

Cancer & Severe Persistent Mental Illness: a Syndemic That Matters to All of Us

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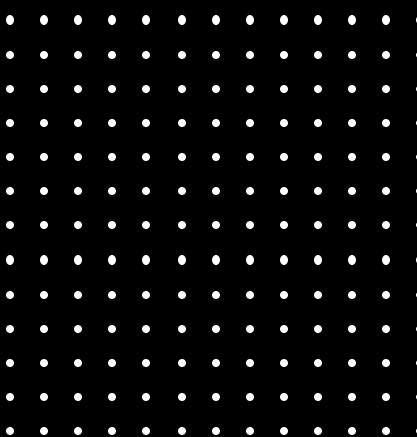
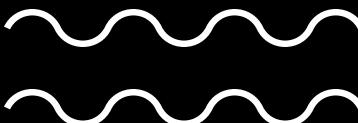
The Sarah Ann Campbell Memorial Lecture

Sarah CAMPBELL Obituary

CAMPBELL, Sarah Ann - Passed away peacefully on June 8, 2013. Bravely survived schizophrenia and Multiple Sclerosis but lost her battle with cancer. Born to Maureen Kushnir and Robert Campbell October 27, 1967, Toronto. Survived by companion Robert; two children, Jessica and Randy and their adoptive mother, Susan; sisters Anna and Alexina.

Died: 45 years 7months

Today: 58 years, 1 month



Presenter Disclosure

Faculty: **Oyedeqi Ayonrinde**

Relationships with financial sponsors:

Grants Research Support: **Nil**

Speakers Bureau Honoraria: **Sarah Ann Campbell Memorial Lecture**

Consulting Fees: **nil**

Patents: **nil**

Other: **Providence Care, Kingston Health Sciences Centre, Queen's University**

Objectives

- To understand and explain the syndemic of cancer and severe persistent mental illness
- Provide an overview of the major challenges in cancer care for persons with severe and persistent mental illness

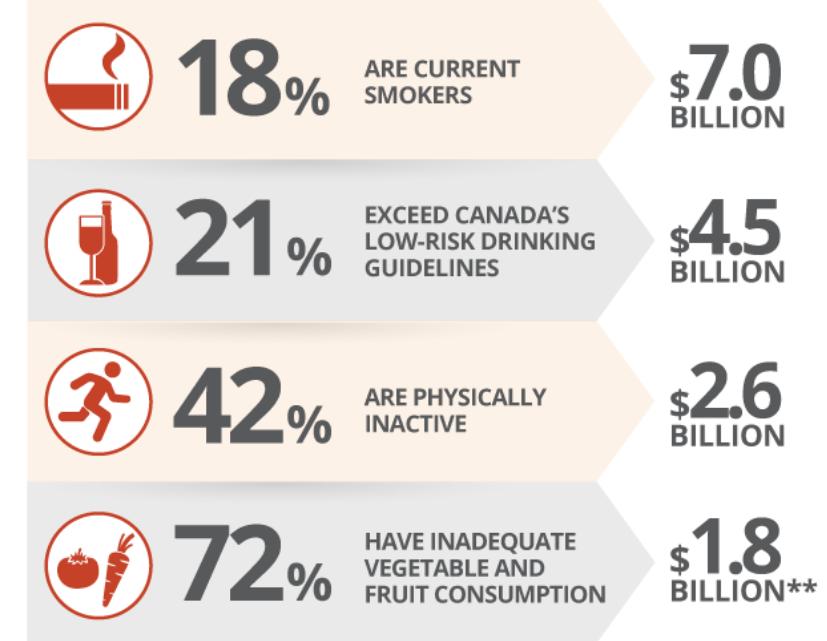
OVER **7** in **10** deaths
in 2015 were due
to a chronic disease



 **242,054**
HOSPITALIZATIONS

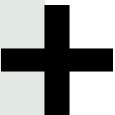
in 2016 were due to cardiovascular diseases, diabetes, chronic lower respiratory diseases and cancer

-  **2.3x** more deaths from diabetes
-  **2.1x** more deaths from chronic lower respiratory diseases
-  **1.6x** more deaths from cardiovascular diseases
-  **1.5x** more deaths from cancer

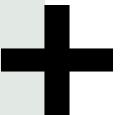
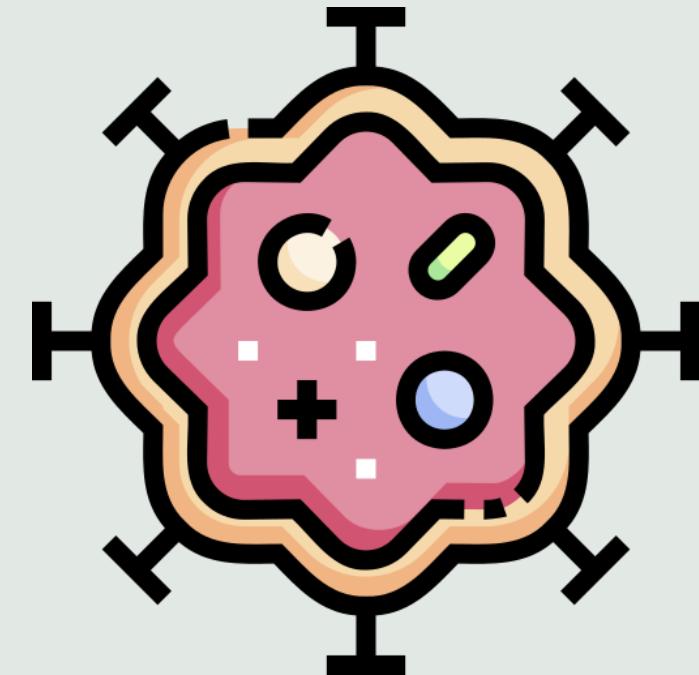


Severe Mental Illness

- Schizophrenia
- Bipolar Disorder
- Schizoaffective Disorder
- Traumatic Brain Injury

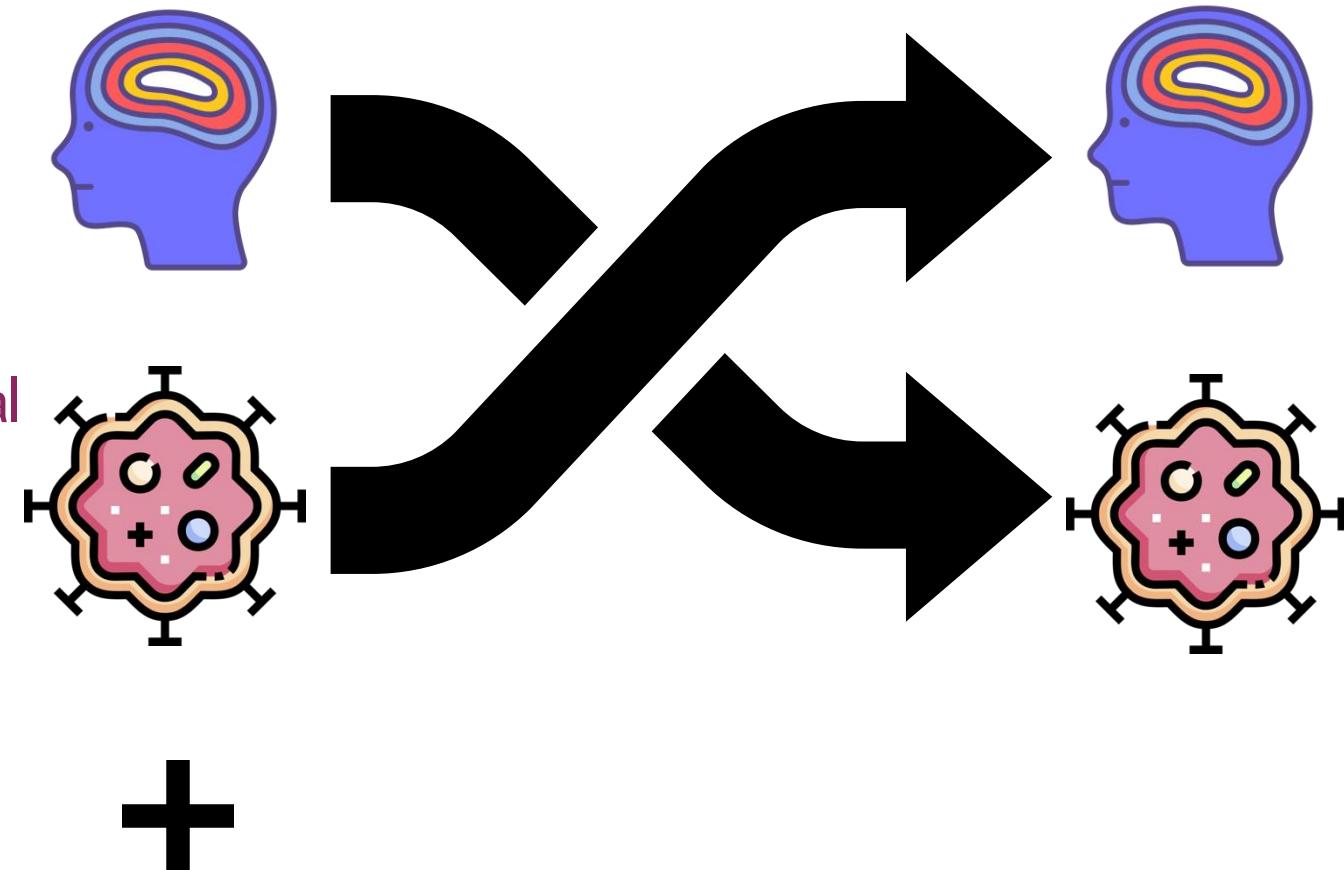


Cancer(s)



Syndemics

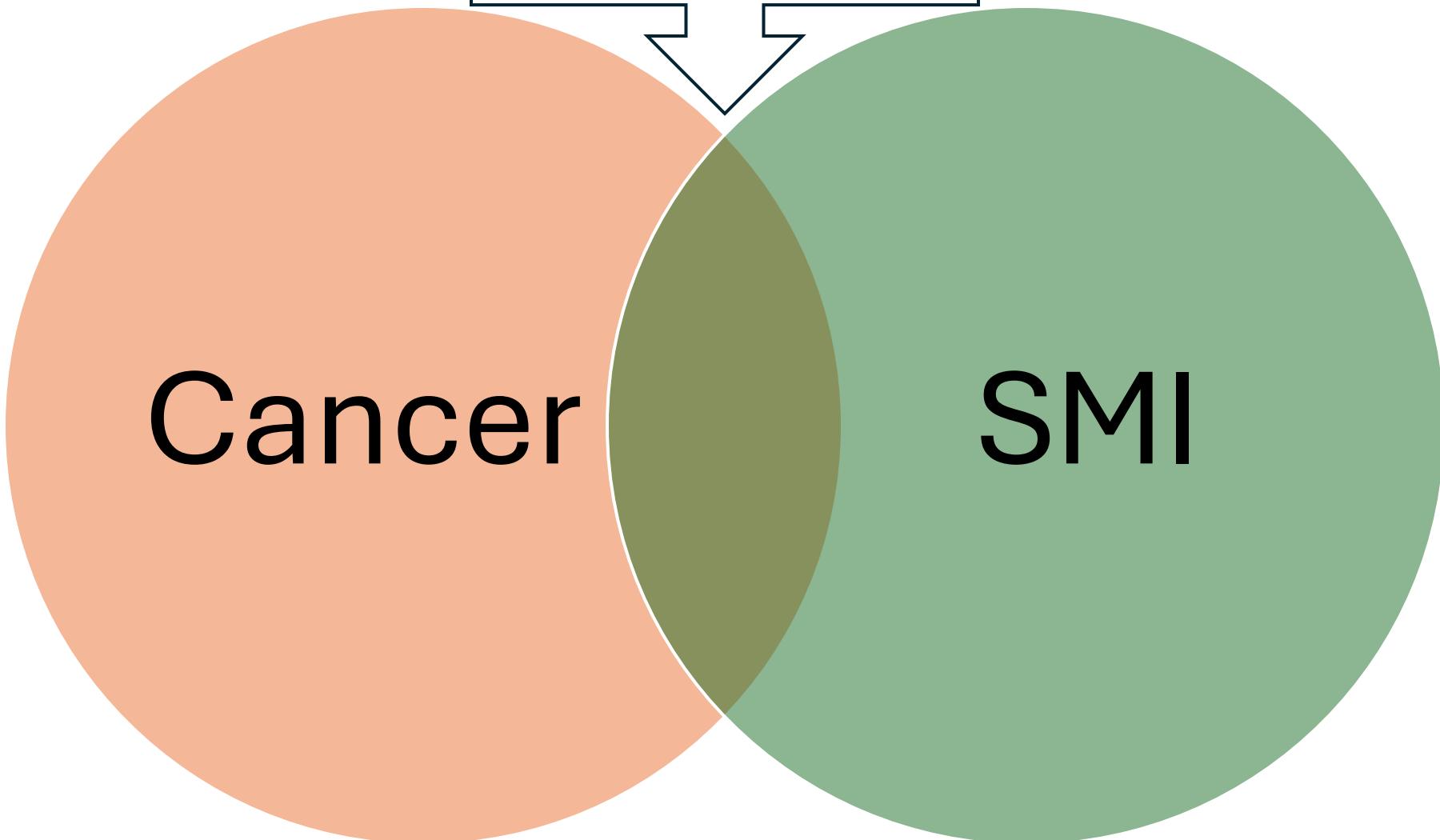
synergistic epidemic involving the clustering of two or more diseases within a population ; the biological, social & psychological interaction of the diseases and the large-scale social forces that precipitate disease clustering in first place



Syndemic Criteria

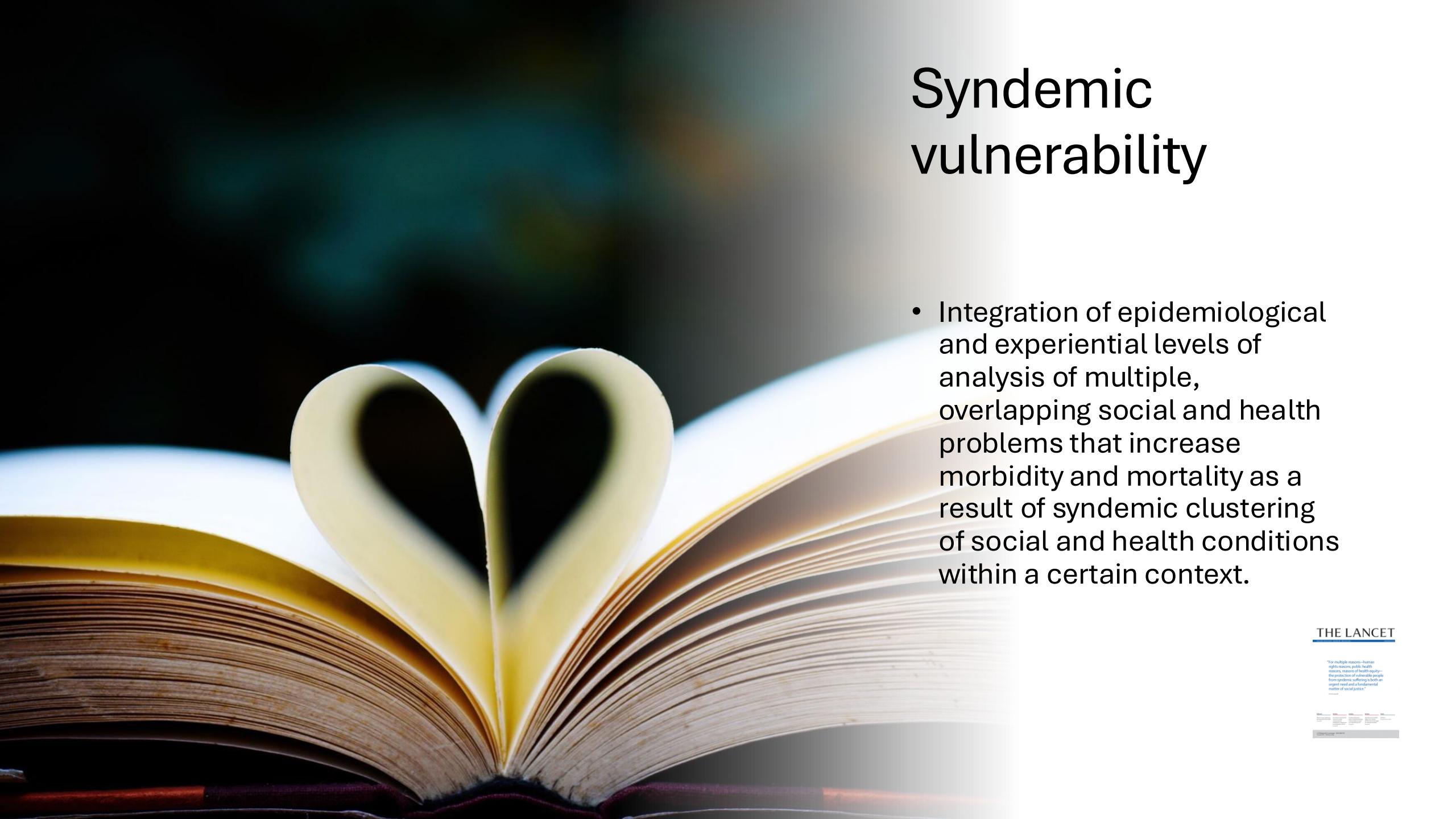
1. Two (or more) diseases or health conditions cluster within a specific population
2. Contextual and social factors create the conditions in which two (or more) diseases or health conditions cluster
3. The clustering of diseases results in adverse disease interaction, either biological or social or behavioural, increasing the health burden of affected populations.

SYNDEMICS



"For multiple reasons—human rights reasons, public health reasons, reasons of health equity—the protection of vulnerable people from syndemic suffering is both an urgent need and a fundamental matter of social justice."

The Syndemic Lexicon



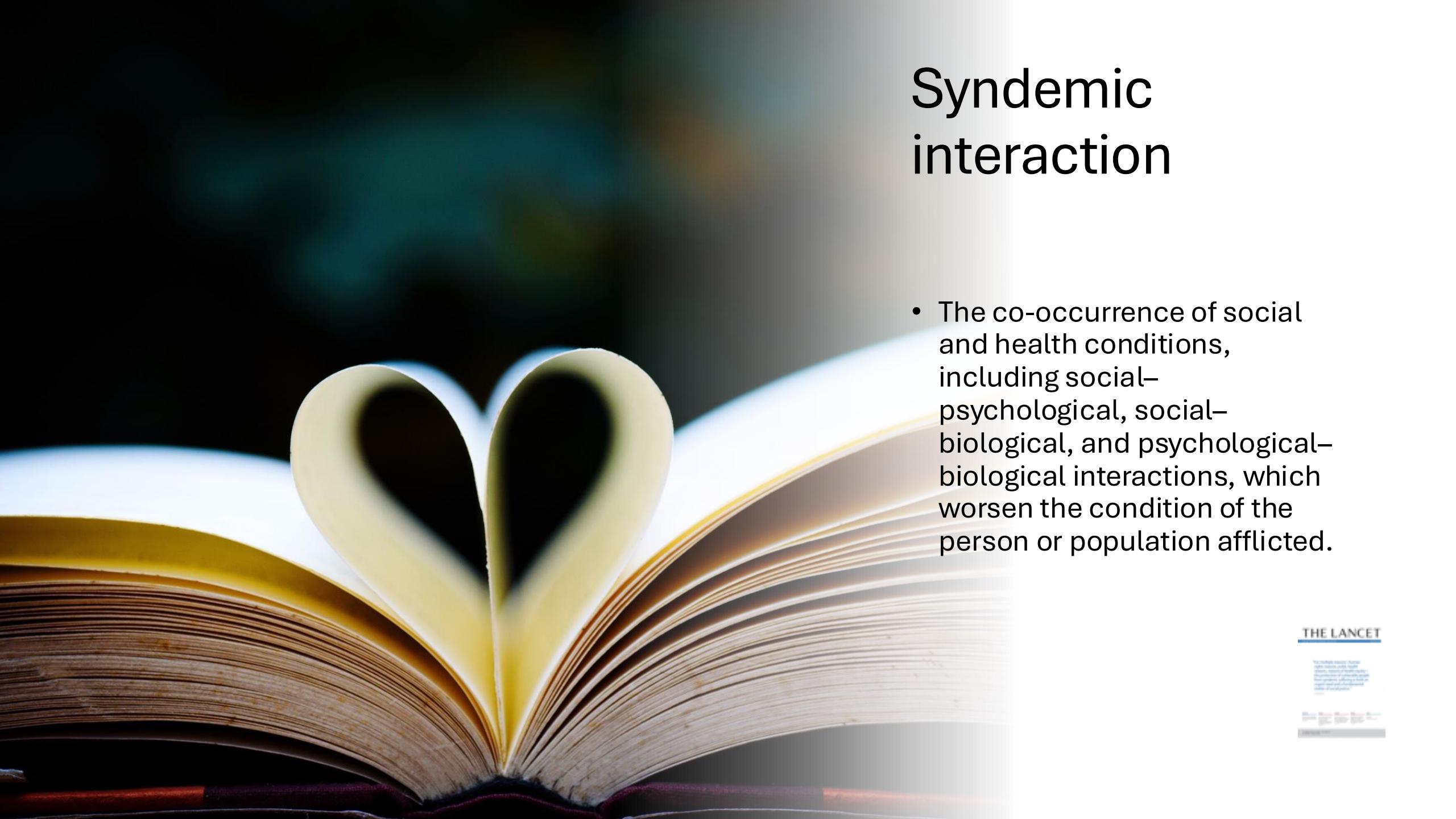
Syndemic vulnerability

- Integration of epidemiological and experiential levels of analysis of multiple, overlapping social and health problems that increase morbidity and mortality as a result of syndemic clustering of social and health conditions within a certain context.

THE LANCET

"For multiple reasons—human rights issues, public health missions, issues of health equity—the prevention of syndemic suffering from syndemic suffering is both an urgent need and a fundamental tenet of social justice."





Syndemic interaction

- The co-occurrence of social and health conditions, including social-psychological, social-biological, and psychological-biological interactions, which worsen the condition of the person or population afflicted.

THE LANCET

Multiple sclerosis: clinical features, natural history, and outcome in a large cohort of patients from the United States and Canada
Jill M. Scheinberg, Michael S. Sorensen, Michael D. Hauser, and the International Multiple Sclerosis Genetics Consortium
DOI: 10.1016/j.laneuro.2013.09.011



Syndemogenesis

- The processes, pathways, and stages of syndemics development involving a disease–social context and disease–disease interactions.

Syndemic risk factor

- Social, political, economic, and environmental factors that increase the risk for clustering of two or more diseases.

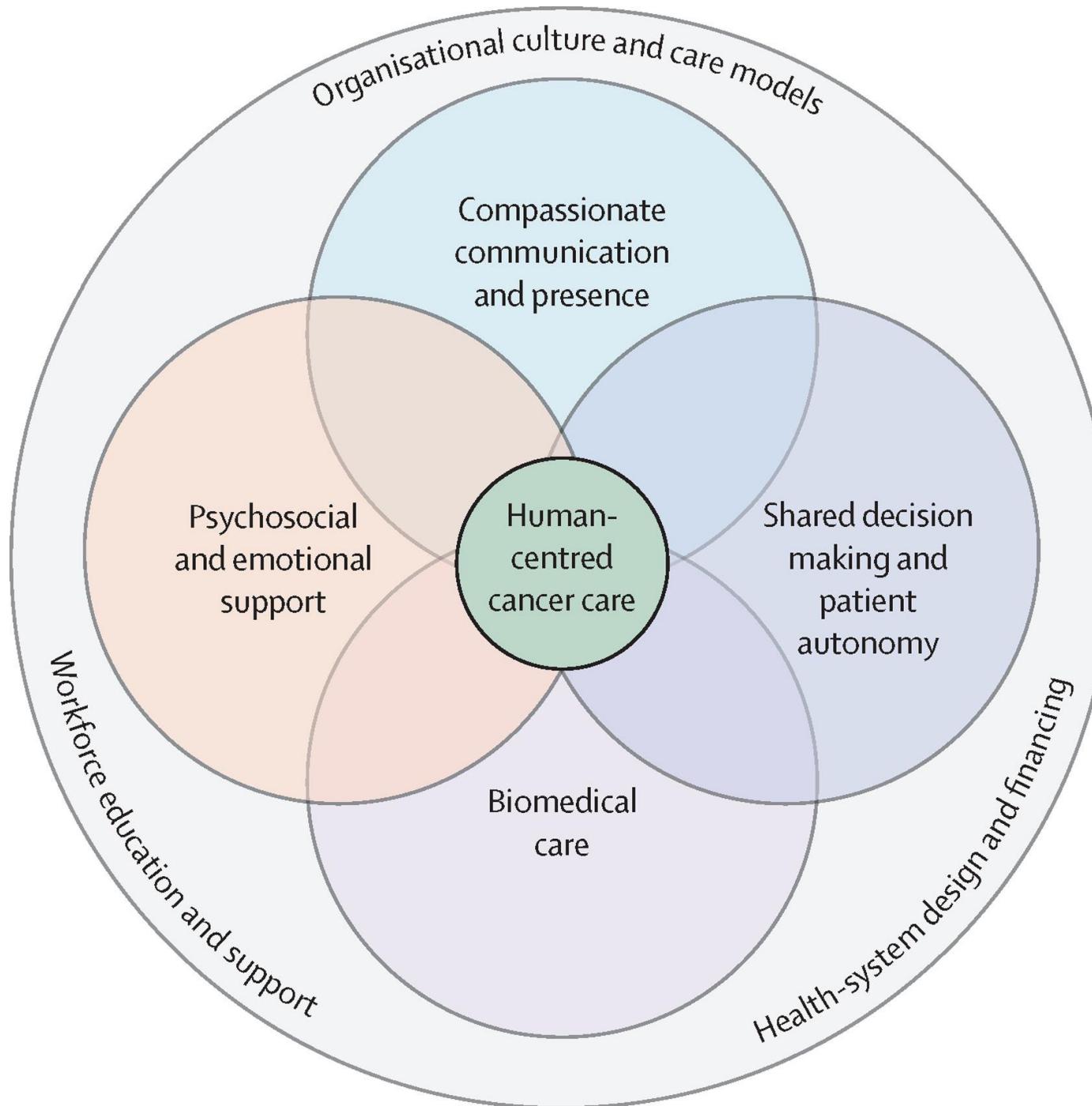


Identification and description of a syndemics involves:

- A clear account of the diseases and health conditions
- Examination of the pathways or mechanisms of disease–disease interaction
- A clear description of the socioenvironmental conditions and how they are experienced by human minds and bodies as adversity
- Examination of the pathways of effect from socioenvironmental conditions to biological or psychological states
- Evidence of greater health burden because of interaction
- **Syndemics tend to reduce treatment efficacies and increase treatment costs**

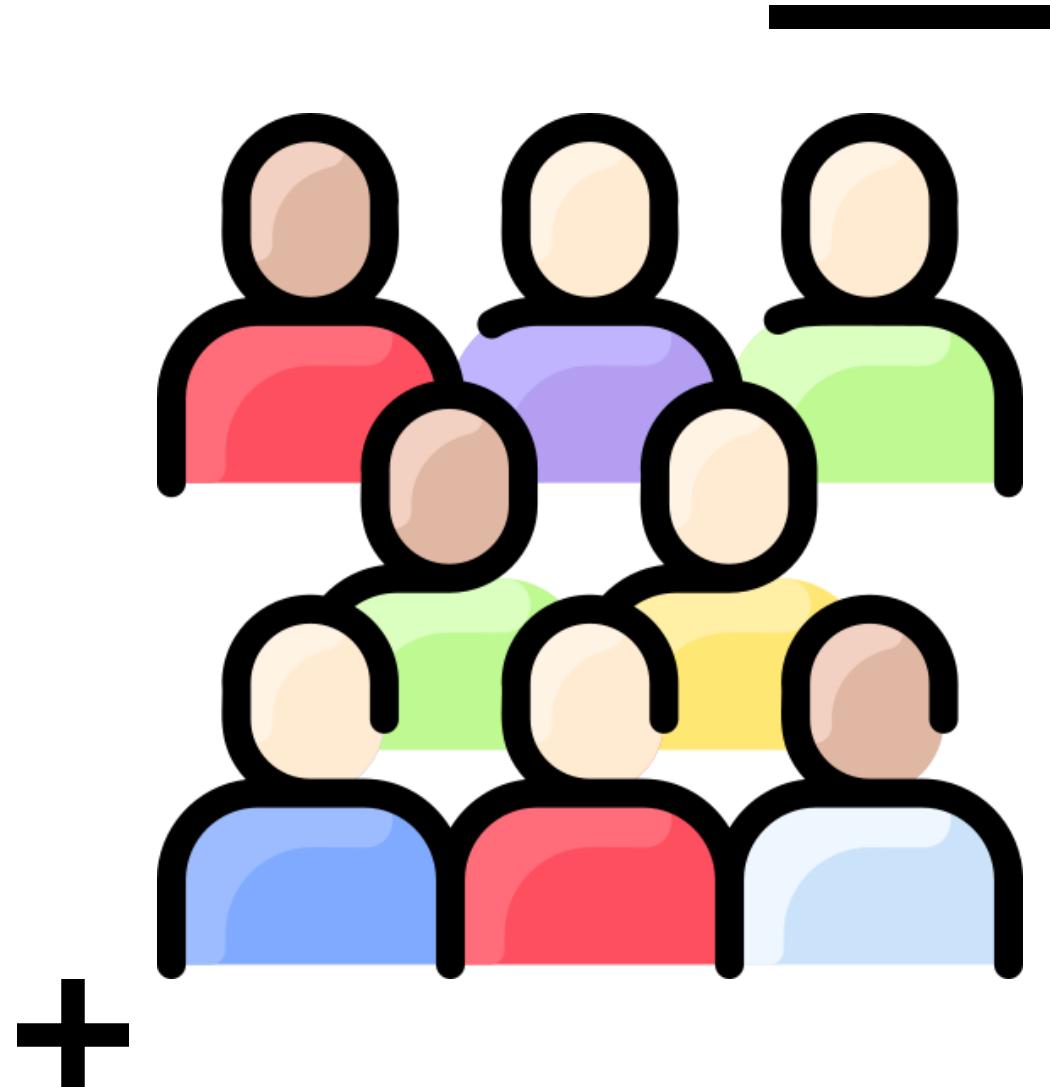
The Patient





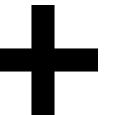
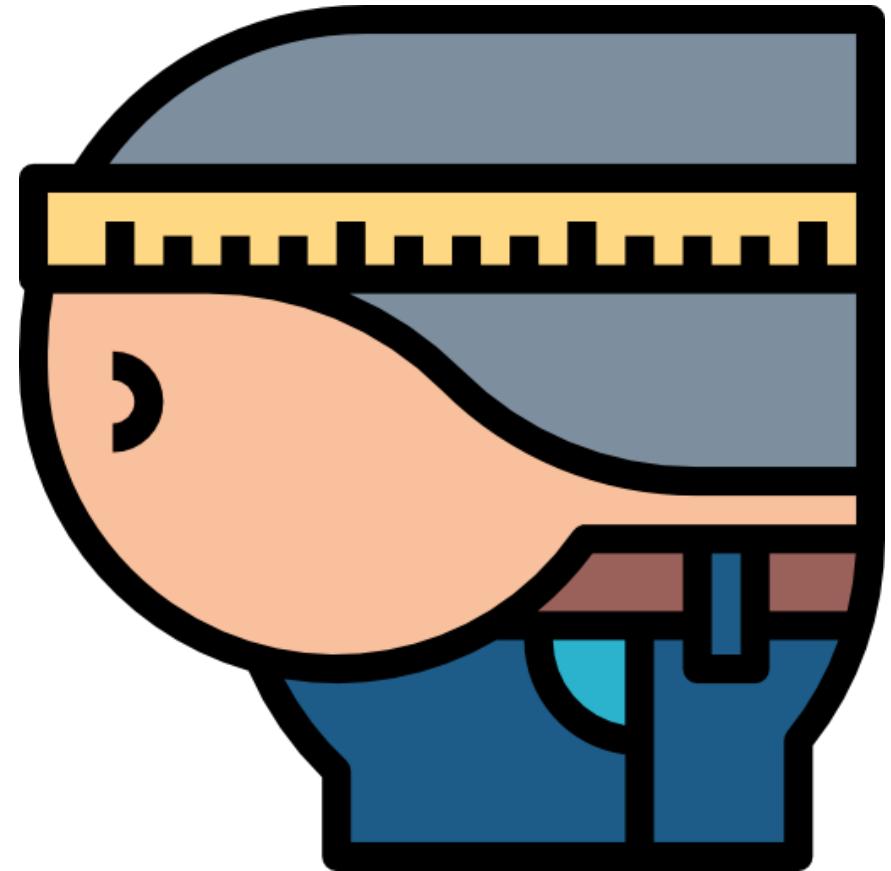
- Rodin, G et al.
- **The Human Crisis in Cancer**: A Lancet Oncology Commission.
- The lancet oncology November 2025..

Equity seeking
Equity deserving
Equity denied

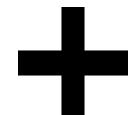
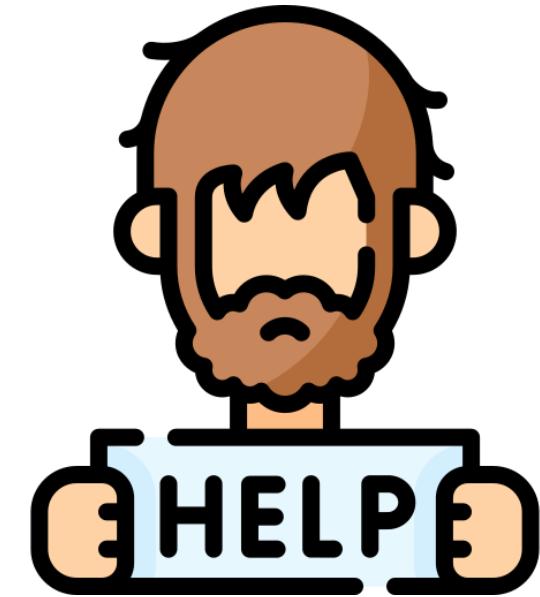


SMI – Higher rates

- Smoking
- COPD
- Obesity
- Type II Diabetes
- Heart Disease
- Metabolic syndrome
- Substance use
- 20 years shorter life expectancy



Homelessness

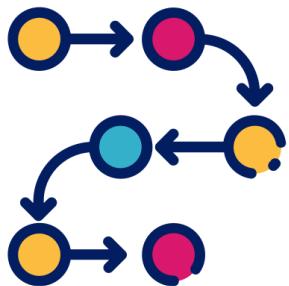


Substance Misuse

+



The journey



Prevention



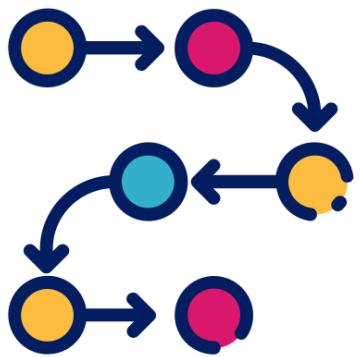
Screening



Diagnosis



Treatment



Recovery/
Survivorship



End-of-Life Care

Pathway Map Legend

Colour Guide

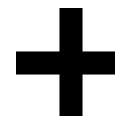
	Primary Care
	Palliative Care
	Pathology
	Organized Diagnostic Assessment
	Surgery
	Radiation Oncology
	Medical Oncology
	Radiology
	Multidisciplinary Cancer Conference (MCC)
	Genetics
	Psychosocial Oncology (PSO)

Shape Guide

	Intervention
	Decision or assessment point
	Patient (disease) characteristics
	Consultation with specialist
	Exit pathway
 or 	Off page reference
	Referral

Line Guide

	Required
	Possible



Assertive Community Treatment Team

Nurse

Occupational therapy

Social worker

Concurrent disorders worker

Psychologist

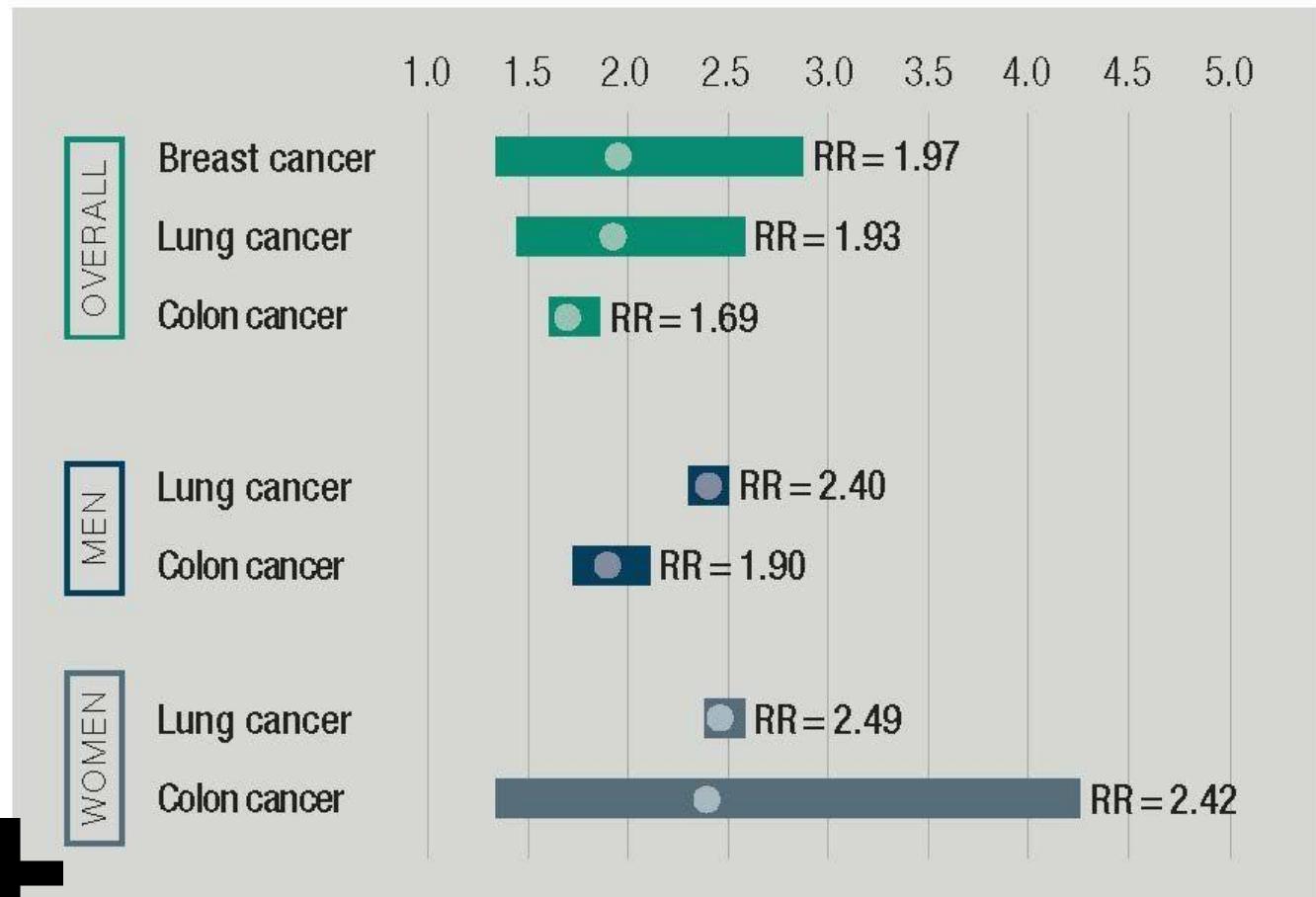
Case Managers

Admin staff

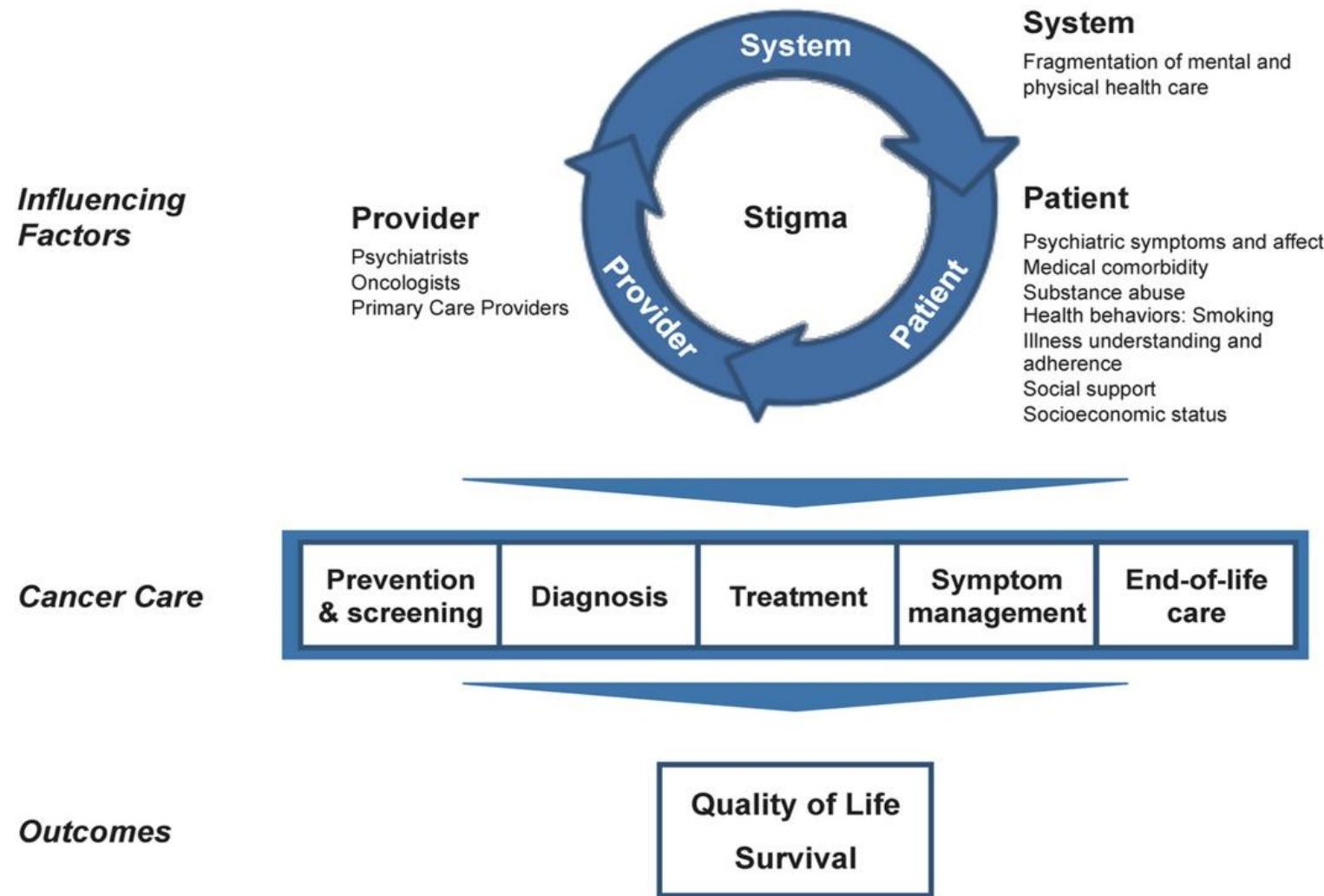
Psychiatrist

Mortality Risk

Figure. Mortality risk in patients with schizophrenia compared with the general population

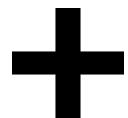
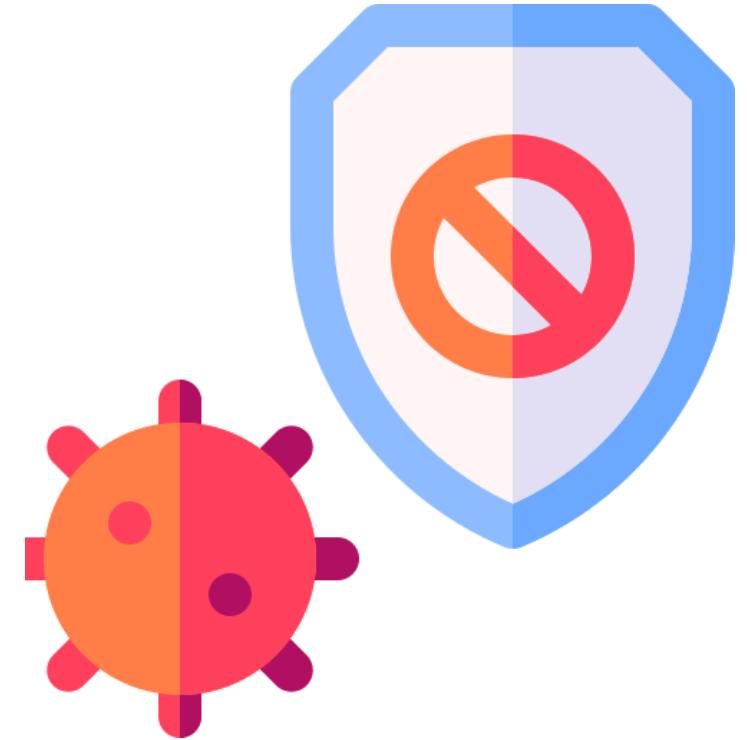


Source: Liwei Ni, Jian Wu, Yuming Long, et al. Mortality of site-specific cancer in patients with schizophrenia: a systematic review and meta-analysis. *BMC Psychiatry*. 2019 Oct 28;19(1):323.



Cancer Prevention

- Targeting smoking
- Cognitive symptoms
- Positive symptoms (delusions & hallucinations)
- Negative symptoms (amotivation)
- Appointment scheduling

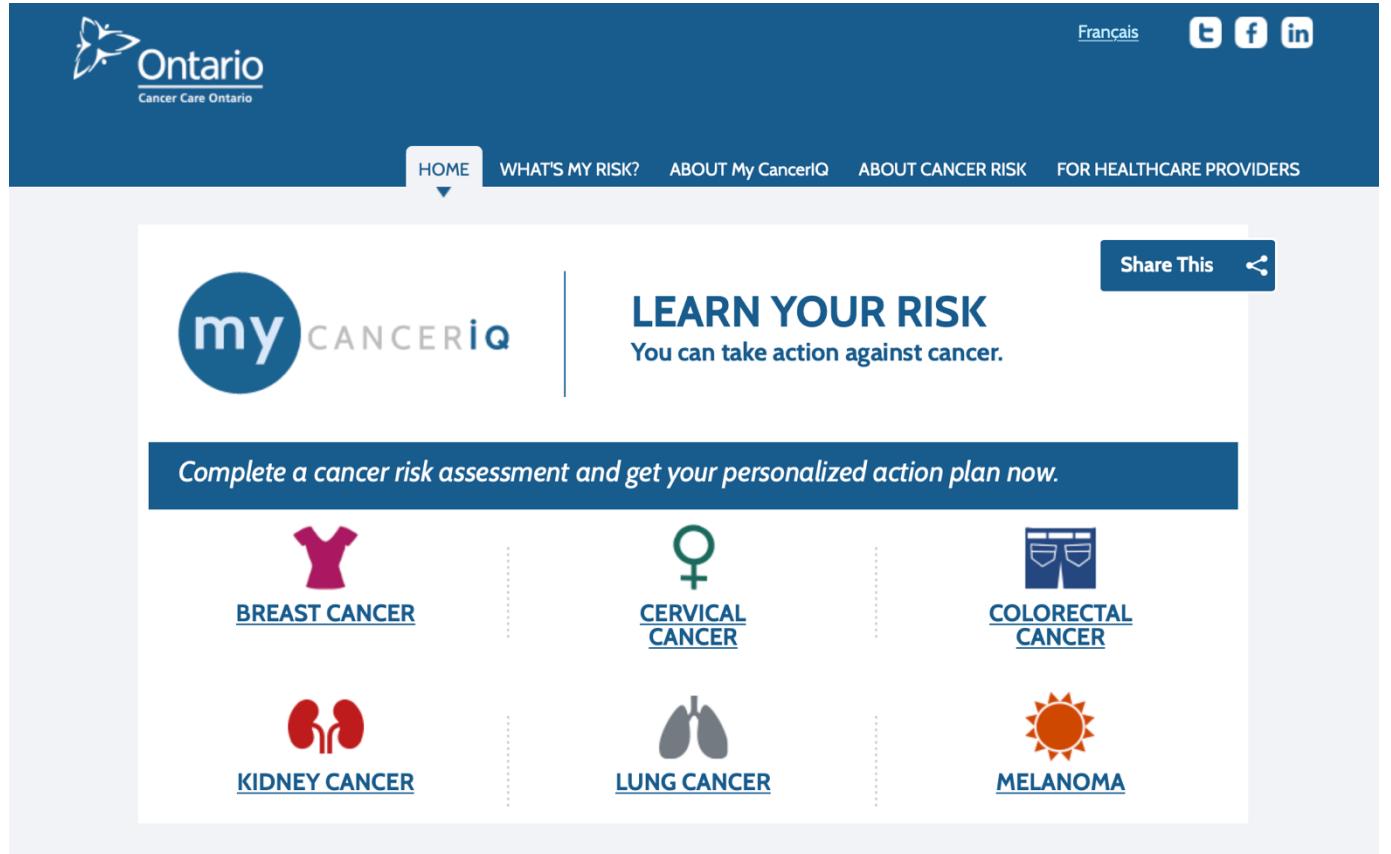


Stigma

- Blame for health and lifestyle
- Fear of “violence”
- Self-stigma
- Diagnostic overshadowing
- Assumptions about decision making capability

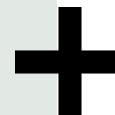


Digital Divide



The image is a screenshot of the myCancerIQ website homepage. At the top, there is a dark blue header with the Ontario Cancer Care Ontario logo on the left, a language link 'Français' with social media icons for Twitter, Facebook, and LinkedIn on the right, and a navigation menu with links for 'HOME', 'WHAT'S MY RISK?', 'ABOUT My CancerIQ', 'ABOUT CANCER RISK', and 'FOR HEALTHCARE PROVIDERS'. Below the header, the myCancerIQ logo is prominently displayed. To the right of the logo, the text 'LEARN YOUR RISK' and 'You can take action against cancer.' is shown, along with a 'Share This' button. A blue banner below the logo encourages users to 'Complete a cancer risk assessment and get your personalized action plan now.' Below this banner, there are six cancer types arranged in a 2x3 grid: 'BREAST CANCER' (represented by a pink t-shirt icon), 'CERVICAL CANCER' (represented by a green female gender symbol icon), and 'COLORECTAL CANCER' (represented by blue pants and a white belt icon). The bottom row contains 'KIDNEY CANCER' (represented by two red kidneys icon), 'LUNG CANCER' (represented by two grey lungs icon), and 'MELANOMA' (represented by an orange sun icon).

Case studies



Colorectal cancer



Cervical cancer



Breast cancer



Lung cancer

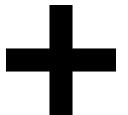
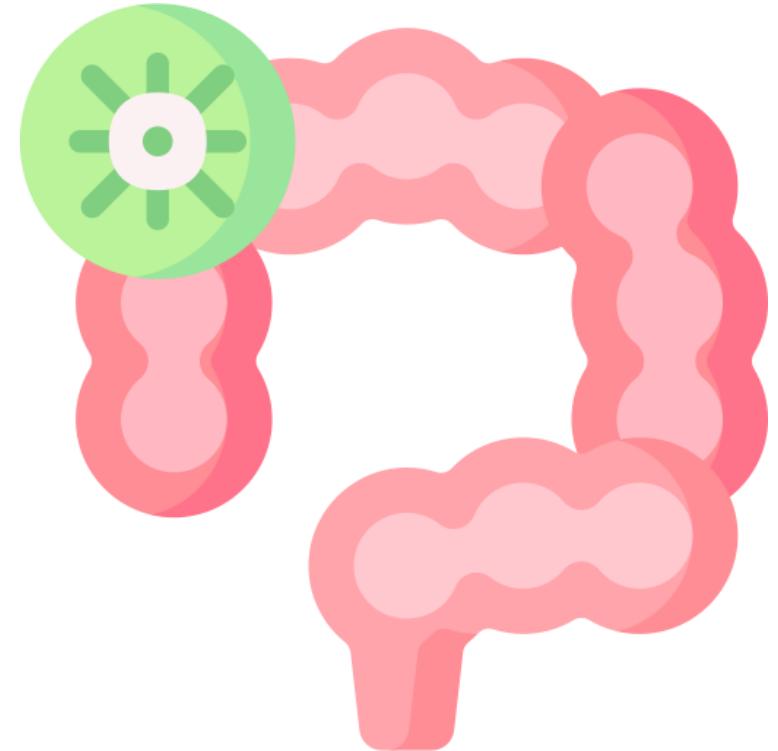


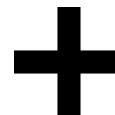
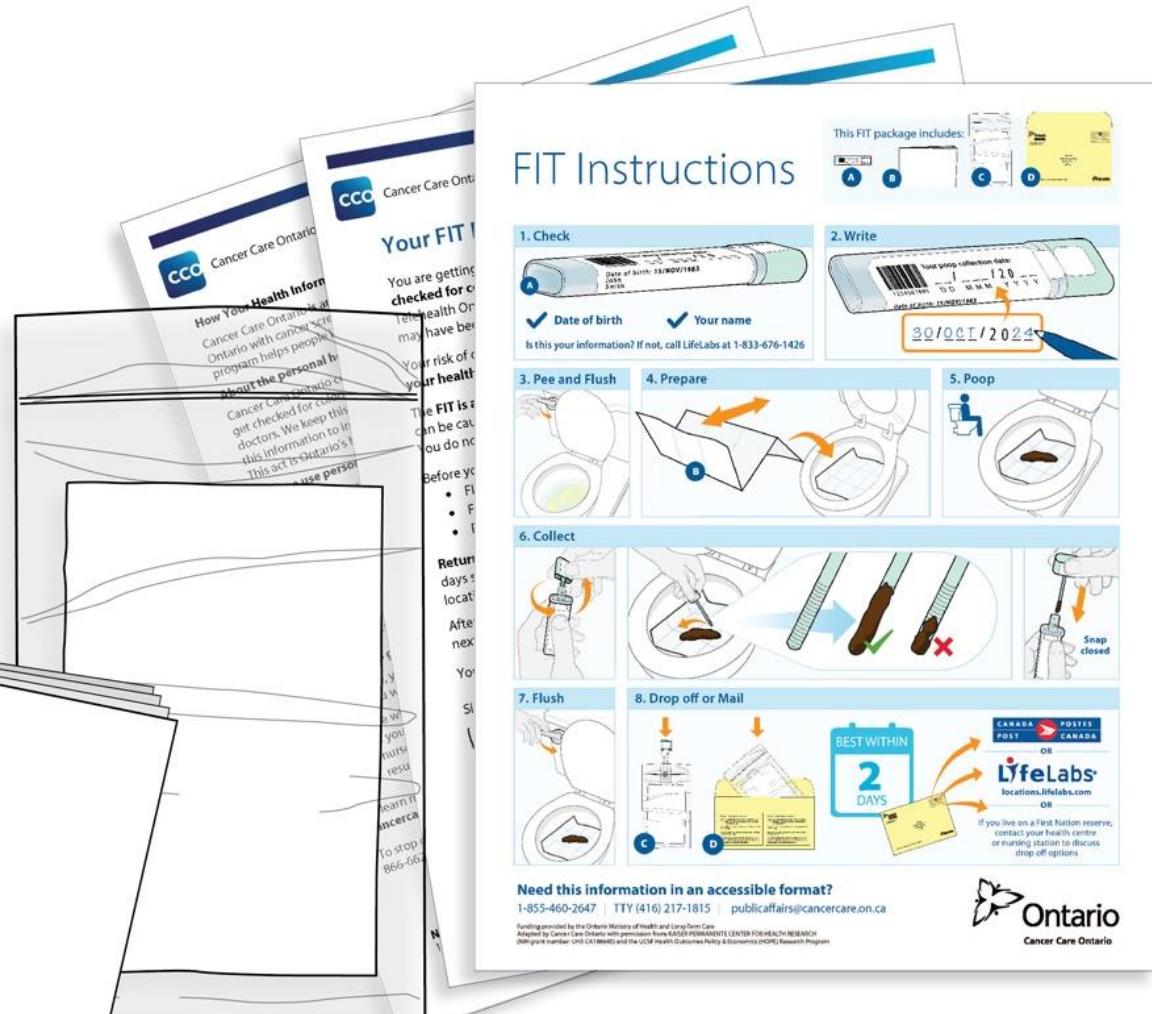
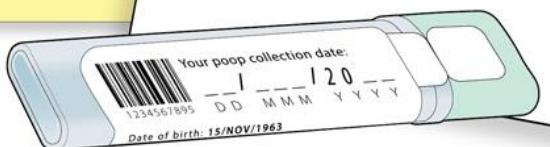
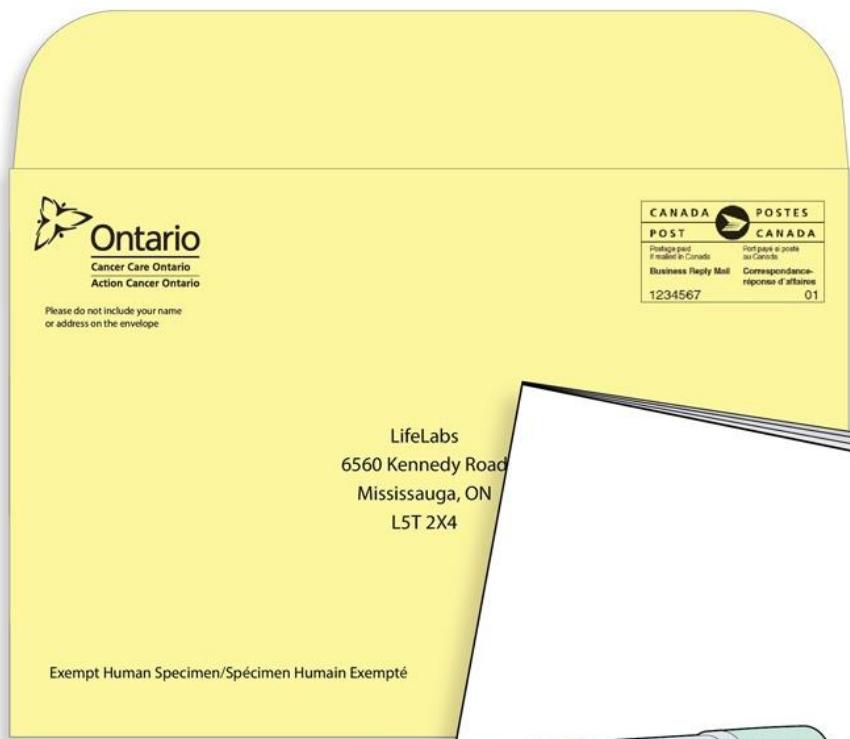
Prostate cancer



Colorectal Cancer

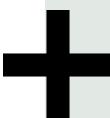
- “My ex punched me in the tummy six times.....I new it was going to damage my insides”
- “I knew they were trying to poison me...I couldn’t stop pooping”
- “I did very well....I only had one doughnut that morning”





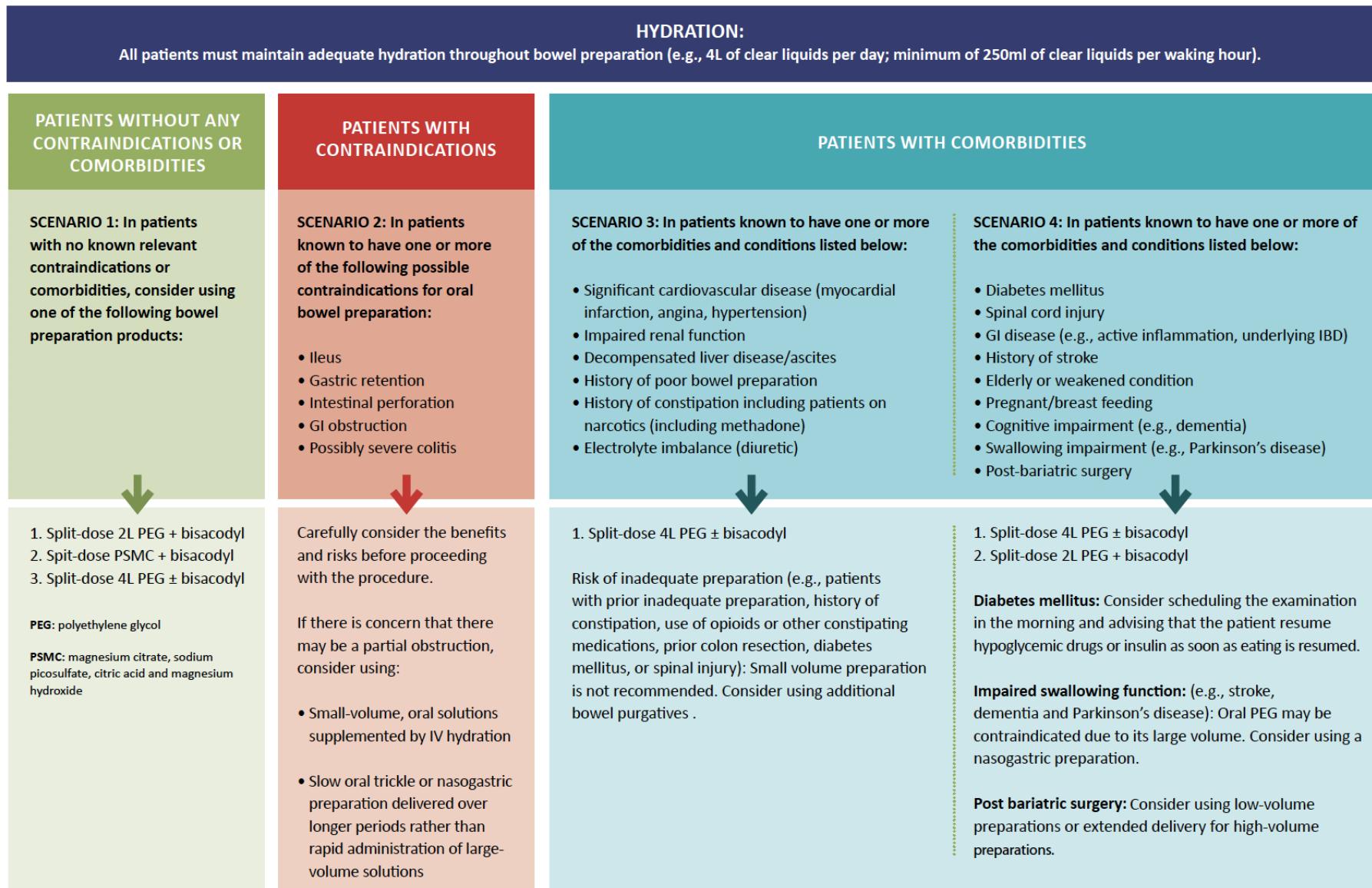
Flexible Sigmoidoscopy/ Colonoscopy

- During the test, a doctor or registered nurse endoscopist uses a small, **flexible tube with a tiny camera on the end to look inside the rectum and sigmoid colon.**
- A colonoscopy is a test that allows a doctor to **look at the entire colon using a long, flexible tube with a tiny camera on the end.** During a colonoscopy, the doctor can also take biopsies (samples of tissue) or remove polyps that can become cancer over time (called pre-cancerous polyps).



Bowel Preparation Selection Decision Guide for Colonoscopy in Adults

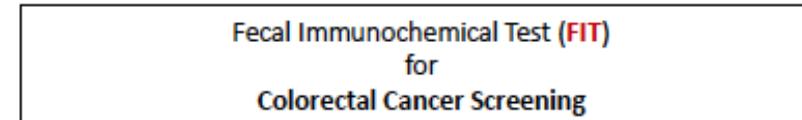
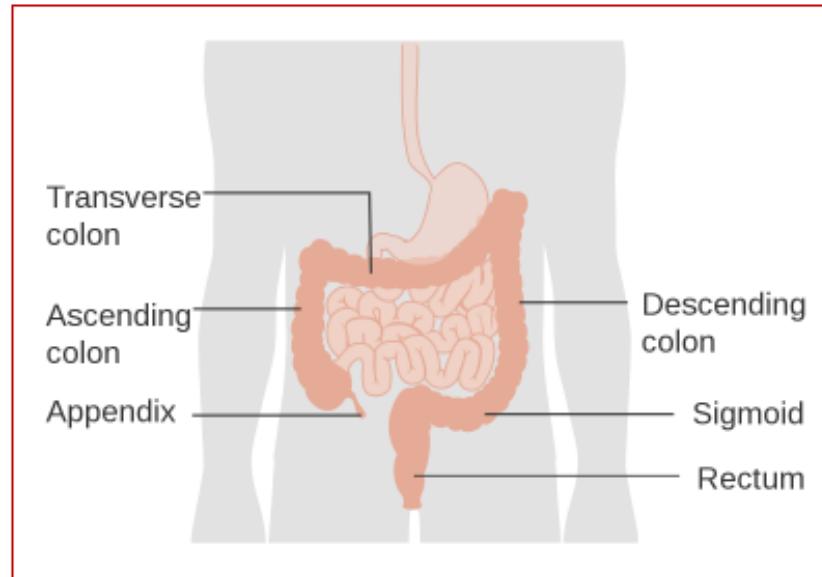
Note: Assess the patient's concomitant medications to determine if there are any contraindications to oral bowel preparation. Once the bowel preparation product is selected, refer to its product monograph to determine if there are other relevant medication modifications or contraindications.



Refer to Table 1 for Additional Bowel Preparation Guidance

Disclaimer: We encourage you to use and benefit from these documents. However, please be aware that this document has been prepared for informational purposes only. The recommendations included in this document are not intended to take the place of the professional skill and judgment of health care providers.

Get **FIT** in March



More information on eligibility and **FIT** kits to follow



Cervical Cancer

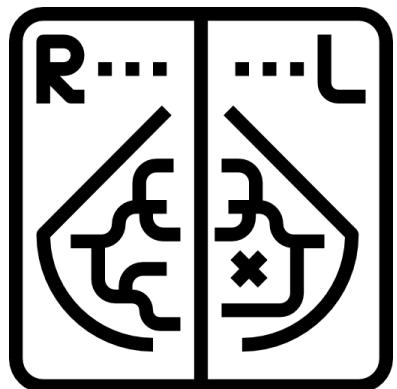
- “My neighbour has sex with me when I am asleep and stains my underwear”
- “I don’t have sex so I don’t need screening”
- “The doctors tried to put something inside me to make me pregnant”
- Living with trauma

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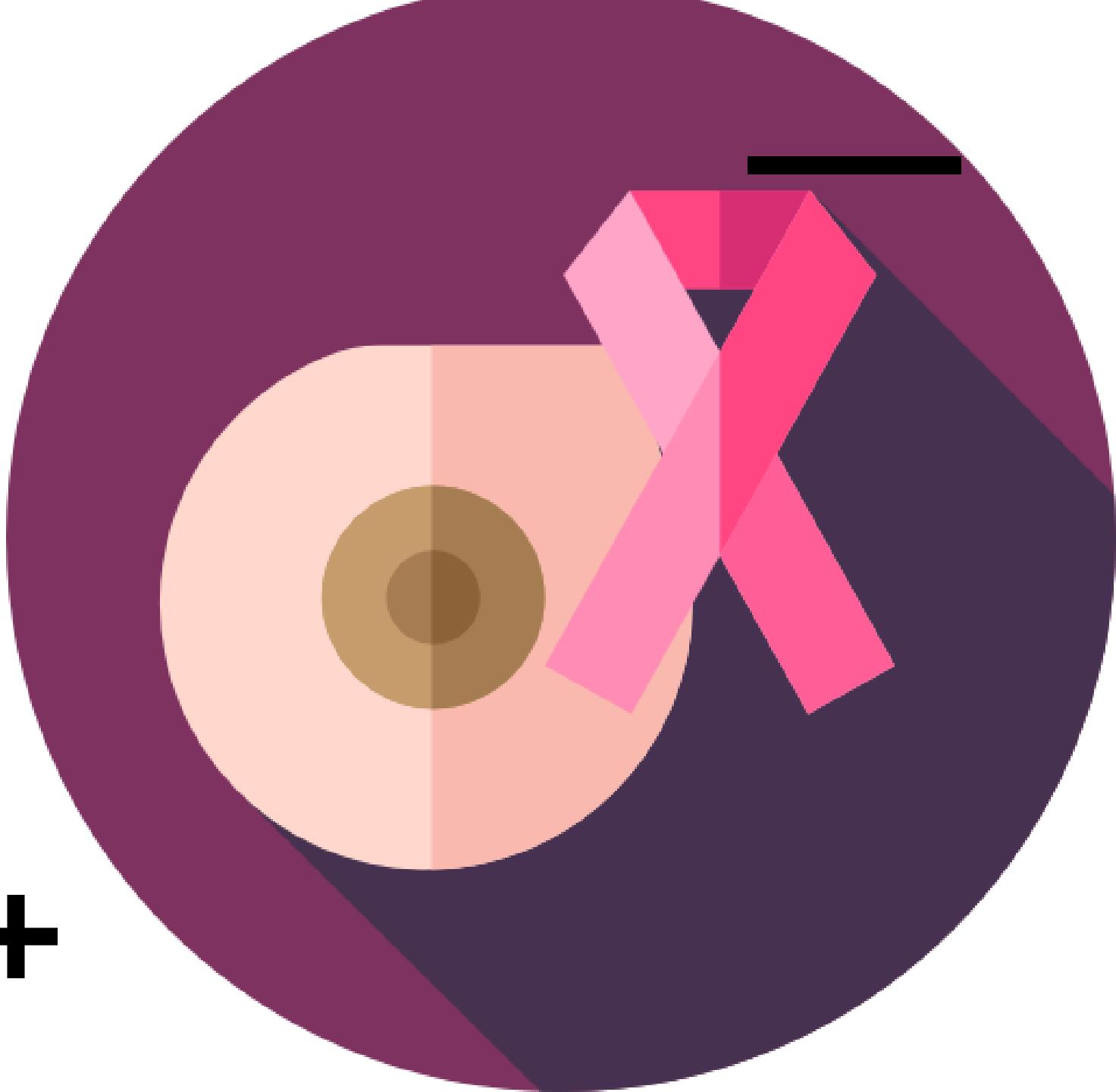


Breast Cancer

- Breast examination
- “Suspicious breast mass/
lesion”



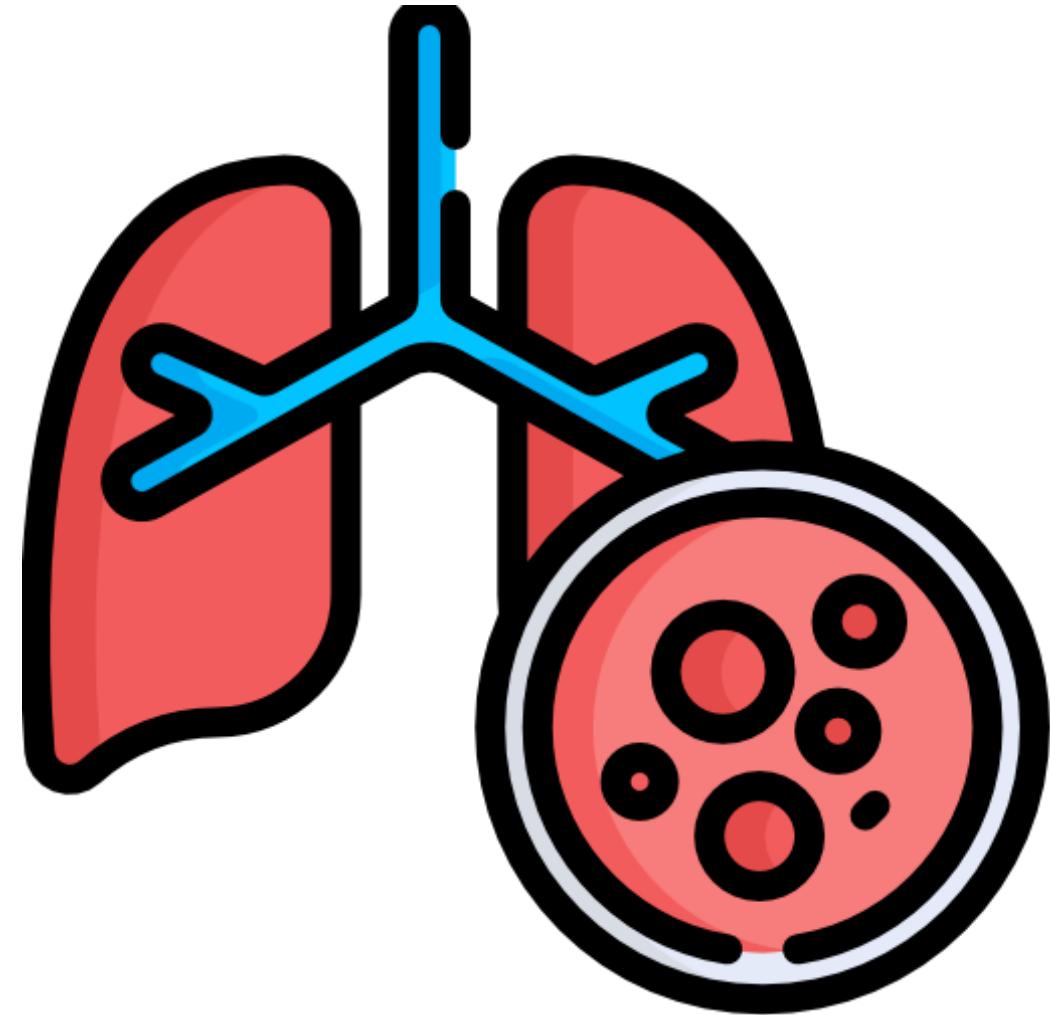
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Lung Cancer

- “Smoking stops my lungs from getting infections....”
- Smoking cessation
- Cough
- COPD
- Weight loss

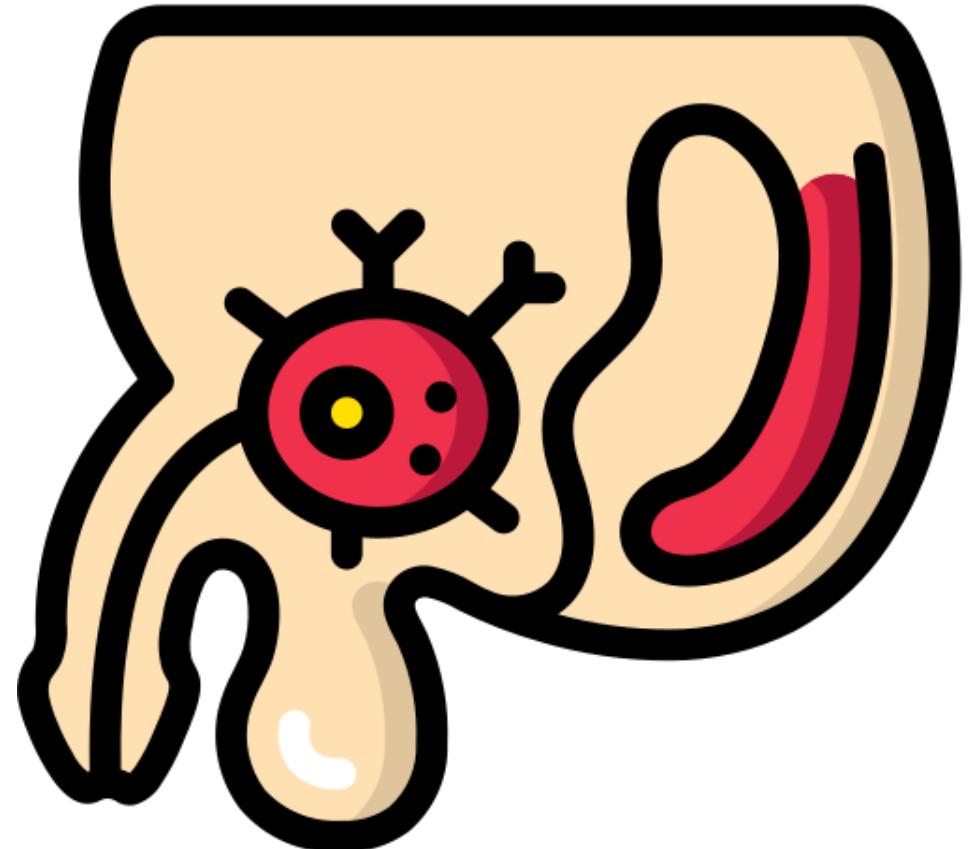
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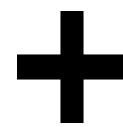
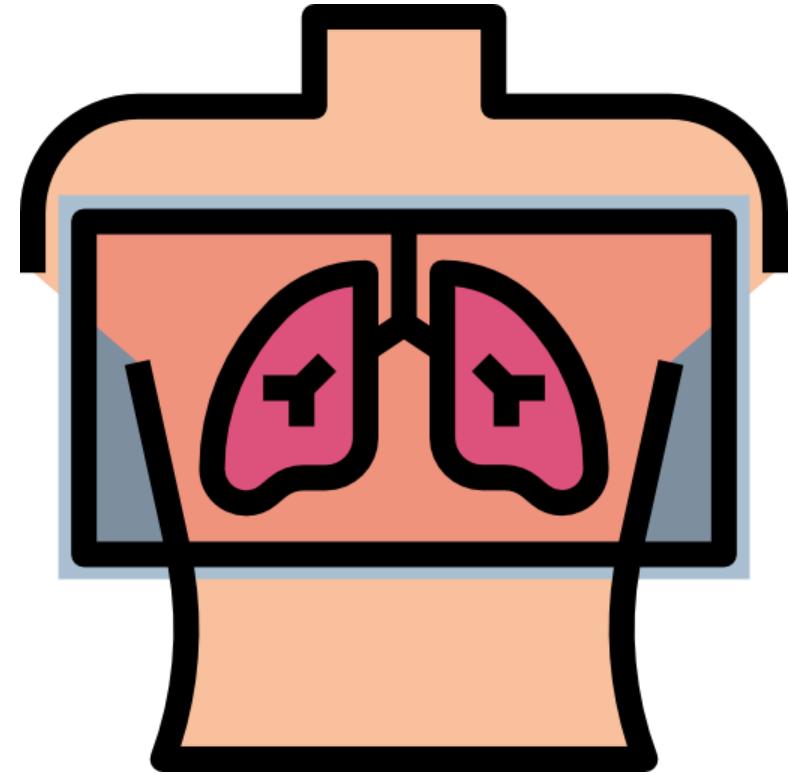
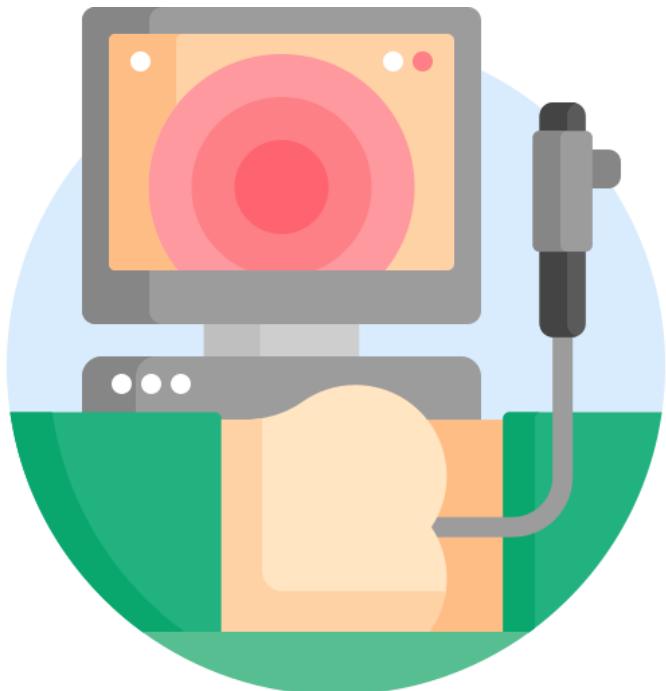


Prostate Cancer

- “No way I was going to let anyone put a finger in my bum....pervert!!!”
- Digital rectal examination (DRE)
- Lower urinary tract symptoms

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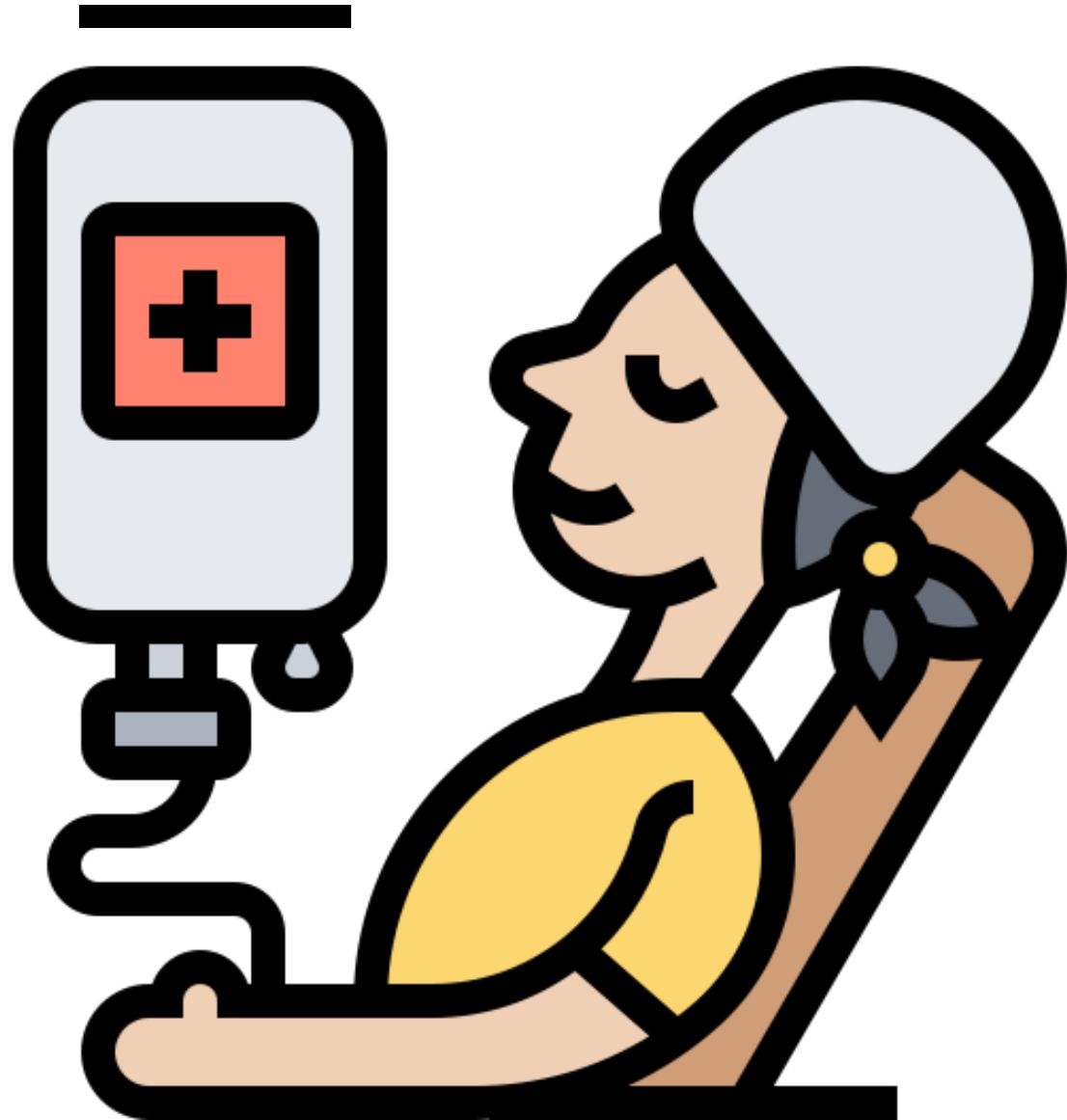


Pharmacotherapies

- Side effects
- Synergies
- Cessation
- *Clozapine

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Treatment

- Duration
- Frequency
- Pump
- Follow up

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Surgery

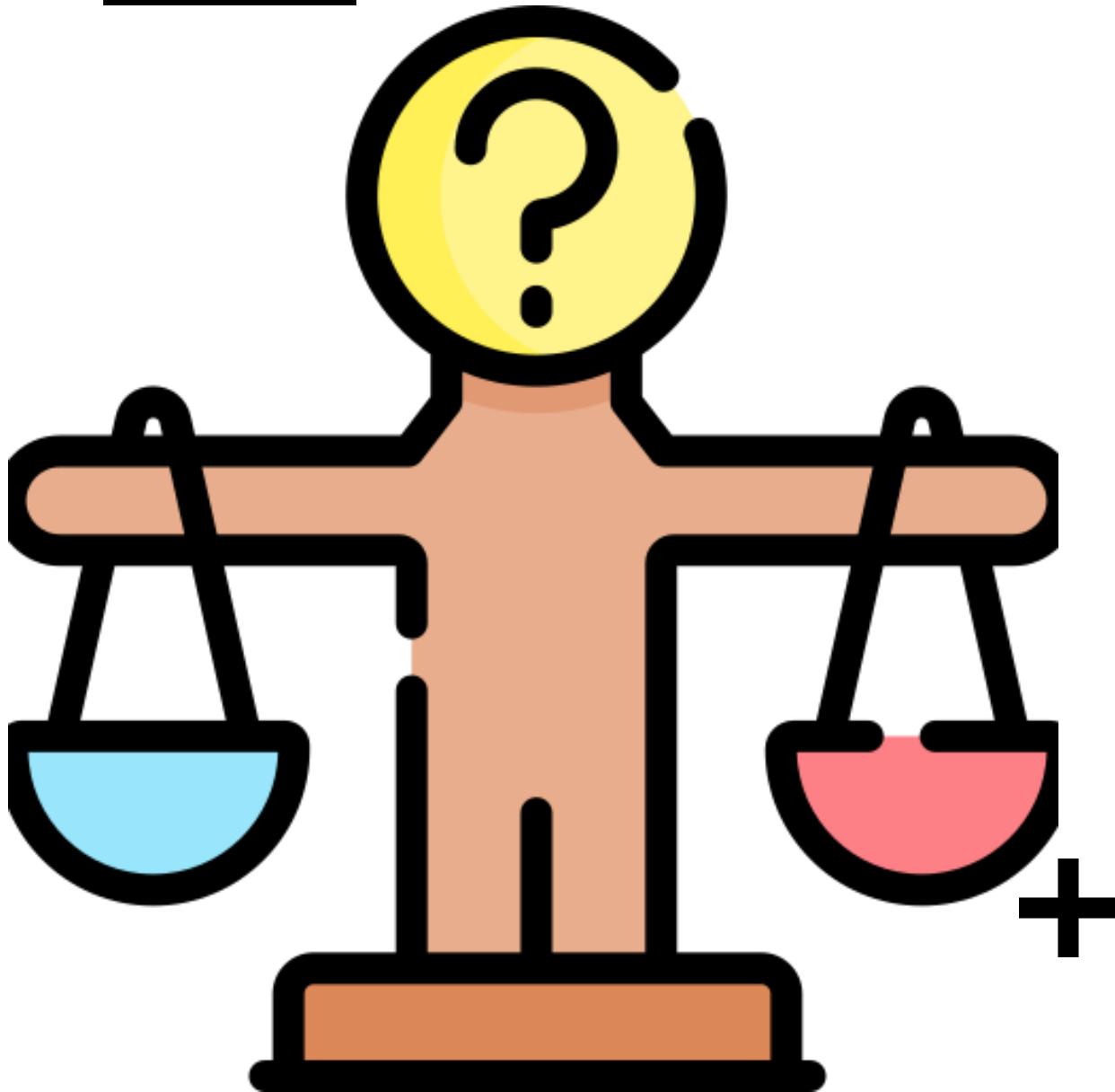
- Preparation
- Consent
- Post-op rehabilitation



Side Effects

- Chemotherapy
- Antipsychotics
- Tolerability
- Hair loss
- Neuropathies

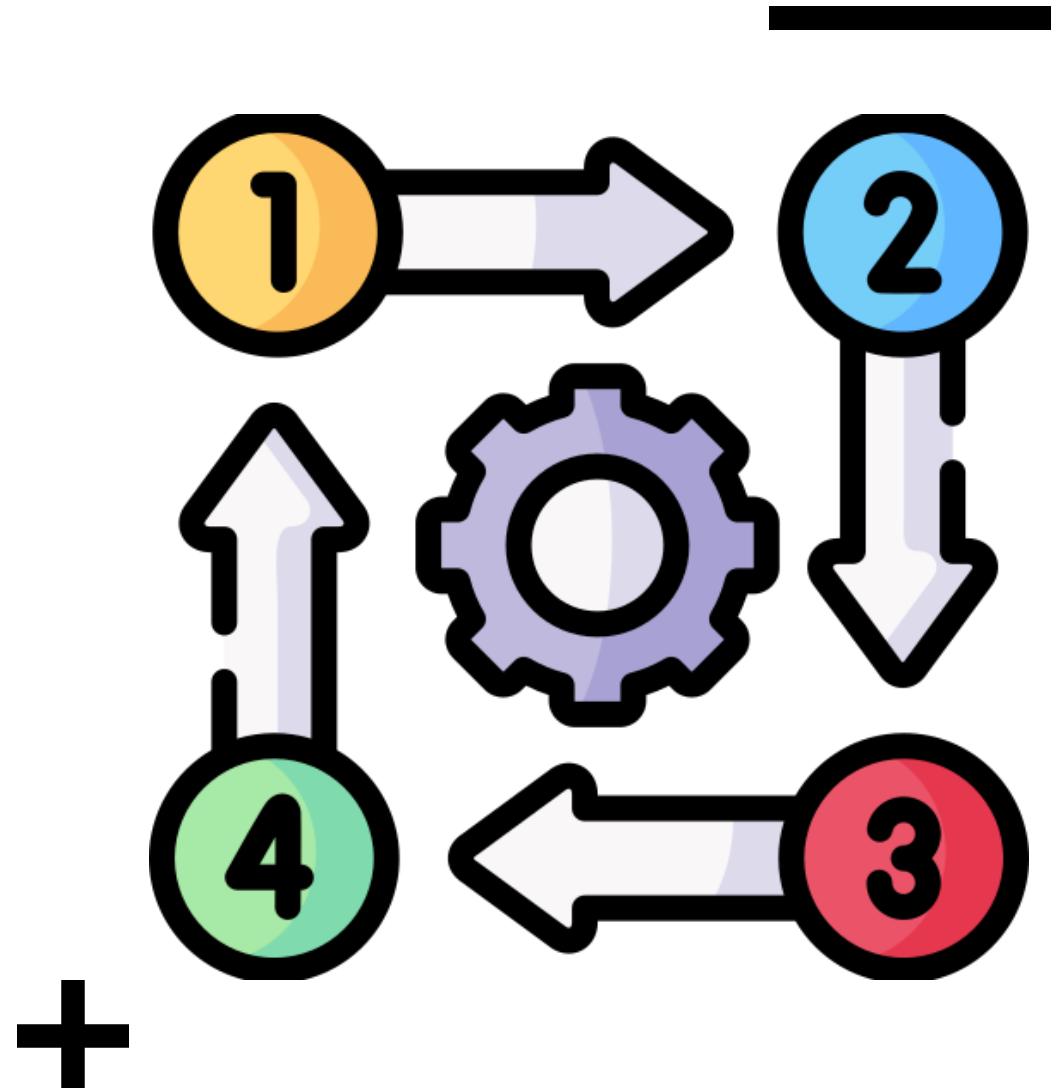




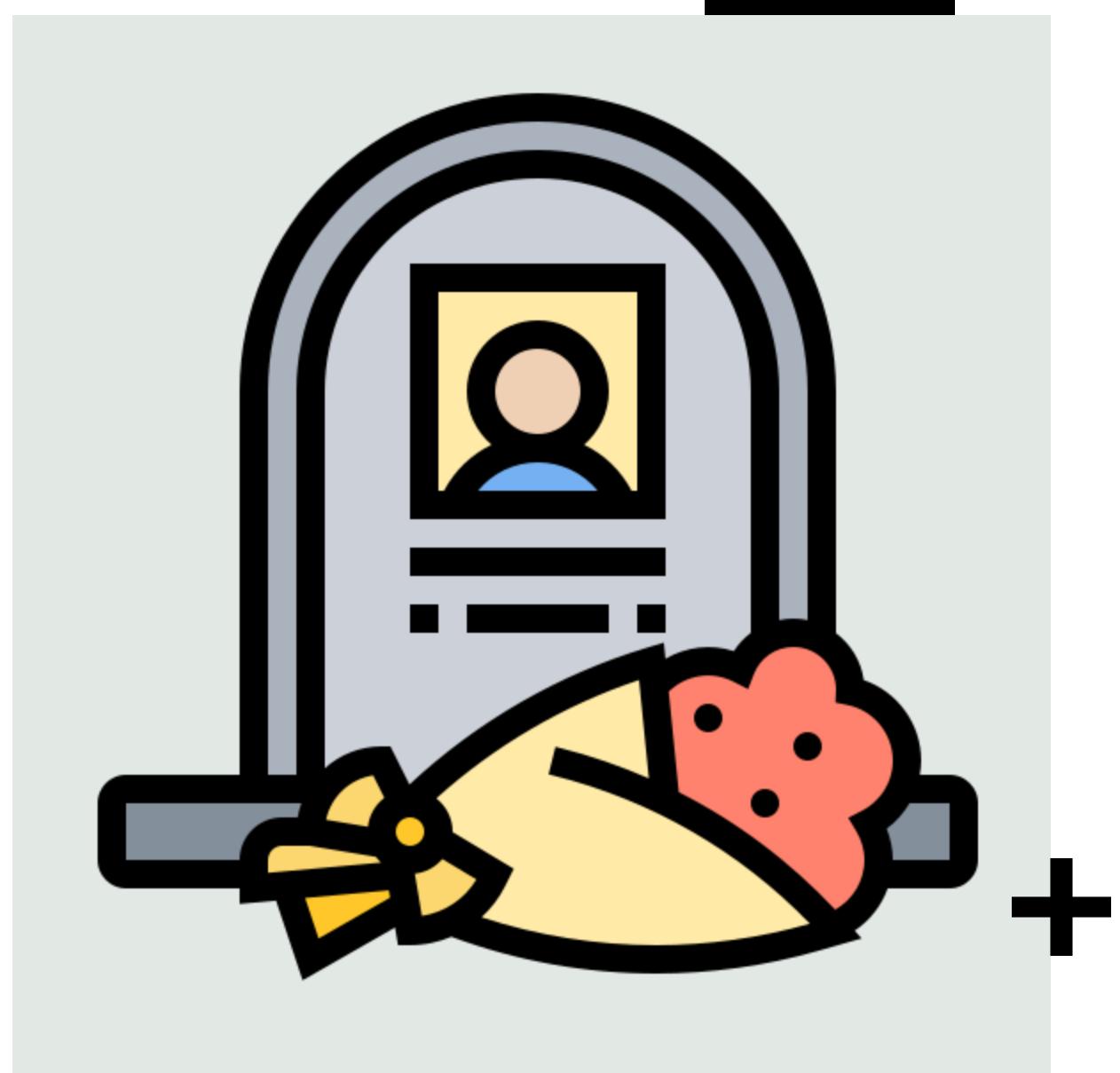
Ethical Issues

- Consent
- Refusal of screening
- Refusal of procedures
- Refusal of surgery
- Refusal of treatment
- Palliative options

Recovery / Remission



End of Life



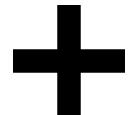
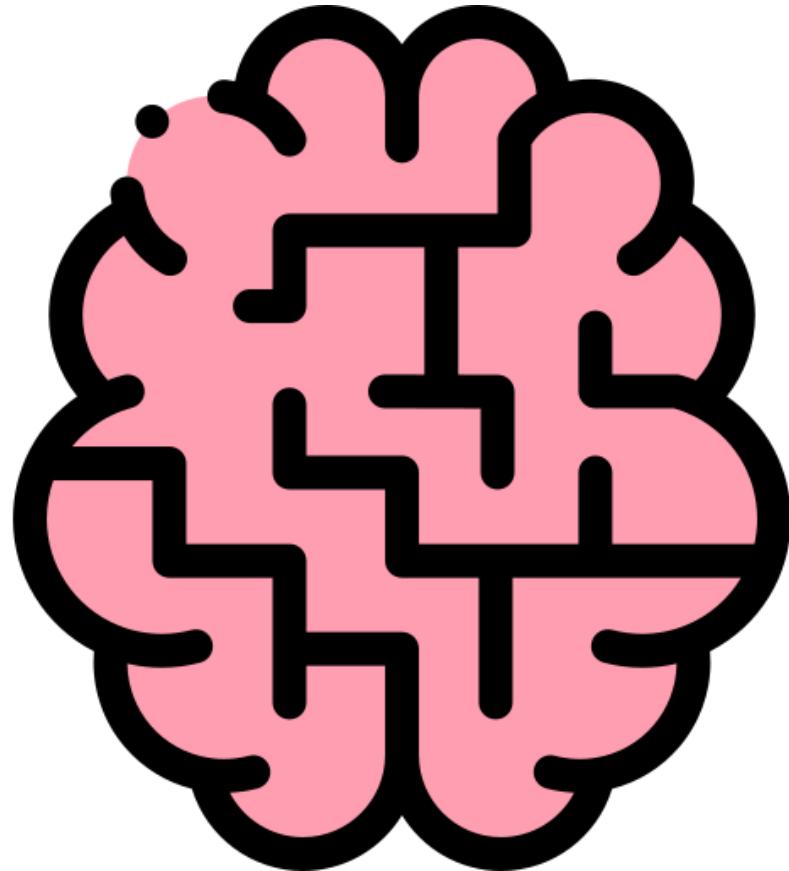
CaSMIP – Cancer & Severe Mental Illness Project

- A critical systems approach
- An intersectoral interdisciplinary systems thinking paradigm, whereby problem solvers aim to intervene in order to improve problematical social situations
-join us!



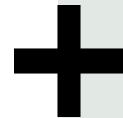
Health Information and Literacy





Problem Solving –
personalized
collaborative care

Community Engaged Interventions





CITY OF KINGSTON

Proclamation

Colorectal Cancer Awareness Month

March 2025

Whereas most colorectal cancers start as polyps inside the colon or the rectum and grow slowly, thus making it one of the few cancers that can be prevented with timely screening and early diagnosis. When caught early, up to 9 out of 10 people can be cured; and

Whereas colorectal cancer is the 4th most diagnosed cancer in Canada, and is the 2nd leading cause of death from cancer in men and 3rd in women; and

Whereas on average 69 Canadians will be diagnosed with colorectal cancer and 26 Canadians will die from colorectal cancer every day; and

Whereas 1 in 16 Canadian men and 1 in 18 Canadian women will develop colorectal cancer during their lifetime and 1 in 38 and 1 in 43 will die from it, respectively; and

Whereas vulnerable individuals including the unhoused or those living with severe mental illness are less likely to screen, get diagnosed later and have worse colorectal cancer outcomes; and

Whereas March is Colorectal Cancer Awareness Month, a month dedicated to raising awareness, encouraging screening, and supporting those living with colorectal cancer and their loved ones; and

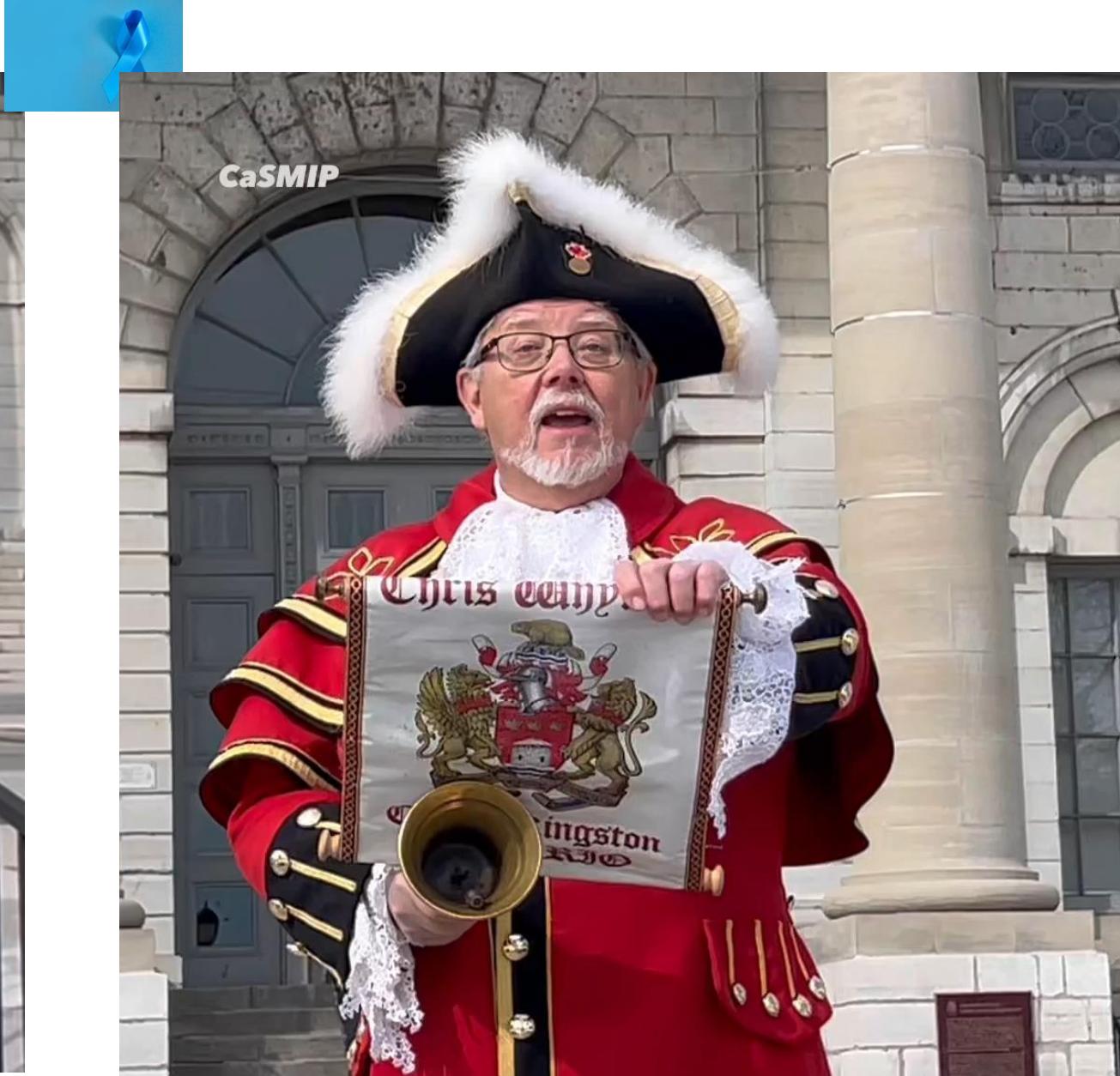
Whereas observing Colorectal Cancer Awareness Month during the month of March provides a special opportunity to raise awareness and provide education on the importance of early detection and screening of colorectal cancer.

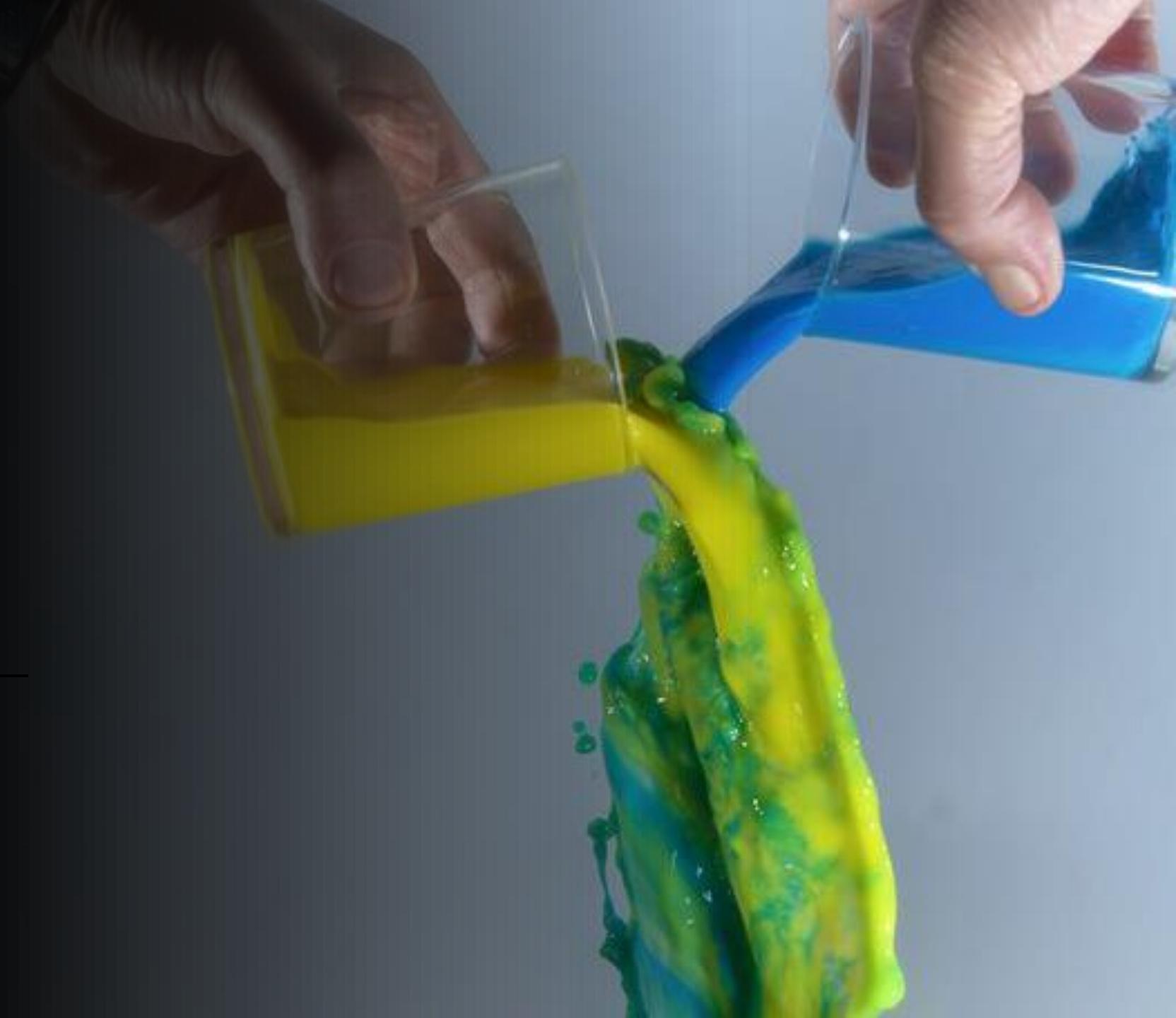
Therefore, I, Mayor Bryan Paterson, on behalf of Kingston City Council, hereby proclaim the month of March as "Colorectal Cancer Awareness Month" in the City of Kingston.

Dated at Kingston this 19th day of February, 2025




Bryan Paterson
Mayor





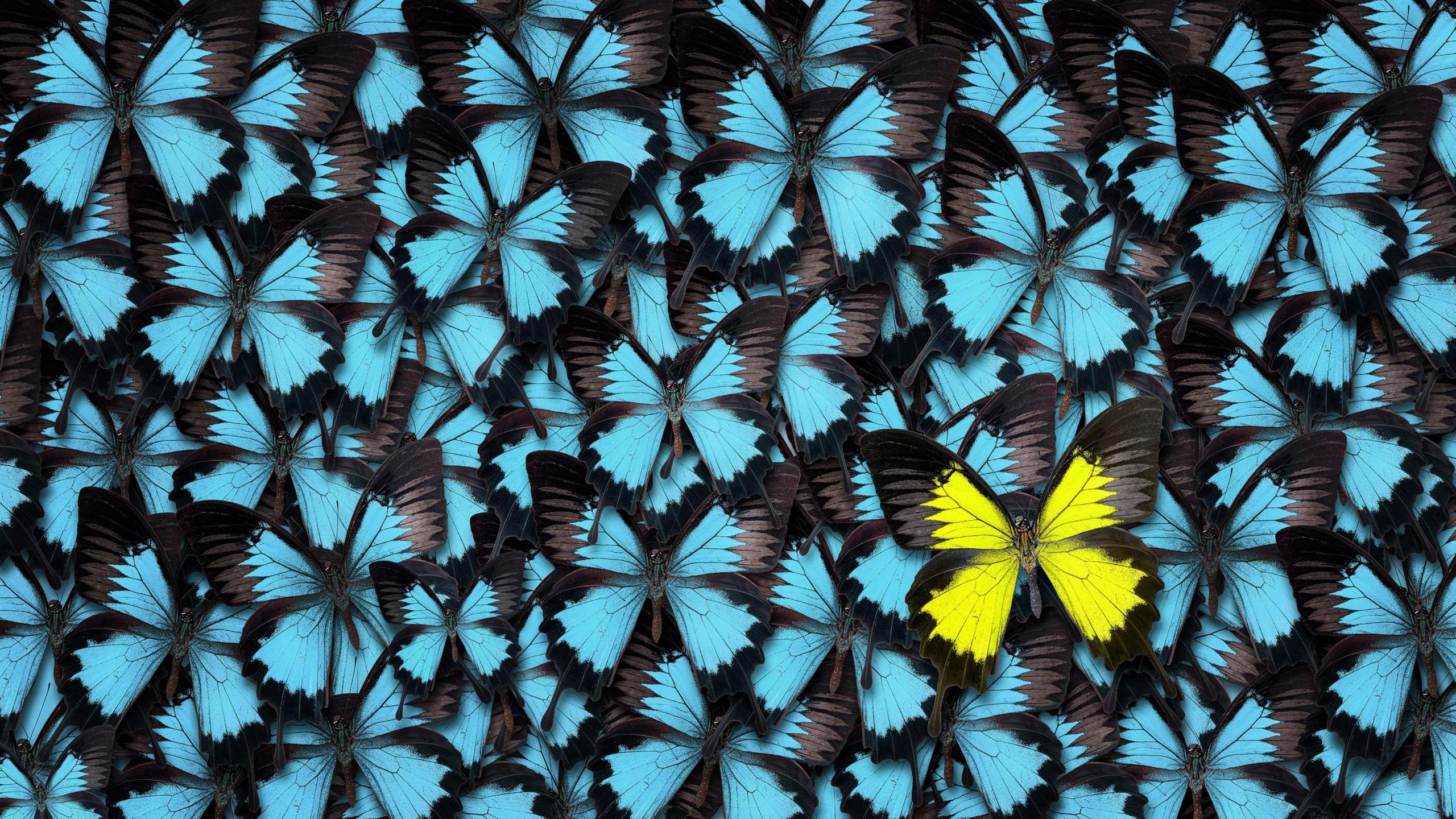
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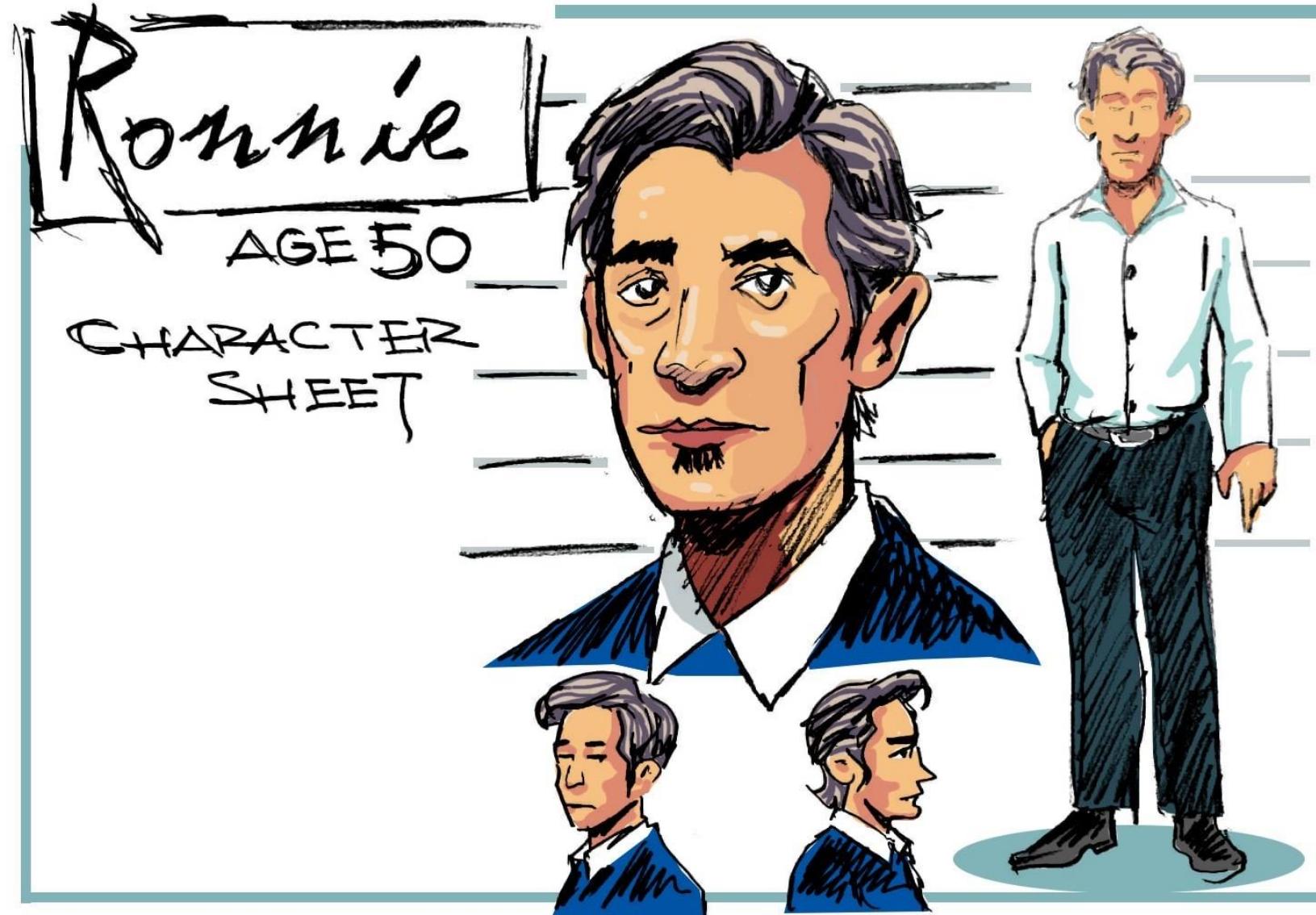
Funding Services Research

“I just couldn’t wait in
the ER for 8 hours”

“I don’t have a mailing address...and I don’t have a cellphone...I don’t know where I will stay tonight”

“They hardly understood anything that was said during the appointment” - ACT Team Member

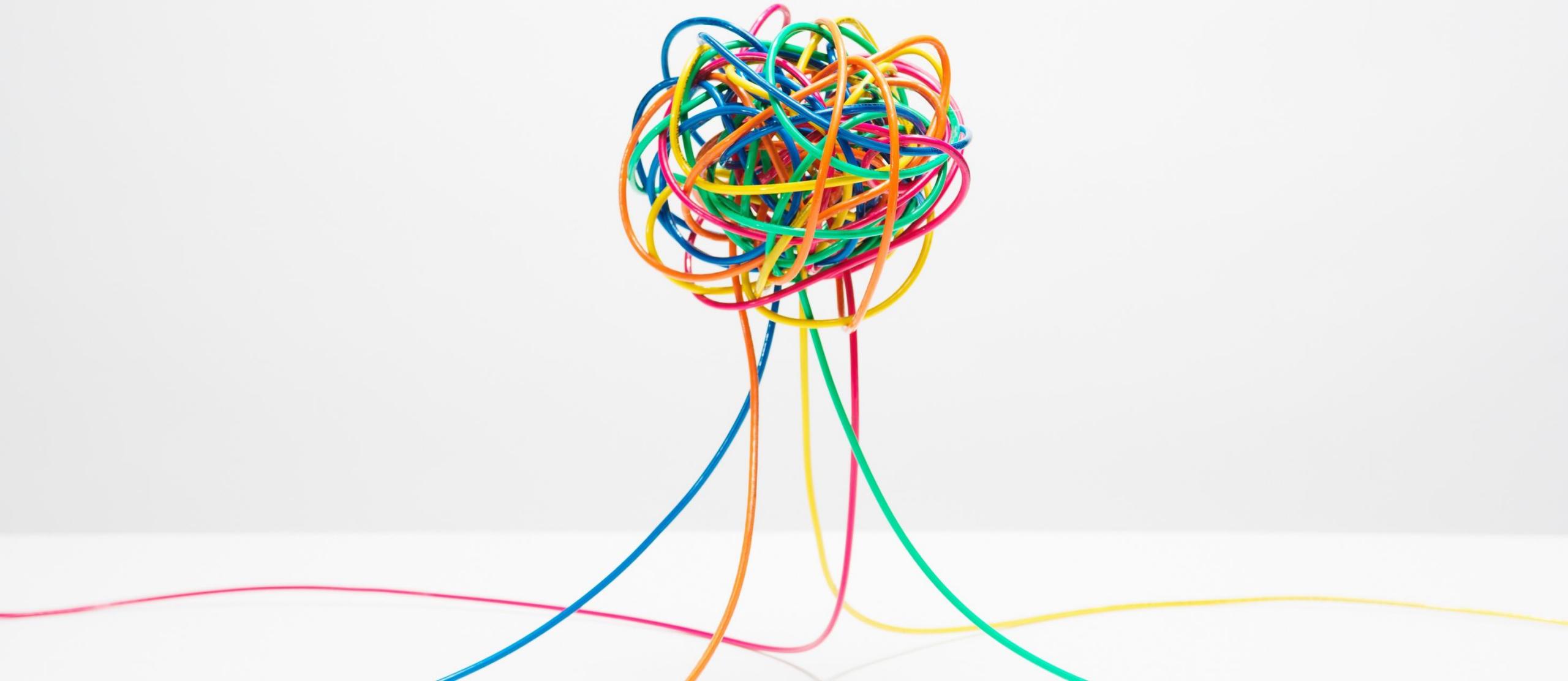




Don't Leave Me Behind: Navigating Cancer & Psychosis

Ronnie's Story







“Team FIT” - 2025

- Hailey Boyer
- Nerys Carroll
- Sophia Gill

Getting “Fit for FIT” Checklist: For Healthcare Providers

The Fecal Immunochemical Test is an at-home screening device to help with early identification of pre-cancerous polyps or cancer



Scan for Cancer Care
Ontario FIT Instructions

1. Screening History & Eligibility

- Does the client meet screening criteria (e.g., aged 50-to-74)?
- Does the client have a personal or family history of colorectal cancer?
- Has the client completed a FIT or other colorectal screening test(s)?
 - If yes, note **date** and **result**: _____

2. Mailing & Access

- Does the client have a fixed **address** to receive the kit?
- Does the client have access to a **toilet** for sample collection?

3. Medical Considerations

- Does the client have any **bleeding conditions** (e.g., hemorrhoids, menstruation, recent dental procedure)?
- Does the client use any **medications** or have any **conditions** that could affect test accuracy (e.g., anticoagulant medications, irritable bowel disease (IBD))?
- Does the client experience any side effects from **psychiatric medications**?
- Does the client have any **cognitive impairment(s)**?

4. Mental & Physical Status

- Does the client experience any visual, attention, or **dexterity difficulties**?
- Does the client require additional support to complete the test (e.g., staff assistance, language interpreter)?
- Is the client experiencing any symptoms that may significantly interfere with focus or coordination (e.g., **hallucinations, delusions, paranoia, mood difficulties, tremors, extrapyramidal symptoms (EPS)**)?

5. Instructions & Understanding

If the client is unable to follow instructions or complete the FIT independently ...

- Has a healthcare provider explained steps for **collecting and sealing** the completed sample?
- Was the client reminded **not to collect** from a sample that has been contaminated with toilet water or urine?
- Has the client and healthcare provider reviewed the labelling of the collection tube (name, date of birth (DOB), collection date)?
- Does the client know **how and where** to return/mail the completed kit (within 48-hours of sample collection)?

6. Follow-Up

- Does the client understand **next steps** (e.g., receiving results, follow-up for a positive test)?

If the answer is “No” for any of the questions in **Sections 2, 5 and/or 6**, please provide direct assistance.



Getting "Fit for FIT" Checklist

The Fecal Immunochemical Test is an at-home screening device to help detect early signs of colon cancer



Please use this checklist as you complete your kit.
Check off each item once it's done.

Scan to see Cancer
Care Ontario FIT
Instructions

1. Before You Start



Make sure you
have your
glasses on, if
needed!

- I have **read and understood** the instructions that came in my FIT kit
- My FIT kit is not expired (check the date on the collection tube)
- I have not had my period or a dental procedure in last three days,
and have no active bleeding or haemorrhoids
- I have a clean, private toilet to use for this test

2. Collecting the Sample



Make sure you
have access to a
toilet to complete
the test!

- I **labelled** my collection tube with my **full name, date of birth, and date of collection**
- I know how to **collect the stool (poop) sample** using the kit
- I made sure the stool **did not touch toilet water or urine (pee)**

3. Storing & Returning the Kit



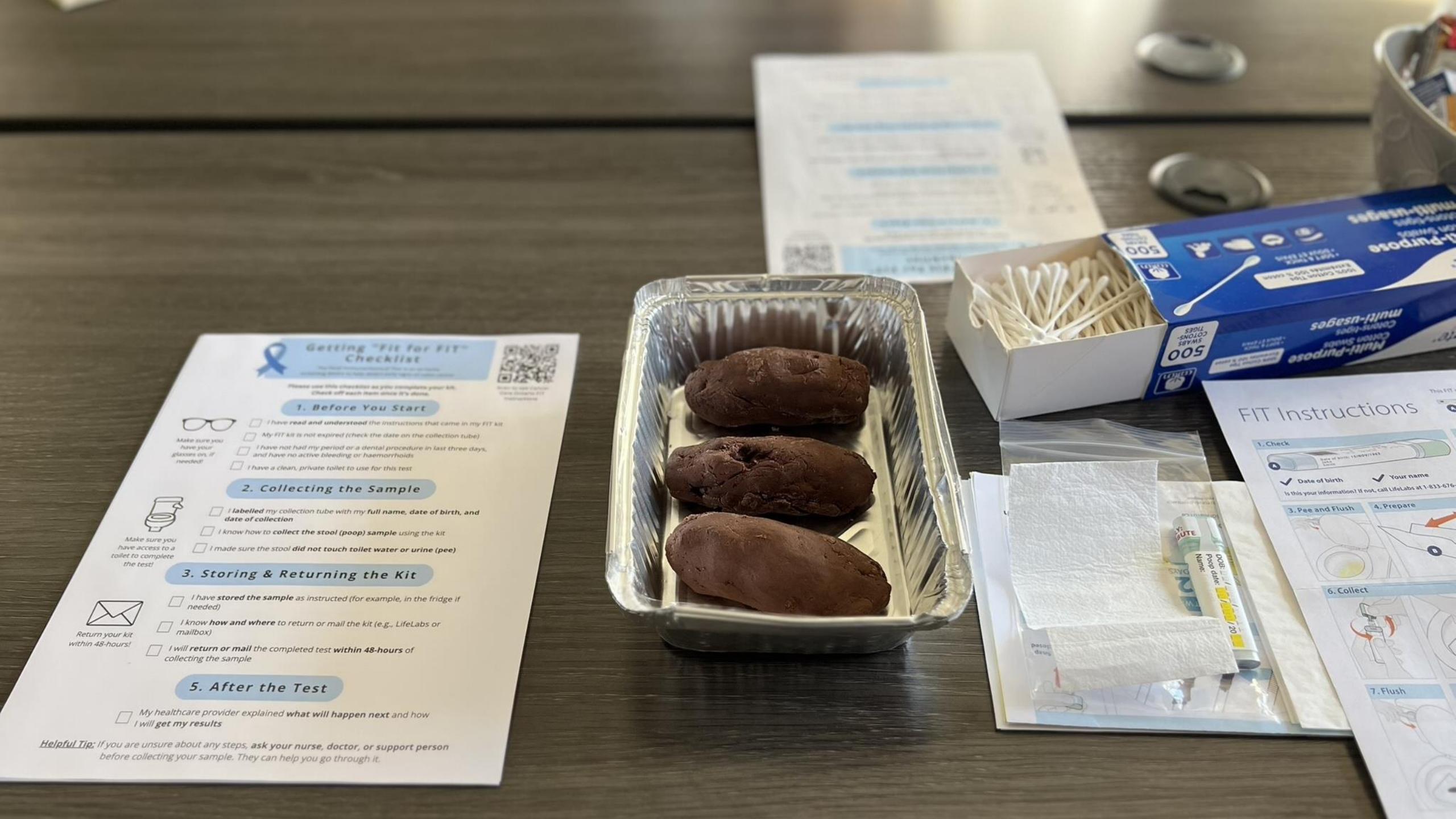
Return your kit
within 48-hours!

- I have **stored the sample** as instructed (for example, in the fridge if needed)
- I know **how and where** to return or mail the kit (e.g., LifeLabs or mailbox)
- I will **return or mail** the completed test **within 48-hours** of collecting the sample

5. After the Test

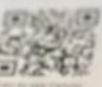
- My healthcare provider explained **what will happen next** and how I will **get my results**

Helpful Tip: If you are unsure about any steps, **ask your nurse, doctor, or support person** before collecting your sample. They can help you go through it.



Getting "FIT for FIT" Checklist

Please use this checklist to prepare for your FIT test. Check off each item once it's done.



1. Before You Start



- I have read and understood the instructions that came in my FIT kit
- My FIT kit is not expired (check the date on the collection tube)
- I have not had my period or a dental procedure in last three days, and have no active bleeding or haemorrhoids
- I have a clean, private toilet to use for this test

2. Collecting the Sample



Make sure you have access to a toilet to complete the test!

- I labelled my collection tube with my full name, date of birth, and date of collection
- I know how to collect the stool (poop) sample using the kit
- I made sure the stool did not touch toilet water or urine (pee)

3. Storing & Returning the Kit



Return your kit within 48-hours!

- I have stored the sample as instructed (for example, in the fridge if needed)
- I know how and where to return or mail the kit (e.g., LifeLabs or mailbox)
- I will return or mail the completed test within 48-hours of collecting the sample

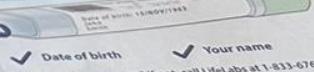
5. After the Test

- My healthcare provider explained what will happen next and how I will get my results

Helpful Tip: If you are unsure about any steps, ask your nurse, doctor, or support person before collecting your sample. They can help you go through it.

FIT Instructions

1. Check



✓ Date of birth ✓ Your name

Is this your information? If not, call LifeLabs at 1-833-676-

2. Pee and Flush



3. Prepare



4. Collect



5. Flush



6. Collect



7. Flush





With consent

WIPE OUT
COLORECTAL



With consent of
companion
housemate

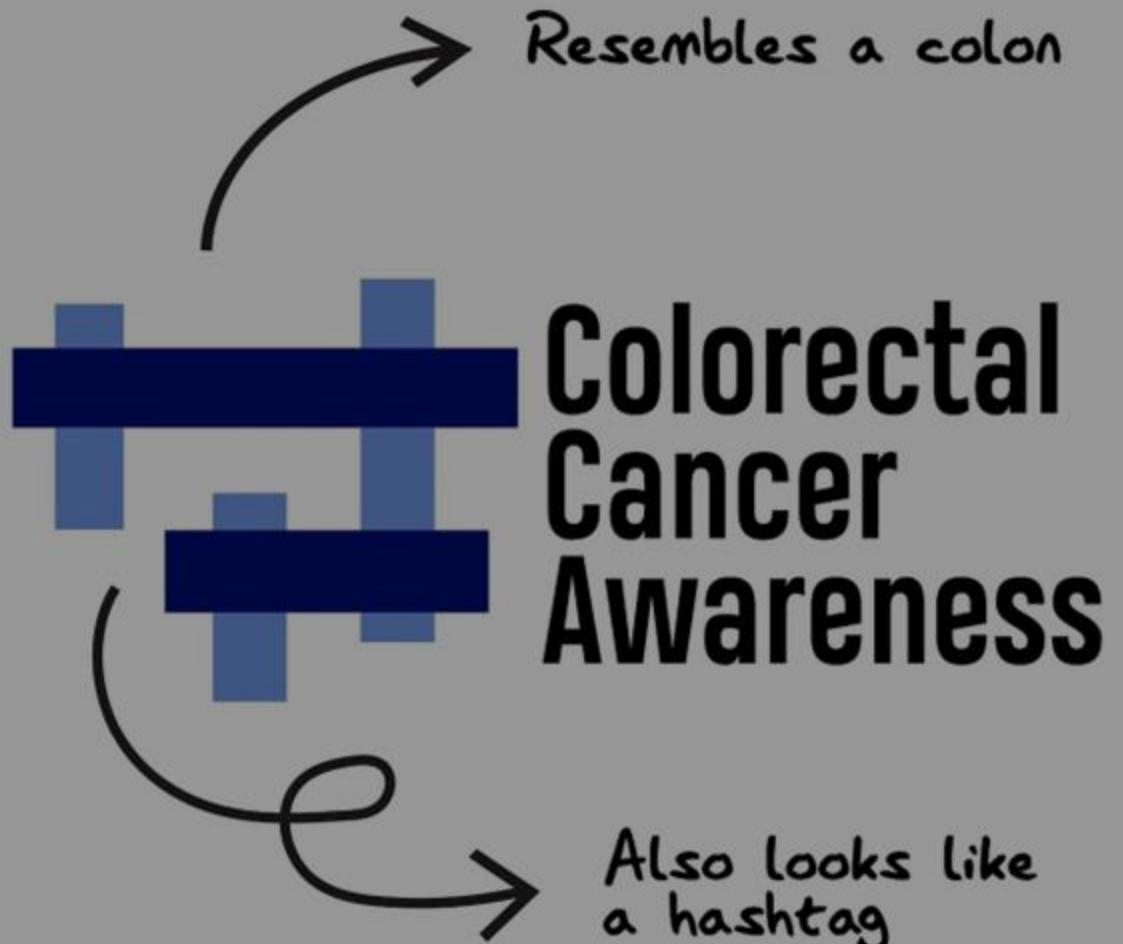


x 1080

With cancer awareness inserts

The Blue Nail Challenge!

Kiana, Daniel, Joao,, Lorenzo, Brian,
Salam, Teni, Amin

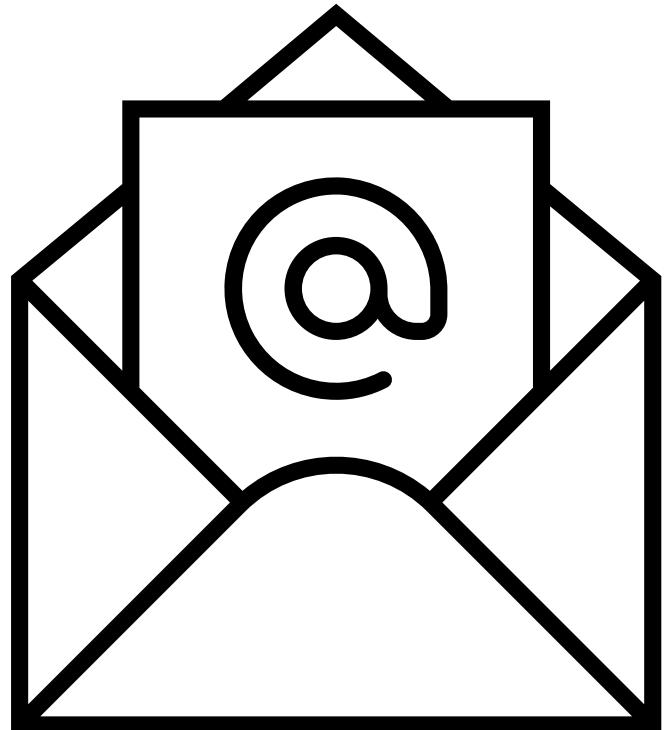




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- Global Cancer and Severe Mental Illness Consortium





Thank you!

- All those involved in cancer care and mental health support
- Join a network or community of practice

oaa@queensu.ca

—

Thank you!

Let's leave no one behind

