Cancer Screening:
What Behavioral Health Providers Need to Know

National Behavioral Health Network
For Tobacco & Cancer Control

Thursday, March 25, 2021

2:00pm ET

Closed captioning: https://www.streamtext.net/player?event=CancerScreeningWhatBehavioralHealthProvidersNTK

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Welcome!

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Housekeeping

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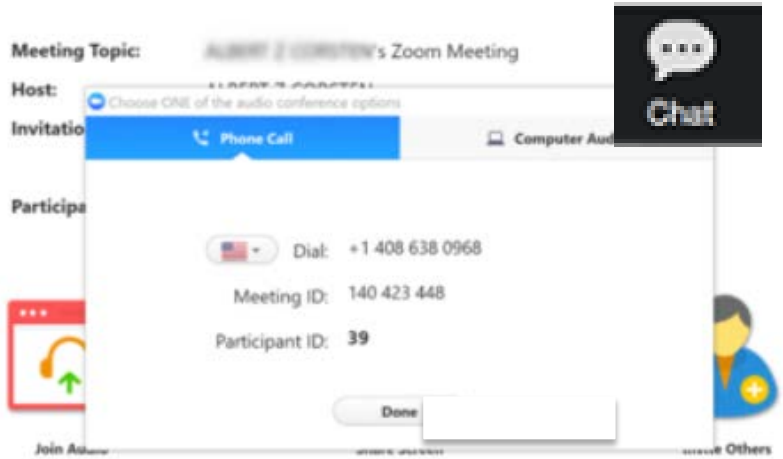

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For Tobacco & Cancer Control

- 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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Learning Objectives

- Identify the contextual factors that impact cancer screenings among individuals with mental health and substance use disorders
- Learn about the multi-level strategies available to promote cancer screening
- Adapt an integrative care approach to enhance mental health and cancer care

Contextual Risk Factors and the Social Determinants of Health

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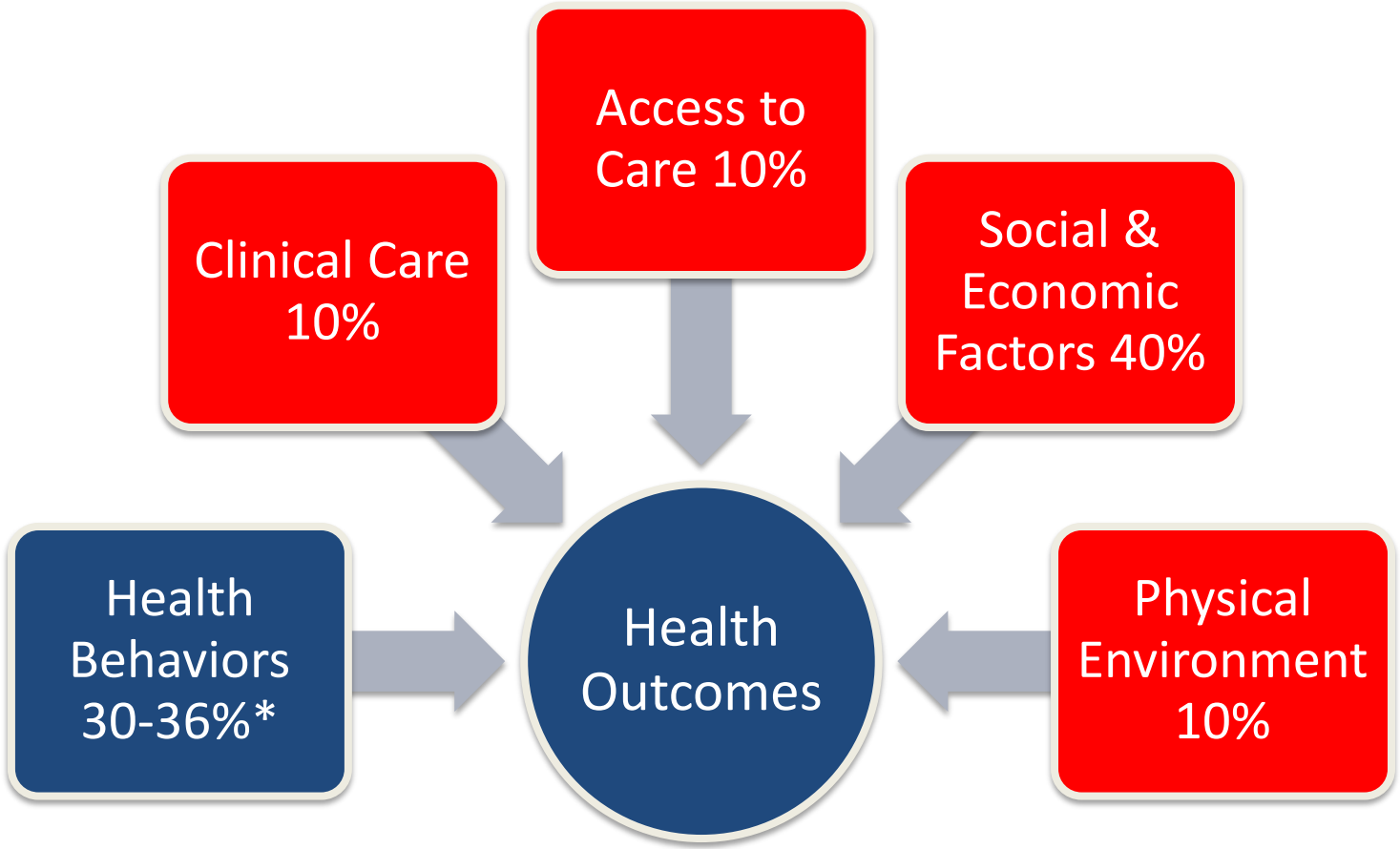
Determinants of Health

Traditional Programming



*Source: https://www.goinvo.com/vision/determinants-of-health/

Cancer and Behavioral Health: What Has Caused the Disparity?

Behavioral and lifestyle factors

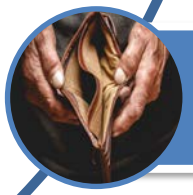
(smoking, alcohol use, nutrition access/diet)

Socio-environmental circumstances

Access to and quality of medical care

Bio-chemical factors

(co-morbidities, drug interactions, genetics)



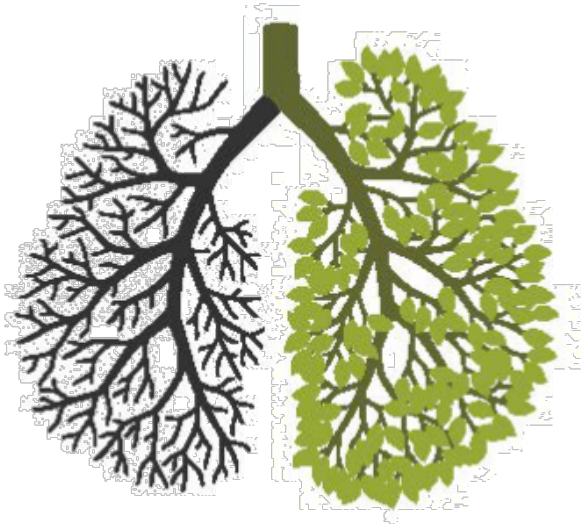
Contextual inequities

(food environments, poverty, discrimination and more)

Cancer and Behavioral Health

- **1 in 4** adults have some form of mental illness or substance use condition

- Mental health issues affect patients in all stages of cancer, whether a pre-existing condition, 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.



Source: McGinty EE, Zhang Y, Guallar E, et al. Cancer incidence in a sample of Maryland residents with serious mental illness. Psychiatr Serv. 2012; 63:714–717. [PubMed: 22752037]

Cancer and Behavioral Health

- 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 is 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.

Source: McGinty, E. E., Zhang, Y., Guallar, E., Ford, D. E., Steinwachs, D., Dixon, L. B., Keating, N. L., & Daumit, G. L. (2012). Cancer incidence in a sample of Maryland residents with serious mental illness. *Psychiatric services (Washington, D.C.)*, *63*(7), 714–717. https://doi.org/10.1176/appi.ps.201100169

Most Common Cancers

- Lung cancer
  - Individuals with behavioral health conditions are **4.5x more likely** to develop lung cancer
- Colorectal cancer
  - Individuals with behavioral health conditions are **3.5x more likely** to develop colorectal cancer
- Breast cancer
  - Individuals with behavioral health conditions are **3x more likely** to develop breast cancer

Source: Kisely S, Crowe E, Lawrence D. Cancer-Related Mortality in People With Mental Illness. *JAMA Psychiatry.* 2013;70(2):209–217. doi:10.1001/jamapsychiatry.2013.278

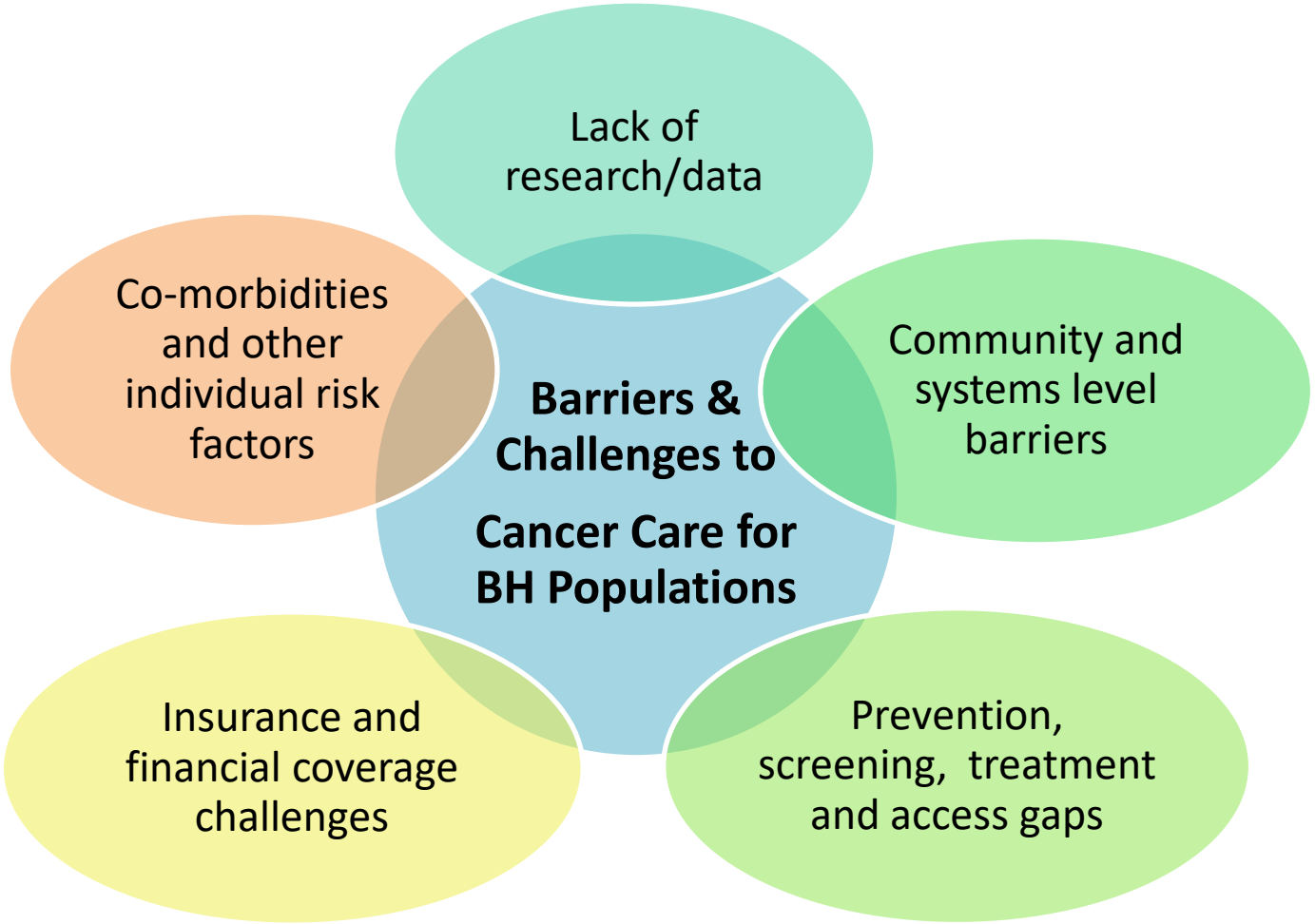
But we don't know the whole story…

The evidence to date from studies regarding mental illness and cancer is varied, complex, and sometimes conflicting. Reports regarding cancer incidence are particularly inconsistent, with studies finding the risk of cancer among individuals with mental illness to be higher, lower, or equivalent to that of the general population.

Cancer is the second leading cause of death among individuals who experience mental health and substance use disorders.

Source: Kisely S, Crowe E, Lawrence D. Cancer-Related Mortality in People With Mental Illness. *JAMA Psychiatry.* 2013;70(2):209–217. doi:10.1001/jamapsychiatry.2013.278

Cancer Care: Barriers for Behavioral Health



What are some ways the determinants can affect individuals with behavioral health conditions and a cancer diagnosis?

- The experience of cancer and its treatment, especially during youth, may have long term consequences that can be potentially. disrupting for the education and social functioning of individuals.
- Patients may be uncomfortable discussing costs with their oncologist and have limited knowledge of financial resources.
- Patients may live in food deserts and have inadequate nutrition as part of their diet.

The Impact of Trauma Across the Continuum

- **Cancer risk (elevated and emerging but not yet conclusive):**
  - Elevated risk with ACEs/trauma
  - Elevated risk of breast cancer
  - Increased prolactin levels caused by use of particular psychotropic medications for breast cancer risk
- **Preventative Screening**
  - Women who did not get recommended cervical cancer screening were more likely to have been sexually abused in childhood
  - Women who were sexually abused in childhood may be at higher risk than other women for HPV and cervical cancer

Post- treatment

- Intrusive thoughts about cancer illness and diagnosis
- Distress about the effects of treatment (hair loss, loss of sexual drive, physical disfigurement)
- Re-experiencing of aspects of the illness (receiving chemotherapy)
- Deliberate avoidance of reminders of the treatment or disease (trying not to think or talk about the illness)
- A sense of reduced and hopeless future
- Difficulty sleeping, concentrating
- Increased anxiety

Sources: 1) Farley et al. (2002). Is a history of trauma associated with a reduced likelihood of cervical cancer screening? The Journal of Family Practice. Vol. 51 No. 10. 2) Green, Bonnie & Krupnick, Janice & Rowland, Julia & Epstein, Steven & Stockton, Patricia & IL, Spertus & Stern, Nicole. (2000). Trauma History as a Predictor of Psychologic Symptoms in Women With Breast Cancer. Journal of clinical oncology : official journal of the American Society of Clinical Oncology. 18. 1084-93. 10.1200/jco.2000.18.5.1084.

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
- Task efficacy around prevention behaviors/activities
- 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

The Treatment & Access Gap

Individuals with Behavioral Health Conditions:

- Have limited access to diagnostic and treatment services for physical complaints
  - > Diagnostic overshadowing
  - > Treatment bias
- Are less likely to receive routine cancer screening leading to diagnosis at late stages, especially if they have a severe mental illness
- Are less likely to receive specialized interventions
- Face heavy stigma and bias (even from providers)

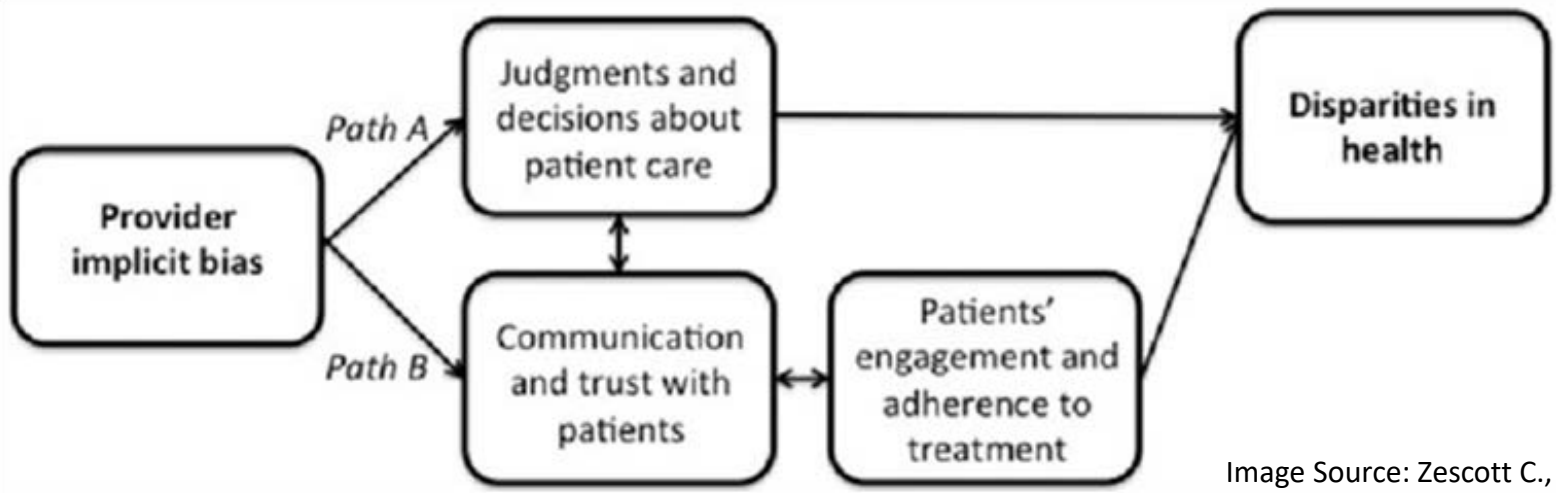
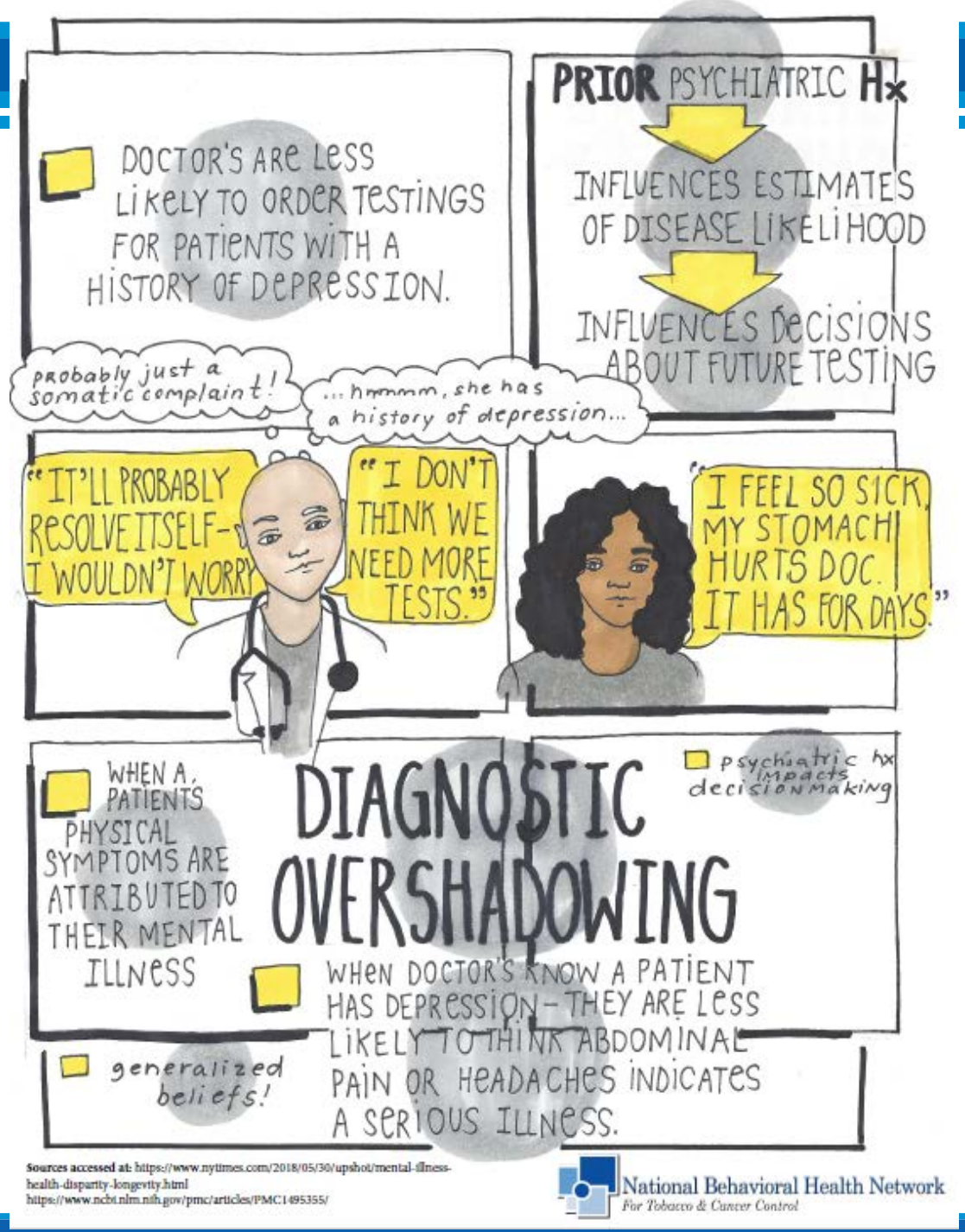


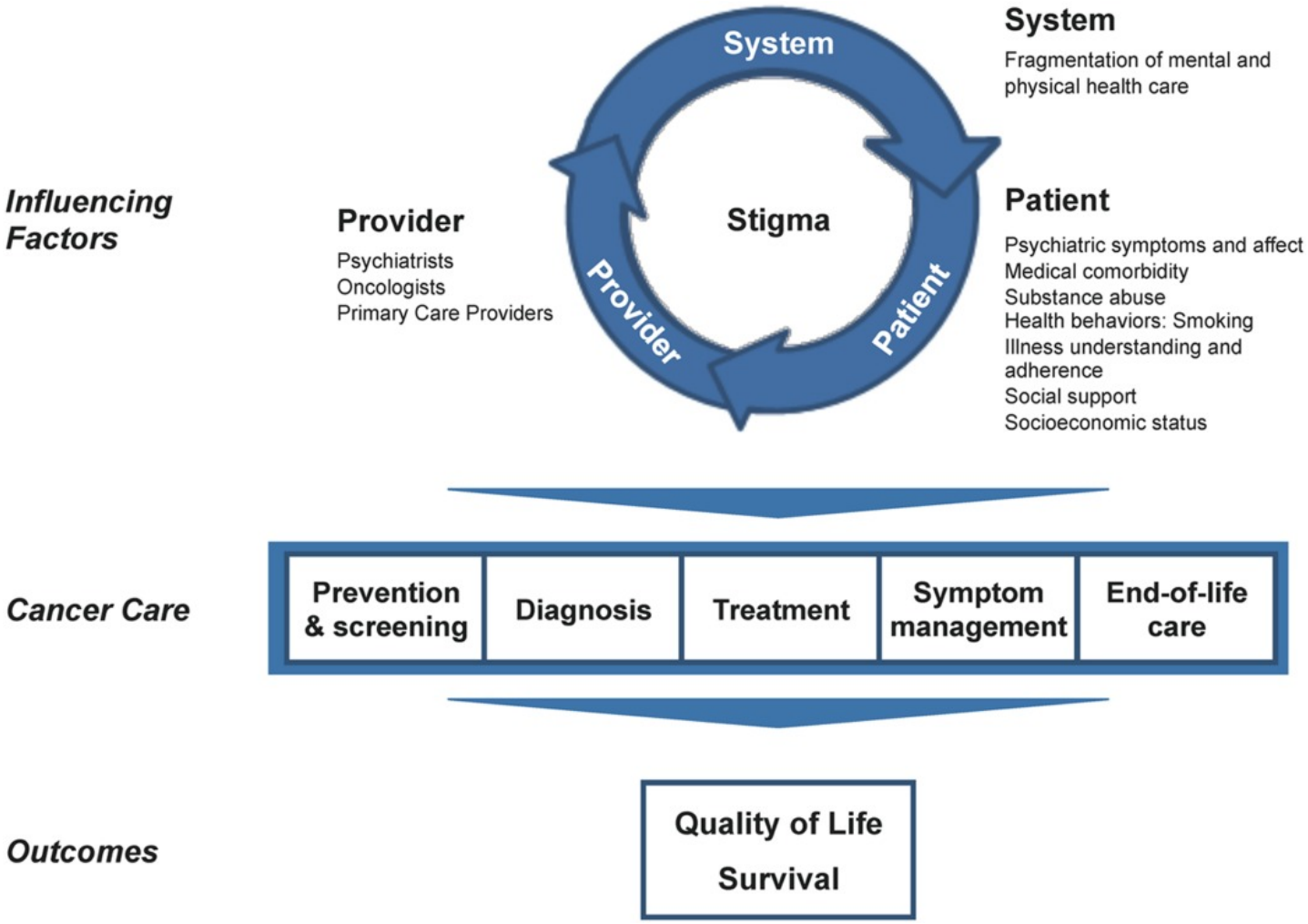
Image Source: Zescott C., 2016



Chat box:

What are some other examples of provider bias you can think of?

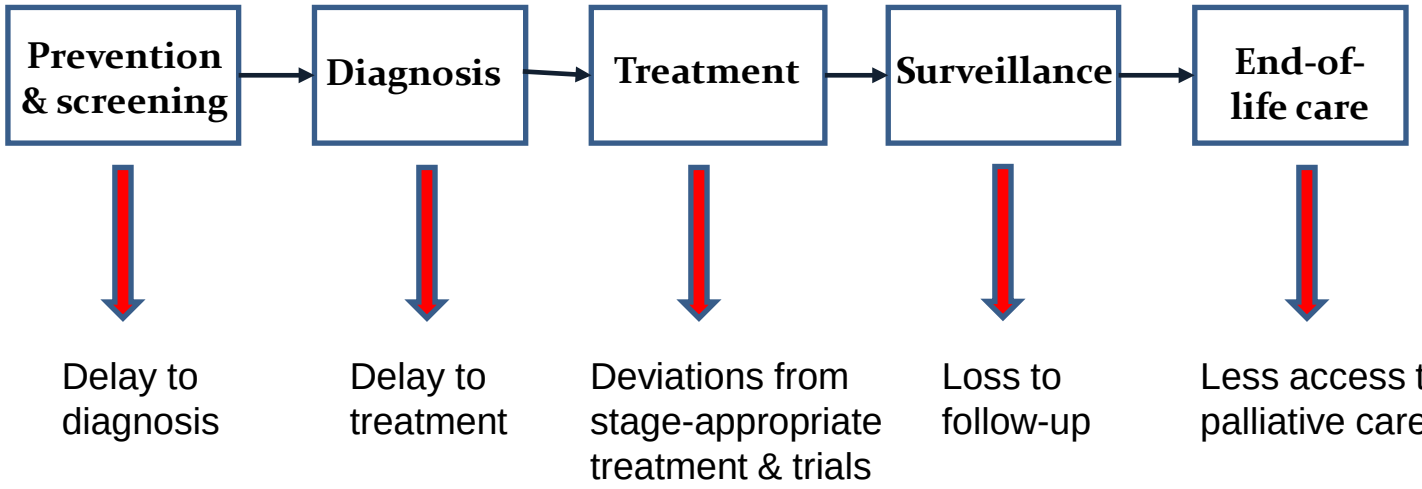
Stigma affects an individual throughout the continuum of care…



Cancer, Volume: 120, Issue: 3, Pages: 323-334, First published: 21 October 2013, DOI: (10.1002/cncr.28431)

Inequities in cancer care 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

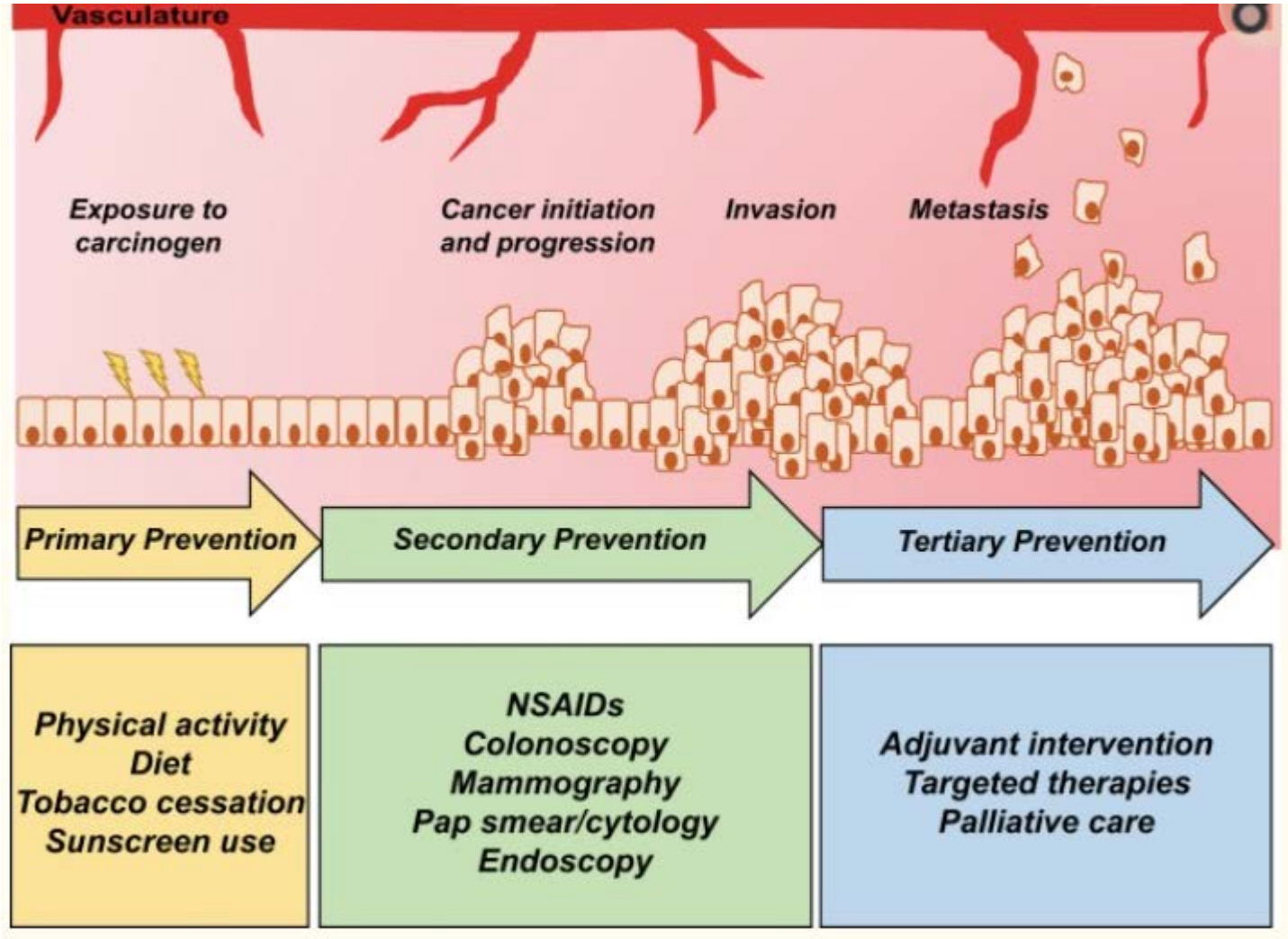
Cancer diagnosis, treatment and survival is dependent upon:

- 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 Screening: Secondary Prevention



Guidelines for Early Detection of Cancer (ACS)

- **Lung cancer**
  - The American Cancer Society recommends yearly lung cancer screening with a low-dose CT scan (LDCT) for certain people at higher risk for lung cancer who meet the following conditions:
    - Are aged 55 to 74 years and in fairly good health
    - Currently smoke or have quit smoking in the past 15 years
    - Have at least a 30 pack-year smoking history. (A pack-year is 1 pack of cigarettes per day per year. One pack per day for 30 years or 2 packs per day for 15 years would both be 30 pack-years.)
- **Colorectal cancer**
  - Start screening at age 45. This can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam).
  - If you're in good health, you should continue regular screening through age 75.
  - For people ages 76 through 85, talk with your health care provider about whether continuing to get screened is right for you. When deciding, take into account your own preferences, overall health, and past screening history.
  - People over 85 should no longer get colorectal cancer screening.

Guidelines for Early Detection of Cancer (ACS)

- **Cervical cancer**
  - Cervical cancer screening should start at age 25. People under age 25 should not be tested because cervical cancer is rare in this age group.
  - People between the ages of 25 and 65 should get a primary HPV (human papillomavirus) test* done every 5 years. If a primary HPV test is not available, a co-test (an HPV test with a Pap test) every 5 years or a Pap test every 3 years are still good options.
- **Breast cancer**
  - Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.
  - Women age 45 to 54 should get mammograms every year.
  - Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.
  - Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

Guidelines for Early Detection of Cancer (ACS)

Prostate cancer

- The American Cancer Society recommends that men make an informed decision with a health care provider about whether to be tested for prostate cancer. **Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment.** Men should not be tested without first learning about what we know and don't know about the risks and possible benefits of testing and treatment. (starting at age 50).
- For African American men or men have a father or brother who had prostate cancer before age 65, discuss with a health care provider starting at age 45.
- If tested, the recommendation get a PSA blood test with or without a rectal exam. How often testing happens will depend on your PSA level.

Disparities in Cancer Screening

- Individuals with schizophrenia are **less likely to have up-to-date screening for breast, cervical, and colorectal cancer** independent of race, income, education, insurance coverage, and number of visits to a primary care provider (Aggarwal et al., 2013; Xiong et al., 2008)
- Patients with schizophrenia were **5 times less likely to have had a Pap smear test within the past 3 years** (Tilbrook et al., 2010)
- Older homeless adults with serious mental illness **found lower rates of colorectal cancer screening** and fewer medical visits compared with homeless individuals with depression (Folsom et al., 2002)

How can we promote cancer screening among individuals with mental health and substance use disorders?

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Rethinking Cancer Care Teams

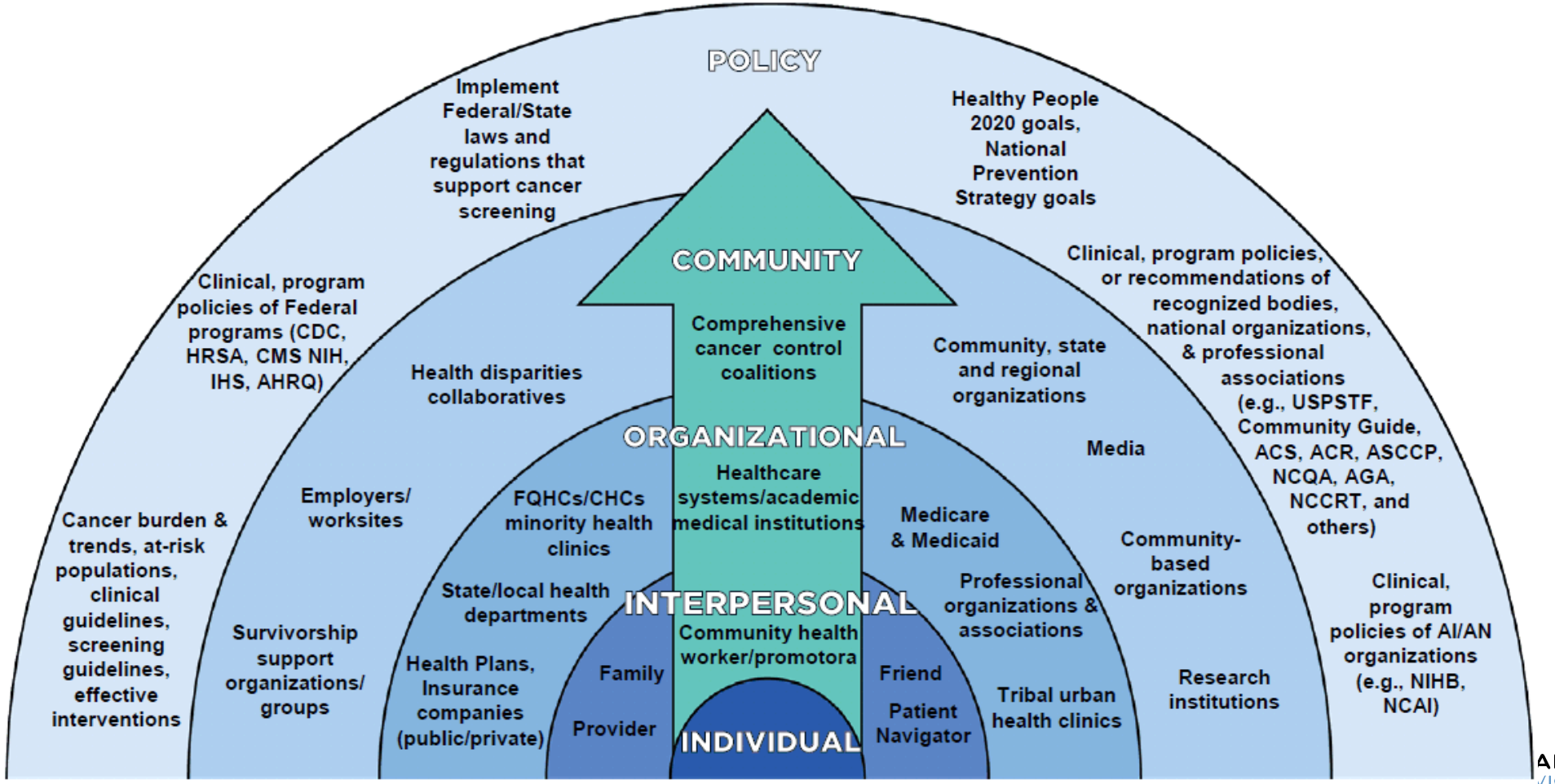
Traditional Care Team	Behavioral Health Professionals	Other Members of the Team
• Primary Care Physician • Anesthesiologist • Radiation Therapist • Oncologist • Chemotherapist • Plastic surgeon • Oncology Nurse • Clinical trial providers	• Social worker • Psychologist or Psychiatrist • Counselors • Therapists • Certified Peer Specialists • Addiction Treatment Specialists	• Partner, spouse, parents, children • Co-workers and friends • Other support groups • Community health workers • Patient navigators

Chat box: What are some challenges you are seeing in your clinics and facilities with promoting cancer screening ?

Key considerations for behavioral health providers:

- The impact of substance use on cancer risk for patients
- Patient capacity for decision making and care navigation
- The effect of patient trauma on invasive cancer screening procedures
- Considerations for sub-populations
  - Homeless individuals
  - Uninsured

Social Ecological Model for Cancer Prevention



*Some groups may fit within multiple levels of this model.

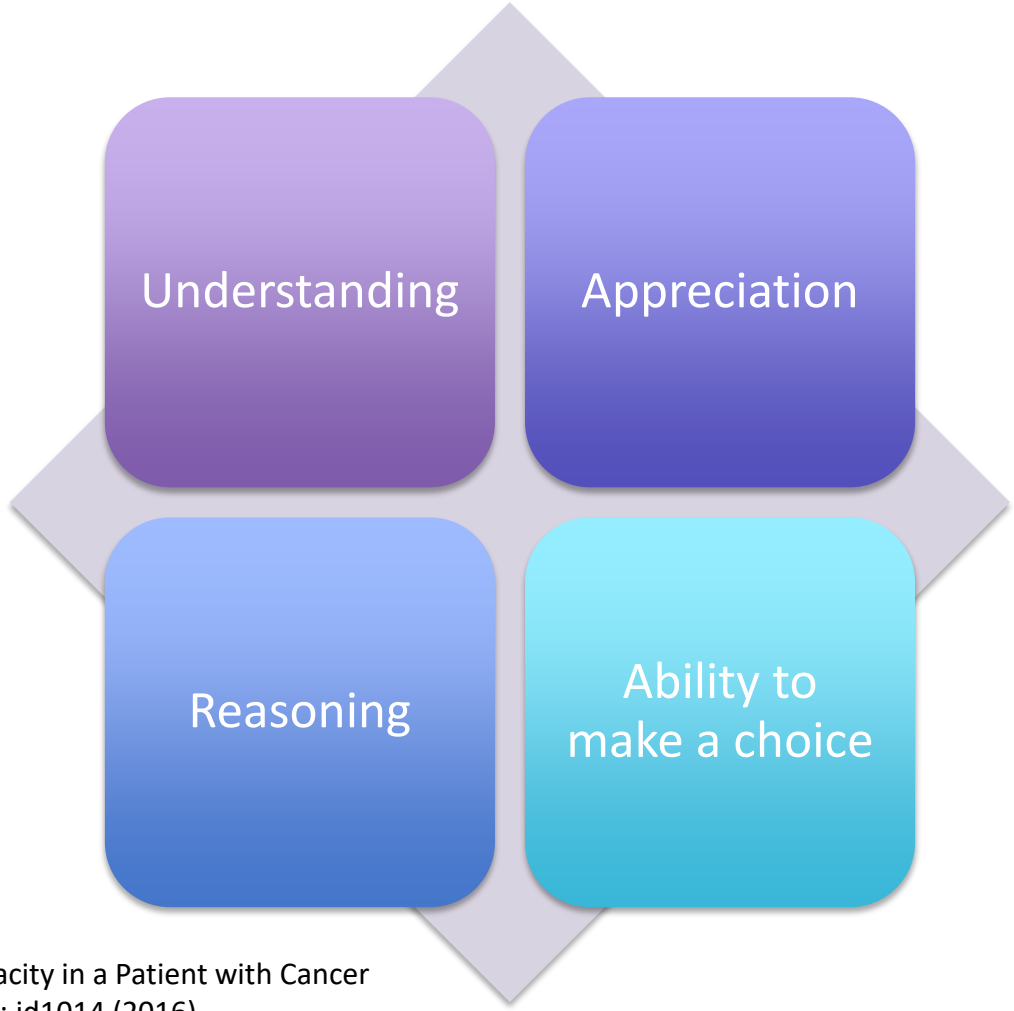
Screening Recommendations: Individual and Interpersonal

- Provide sensitive cancer screening environments for people with behavioral health conditions that allow for limited wait times and orientation to equipment and procedures
  - Use of shared decision-making tools
  - Use of patient education materials
  - Referrals to educational groups/caregiver support
  - Providing mental health counseling and services/ encouraging referrals
  - Access to patient navigators and community heath workers
  - Use of trauma-informed care
  - Use of patient-centered care and communication

Tools to Promote Cancer Screening

- Assessing and giving power to patients for better decision making and increased capacity
- Using a patient-centered care approach
- Integrating community health workers and patient navigators to overcome barriers and navigate complex screening processes
- Increasing awareness of trauma-informed care
- Advocating for integrated care
- Leveraging cancer screening campaigns

4 Components of Decision-Making



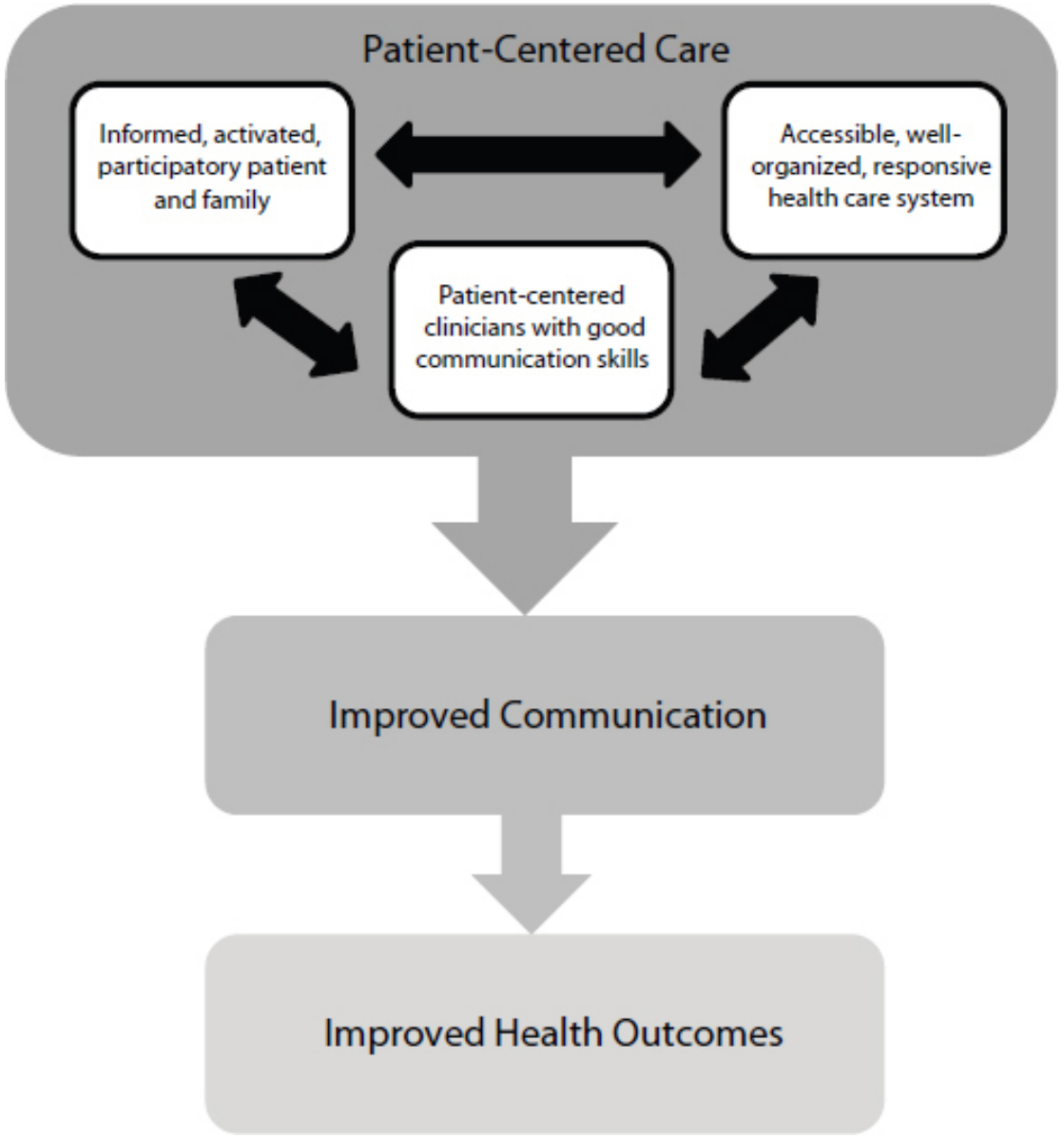
Source: Shah N. (2016). Assessing Decision-Making Capacity in a Patient with Cancer and Untreated Psychiatric Illness. *Austin Crit Care J*. 3(1): id1014 (2016)

Tools to Assess Decision-Making Capacity

Table 1: Brief review of tools to assess capacity and primary indication for the tool.

Tools available to assess capacity	Primary Indication
MMSE	Measure cognitive status
Mac Arthur compentency assessment tool	Clinical tool to assess patient's capacities to make treatment decisions [9]
Aid to capacity evaluation	Systematically evaluate capacity when a patient is facing a medical decision [17]
Hopkins Competency Assessment Tool	Evaluating Patient's Capacity to Give Informed Consent [18]
Competency Interview Schedule	Assess the mental competence of individuals who consent or refuse psychiatric treatment [19]
Structured Interview for Competency and Incompetency Assessment and Ranking Inventory	Assess the competency for giving informed consent to treatment among psychiatric and medical patients [20]
Capacity to Consent to Treatment Instrument	Standardized psychometric instrument designed to assess the treatment consent capacity of adults [21]
Consent Capacity Instrument	Assesses ability to consent to treatments

Source: Shah N. (2016). Assessing Decision-Making Capacity in a Patient with Cancer and Untreated Psychiatric Illness. *Austin Crit Care J*. 3(1): id1014 (2016)



8 Domains of Patient-Centered Care (Picker)

1. Respect for patient's preferences and values
2. Coordination and integration of care
3. Information and education
4. Physical comfort
5. Emotional support
6. Involvement of family and friends
7. Continuity and transition
8. Access to care

Source: Karen Luxford, Dana Gelb Safran, Tom Delbanco, Promoting patient-centered care: a qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving the patient experience, *International Journal for Quality in Health Care*, Volume 23, Issue 5, October 2011, Pages 510–515, https://doi.org/10.1093/intqhc/mzr024

Patient Navigators and Community Health Workers

- *Patient navigators* are staff members **who work with patients to overcome barriers and understand the medical system**. Their support can help patients get the cancer screenings and follow-up care they need (CDC, 2020).
- Community health workers are frontline public health workers who have a close understanding of the community they serve. This trusting relationship enables them to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery (APHA, 2008).

What is a Trauma-Informed, Resilience-Oriented Approach?

Realizes	• Realizes widespread impact of trauma and understands potential paths for recovery
Recognizes	• Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system
Responds	• Responds by fully integrating knowledge about trauma into policies, procedures, and practices
Resists	• Seeks to actively resist re-traumatization

Substance Abuse and Mental Health Services Administration. 2014.

Two Important Tenets of a Trauma-Informed, Resilience-Oriented Approach

We change the question from

"What is wrong with you?"

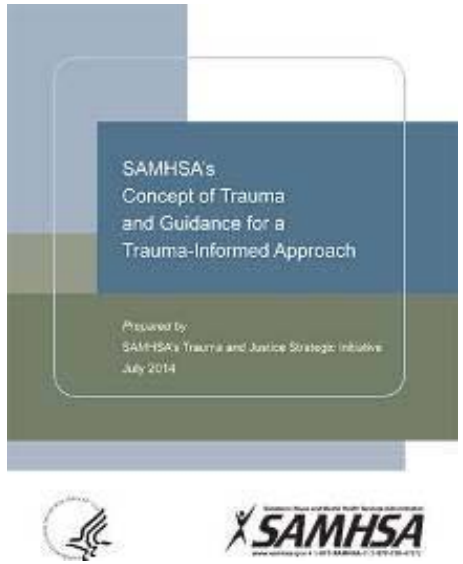
to

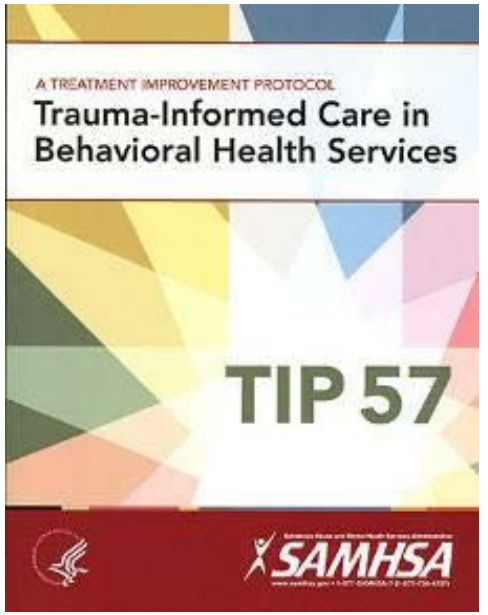
"What happened to you?"

We assume everyone is doing the best they can

Principles of a Trauma-Informed, Resilience-Oriented Approach

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Consideration of cultural, historical, and gender issues





Screening Recommendations: Systems and Policy

System level

- Increase awareness of cancer screening disparities among behavioral health service providers
- **Increase integration of primary and behavioral health services with an emphasis on screening and prevention**
- Decrease complexity of obtaining screening services
- Promote programs to educate peer counselors in prevention and wellness to deliver service

Policy level

- Advocate for enhanced reimbursement for interdisciplinary care coordination and preventive care services in people with complex medical and psychiatric morbidities

Integrated Care: Definitions from Different Perspectives

- **A health system-based definition:**
  - Health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course.
- **A social science-based definition:**
  - Integration is a coherent set of methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goal of these methods and models is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for people by cutting across multiple services, providers and settings. Where the result of such multi-pronged efforts to promote integration lead to benefits for people the outcome can be called 'integrated care'.
- **A definition based on the perspective of the patient (person-centered coordinated care):**
  - **"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."**

Goodwin N. (2016). Understanding Integrated Care. *International journal of integrated care*, *16*(4), 6. https://doi.org/10.5334/ijic.2530

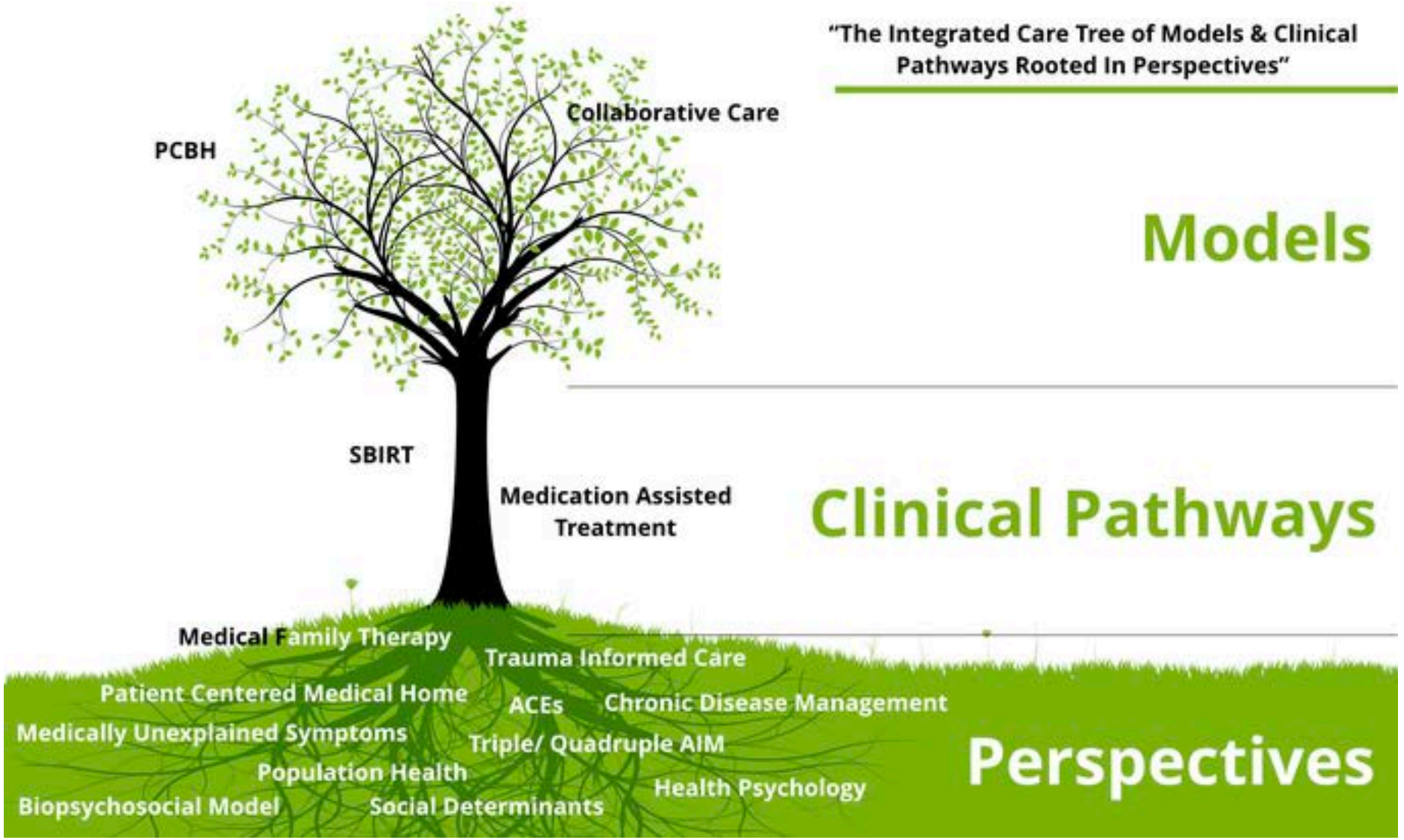
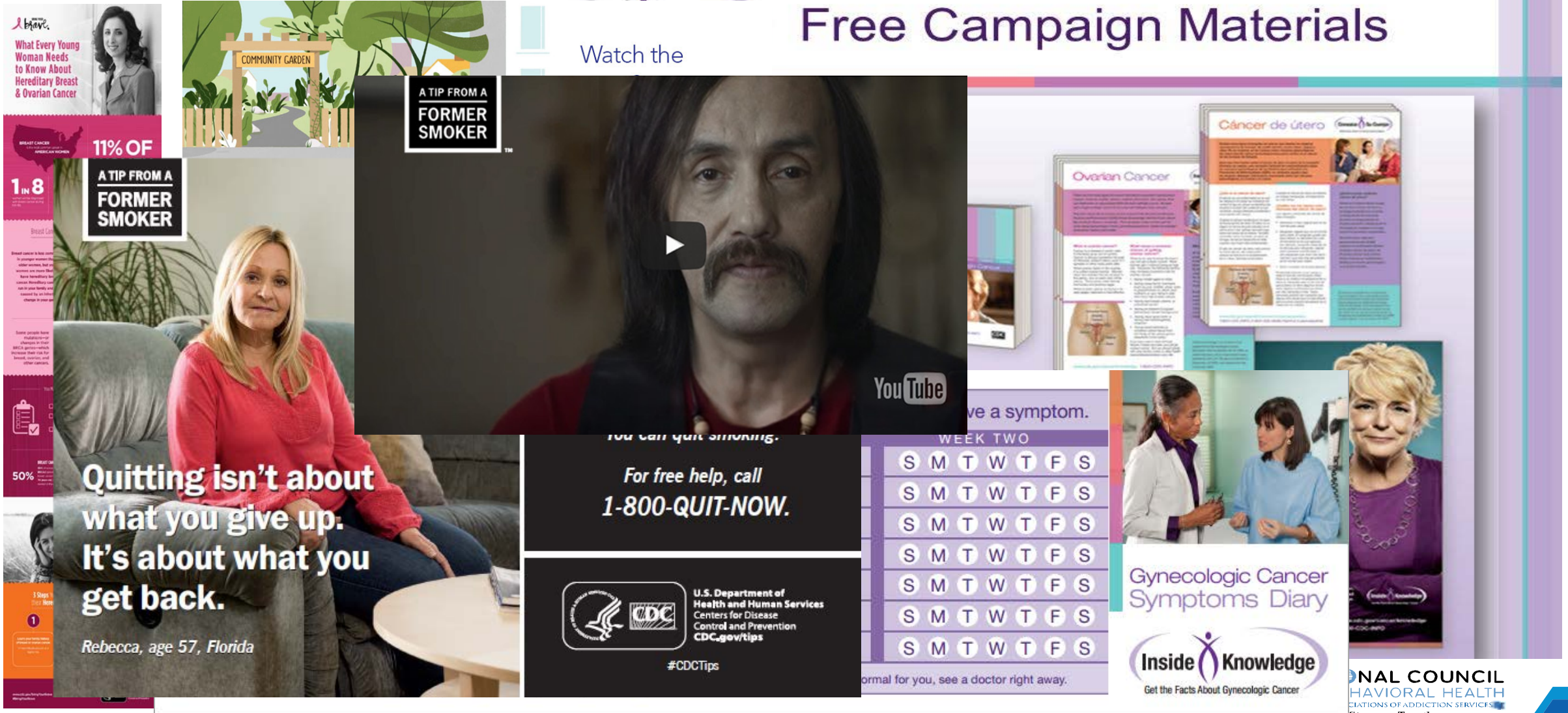


Image source: Collaborative Family Healthcare Association

Prevention Promotion & Awareness

Free Campaign Materials



Recommendations for Behavioral Health Providers to Promote Cancer Screening

- Support patients with decision making and care navigation
- Engage in coordination between mental health specialists and primary care professionals could help to close screening gaps (integrated care)
- Explore and engage in efforts to reduce stigma and provide better patient-centered care
- Engage case managers, nurses, social workers or other professionals on what screenings are necessary and with what frequency
- Increase awareness of the importance trauma-informed care for traditional cancer care providers

Comments and Questions?

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A brief webinar survey will pop up on your screen.