

Coping with Cancer and Mental Health: Personal Perspectives on Cancer Survivorship



National Behavioral Health Network
For Tobacco & Cancer Control

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Friday, September 18
3:00 – 4:00 PM EDT



Welcome!



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Today's Featured Speakers



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- Webinar is being recorded. All participants placed in “listen-only” mode.
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- If you have questions during the event, please send them via the chat box or the Q&A panel on your Zoom dashboard, which will be monitored by our facilitators.
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<https://www.streamtext.net/player?event=CopingwithCancerandMentalHealth>
- Presentation slides, handouts, recording and transcription will be posted here:
 - <https://www.bhthechange.org/resources/resource-type/archived-webinars/>



National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations



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What We Know, What We Don't Know & Where Do We Go From Here



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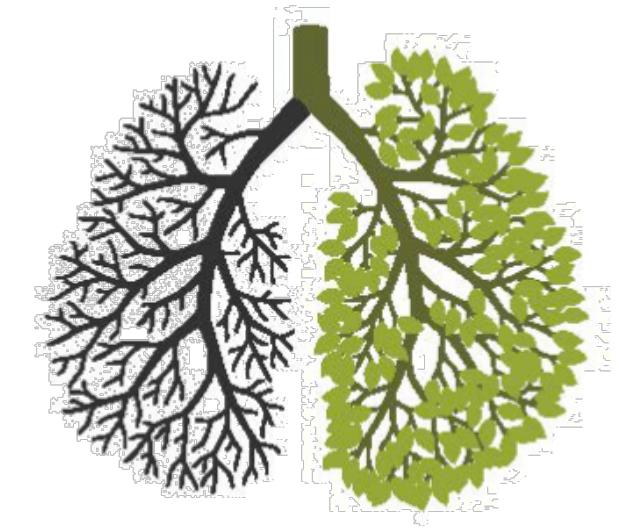
Taslim van Hattum, LCSW, MPH
Senior Director of Practice Improvement,
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Behavioral Health and Cancer

Behavioral health conditions impact patients in all stages of cancer, whether upon diagnosis, during treatment, while in remission, and often throughout the life course. While the evidence is still limited some research shows that:

- Up to 50% of patients with terminal cancer **have been diagnosed with at least one psychiatric disorder.**
- Individuals with a mental illness **may develop cancer at 2.6 times a higher rate** on account of late stage diagnosis and inadequate treatment and screenings.





What Causes a Heightened Risk of Cancer, and Higher Cancer Mortality in Individuals with Behavioral Health Conditions?

- **Risk Factors**

- Negative Coping Mechanisms
 - Smoking and all other co-occurring substance use
- Nutrition access and behavior (high fat diet)
 - Sedentary lifestyle **and/or** metabolic shifts/psychotropic side effects
- Medical co-morbidities (both psychological and physical)
- Drug interactions which might increase risk of certain cancers
- Genetics
- Environmental exposures and other environmental risks
- Additional SDoH such as race, gender, income, and more
- Elevated and Emerging (but not yet conclusive):
 - elevated risk with ACEs/Trauma
 - elevated risk of breast cancer due to low rates of childbearing
 - increased prolactin levels caused by use of particular psychotropic medications



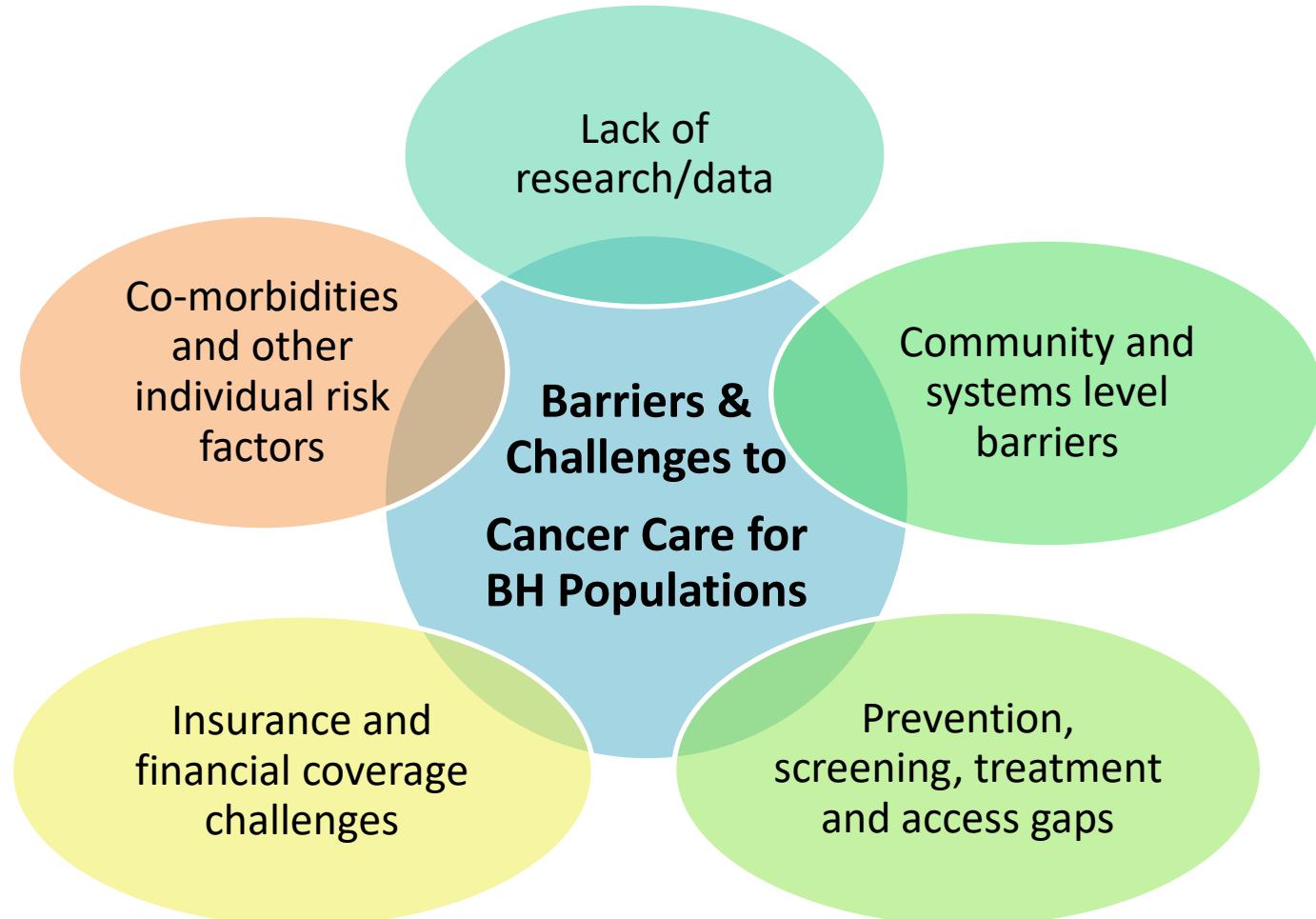
Co-morbidities & Other Risk Factors to Consider

Other unique considerations when treating individuals with behavioral health conditions as it relates to risk include:

- Lack of capacity (with individuals affected by severe mental illness) to understand risk behaviors in the same way and with the same health education materials
- Very little population-specific prevention programs or national focus
- Significant research gaps on modalities that work or best/evidence-based approaches
- Difficulties in coping with treatment as a result of psychiatric symptoms
- Difficulties in coping with treatment owing to life situations (e.g. social supports, transportation, housing, etc)
- Drug interactions between cancer chemotherapy and psychotropic drugs
- Task efficacy around prevention behaviors/activities



Risk Factors, Challenges & Barriers to Care





The Treatment & Access Gap

Individuals with Behavioral Health Conditions

- Have limited access to diagnostic and treatment services for physical complaints
 - > ***Diagnostic overshadowing***, the process where providers wrongly presume that a person's physical symptoms are a consequence of their mental illness, often leads to late or missed cancer diagnoses
 - > ***Treatment bias*** can occur re: how a patient presents physically (i.e. obesity, physical disarray, disruptive symptomology, etc.)
- Are less likely to receive routine cancer screening leading to diagnosis at early stages, especially if they have a severe mental illness
- Are less likely to receive specialized interventions
- Face heavy stigma (even from providers)
 - > Physician bias might lead providers to believe that patients with mental illnesses can be difficult, not adhere to medication, or be incapable of making decisions for their cancer care.



Research & Data: What We Know About a Cancer Diagnosis

Behavioral health challenges and mental illness in individuals with a cancer diagnosis can present a complex set of intersecting issues with **significant impacts on an individual's mortality, quality of life, and cost of care.**

- > 10.1% of cancer survivors report poor mental health related to quality of life compared to only 5.9% of adults without cancer.
- > **Co-morbid depression** is associated with a significantly increased risk of death, negatively impacting the general health and well-being of cancer patients.
- > Depressed patients are less likely to adhere to medical treatment regimens.
- > Mental health treatment may decrease depression and the experience of pain, while potentially increasing survival time, **however mental health treatment is often underutilized for cancer patients.**
- > The co-existence of cancer and mental health conditions **increases the likelihood of having other co-morbidities** such as diabetes, cardiovascular disease, and musculoskeletal conditions.



Risk Factors, Challenges, & Barriers to Care for Individuals with Behavioral Health Conditions

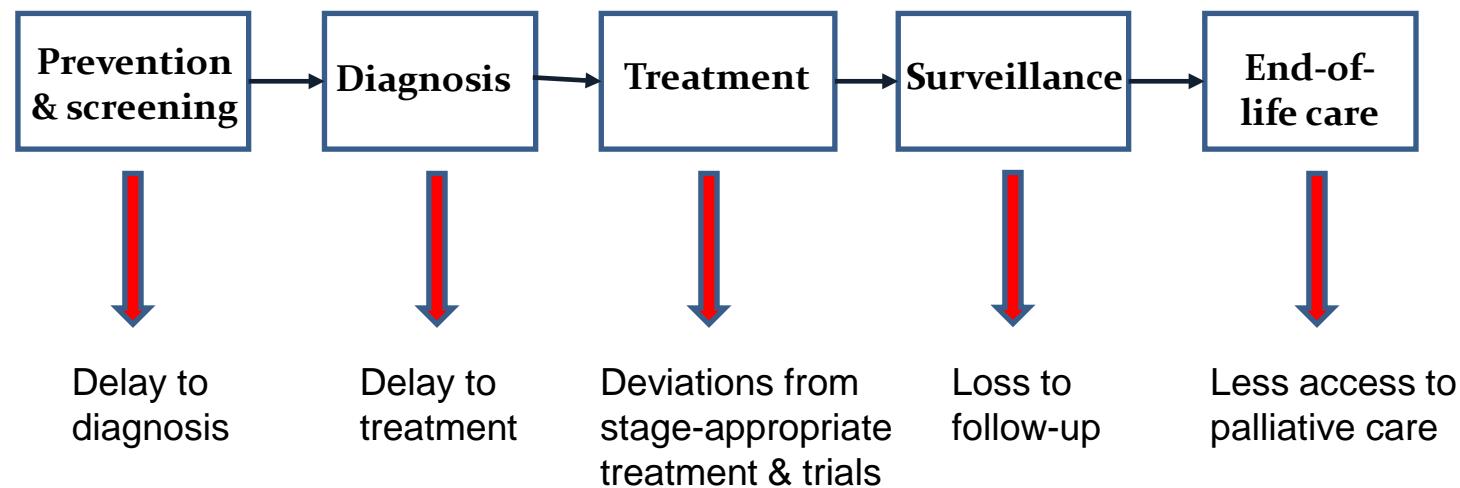
Community and Systems Level Barriers

- Lack of access to screening leading to more advanced staging of disease at diagnosis for
- Reduced access to or use of appropriate treatment after diagnosis
- Insurance-based systems with limited reimbursement for concurrent disorders
- Lack of, or high cost of integrated care
- Structural discrimination by systems, organizations and providers
- Physical distance and travel needed to get to a provider



Inequities in Cancer Treatment Contribute to:

- *Premature cancer mortality*
- *Increased suffering for patients with mental illness*



Source: Slide Courtesy of Dr Kelly Irwin at Massachusetts General Cancer Center. Bergamo, C. et al, Psychosom Med, 2014. Kisely, S., et al, JAMA Psychiatry, 2013. Abudullah KN, et al, Am J Surg, 2015. Chan et al, BMJ Open, 2014, Foti, Psychiatric Services, 2005, Huang, BMJ, 2017, Chochinov, 2012



Intersectionality with Other Priority Populations

Cancer diagnosis, treatment and survival is dependent upon:

- Prevention
- Early diagnosis
- Access to effective treatment
- Survivorship support

Despite this, **access to screening and diagnostic services can be difficult for certain demographics**, including but not limited to:

- > Lower socioeconomic status, non-stable housing
- > Migrants/Immigrants
- > Individuals with lower education or literacy skills
- > Individuals living in rural areas

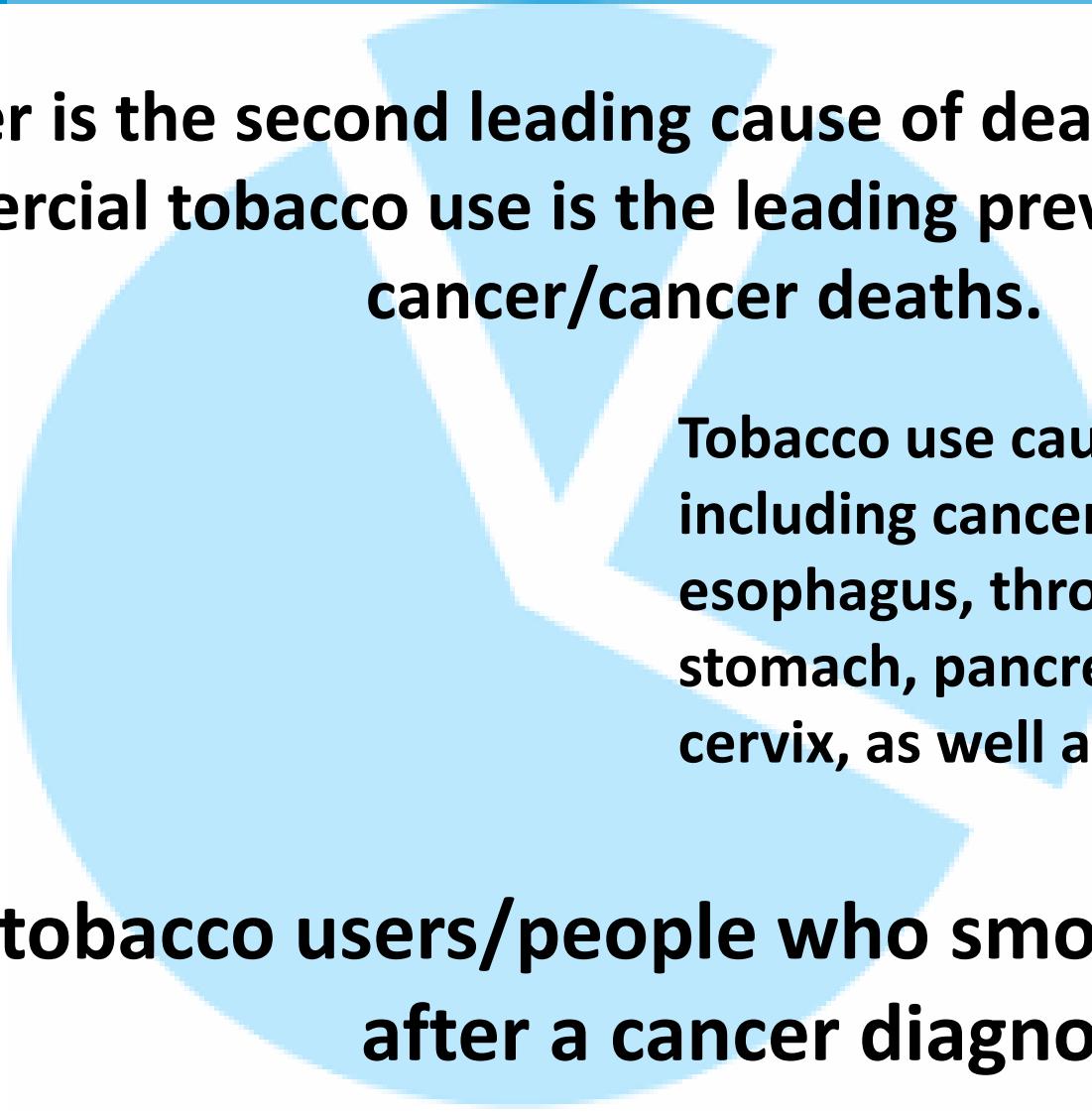


Cancer and Behavioral Health: By the Numbers

- Overall, the **total cancer incidence was 2.6 times higher** among adults with serious mental illness vs adults without serious mental illness.
- Both schizophrenia and bipolar disorder are associated with a **significantly increased risk for cancer**.
- The risk for lung cancer is **4 times higher among adults with serious mental illness**, and the risk for colorectal cancer was similarly elevated.
- The **risk for breast cancer was elevated** among women with schizophrenia and bipolar disorder.
- In the studies conducted to date (very limited research) patients' race did not statistically affect the higher risk for cancer associated with serious mental illness.



Cancer is the second leading cause of death in the US and commercial tobacco use is the leading preventable cause of cancer/cancer deaths.



Tobacco use causes many types of cancer, including cancer of the lung, larynx, mouth, esophagus, throat, bladder, kidney, liver, stomach, pancreas, colon and rectum, and cervix, as well as acute myeloid leukemia.

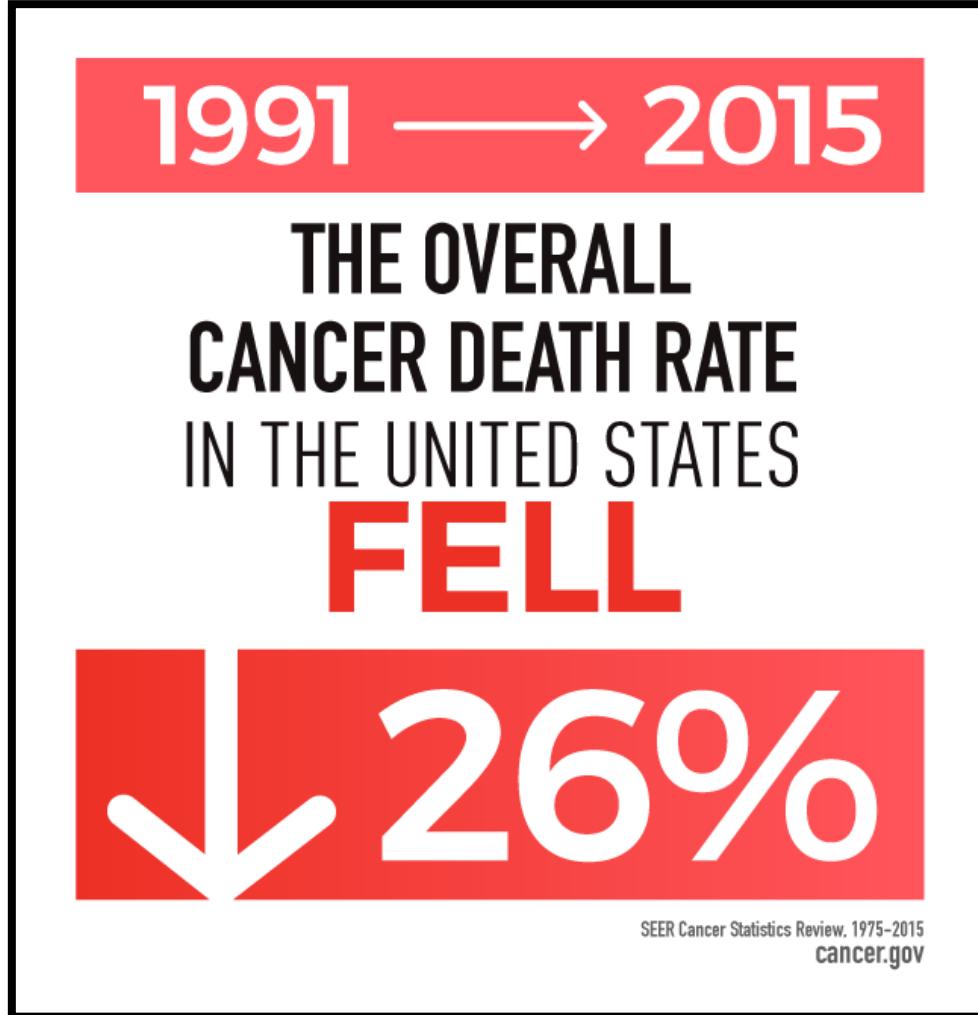
64% of tobacco users/people who smoke continue to do so after a cancer diagnosis



Why don't we know more? What can we do about it?



...There is GOOD NEWS!



- Increased awareness
- Enhanced prevention
- Better treatment
- These all result in...
 - *Less suffering and a higher quality of life!*
 - *People living longer!*



Strategies for Reaching Individuals with Behavioral Health Conditions

- **Identify high-risk populations**
 - Individuals who smoke or are heavy alcohol users
- **Use a multidisciplinary care management approach**
 - Involve social service providers, clinicians, family and friends
- **Meet the person where they're at**
 - Build empathy, use a trauma informed care approach if applicable
 - Use a holistic patient-centered approach
 - Make sure treatment is culturally relevant (integration of non-traditional cancer medicine)
- **Meet the community where they're at**
 - Bring screening services to the physical community
 - Increase accessibility to screening and preventive services
 - Maximize the use of community health workers and patient navigators
- **Invest in peer groups and other patient support networks**
- **Link up with social services, community, and faith-based organizations**
 - Cancer and mental illness are not easy battles, make sure to involve the whole community in the healing process



Help Clients and Families Manage the Mental Health Consequences of a Cancer Diagnosis

- **Coping Strategies**
 - Mindfulness
 - Meditation
 - Relaxation Techniques
 - Cognitive Behavioral Therapy
- **Counseling**
- **Support Groups**
- **Care Teams**
- **Treatment**
 - Medication
 - Non-traditional medicine/homeopathy
- **Support Networks**
 - Family
 - Friends
 - Community





Rethink Expansive Cancer Care Teams

Traditional Care Team	Mental Health Professionals	Other Members of the Healing Team
<ul style="list-style-type: none">• Primary Care Physician• Anesthesiologist• Radiation Therapist• Oncologist• Chemotherapist• Plastic surgeon• Oncology Nurse• Clinical trial providers	<ul style="list-style-type: none">• Social worker• Psychologist or Psychiatrist• Counselors• Therapists• Certified Peer Specialists• Addiction Treatment Specialists	<ul style="list-style-type: none">• Partner, spouse, parents, children• Co-workers and friends• Other support groups



Designing Cancer Care Programs – Things to Consider

- Develop and promote patient navigation systems
- Generate a comprehensive database on newly diagnosed patients and cancer survivors- include any co-morbidities with mental illness
- Create an evaluation system that monitors issues with service and quality of treatment
- Include services for cancer care survivors with behavioral health conditions
 - Combine cancer survivorship groups with other behavioral health groups
- Ensure that provider trainings have cultural competency training
- Train cancer survivors to become advocates
- Increase use of evidence-based practices such as psychotherapy in combination with traditional cancer therapies
- Establish integrated care



Things to Consider for the Future

- Prevention programming
- Centering on early detection and screening as critical priorities
 - Some cancers that can be detected early using screening services include breast, cervical, and colorectal cancers.
 - An average 10-year delay in screening is unacceptable and needs to be addressed immediately in public health and behavioral health systems
 - Prevention programming must also address screening and referral rates in behavioral health populations
 - This will impact cost of care and morbidity rates in all communities
- Focus on ACCESS and QUALITY
- Expand survivorship supports and community-centered programming

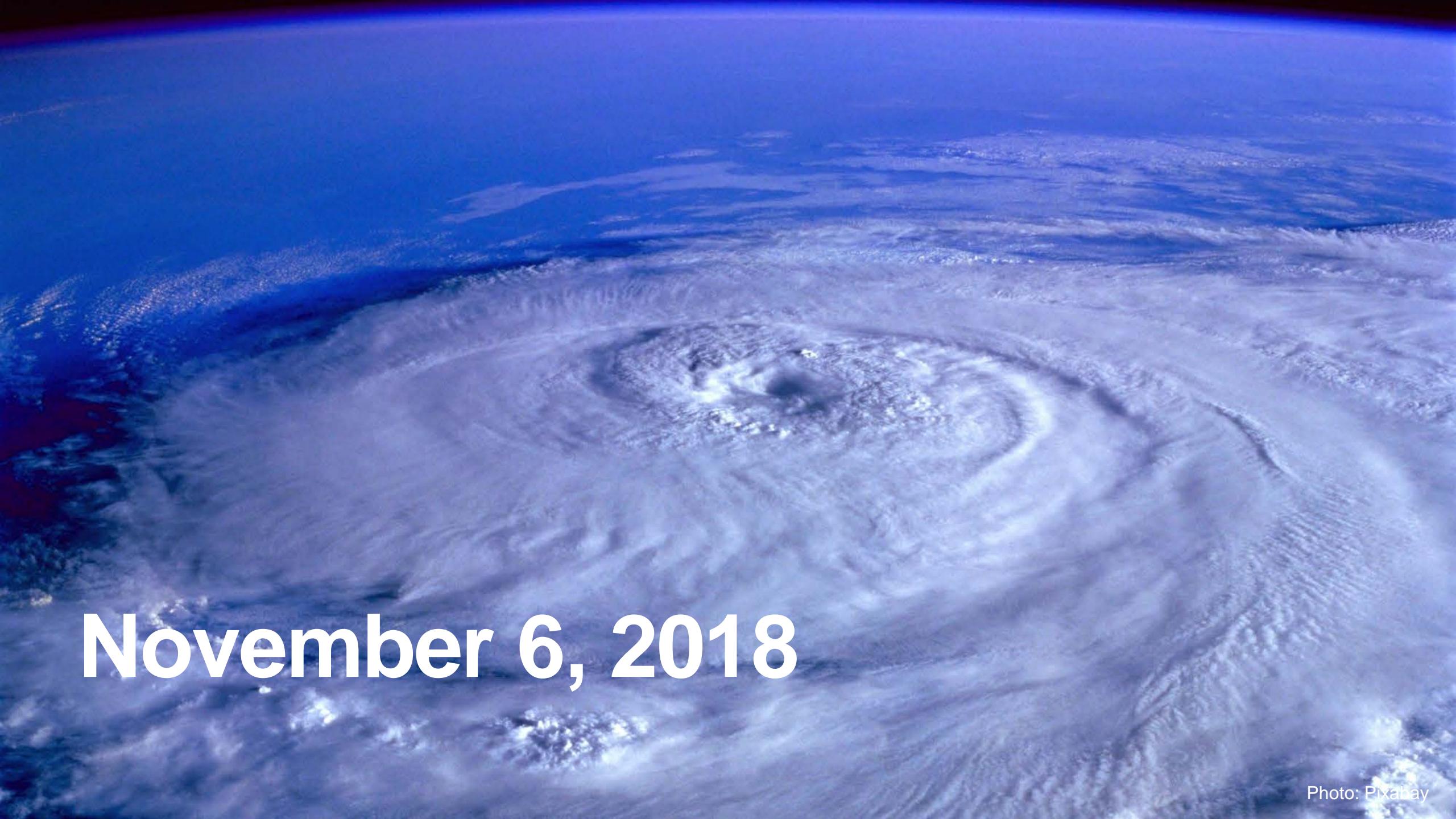


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Tamatha's Story



November 6, 2018
May 13, 2019
January 27, 2020

A satellite photograph of a massive tropical cyclone, likely a category 5 hurricane, centered over the open ocean. The storm exhibits a well-defined, circular eye at its core, surrounded by concentric bands of intense cloud organization and heavy precipitation. The surrounding environment is a deep, dark blue, indicating the depth of the ocean and the clear sky above the storm's outer fringes.

November 6, 2018



May 13, 2019

Photo: Karolina Gebowska

January 27, 2020



Photo: Artem Beliaikin

A wide-angle photograph of a rugged mountain range. The mountains are covered in patches of bright green vegetation and dark, rocky areas. A winding dirt road cuts through the lower slopes. In the background, a large, dark blue lake is nestled among the peaks. The sky is filled with heavy, grey clouds.

September 18, 2020

Photo: Keynote



Angie's Story





Comments and Questions?





Thank you for joining us!

Please be sure to complete the brief post-event evaluation.



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