Exploring Cancer Screening in the Context of Unmet Mental Health Needs: A Participatory Pilot Study

Abigail Williams, MPH¹, Jennifer Erb-Downward, MPH², Emilie Bruzelius, MPH¹, Ellen O'Hara-Cicero, LCSW-R³, Alison Maling, LCSW⁴, Lauren Machin⁴, Meiling Viera-Delgado⁵, Pamela Valera, PhD¹, Nicole Maysonet, BS¹, Elisa S. Weiss, PhD¹

(1) Division of Community Collaboration and Implementation Science, Albert Einstein College of Medicine, Department of Epidemiology and Population Health at the time of writing; (2) Division of Community Collaboration and Implementation Science, Albert Einstein College of Medicine, Department of Epidemiology and Population Health; (3) Division of Community-Based Programs, Good Shepherds Services; (4) Morris Heights Health Center; (5) Phipps Community Development Corp

What Is the Purpose of the Study?

- We wanted to interview a wide range of service providers in the Bronx to better understand the barriers and facilitators they encounter in connecting their clients to mental health services, and how access to mental health services affected individuals' ability to receive cancer screening and other preventive health services.
- Our interest in understanding the relationship between cancer screening behavior and mental health stems from our
 personal experiences with clients who are in need of mental health services and often do not participate in preventive
 health behaviors, such as cancer screening.
- Our ultimate goal is to use the information presented in this paper to design an intervention that will improve linkages
 to services for underserved clients with the aim of enhancing clients' access to and utilization of age-appropriate cancer
 screening for preventable cancers. The intervention will focus on creating systems for the identification of mental health
 needs in the community as well as referrals for services and treatment. By improving identification and management of
 mental health issues, we hypothesize, based on the academic literature, experience of our partnership, and the findings of
 this study, that we will improve cancer screening and treatment for underserved urban clients.

What Is the Problem?

- Cancer is the leading cause of premature death in the Bronx.
- Blacks and Latinos, the predominant racial and ethnic groups in the Bronx, have been shown to be less likely than other
 groups to receive age-appropriate cancer screenings.
- Women experience higher rates of psychological distress than men, and Latina women experience higher rates of psychological distress than other racial/ethnic groups across income groups.
- Over half of the Bronx is a Health Resources and Services Administration designated mental health provider shortage area.
- Academic research, and the experience of our partnership members, suggests that individuals who have unmet mental health needs are less likely to receive age-appropriate cancer screening.
- Through qualitative interviews with Bronx-based service providers, we explored what barriers they encounter in connecting their clients to mental health services, and how unmet mental health needs affect clients' ability to seek preventive care like cancer screening. We also inquired about present and past efforts to improve access to mental health care and cancer screening services, and asked for providers' suggestions of how to address this problem.

What Are the Findings?

- The five most frequently mentioned barriers to mental health care and cancer screening were lack of insurance and other
 insurance-related barriers, cost of services, cultural attitudes around mental health, mistrust and poor continuity of care,
 and waiting lists to receive care.
- Conversely, the facilitators to receiving care that providers mentioned most often were provider support to clients, tools and resources about healthcare available at the community level, holistic and integrated models of care, systems within organizations that facilitated follow-up and continuity of care, and programs that assist individuals to overcome insurance barriers.
- Providers interviewed spoke mostly about depression, anxiety, chronic stress, and responses to trauma, suggesting a
 definition of mental health that includes the impact of daily life stressors and environmental-level factors of life in poor
 urban communities such as the Bronx.
- According to providers, women seemed to bear a disproportionate burden of chronic stressors, because of their roles as caregivers and parents. This chronic stress, and its related constraints on time, often contributed to women deprioritizing their preventive health. This is consistent with partners' experiences in the field.
- Providers interviewed knew little about age-appropriate cancer screening guidelines. Although cancer was not generally
 regarded as a high priority of providers, given the more urgent, crisis-oriented issues they see in their patients.
 Nonetheless, service providers wanted information about current guidelines, as well as how to connect their clients to
 cancer screening services.
- The lack of mental health care affects individuals' ability to receive age-appropriate cancer screening in this particular population.

Who Should Care Most?

Individual/Interpersonal Level

- Individuals with unmet mental health needs in underserved, urban communities and their families.
- Women between the ages of 21 and 65 and men between the ages of 40 and 65 who are eligible to receive screening for cervical, breast, prostate, and colon cancer.
- Social service providers in underserved, urban contexts.
- · Mental health and cancer screening researchers.

Community Level

- Community health clinics.
- · Social service agencies.
- · Communities of faith.
- · Local health departments.
- Community-academic partnerships for reducing health disparities.

- Public health administrators and funding agencies, such as the American Cancer Society, National Cancer Institute, and National Institution of Mental Health.
- · Medicare/Medicaid managed care programs.
- Private insurance companies.

Recommendations for Action

- To address health disparities around cancer screening, policy makers, service providers, and researchers must consider the role of untreated mental health issues unique to poor urban communities.
- Identifying individuals eligible for age-appropriate cancer screening with unmet mental health issues and improving linkages between community health clinics, social service agencies, and communities of faith can be an important way of capturing individuals in the broader community who currently slip through the cracks and are out of compliance with age-appropriate cancer screening. The added value of such systems is that they are preventive rather than reactive to chronic illness in the community, ultimately saving dollars and lives.
- Because of the complex relationship between stress, mental health, and barriers to age-appropriate cancer screening in the community, the development of multisector partnerships can play an important role in developing tailored, multilevel initiatives to build community capacity, identify ways to improve referrals to care, provide support and follow-up, and evaluate these efforts.