

Reducing barriers and improving facilitators to accessing cancer prevention services for people with mental ill-health in Europe: The CO-CAPTAIN project

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Background

More than 84 million people in the European Union (EU) live with a mental ill-health condition and experience a higher burden of both cancer-specific morbidity and mortality, with mortality rates twice as high as people without mental ill-health. Reasons for these disparities include person level (e.g., higher prevalence of cancer risk factors such as smoking and physical inactivity), provider level (bias and discrimination) as well as system level (low integration of services and lack of care continuity) issues. The EU-funded CO-CAPTAIN project aims to reduce these health inequalities by facilitating timely access to cancer prevention services and empowering people living with mental ill-health (PMIH) through Patient Navigation. This study aimed to map out experiences of PMIH in healthcare systems with a specific focus on cancer prevention services.

Methods

A qualitative study exploring the experiences in healthcare settings in four European countries (Austria, Greece, Poland, and Spain) was conducted. Overall, 81 participants (22–76 years old), including 34 PMIH, 10 caregivers, 14 care team members, 12 mental health organization representatives, and 11 service manager representatives, agreed to participate. Semi-structured interviews, lasting between 60 and 140 minutes, focused on awareness of cancer risk factors, experiences in the healthcare system, and perspectives on Patient Navigation as an intervention. All interviews were transcribed verbatim and analysed using the thematic analysis approach with iterative meetings between coders in various countries to ensure consistency in the findings.

Results

Three major themes emerged: (1) **somatic health relevance and preventive services utilization**, (2) **barriers** and (3) **facilitators to preventive services access**. Knowledge of cancer prevention services varied greatly. While participants (both PMIH as well as professionals) showed great awareness of risky health behaviours and cancer risk, they had little information on the availability of cancer prevention information or whom they could contact for referrals, which was also seen as a major barrier. Other considerable barriers included the burden of mental health problems on everyday activities, highly prevalent experiences of discrimination, and lack of flexibility of cancer prevention and other healthcare services to adapt to PMIH. Noted facilitators included consideration for individual circumstances, improving social support, and increasing empowerment for better decision-making by e.g., improving health literacy.

"You care about building a **trusting relationship** with the patient, and over time, you see that what you say is taking hold. The same applies to matters of physical health when you advise them on such issues. They listen to the therapist more than someone they don't know or have only seen briefly." (Care team member)

"And since then, I've somehow become more self-confident about it and say: **'Although I'm mentally ill, that doesn't mean that I'm not also physically ill', a sentence I now say.**" (PMIH)

"(...) and that this 'others virtually decide whether I'm healthy or not', and that's just one **hundred percent being at the mercy of others**. You're already completely at the end of your tether, you can't do anything anymore anyway, you're just struggling with everything in everyday life, and then **others decide whether I'm healthy or not.**" (PMIH)

"But they were really traumatized by the medical staff's behavior towards them, so I've already seen a real post-traumatic stress disorder develop as a result of the medical staff's behavior due to something physical. (...) Yes, people are **not taken seriously**. Unless there are very clear markers." (Caregiver and care team member)

Conclusion

PMIH experience considerable barriers when accessing cancer prevention and healthcare services in the EU. Tailored interventions focusing on creating a supportive environment and improving health literacy to empower PMIH can potentially reduce the cancer risk and associated disease burden.

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