HiTOP in people affected by cancer, the study raises broader questions about the future of psychosocial oncology.

Cancer care is becoming increasingly personalised, with treatments tailored to tumour biology, genetics, and individual patient characteristics. Dr Haywood believes psychological care should evolve in the same direction.

A broader understanding of psychopathology could help clinicians move beyond identifying distress alone to recognising the diverse psychological profiles that patients experience. Earlier recognition of these needs may enable more targeted interventions and improve support throughout the cancer continuum.

The framework may also benefit researchers.

Rather than relying exclusively on traditional diagnostic categories, HiTOP provides an opportunity to study psychological wellbeing in greater depth, offering more nuanced ways of measuring outcomes in psycho-oncology research and evaluating the effectiveness of psychosocial interventions.

Importantly, adopting a common dimensional framework also strengthens collaboration between psycho-oncology and the wider field of mental health research. Instead of developing cancer-specific models in isolation, researchers can build on existing psychiatric knowledge while refining it for oncology populations.

Seeing the Whole Person

One of the strengths of HiTOP is that it reflects the reality that psychological experiences rarely exist in isolation.

People living with cancer often experience uncertainty about the future, fear of recurrence, changes in identity, financial concerns, physical symptoms, treatment-related side effects, and disruptions to

family and professional life—all at the same time. These experiences frequently overlap, influence one another, and evolve throughout treatment and survivorship.

Traditional diagnostic systems remain invaluable for identifying mental disorders and guiding treatment decisions. However, they are not always designed to capture the full complexity of psychological wellbeing in people managing a life-changing illness.

HiTOP does not seek to replace these systems. Instead, it complements them by providing a broader perspective on how psychological symptoms cluster and interact.

For clinicians, this means looking beyond a checklist of diagnoses and considering the wider pattern of emotional and psychological functioning. For patients, it represents an approach that acknowledges the complexity of their lived experience rather than reducing it to a single diagnostic label.

As Dr Haywood's research suggests, understanding mental health in cancer care may require shifting the question from *"Which disorder does this patient have?"* to *"What psychological challenges is this person experiencing, and how do they relate to one another?"*

Looking Ahead

Advances in cancer treatment have transformed outcomes for millions of people, allowing more patients than ever to live long after diagnosis. As survivorship continues to improve, the quality of that survival has become an equally important measure of success.

Providing high-quality cancer care means addressing not only the disease itself but also the emotional, psychological, and social consequences that accompany it.

The findings from Dr. Haywood and colleagues suggest that this may require broadening the way mental health is understood in oncology. Looking beyond anxiety and depression alone may help clinicians identify psychological needs that have long remained hidden, allowing support to become more personalised, timely, and responsive to individual experiences.

HiTOP is unlikely to replace established diagnostic frameworks in the immediate future. However, by offering a more comprehensive understanding of psychopathology, it has the potential to strengthen both psycho-oncology research and clinical practice.

Ultimately, improving mental health care in oncology is not about replacing one classification system with another. It is about ensuring that every person living with cancer is seen in the full complexity of their experience—because behind every diagnosis is an individual whose emotional wellbeing deserves the same attention as their physical health.

References

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