

Women with serious mental illness less likely to receive cancer screenings

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Women with symptoms of serious mental illness are 40 percent less likely to receive routine cancer screenings, according to new research by Xiaoling Xiang, a doctoral candidate in social work.

Women with symptoms of serious mental illness are significantly less likely to receive three routine cancer screenings - Pap tests, mammograms and clinical breast exams - than women in the general population, despite being at elevated risk for medical comorbidities and early death, a new study indicates.

Women who reported symptoms of serious psychological distress - such as feelings of hopelessness and depression - during the past 30 days were 41 percent less likely to have received Pap tests during the preceding two-year period, University of Illinois researcher Xiaoling Xiang found.

These women also were 38 percent and 35 percent less likely to have received mammograms and clinical breast exams, respectively, during that same period of time.

Xiang examined three years of data for more than 17,000 women who participated in the U.S. Dept. of Health and Human Services' Medical Expenditure Panel Survey.

More than 1,300 women in the sample, who ranged in age from 40 to 74, had symptoms of serious psychological distress, an indicator of [mental illness](#) that is serious enough to cause significant impairment and require treatment.

Prior research has suggested that the mentally ill tend to utilize outpatient, inpatient and emergency services at much higher rates than the [general population](#).

"However, people with serious mental illness are estimated to die an average of 14 to 32 years earlier than the average person," said Xiang, a doctoral candidate in social work. "There's a big health disparity there. Their frequent contact with the [health care](#) system opens up opportunities for providers to implement targeted interventions and patient education to improve utilization of preventive services."

The higher mortality rates among the mentally ill, despite their greater use of certain types of medical services, may point to a "quality of care problem," Xiang said. "If you have to use the emergency room multiple times each year, but you're not receiving routine screenings and other preventive care, it might be because your health care needs are not being adequately met."

Xiang's data analyses on her sample confirmed prior research findings that women with symptoms of serious psychological distress have double or triple the rates of chronic lung disease, heart disease and diabetes as the general population.

Severe mental illness also sometimes leads to self-neglect and underreporting of physical symptoms, and can make it difficult for patients to discuss their needs with their physicians. Likewise, bias and stigmatization of the mentally ill by health care practitioners can discourage some patients from seeking care, Xiang said.

About 17 percent of the women in the sample were uninsured, a rate higher than that of the general population. A recent Gallup poll estimated that about 13 percent of Americans have no health insurance.

While the recent expansion of Medicaid under the Affordable Care Act may give some of the [mentally ill](#) and previously uninsured greater access to preventive testing, "the problem with this population goes beyond access," Xiang said. "The fragmentation of care that goes on under the current health care system is a huge barrier for people with comorbid mental and medical conditions, because these patients may have to visit multiple providers to get proper treatment.

"Integrated primary and behavioral health care models are popular, and the federal government is devoting a lot of resources to promoting integrated care," Xiang said. "It's the right path to take. However, more research is needed to test what types of models are best for people with serious mental illness. There also is a need to investigate strategies for successfully implementing evidence-based integrated care models."

Xiang's study, published recently in the journal *Women's Health Issues*, is one of the first examinations of cancer screening disparities and mental illness to use both a nationally representative population and a sample of this size.

The prevalence of serious psychological distress among the women in Xiang's study was slightly more than 6 percent, higher than the National Institute of Mental Health's estimate of about 4.9 percent of U.S. women.

Samples in prior studies of mental illness and cancer screenings were limited to people receiving inpatient or outpatient psychiatric treatment. To address these limitations and obtain a representative sample of [women](#), Xiang used a global indicator of mental health, the six-item Kessler Psychological Distress Scale, also called the K6, to screen participants for recent mental health problems.

The K6, which has been shown to be strongly

predictive of serious mental illness, identifies people with [psychological distress](#) symptoms that are severe enough to impair functioning, but who might have been excluded from prior research samples because their mental illnesses were undiagnosed, undertreated or untreated.

More information: The paper, "Serious Psychological Distress as a Barrier to Cancer Screenings Among Women," is available online: www.sciencedirect.com/science/.../S104938671400108X

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