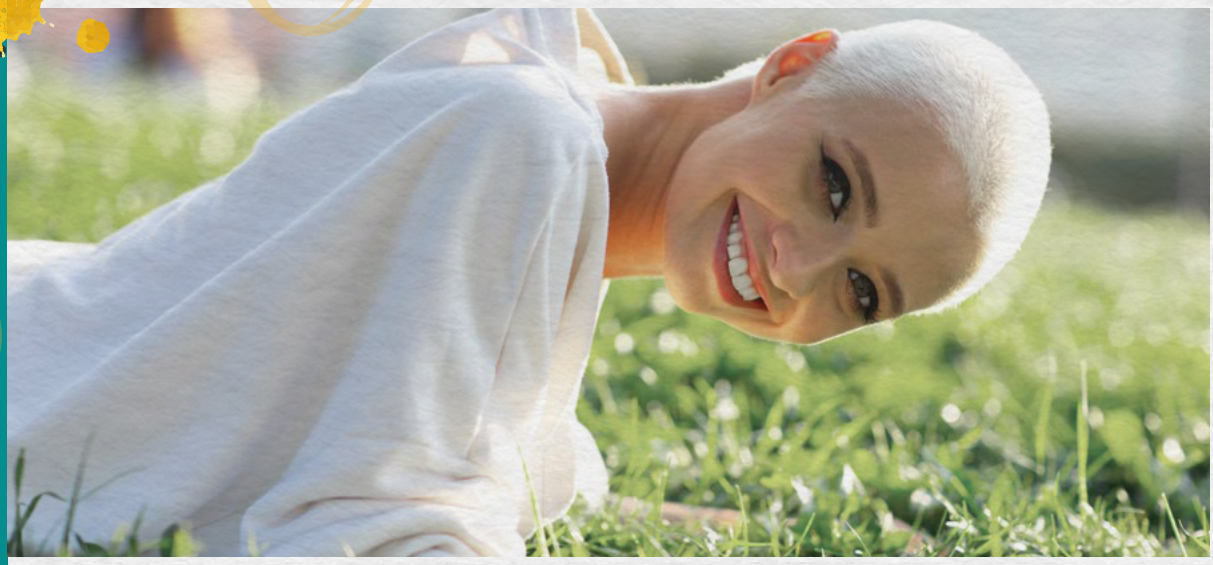
MENTAL HEALTH

For cancer patients

IN EUROPE

ANALYSIS REPORT



Acknowledgements

We appreciate the time and commitment shown by all patients, carers, oncology professionals, psycho-oncology experts, patient organisations, and other contributors involved in this project.

We would like to thank Cancer Patients Europe (CPE) for their valuable collaboration, as well as their support with outreach, recruitment, and dissemination through their network of national cancer patient organisations across Europe. Their contribution helped strengthen the mapping process and ensure that the project reflected patient and civil society perspectives.

Development of this project was supported by grants from Servier, Johnson & Johnson, Astellas, and Daiichi Sankyo, who had no influence on the content of the report.

CANCER PATIENTS EUROPE

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ANALYSIS REPORT

Introduction

Cancer has profound psychological and emotional impacts on patients, affecting quality of life, treatment adherence, and overall outcomes. Mental health (MH) support is therefore a critical component of comprehensive cancer care.

This analysis aimed to map and assess the availability, type, and delivery of mental health services for cancer patients across Europe, identifying gaps, disparities, and areas for improvement. Mental health services and support provided by public, private, and civil society institutions were collected from 33 European countries, covering a wide range of service types, delivery modes, and providers.

List of Countries:

Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Kosovo, Latvia, Lithuania, Luxembourg, Malta, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK, Ukraine.

METHODOLOGY

Study Design

This project employed a descriptive landscape mapping approach to identify psychological and psychosocial supports available to cancer patients and their families across European Union (EU) Member States. The objective was to capture both statutory (publicly funded or state-provided) services and community/voluntary sector supports.

The mapping focused on two broad categories:

Psychological supports

- Psycho-oncology services
- Counselling and psychotherapy services

Psychosocial supports

- Peer support groups
- Cancer support centres
- Complementary and integrative therapies
- Family support services

Data Collection Procedures

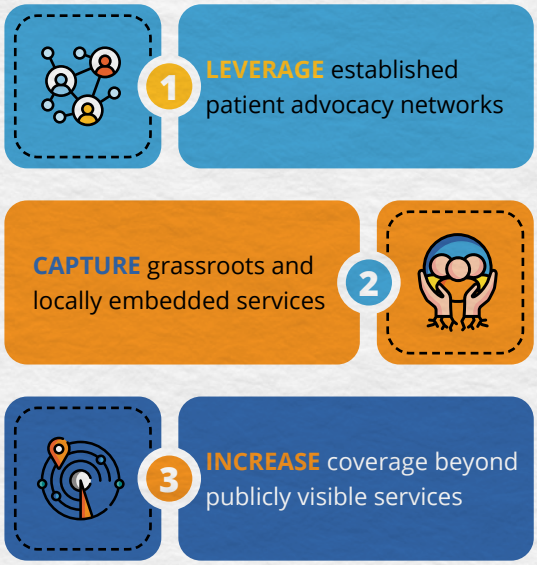
A multi-step, iterative search strategy was employed between May 2025 and December 2025.

Network Outreach

An initial call for information was disseminated through the newsletter of Cancer Patients Europe, an umbrella network of national cancer patient organisations across the EU.

Member organisations were invited to share information about available psychological and psychosocial supports within their respective countries, including statutory and community-based services.

This step aimed to:



Online Desk Research

A structured online search was conducted using publicly accessible search engines (e.g., Google and other AI-assisted search support tools) and, where possible, relevant national health and civil society directories.

Searches were conducted using combinations of keywords, including terms such as:

- **Psycho-oncology**
- **Cancer counselling**
- **Cancer support services**
- **Peer support cancer**
- **Cancer support centre**
- **Family cancer support**

Both statutory providers (e.g., hospital-based psycho-oncology units, national health services) and non-statutory providers (NGOs, charities, community organisations, private non-profits) were included where services were specifically targeted to cancer patients and/or their families.

Independent Dual Mapping for Saturation

To enhance reliability and reduce omission bias:

- Two researchers independently conducted the mapping exercise.
- Findings were compared and consolidated.

This dual-review approach was intended to increase coverage and saturation, ensuring that major service providers with an online presence were captured.

Snowball Sampling in Selected Countries

In Ireland and Poland, a targeted snowball sampling strategy was employed.

Researchers contacted established networks of cancer support centres within these countries and requested:

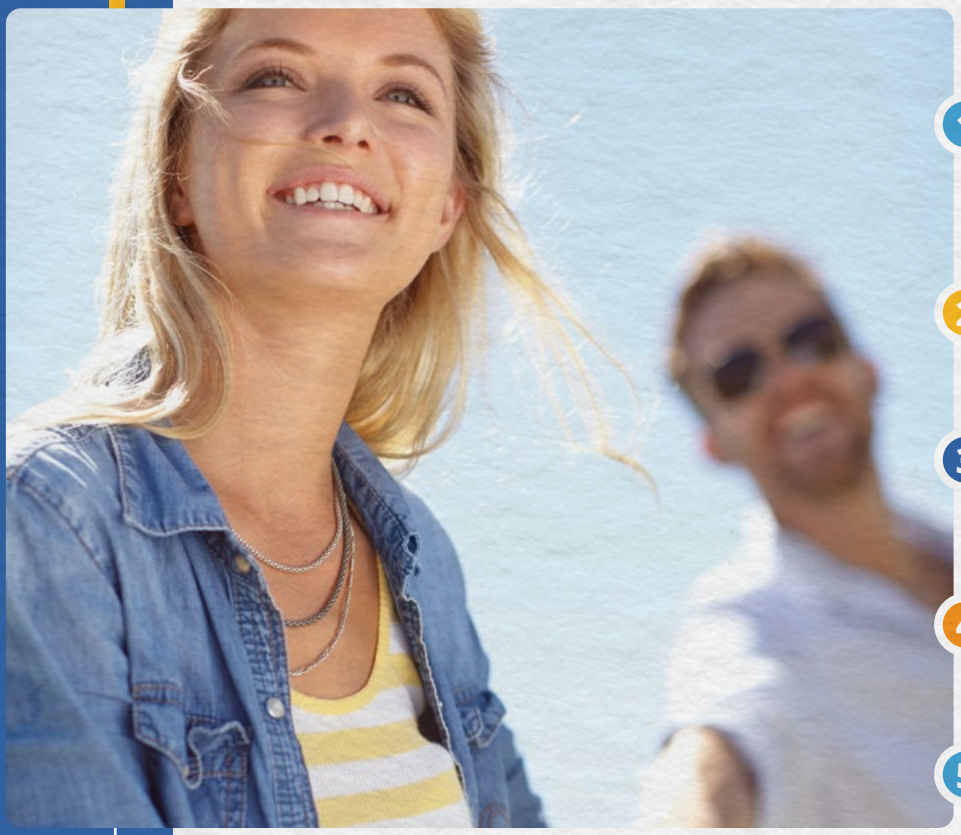
- Confirmation of identified services
- Information on additional centres or initiatives

This approach proved successful due to existing professional relationships and network responsiveness.

Attempts to replicate this engagement strategy in other EU countries yielded limited responses. A fully targeted approach was beyond the scope of this project.

Inclusion Criteria

Services were included if they:



1. **Were located within an EU Member State** (additional countries were included if referred from EU Member States with remit in the EU)
2. **Explicitly served cancer patients and/or their families**
3. **Offered psychological or psychosocial support**
4. **Had a publicly accessible online presence**
5. **Were operational at the time of mapping**

Both publicly funded and voluntary/community-based services were included.

Data Analysis and Organisation

Identified services were categorised by:

- Country
- Type of support (psychological, psychosocial etc.)

The mapping provides a descriptive overview rather than a quantitative assessment of service quality, capacity, or reach.

Limitations

Several limitations should be acknowledged:

Online Presence Bias

Only services with a digital footprint were identifiable. Informal, grassroots, or locally embedded services without websites or searchable listings may have been missed.

Language Barriers

Despite efforts to translate keywords, language limitations may have reduced the visibility of some services, particularly in countries where English-language summaries were unavailable.

Variable Network Engagement

While snowball sampling enhanced completeness in Ireland and Poland, limited responses from other countries may have resulted in uneven depth of data across Member States.

Saturation but Not Exhaustiveness

Although dual independent searches increased coverage and achieved a degree of saturation, the mapping cannot be considered exhaustive.

Dynamic and Evolving Service Landscape

The landscape of psychological and psycho-social cancer support services is dynamic and subject to continual change. Organisations may open, close, merge, lose funding, expand services, or shift delivery models over time. As such, this mapping represents a time-bound snapshot of available supports during the study period and cannot be considered permanently comprehensive. Ongoing updates would be required to maintain accuracy.

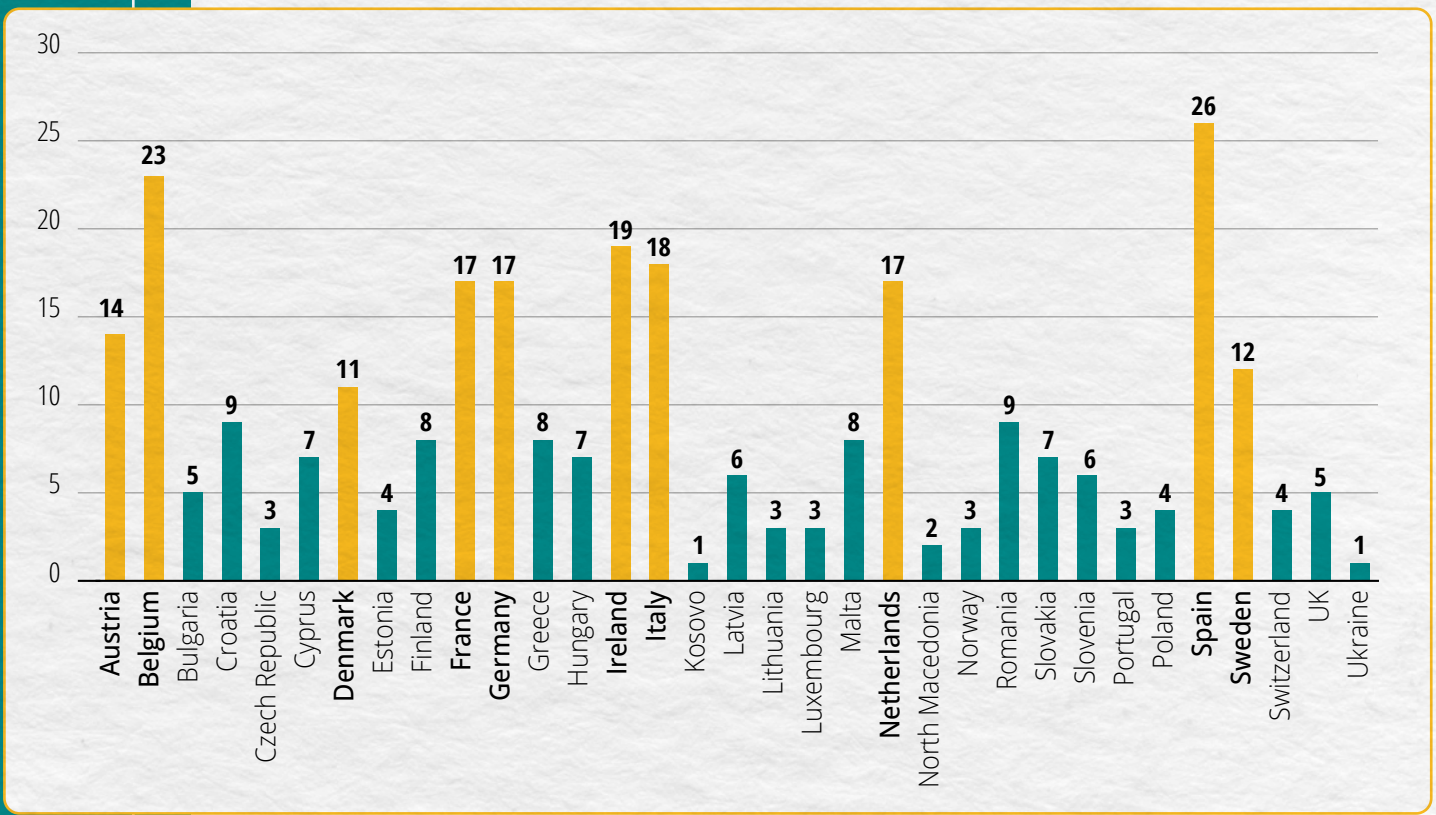
No Quality Assessment

The study did not evaluate service quality, accessibility, funding stability, or patient outcomes.

TOTAL NUMBER OF MENTAL HEALTH SERVICES IN EUROPE

A total of 291 mental health services were identified. The availability of services varies significantly between countries, ranging from a minimum of 1 service (Ukraine) to a maximum of 26 services (Spain). This variation reflects differences in healthcare systems, civil society engagement, and national prioritisation of psychosocial oncology care.

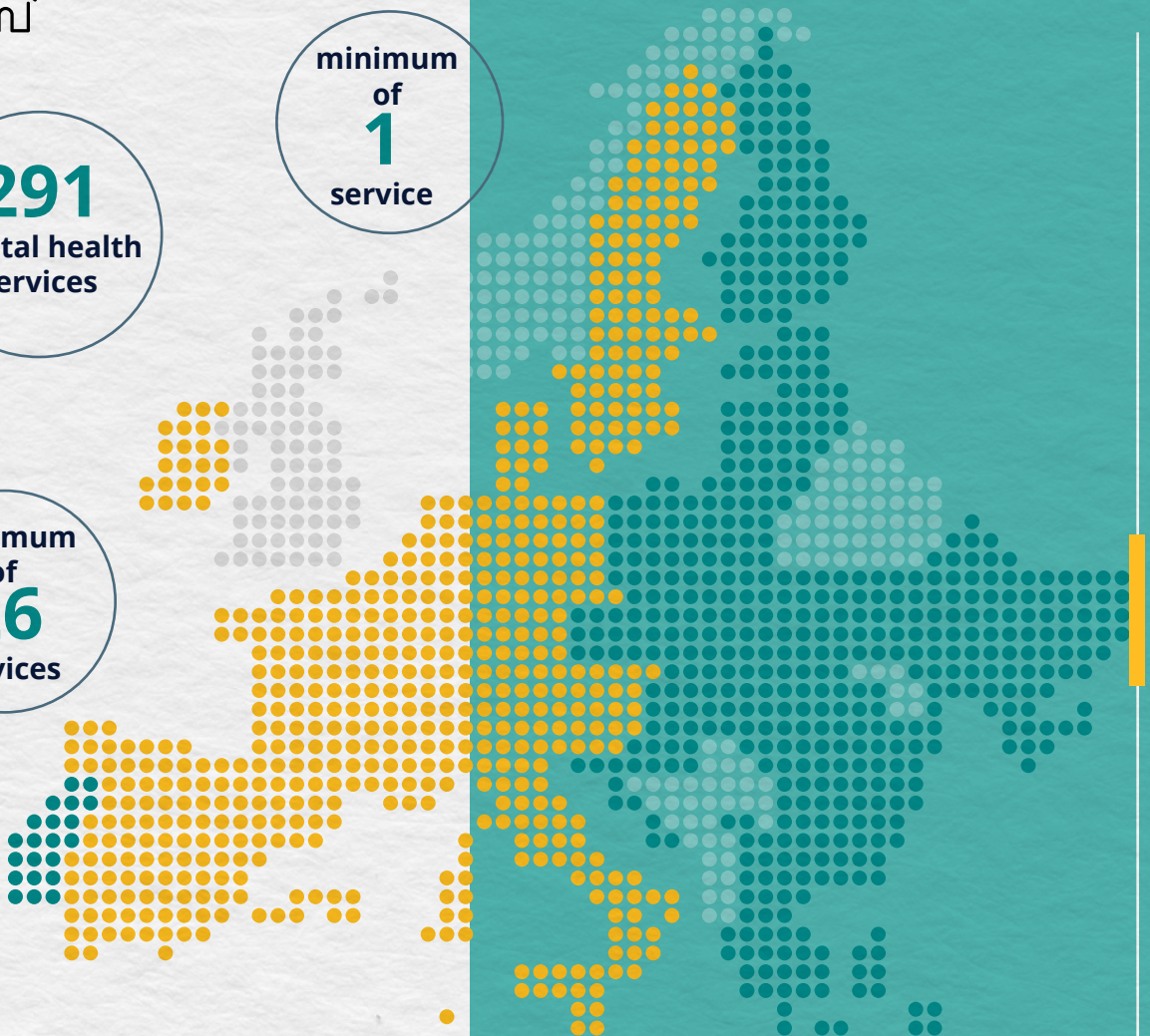
Total number of Mental Health Services by country



291 mental health services

minimum of **1** service

maximum of **26** services



A clear West–East divide emerges in the availability of mental health services:

Western Europe

Countries such as Austria, Belgium, France, Ireland, Germany, and Spain show higher numbers of services, with more developed and diversified support systems.

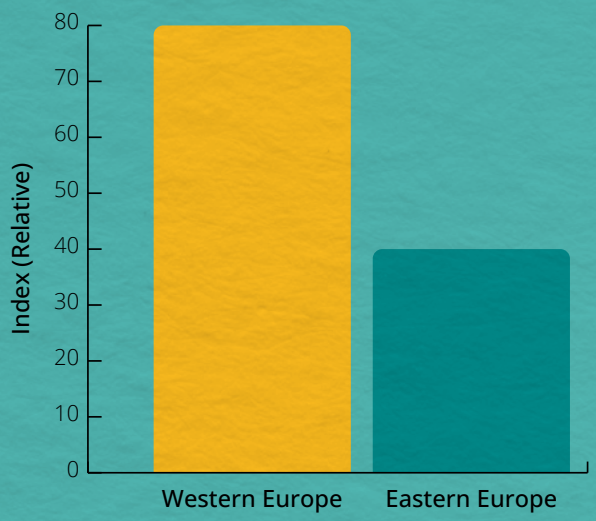
- Greater density of services
- Wider variety of service types
- More institutional involvement

Eastern Europe

Countries such as Romania, Poland, Ukraine, and North Macedonia generally present lower service availability.

- Fewer services overall
- Limited diversity in service types
- In some cases, extremely constrained access (e.g., Ukraine)

Relative Availability of Mental Health Services



The disparity reflects broader differences in healthcare funding, system maturity, and prioritisation of psychosocial oncology.

TYPES OF MENTAL HEALTH SERVICES

Services were classified into four main categories:

Support Groups (112)

These are usually provided by patient associations and focus on peer-to-peer emotional support. Only organisations offering support groups as a standalone service were included in this category.

Psychological Support (120)

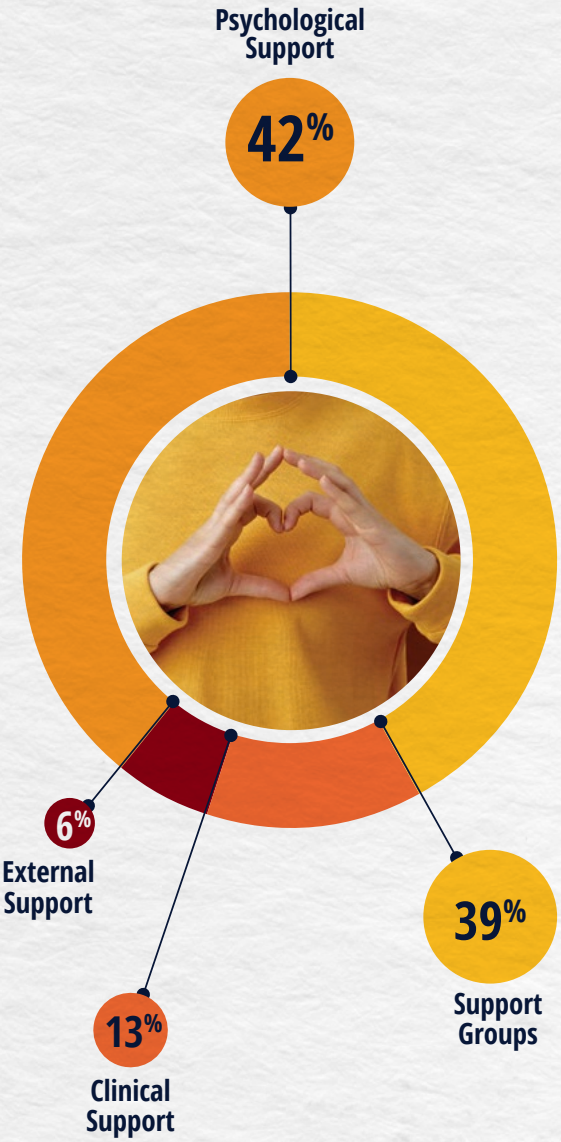
Psychological counselling and therapy are provided mainly by patient associations, cancer associations, and professional organisations. In many cases, psychological support is offered alongside support groups, particularly within patient organisations.

Clinical Support (39)

These services are provided by hospitals and cancer institutions and are integrated into, or complementary to, medical cancer treatment. This category represents the most formal integration of mental health into oncology care.

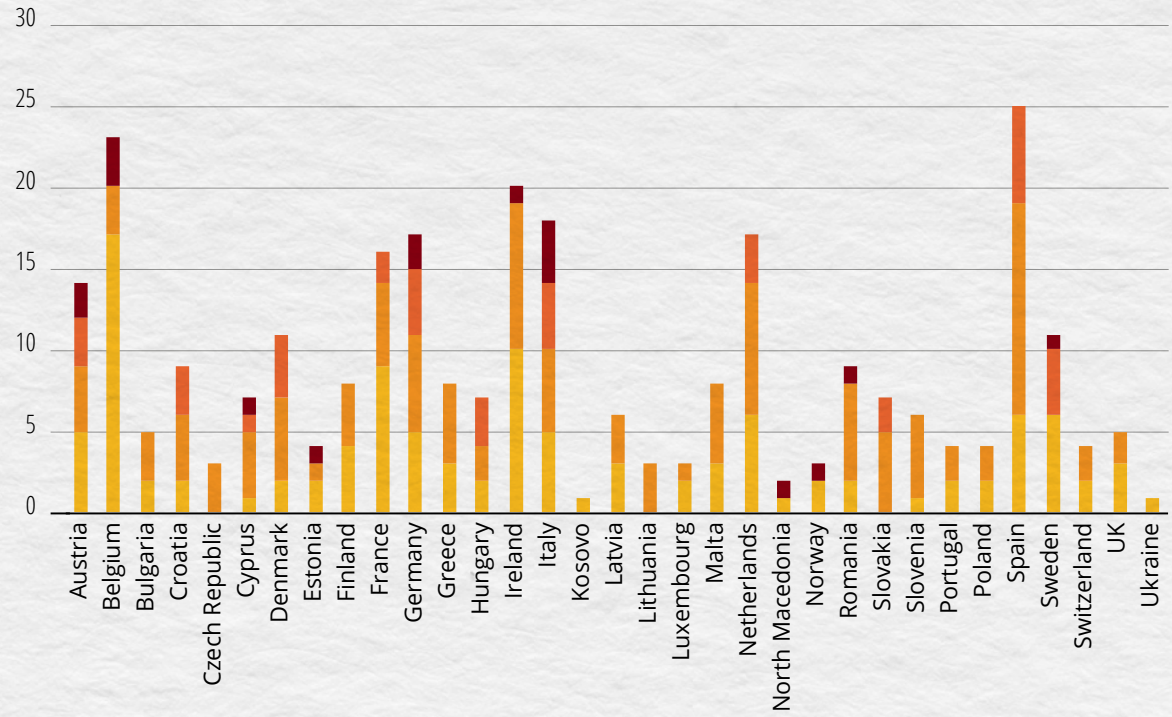
Contact for External Support (Referral services) (18)

These services mainly function as referral or signposting mechanisms to external mental health resources. They are typically offered by patient associations with limited capacity and are often combined with other service types.



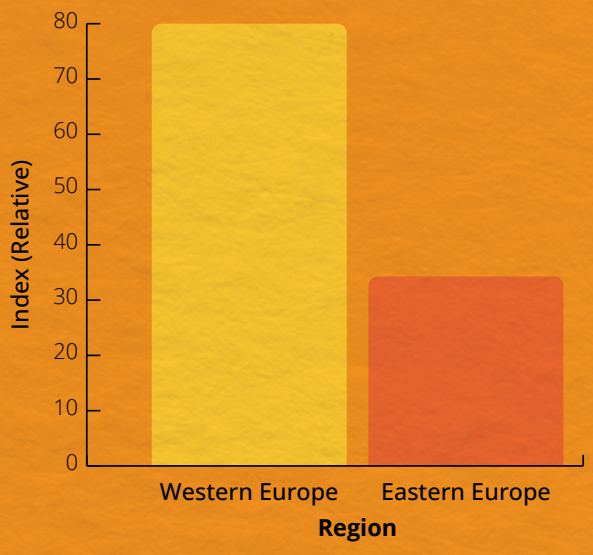
Total offered services

Total number of metal health services by country



- Support Groups
- Psychological Support
- Clinical Support
- Contact for External Support

Clinical Integration in Cancer Care



Summary

Overall, most countries provide support groups and psychological support, while **clinical mental health care remains limited and unevenly distributed** across Europe.

Eastern Europe relies more on **low-resource, non-clinical support,** while Western Europe shows stronger **integration into formal healthcare systems.**

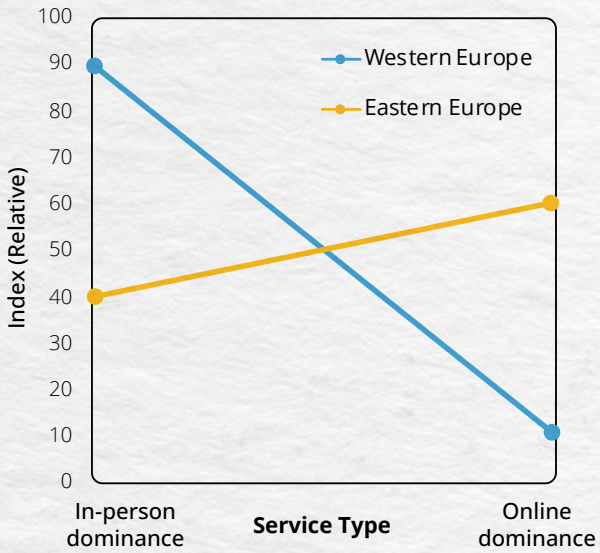
MODE OF SERVICE DELIVERY

Access to Service

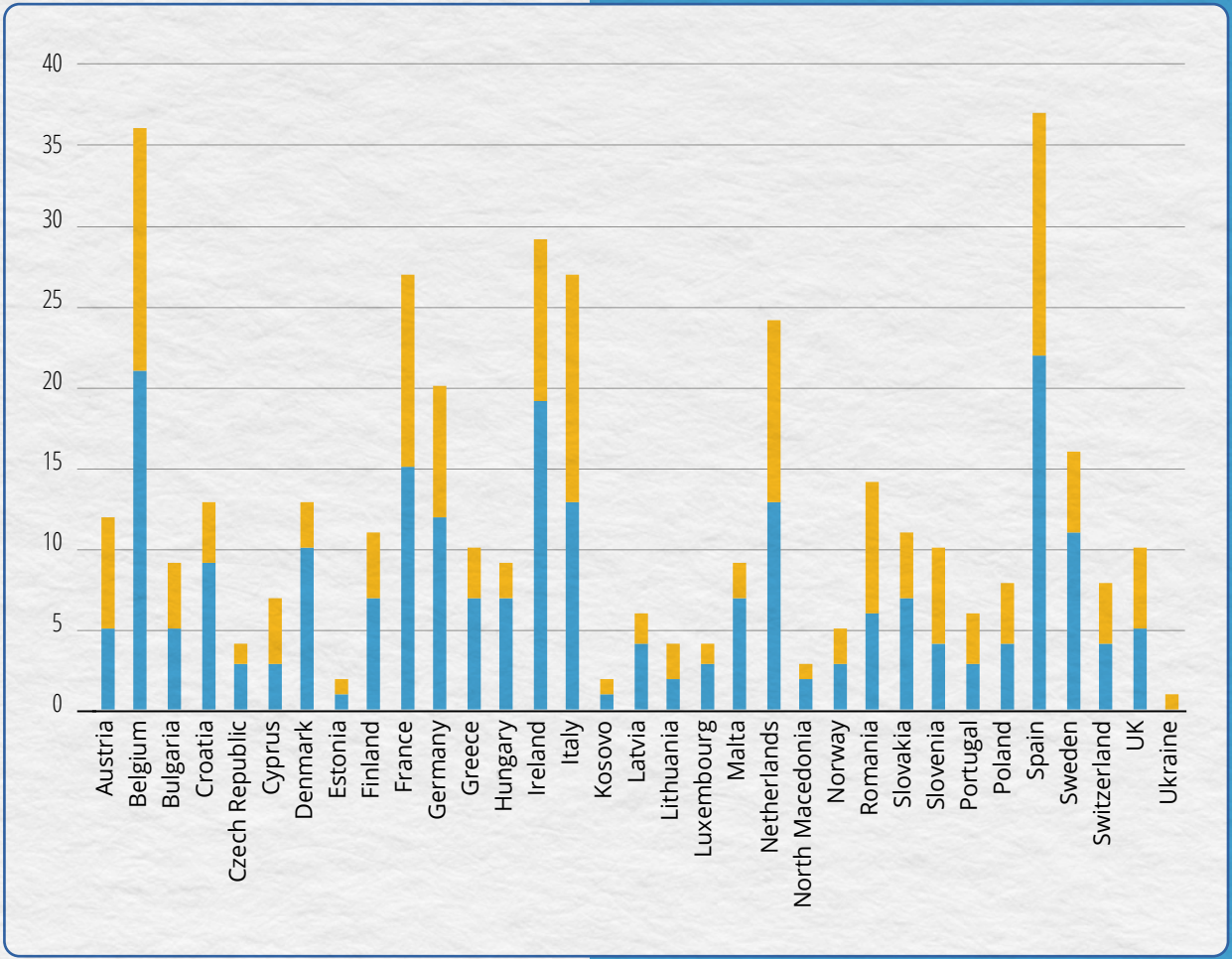
Mental health services are offered through **in-person, online**, or **hybrid** formats.

Online services include telephone helplines and remote counseling.

Mode of Delivery Comparison



Access to services by Country



In-Person **Online**

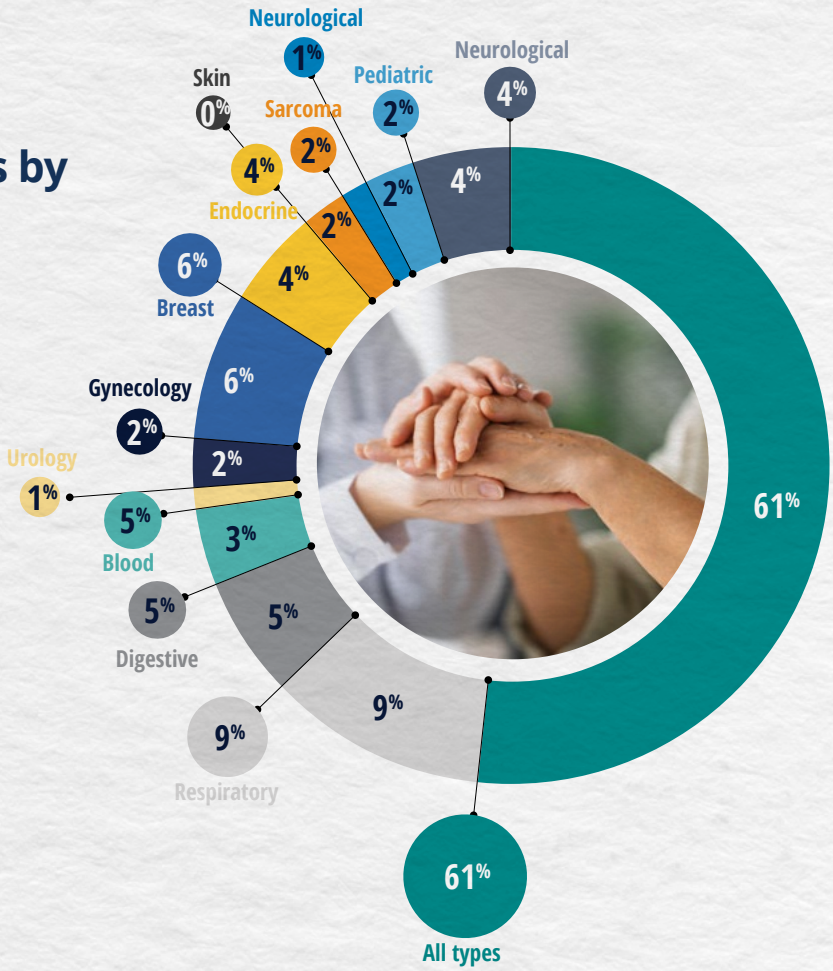
- In-person services dominate in **Denmark and most Western European countries,** although online access is usually available as a complementary option.
- **Online-first models** are more common in **Eastern Europe**, notably in Romania and Poland.
- In **Ukraine**, online support is the **only available option**, reflecting contextual and infrastructural constraints.

Digital services in Eastern Europe help bridge gaps but may also signal **insufficient in-person capacity.**

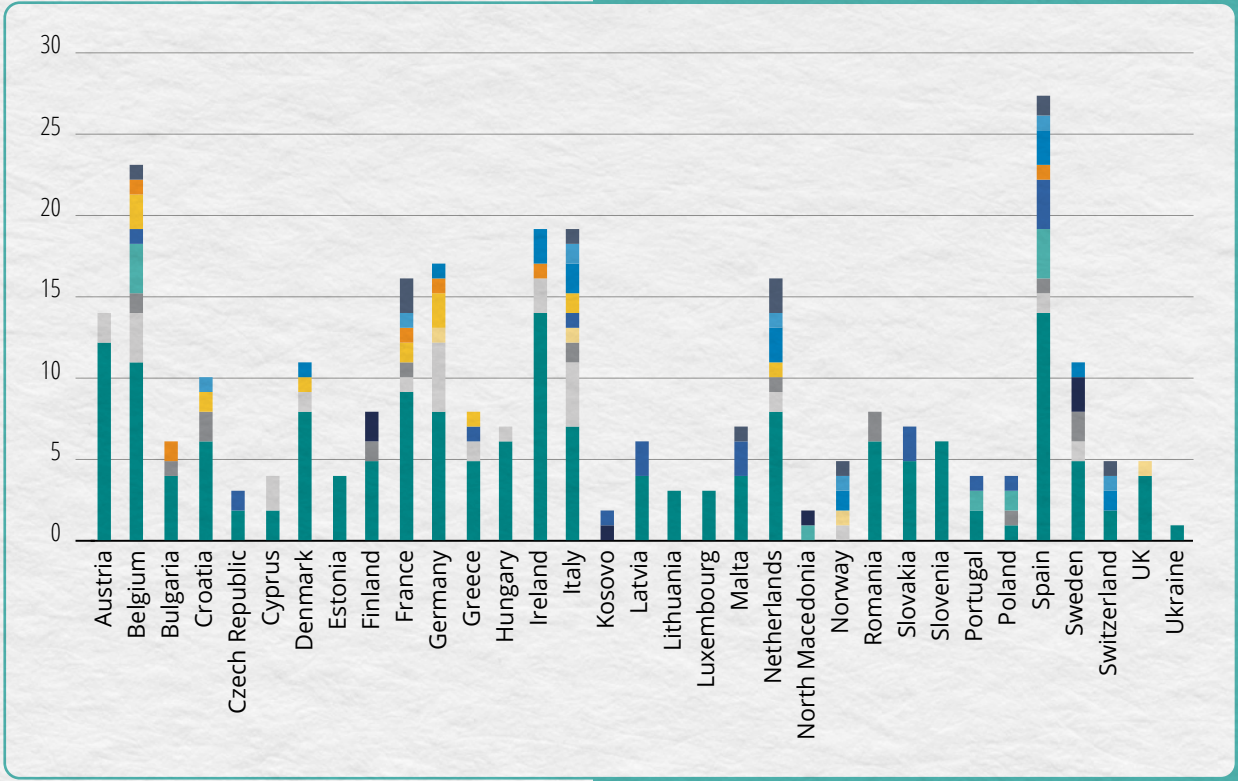
MENTAL HEALTH SERVICES BY CANCER TYPE

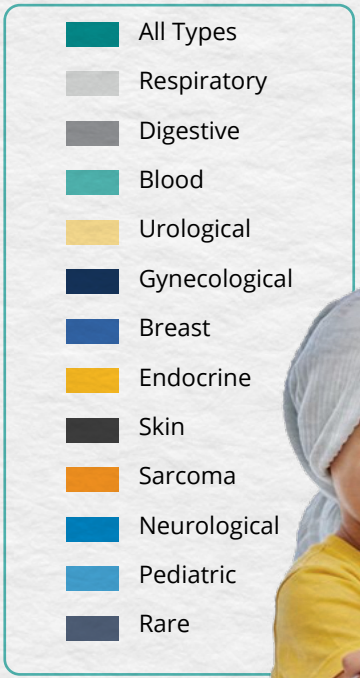
Most mental health services are designed for **all cancer patients,** regardless of diagnosis. However, disease-specific support is also available, particularly through cancer patient associations and specialised cancer societies.

MH services by cancer type



MH services by cancer type and country





Summary

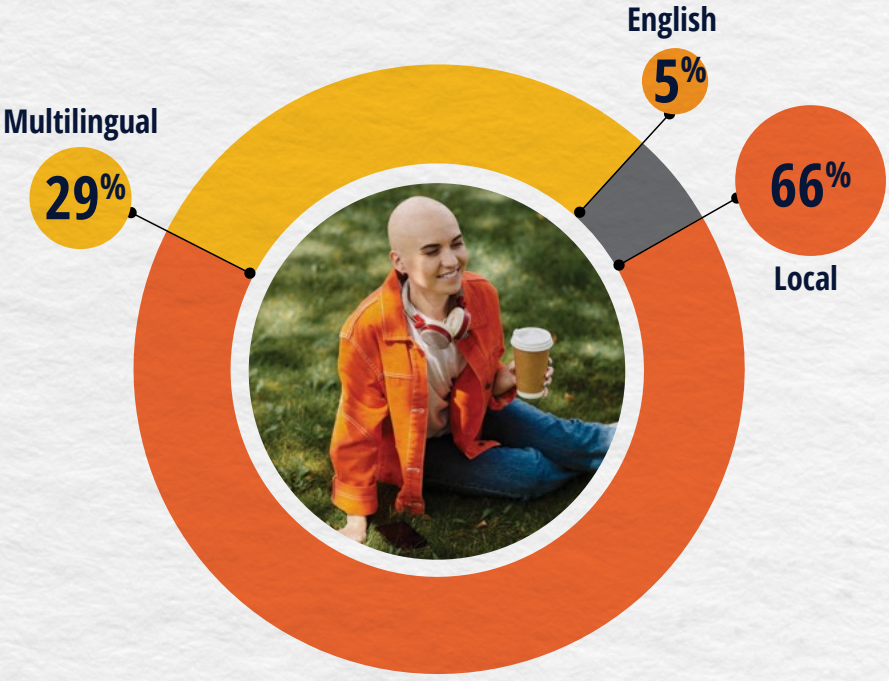
- The **most commonly** targeted cancer types are **breast**, **respiratory** (lung), and **digestive** cancers.
- Larger **Western European** countries offer a **broader range** of cancer-specific mental health services.
- Smaller and **Eastern European** countries primarily provide **general** cancer-related mental health support.
- **North Macedonia** is a notable exception, where services were identified only for **blood** and **gynaecological** cancers.

Western Europe provides more targeted and **personalised support**, while **Eastern Europe** prioritises **general** coverage due to resource constraints.

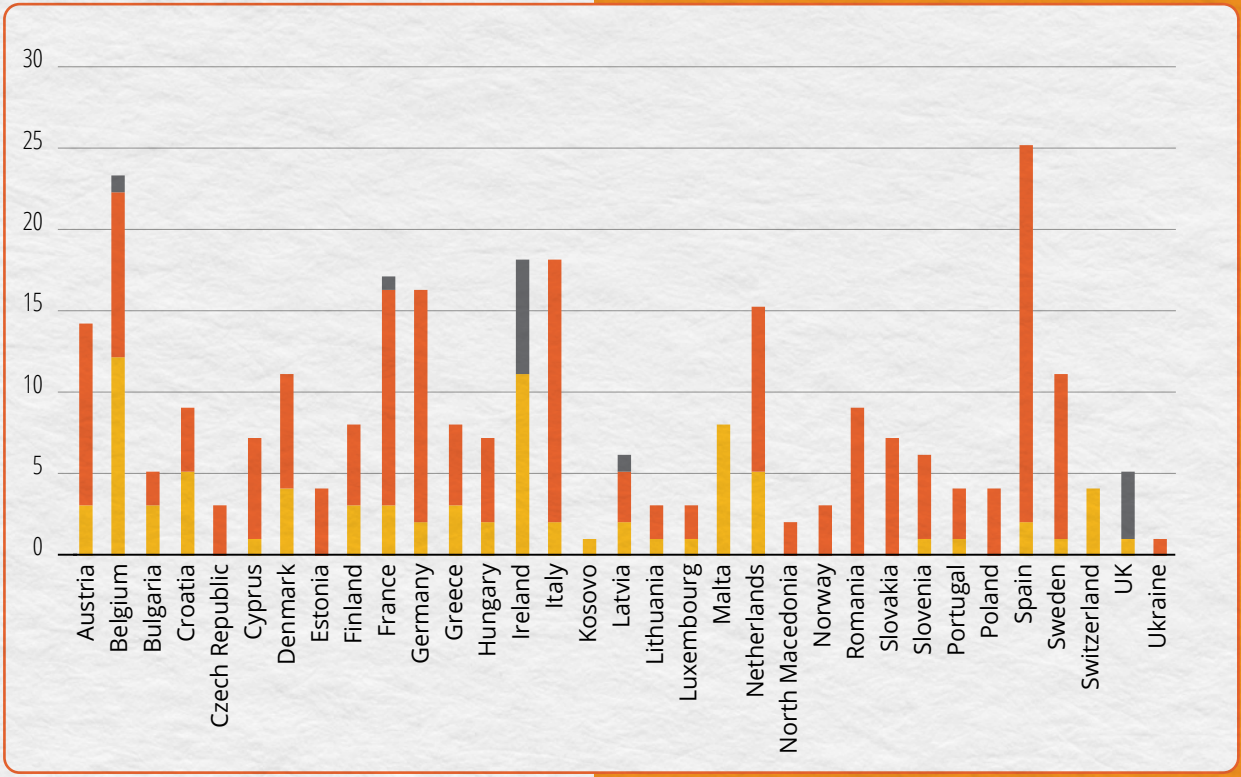
LANGUAGE ACCESSIBILITY

Access to mental health services is predominantly offered in the **local language**. However, multilingual services are available in a limited number of countries.

Language of service



Language of service by country



Summary

- **Switzerland**, **Kosovo**, and **Malta** provide services in **multiple languages.**
- In contrast, countries such as **Poland** and **Portugal** offer services exclusively in the **local language**, which may limit access for migrants and minority populations.
- **English**-language support is available in some services, though it is **not widespread**.

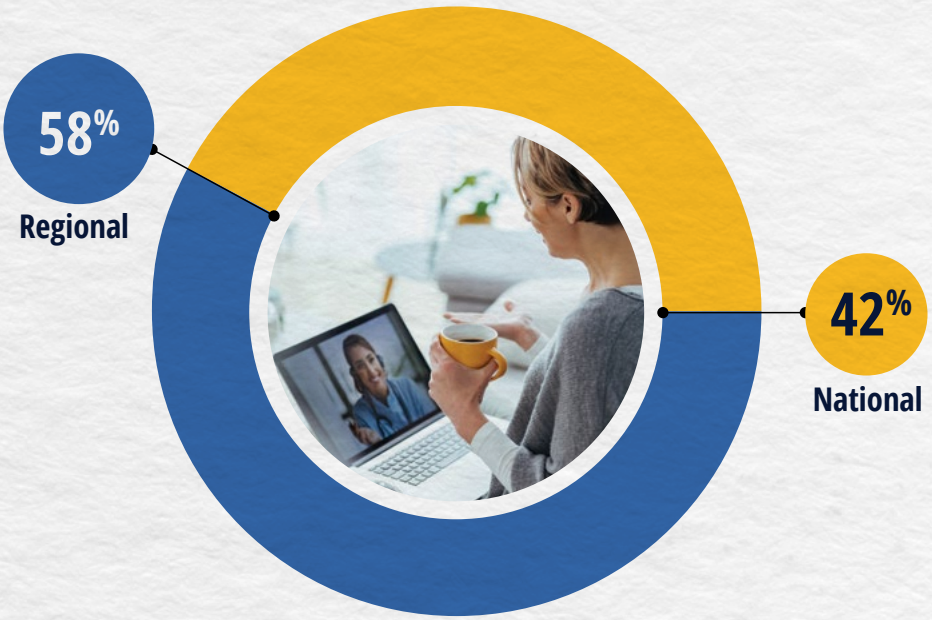
There is an increasing availability of **multilingual** services in **Western Europe**. However, in **Eastern Europe** services are predominantly available only in the **local** language.

Language remains a significant barrier in **Eastern Europe**, potentially limiting inclusivity and equity.

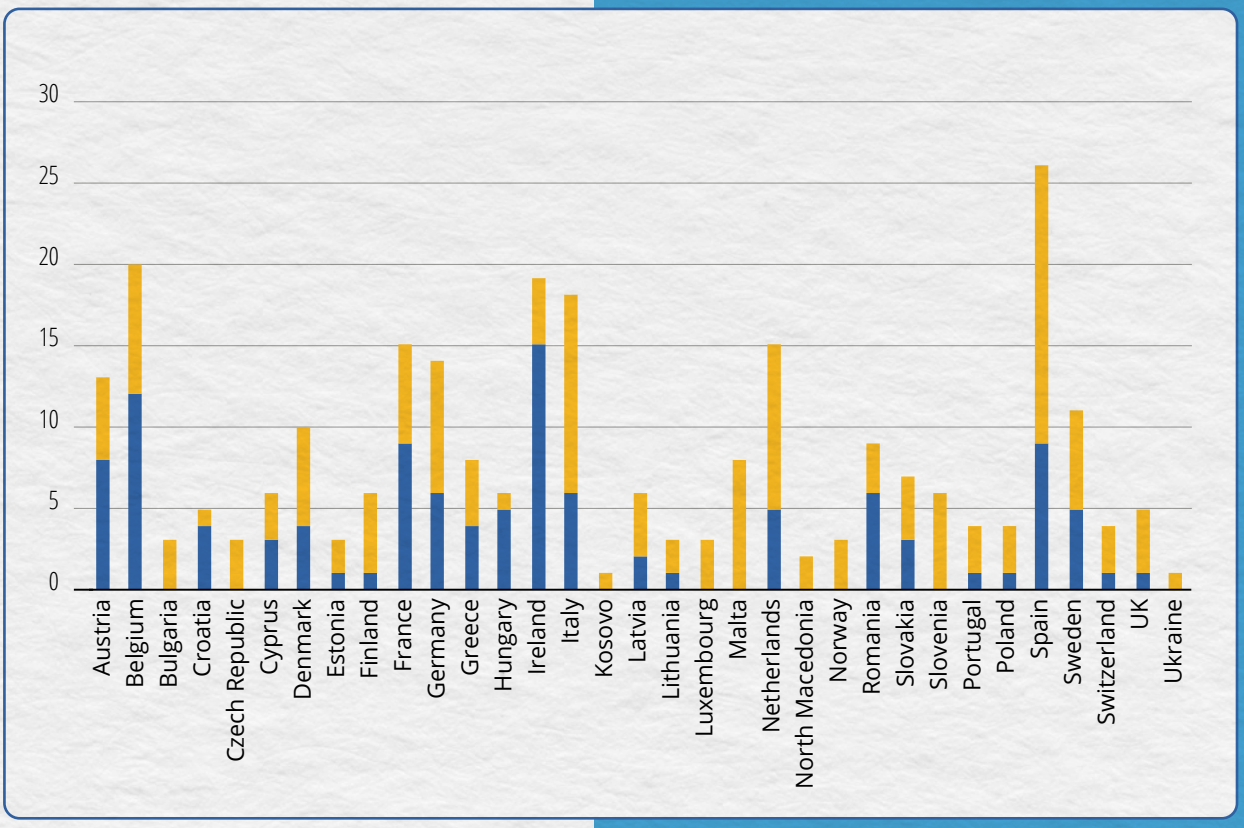
GEOGRAPHIC COVERAGE OF SERVICES

Most mental health services are provided at the **national level**, although regional and local services are nearly as common.

Location of service



Location of service by country



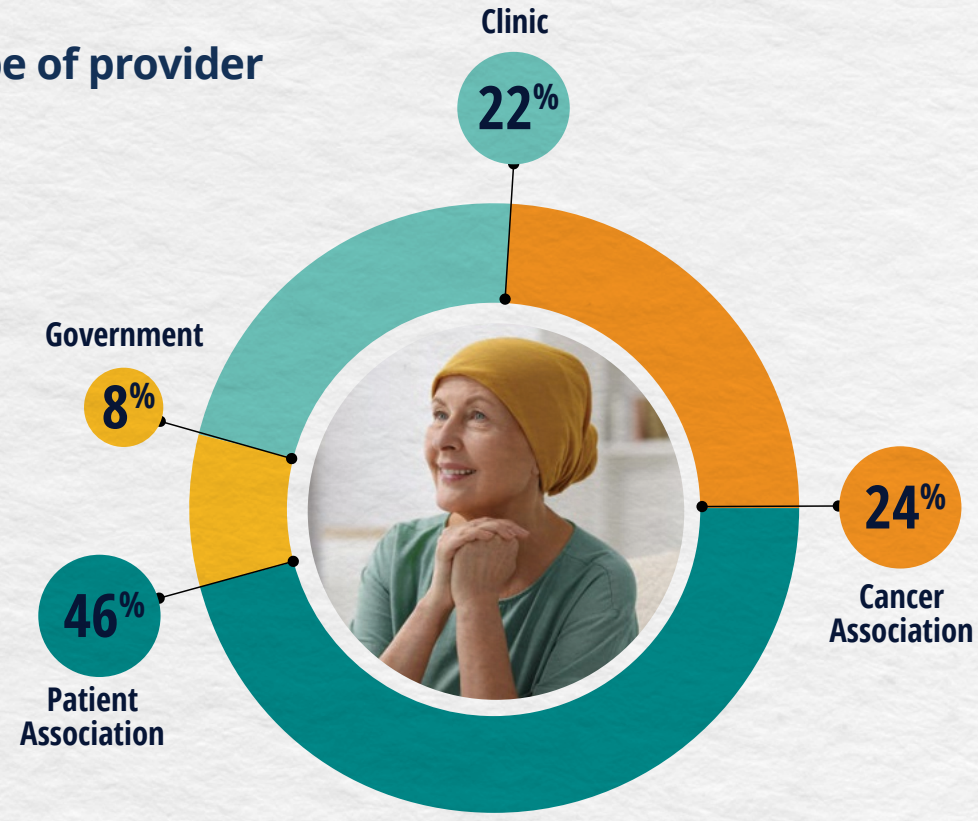
- **Small countries** tend to centralise services at the **national** level.
- **Romania** is a notable case where all identified services operate **nationally** despite the country's size.
- Countries such as **Austria**, **Belgium**, **France**, and **Ireland** rely more heavily on **regional** service provision, reflecting decentralised healthcare structures.

Decentralisation in **Western Europe** supports **greater accessibility**, while centralisation in **Eastern Europe** can create coverage **gaps**.

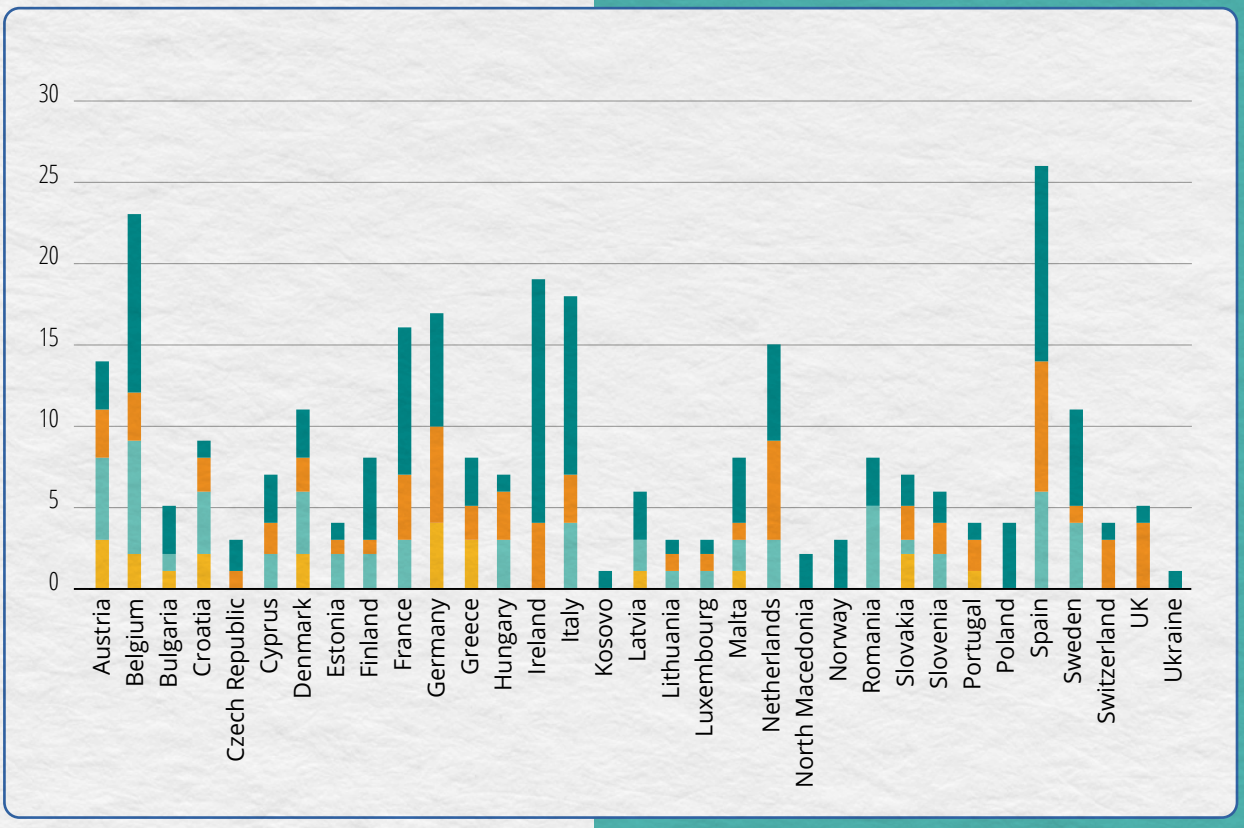
SERVICE PROVIDERS

Mental health services for cancer patients in Europe are predominantly delivered by **patient associations**. These organisations provide a comparable number of services to cancer associations, professional organisations, and clinical institutions.

Type of provider



Type of provider by country



- **Government-funded** (non-clinical) mental health centres play a **limited role** overall.
- **Publicly funded** mental health support is more **extensive in Germany** than other European countries.
- **Poland** stands out for the relatively **strong** presence of clinical mental health support within **oncology** care.
- In **smaller countries**, patient **associations** are often the **primary** or sole **providers** of mental health services.

Patient **associations** are **critical** across Europe, but in **Eastern Europe** they are often the primary providers, highlighting **systemic gaps**.

KEY FINDINGS

AVAILABILITY

- **Mental health support** for cancer patients **exists** in all surveyed countries **but shows significant disparities** in availability, integration, and quality.

SERVICE TYPES

- **Support groups** and **psychological counselling** are the **most common** forms of assistance, while clinical mental health care **integrated** into oncology treatment remains **scarce**.

PROVIDERS

- **Patient associations** play a **central** and often indispensable role, particularly in countries with **limited public mental health** infrastructure.

DELIVERY MODE

- **Online services** have increased accessibility, especially in **Eastern Europe**, but may not fully compensate for the **lack of in-person** and clinical support.

LANGUAGE ACCESS

- **Language** and **regional coverage** remain **important** barriers.

GEOGRAPHIC COVERAGE

- **Larger Western European** countries tend to offer **more specialised** and cancer-type-specific mental health services, whereas smaller and **Eastern European** countries focus on **general** support.

OVERALL,

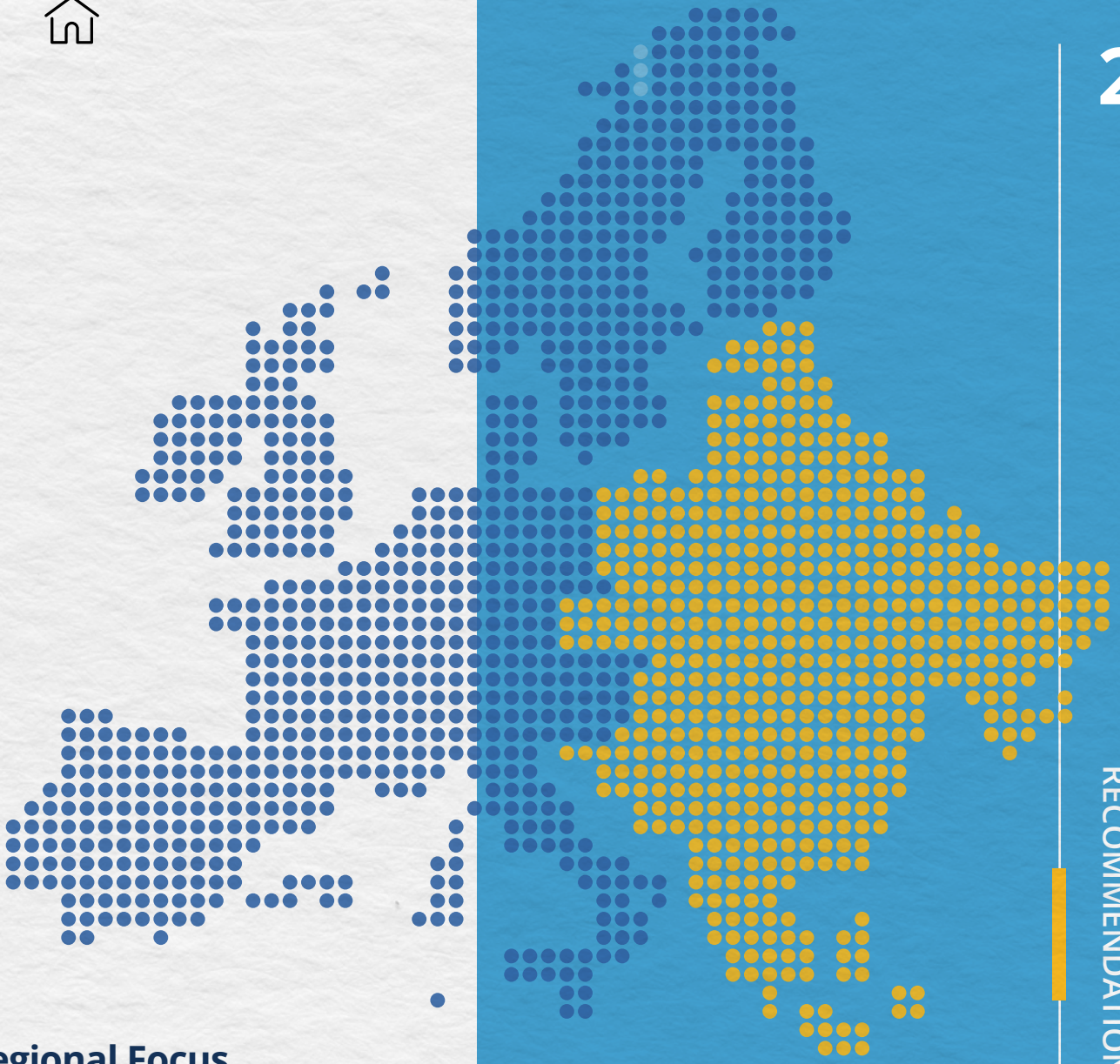
While mental health support for cancer patients is **widely recognised** as necessary, it is **not yet systematically integrated** into cancer care **across Europe**.

Regional Differences Summary

FOR WESTERN EUROPE		FOR EASTERN EUROPE
Higher, more diverse	AVAILABILITY	Lower, more limited
More developed	CLINICAL INTEGRATION	Limited
Balanced and specialised	SERVICE TYPES	Mostly general and non-clinical
In-person / hybrid	DELIVERY MODE	More online-dependent
More common	CANCER-SPECIFIC SERVICES	Rare
More multilingual	LANGUAGE ACCESS	Mostly local language only
Decentralised	GEOGRAPHIC COVERAGE	Centralised
Diverse, including public sector	PROVIDERS	Dominated by patient associations

RECOMMENDATIONS

1. **Integrate Mental Health into Oncology Care**
   Governments and healthcare systems should promote the systematic integration of mental health services into standard cancer treatment pathways.
2. **Strengthen Clinical Mental Health Support**
   Investment is needed to expand clinically led psychosocial oncology services, particularly in countries where support is currently limited to non-clinical or voluntary providers.
3. **Support Patient Associations**
   Given their central role, patient associations should receive sustainable funding, training, and institutional recognition.
4. **Improve Equity of Access**
   Efforts should be made to reduce regional disparities and improve access for rural populations, migrants, and linguistic minorities.
5. **Expand Multilingual and Online Services**
   Multilingual provision and high-quality digital mental health services should be encouraged, especially where in-person care is not feasible.
6. **Promote Disease-Specific Support**
   Where resources allow, mental health services should be adapted to the specific psychosocial needs of different cancer types.
7. **Enhance Data Collection and Monitoring**
   Regular mapping and evaluation of mental health services for cancer patients should be conducted to inform policy and improve service quality.



Regional Focus

FOR WESTERN EUROPE

- **Expand**
  Continue expanding specialised and personalised services
- **Inequalities**
  Address remaining regional inequalities
- **Coordination**
  Improve coordination between providers
- **Access**
  Ensure equitable access for migrants and minorities

FOR EASTERN EUROPE

- **Integration**
  Prioritise integration of mental health into oncology care
- **Support**
  Increase public funding and institutional support
- **Services**
  Expand clinical psychosocial oncology services
- **Associations**
  Strengthen and sustainably fund patient associations
- **Access**
  Improve regional and rural access, including hybrid models

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