End of Life care for people with Severe Persistent Mental Illness (SPMI)

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So what is palliative care?

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

WHO (http://www.who.int/cancer/palliative/definition/en/)
Palliative care may not be reaching all of those that could benefit from it.

Ahmed et al. (2004)
A little bit of my history …

A mix of mental health and palliative care nursing (with some medical and surgical in the mix)

• Mental Health Nursing – inpatient and community
• Palliative Care – inpatient and community
Mental health and Palliative care

• THERE ARE SIMILARITIES!!!!
• What I noticed
• I wanted to find out more
Severe Persistent Mental Illness (SPMI)

- Increased morbidity and mortality
- A vulnerable population
- Stigma of mental illness and stigma of dying
- Equity of access?
- Paucity of research – especially in NZ
- Where to start …
Studies in NZ and Australia show that cancer incidence is the same ....

Australian study (Kisely et al, 2015) found people with SPMI 41% more likely to die from cancer

NZ study found people who used mental health services were 2.5-3 times more likely to die within 5 years when diagnosed with breast or colorectal cancer (Cunningham et al, 2015)
Why are the morbidity and mortality rates for spmi so bad?

- **Person factors**
  - Smoking, unhealthy diet, lack of exercise, alcohol and drug use
  - Negative symptoms of SPMI
  - Prescription medication

- **Health Professionals**
  - Reluctance to physically assess
  - Diagnostic overshadowing

- **Health System factors**
  - Fragmentation
  - Single disease focused system

- **Stigma**
When you want to eat an elephant you need to decide where to start and then just eat a little bit at a time

Indian proverb
Research Methodology

- Quantitative study using Ministry of Health collected data (anonymised data)
  - CCDHB
  - Mental Health patients
  - Specialist Palliative use
- Years analysed 2008-2014 (7 years)
- Those using mental health services that accessed specialist palliative care service
- Compare this to the general population
RATES OF ACCESS TO PALLIATIVE CARE SERVICES (RATE RATIO = 0.29)
Strengths

• Study design
• Study setting
• Using mental health data from Ministry of Health
• Large number of subjects
• Data covers an extended time period
• Low cost and time effective

Limitations

• Only 1 DHB setting
• Potential extraneous factors
• Data captured was not for this project
• Unable to assess data quality
• Not able to identify generalist palliative care approach or specialist consults to generalist providers
Where to from here?

• Further research is needed
• Health strategies need to identify this as an issue!
• Integration of health system and services
• Clear pathways of care for people with SPMI who are dying
• Education between specialties

What do people with SPMI want at end of life?
“Palliative care should be provided in such a way as to meet the unique needs of individuals from particular communities or groups.”

Palliative care subcommittee (2007)
References


