


# 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 focussed system
- Stigma





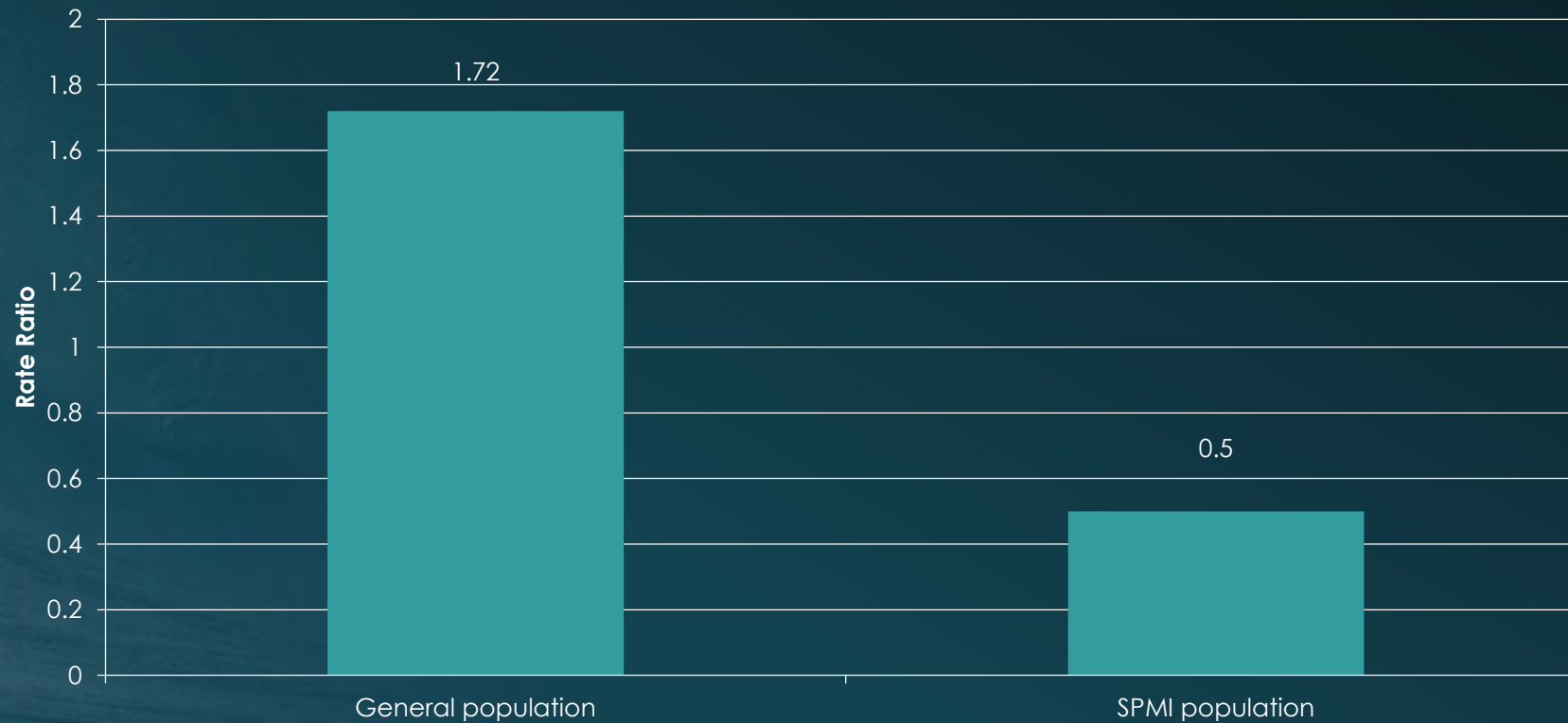
When you want to eat an elephant  
you need to decide where to start  
and then just eat a little bit at a time

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

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