Cancer Prevention in People Experiencing Mental Ill-Health: A co-designed Patient Navigation Concept

Katrin Schäfer[1], Hanna M. Mües[1], Archontoula Dalma[2], Anastasia Papaioannou[3], Noelia Mancebo Salas[4], Magdalena Wrzesińska[5], Magdalena Wieczorkowska[6], Liuska Sanna[7], Igor Grabovac[1]

[1] Center for Public Health, Department of Social and Preventive Medicine, Medical University of Vienna, Vienna, Austria
[2] Civil Law Non-Profit Organization of Preventive Environmental and Occupational Medicine PROLEPSIS, Athens, 15121, Greece
[3] Research Institute "Costas Stefanis", University Mental Health Neurosciences and Precision Medicine (UMHRI), Greece
[4] General Directorate of Social Services and Integration, Community of Madrid, Spain
[5] Department of Psychosocial Rehabilitation, Medical University of Lodz, Lodz, Poland
[6] Department of Sociology, Medical University of Lodz, Lodz, Poland
[7] Mental Health Europe, Brussels, Belgium

Objective

People experiencing mental ill-health have greater disparities in cancer specific morbidity and mortality (Cunningham et al., 2015). Factors influencing cancer prevention include increased risk behaviours and frequent encounters with barriers to health care utilization (Druss, 2007; Stumbo et al., 2018). The Patient Navigation Model (PNM) is an approach to reduce barriers in accessing cancer preventive care in vulnerable populations. To facilitate successful implementation, the conceptual features of the PNM were co-designed with patients and other relevant stakeholders.

Patients and Methods

Twelve focus groups were conducted in January 2024 at four pilot sites in Austria, Greece, Poland, and Spain. Iterative focus group discussions were carried out following key considerations for the PNM as outlined by DeGroff and colleagues (2014), audio recorded and transcribed verbatim. Transcripts were analysed deductively using a directed content analysis while allowing for potential inductive emergence of codes and topics (Saldaña, J., 2013). A total of 50 participants attended, representing five groups (individuals with mental ill-health, care givers, care team members, representatives of mental health organizations, and representatives of service managers).

Results

Using co-design, the focus groups allowed for the PNM to be contextually adapted to each pilot site, but similarities in the approach emerged within the following four themes: 1) the requirement for a person-centred approach, 2) consideration of both person-specific and context-specific needs, 3) flexibility and competencies of navigators and 4) variation of navigation services (e.g., improving health literacy, promoting a healthy lifestyle, and providing practical support). An overview of the findings regarding the 10 key features of the PNM is displayed in Figure 1 with examples for each feature.

Conclusion

Participatory approaches in co-designing interventions allow for context specific development of interventions to meet the requirements of people with complex needs. Co-designing the PNM is part of activities of the CO-CAPTAIN project funded by the European Union's Horizon Europe Programme (GA 101104784).

Figure 1.

Programme Goals
- Increase awareness and improve health literacy for cancer preventive measures
- Empowerment and sense of agency for one's own health

Community Characteristics
- Individuals with greater need for support due to difficulties caused by mental problems
- Individuals with previous bad experiences or those avoiding in the health care system

Point of Intervention
- Once there is an established relationship with a mental health professional
- Entry to the Patient Navigation can be offered by services outside the health care system

Setting(s)
- Outreach mode: fields outside and within health care settings
- On-site mode: working in a specific setting at specific hours (e.g., NGOs)

Navigation Services
- Facilitating access to available health and social care services and raising cancer awareness and education
- Accompaniment and support; administrative/practical help

Navigator Background
- Psychological, medical, or social background, as well as additional training
- Empathetic, communicative, willing to self-develop, leading a healthy lifestyle, showing a warm and engaged approach

Community Channels
- Suit individual circumstances and preferences, adapted to personal needs
- Mix of on-site and online settings, texts, emails, phone calls ,...

Navigator Training
- Specific knowledge on mental ill-health and cancer related education (e.g., a modular approach)
- Communication and interpersonal skills as well as knowledge of local services and resources

Navigator Supervision
- Monitoring of the intervention as well as guidance, counseling and support
- Can include team discussions, inter-vision, involvement of participants and caregivers

Evaluation
- Qualitative and quantitative approaches for several topics and at different timepoints
- Navigators, participants and caregivers should be involved

References

Cunningham, R., Sarfati, D., Stanley, J., Peterson, D., & Collings, S. (2015). Cancer survival in the context of mental illness: a national cohort study. General Hospital Psychiatry, 37(6), 501–506. https://doi.org/10.1016/j.genhosppsych.2015.06.003
DeGroff et al. (2014). Key Considerations in Designing a Patient Navigation Program for Colorectal Cancer Screening. Sage Publications
Druss, B. G. (2007). Improving medical care for persons with serious mental illness: challenges and solutions. Journal of Clinical Psychiatry, 68 Suppl 4, 40–44. https://www.ncbi.nlm.nih.gov/pubmed/17539699
Saldaña, J. (2013). The coding manual for qualitative researchers (2. ed). SAGE Publ.
Stumbo, S. P., Yarborough, B. J. H., Yarborough, M. T., & Green, C. A. (2018). Perspectives on Providing And Receiving Preventive Health Care From Primary Care Providers and Their Patients With Mental Illnesses. American Journal of Health Promotion, 32(8), 1730–1739. https://doi.org/10.1177/0890117118763233