

# Mental Health and Substance Use Disorders in Patients Diagnosed With Cancer: An Integrative Review of Healthcare Utilization

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**PROBLEM IDENTIFICATION:** The impact of mental health disorders (MHDs) and substance use disorders (SUDs) on healthcare utilization (HCU) in patients with cancer is an understudied phenomenon.

**LITERATURE SEARCH:** A literature search of studies published prior to January 2018 that examined HCU in patients with preexisting MHDs or SUDs diagnosed with cancer was conducted.

**DATA EVALUATION:** The research team evaluated 22 studies for scientific rigor and examined significant trends in HCU, as well as types of the MHD, SUD, and cancer studied.

**SYNTHESIS:** The heterogeneity of HCU outcome measures, MHD, SUD, sample sizes, and study settings contributed to inconsistent study findings. However, study trends indicated higher rates of HCU by patients with depression and lower rates of HCU by patients with schizophrenia. In addition, the concept of HCU measures is evolving, addressing not only volume of health services, but also quality and efficacy.

**IMPLICATIONS FOR RESEARCH:** Oncology nurses are essential to improving HCU in patients with MHDs and SUDs because of their close connections with patients throughout the stages of cancer care. Additional prospective studies are needed to examine specific MHDs and different types of SUDs beyond alcohol use, improving cancer care and the effectiveness of HCU in this vulnerable population.

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Approximately one in five adults in the United States are diagnosed with a mental health disorder (MHD) or a substance use disorder (SUD) annually (Substance Abuse and Mental Health Services Administration, 2017). More than 43 million adults in the United States live with MHDs. Among the 20 million adults in the United States with an SUD, 50% have a concurrent MHD (Substance Abuse and Mental Health Services Administration, 2015). MHDs and SUDs can have a significant effect on morbidity and mortality. MHDs and SUDs decrease life expectancy by 10 years and double the relative risk for mortality compared to those without MHDs or SUDs (Walker, McGee, & Druss, 2015). A meta-analysis by Singer, Das-Munshi, and Brähler (2010) found that, at the beginning of cancer treatment, 32% of patients with cancer also had a concurrent MHD or SUD. This is concerning because adults in the United States living with serious mental illness die, on average, 25 years earlier than adults without a serious mental illness, largely related to treatable physical comorbidities, including cancer (National Association of State Mental Health Program Directors Council, 2006). In addition, a systematic review of published studies from 1996 to 2006 found that, in patients with MHDs, the incidence of cancer remained consistent with the general population; however, once patients with MHDs were diagnosed with cancer, they had significantly higher mortality than people without MHDs or SUDs (De Hert et al., 2011; Leucht, Burkard, Henderson, Maj, & Sartorius, 2007).

In the general population, MHDs and SUDs are associated with increased healthcare utilization (HCU) (Fogarty, Sharma, Chetty, & Culpepper, 2008). MHDs and SUDs accounted for about 6% of all inpatient stays in the United States in 2014, an increase of 20% from 2005 (Mcdermott, Elixhauser, Sun, & Cost,