

# Supporting people with SMI to engage in Cancer Screening

Supported by:





# What is SMI?




Serious mental illnesses (SMI) are mental health disorders that are diagnosed by a psychiatrist. The disorders usually result in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Some of the common SMI diagnoses are;

- Bipolar disorder
- Schizophrenia
- Schizoaffective disorder
- Psychosis

What is SMI?



**Introduction to SMI**

Serious mental illnesses (SMI) are mental health disorders that are diagnosed by a psychiatrist. The disorders usually result in serious functional impairment, which substantially interferes with or limits one or more major life activities.

**What is SMI?**

Some of the common SMI diagnoses are; bipolar disorder- Mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression); schizophrenia- Mental health illness that





# Cancer Outcomes



- **Those with a cancer diagnosis who also have SMI are more likely to die from cancer than those without SMI**
- It has been suggested that this is contributed to by reduced uptake of cancer screening services, delayed cancer diagnosis, knowledge about risk factor has been found to be lower and reduced adherence to treatment plans
- In addition, risk factors for cancer such as tobacco use, obesity, poor diet and other comorbidities are highly prevalent in this population

Research and analysis

## Severe mental illness (SMI): inequalities in cancer screening uptake report

Published 21 September 2021

The report found that people with SMI were:

- 18% more likely not to have participated in breast screening
- 20% more likely not to have participated in cervical screening
- 31% more likely not to have participated in bowel cancer screening, within the recommended time period than people without SMI



## Summary of SMI Physical health check

- Basic physical health obs- blood pressure, SATS, blood glucose, cholesterol, height, and weight. Provide recommendations from the NHS guidelines.
- Questions around lifestyle- Diet, exercise, mens/womens health, sexual health, oral, and mental health. Provide recommendations from the NHS guidelines.
- We explain we are the intermediary between GP's and patients, and other third parties.
- Cover outstanding checks due- Cancer screenings for breast, cervical, and advise for bowel screenings.
- Signpost to third party networks- CMHT, ITalk, counselling, therapy, and social prescribing.





# Barbara's experience

- Long term engagement with mental health services
- Diagnosis of Affective Psychosis
- Sporadic engagement with SMI physical health checks
- Often only basic check by GP ie. BP or weight or blood tests.
- PCN recently started carrying out health checks at Health Hub.
- In neutral setting, less clinical, go through whole template, take bloods.
- Last year's check picked up raised prolactin levels
- Telephone appointments with Mental Health Pharmacist for medication review
- Raised subject of cancer screening - double appointment made.

Question: physical health check or SMI physical health check?





# What are the barriers?



## Invitation

- Not opening post
- May be in period of crisis when invite arrives and not respond
- Address invalid/no longer receiving post
- Chaotic lifestyle so may not receive invite
- Screening provider may be unaware if patient in secure unit
- Communication barrier (language/nonverbal etc)
- Lack of knowledge/awareness of screening
- Distrust of health services or authority







# What are the barriers?

## Completing the test



- No motivation to live longer
- Physical health not prioritised
- Low self-worth
- Past trauma/sexual abuse
- Previous negative experience
- Influenced by negative family members/peers
- Communication barrier (language/nonverbal)
- Anxiety/inability to book the appointment without support
- Clinics/appointments may not be flexible
- Not knowing what to expect from the process
- Anxiety over who is doing the screening
- Fear of result
- Distrust of medical professionals or the system
- May miss appointments due to SMI complications





## Engaging with people with SMI: Reasonable adjustments



- Pre appointment familiarisation visits can reduce anxiety
- Continuity allows trust to build and avoids people recounting their trauma multiple times
- Support with prioritising health and developing self-worth. Talk about wider needs, find out about other people in their life such as carers and trusted relatives. This may take multiple or extended appointments.
- Involve carers or peers as advice and information may be better received from someone the patient trusts.
- Engage with mental health teams to allow for appropriate support to be put in place
- Some people may prefer to use a checklist to communicate additional needs







# Engaging with people with SMI



- Initial contact with the patient by phone, text, email, and occasionally post. (phone is ideal.)
- Explaining the purpose of the appt and the benefits of the appt.
- Reassure about the different aspects of the appt.
- Letting them know it's patient lead- meaning they decline to answer Q's and undertake physical checks that they're not comfortable with.
- Letting choose between surgery and home visit or alternate locations (if available).
- Send out confirmation and reminder messages after speaking on the phone and closer to the date.
- Disclosing information will be confidential and only recorded via EMIS.





# Informed Choice



- Whether or not to go for screening should be an individual choice. There are risks and benefits that need to be considered.
- Everyone who wants to take part in screening should be able to do so.
- Primary care have a key role to play in promoting informed uptake of screening, by raising awareness and reducing barriers for their patients.



The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font inside a white rectangular box.

**NHS**

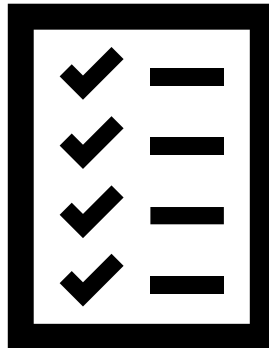
**Wessex**  
Cancer Alliance

# Tools & Resources





## Extra support checklist



### Cervical screening: extra support required

Dear nurse, some things listed on this page may affect my experience. I may need extra support because *(tick any boxes that describe your situation)*:

- I have a mental health condition
- I hear voices
- My medication makes me shake
- I find it hard to leave my house
- I sometimes find it hard to process information
- I don't like to feel exposed or naked
- I am embarrassed about my body
- I have scars
- I feel judged
- I feel like a burden
- I am afraid it will hurt
- I may start to cry or freeze up
- I may pass out or faint
- I may have a panic attack
- I get distressed during a physical examination
- I have had a bad smear test experience
- I have experienced trauma
- I am a survivor of sexual violence
- I am a survivor of female genital mutilation/cutting (FGM/C)
- I want to be warned before the nurse touches me
- Waiting rooms make my symptoms worse
- These words can trigger attacks or flashbacks *(please list those words here)*:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/983184/Cervical\\_screening\\_extra\\_support\\_checklist.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/983184/Cervical_screening_extra_support_checklist.pdf)







# Searches on Ardens



- 2023-24 Q1 | SMI: PHC - Screening - 0. Cancer advice/education in last 12m
- 2023-24 Q1 | SMI: PHC - Screening - 0. Cancer advice/education not given in last 12m
- 2023-24 Q1 | SMI: PHC - Screening - 1. Cervical screening not done or no advice in last 12m
- 2023-24 Q1 | SMI: PHC - Screening - 1. Cervical screening up-to-date or advice in last 12m
- 2023-24 Q1 | SMI: PHC - Screening - 1. Cervical screening, 25 to <50y not screened in last 36m
- 2023-24 Q1 | SMI: PHC - Screening - 1. Cervical screening, 25 to <50y screened in last 3y6m
- 2023-24 Q1 | SMI: PHC - Screening - 1. Cervical screening, 50 to <65y not screened in last 60m
- 2023-24 Q1 | SMI: PHC - Screening - 1. Cervical screening, 50 to <65y screened in last 5y6m
- 2023-24 Q1 | SMI: PHC - Screening - 1. Cervical screening, cohort - female 25 to <50y
- 2023-24 Q1 | SMI: PHC - Screening - 1. Cervical screening, cohort - female 25 to <65y
- 2023-24 Q1 | SMI: PHC - Screening - 1. Cervical screening, cohort - female 50 to <65y
- 2023-24 Q1 | SMI: PHC - Screening - 2. Breast screening not done or no advice in last 12m
- 2023-24 Q1 | SMI: PHC - Screening - 2. Breast screening up-to-date or advice in last 12m
- 2023-24 Q1 | SMI: PHC - Screening - 2. Breast screening, cohort - female 50 to <70y
- 2023-24 Q1 | SMI: PHC - Screening - 2. Breast screening, not screened in last 36m
- 2023-24 Q1 | SMI: PHC - Screening - 2. Breast screening, screened in last 3y6m
- 2023-24 Q1 | SMI: PHC - Screening - 3. Bowel screening not done or no advice in last 12m
- 2023-24 Q1 | SMI: PHC - Screening - 3. Bowel screening up-to-date or advice in last 12m
- 2023-24 Q1 | SMI: PHC - Screening - 3. Bowel screening, cohort 60 to <75y
- 2023-24 Q1 | SMI: PHC - Screening - 3. Bowel screening, not screened in last 24m
- 2023-24 Q1 | SMI: PHC - Screening - 3. Bowel screening, screened in last 2y6m





# Summary



- People with SMI have poorer cancer outcomes
- There are many potential barriers for patients with SMI not only with completing the test but also the invitation
- Consider using physical health checks to engage people with SMI in cancer screening
- Consider other reasonable adjustments that could be put into place
- Ardens searches can help you identify patients with SMI who have missed screening
- There are tools available to support conversations around cancer screening for people with SMI



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# Questions