



PROVIDING SUPPORT FOR LUNG CANCER SCREENING PARTICIPANTS

There are many psychological impacts and factors associated with lung cancer screening.

Anxiety and distress

It is normal to feel some level of stress when considering and participating in lung cancer screening. Anxiety can be a major barrier to screening participation, and people may benefit from additional support.

Anxiety related to lung cancer

People with a smoking history often experience higher anxiety and distress associated with lung cancer¹ – many describe it as ‘always in the back of their mind’. Anxiety is often driven by fatalism about lung cancer and by nihilism about treatment and screening (‘what’s the point?’).² Providing support may help individuals to participate.

- ✓ Let people know that the majority of participants will be at very low risk of lung cancer. This may bring peace of mind, relief and reassurance.
- ✓ Encourage people to be open with you or another trusted healthcare provider about any anxiety or other feelings around screening.
- ✓ Acknowledge that it is normal to feel some level of stress or anxiety about screening and that many others feel the same.
- ✓ Remind people that smoking cessation at any age can reduce risk of lung cancer.
- ✓ Describe the significant advances in treatment options over the last decade. If it is found at an early stage, most people diagnosed with lung cancer can undergo curative treatment.

Anxiety related to the scan

People may experience anxiety related to specific aspects of screening, such as the scan, radiation exposure, or potential follow-up procedures. You can reassure people by letting them know:

- ✓ The computed tomography (CT) scanners used for lung cancer screening are safe and use the smallest amount of radiation possible while still getting a high-quality image. This is lower than one year of exposure to naturally occurring radiation in regular life.
- ✓ They should feel no pain during the scan. No needles are required.
- ✓ People who may experience physical difficulties using a CT scanner, such as those with a physical disability or those who weigh over 200 kg, can still take part in screening. The participant should tell the radiology clinic when they book their scan if they need additional support, and ask if the scanner is suitable for their needs. They can also take a support person along with them.
- ✓ Personal lung cancer screening information is confidential and the National Cancer Screening Register is bound by the *Privacy Act 1988*.



Resources available to healthcare providers

Resource	Description
General information: GP resource guide	<p>The GP resource guide provides an overview and outlines key components of the program. See:</p> <p>www.health.gov.au/resources/publications/nlcsp-gp-resource-guide</p>
Stigma: Reducing stigma in the National Lung Cancer Screening Program	<p>Smoking-related stigma can contribute to psychological harm during screening. People who smoke often report feeling shame or guilt about their smoking history, and external judgement (from their networks, health professionals or the general public). More information about how to manage stigma in lung cancer screening can be found at:</p> <p>www.health.gov.au/resources/publications/nlcsp-reducing-stigma</p>
Ineligibility: Why am I currently not eligible for lung cancer screening?	<p>People who are not eligible for the program but have a smoking history or other lung cancer risk factors may experience anxiety or disappointment. More information for patients about eligibility can be found at:</p> <p>www.health.gov.au/resources/publications/nlcsp-ineligibility</p> <p>To support those who are currently ineligible or unsuitable for screening:</p> <ul style="list-style-type: none">✓ Remind them that it is good news and means they are not at the highest immediate risk of lung cancer.✓ There are a number of reasons why people may not be eligible or suitable for screening, and these may be temporary. Plan with your patients about re-checking eligibility and suitability for the program in future.✓ Remind people to speak to a healthcare provider as soon as possible if they notice lung cancer symptoms. They should not wait until they are next due for screening.✓ Provide smoking cessation advice and support if applicable to reduce risk; see quitcentre.org.au

Other psychological issues

People eligible for screening may be living with mental health issues³ and may benefit from additional support. While smoking may be self-medicated to manage psychological issues (as a coping mechanism), evidence suggests that smoking negatively impacts mental health.⁴

- ✓ Acknowledge that people have many reasons for smoking, and some may be psychological.
- ✓ Explain how tobacco smoking can lead to secondary health issues other than cancer⁵ but that quitting smoking and staying smoke-free significantly improves health.

Supporting screening participants psychosocially

- ✓ Check in with participants about their social support systems. There are also services to help manage psychological burden (listed below).
- ✓ Tell participants that if their feelings about screening change, or their mental health worsens, they should see their GP or another healthcare provider.
- ✓ For those experiencing significant psychological harm, consider whether a mental health plan is appropriate.
- ✓ Some mental health screening resources can be found at:
www.onlineclinic.blackdoginstitute.org.au
www.beyondblue.org.au/mental-health/k10
- ✓ Cultural aspects may impact psychosocial outcomes related to screening. For those who identify as an Aboriginal and/or Torres Strait Islander person, consider involving Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal and Torres Strait Islander Health Workers where possible. Consider accessing **interpreter services** (www.tisnational.gov.au) for culturally and linguistically diverse people.

Psychosocial support for screening participants			
Websites	Mental Health support: www.medicarementalhealth.gov.au		
	Support service for Aboriginal and Torres Strait Islander peoples: www.13yarn.org.au		
	Quitline: www.quit.org.au		
Crisis hotlines	Beyond Blue ☎ 1300 224 636	Lifeline ☎ 13 11 14	13YARN ☎ 13 92 76
Other community supports	Cancer Council support ☎ 13 11 20		Quitline ☎ 13 78 48
	Lung Foundation Australia ☎ 1800 654 301		Head to Health ☎ 1800 595 212
	More are listed at: www.health.nsw.gov.au/mentalhealth/services/Pages/support-contact-list.aspx		
Online support groups	Black Dog Institute support groups www.blackdoginstitute.org.au/resources-support/support-groups		
	Lung Foundation Australia support groups www.lungfoundation.com.au/patients-carers/support-services/peer-support		

References:

1. Quaife, S. L. et al. Attitudes towards lung cancer screening in socioeconomically deprived and heavy smoking communities: informing screening communication. *Health Expectations* 20(4), 563–573 (2017).
2. Cavers, D. et al. Understanding patient barriers and facilitators to uptake of lung screening using low dose computed tomography: a mixed methods scoping review of the current literature. *Respiratory Research* 23, 374 (2022).
3. Greenhalgh, EM, and Scollo, M. M. 9.A.3 People with mental illness. In Scollo, M. M. and Winstanley, M. H. [editors]. *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria; 2022. <http://www.tobaccoinaustralia.org.au/chapter-9-disadvantage/in-depth/9a-3-people-with-substance-use-and-mental-disorders>.
4. Taylor, G. M. J. and Treur, J. L. An application of the stress-diathesis model: A review about the association between smoking tobacco, smoking cessation, and mental health. *International Journal of Clinical and Health Psychology* 23(1), 100335 (2023).
5. Australian Government Department of Health and Aged Care. Effects of smoking and tobacco (2024). <https://www.health.gov.au/topics/smoking-vaping-and-tobacco/about-smoking/>.

