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CLINICAL CASE REPORT

Coordinating end of life care for individuals with a mental illness—A nurse practitioner collaboration



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Summary People with a severe and persistent mental illness (SPMI) who develop a life limiting illness are one of the most vulnerable and marginalised groups of people in society today (Woods, Willison, Kington, & Gavin, 2008). In addition to the effects of mental illness, individuals who also have comorbid life limiting illness frequently suffer the compounding issues of social isolation, declining physical abilities and physical pain.

The Integrated Mental Health and Palliative Care Task (IMhPaCT) was an eighteen-month project funded through an Australian Government Department of Health and Ageing Grant. The project included a range of service improvement initiatives to enhance the quality of care for individuals with SPMI who also had a life limiting illness. This paper will report on the collaboration between two nurse practitioners, from the specialities of Mental Health and Palliative Care and their impact on optimising end of life care for this client group.

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Both specialities are underpinned by similar values including addressing the needs of the whole person and the importance of developing a therapeutic relationship (McGrath & Holewa, 2004). This paper will demonstrate how similarities in philosophy, as well as differences in focus of care, enhanced joint clinical practice at an advanced and extended level.
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Introduction

There is overwhelming evidence that people with severe and persistent mental illness (SPMI) are dying fifteen to twenty years younger than the general population due to a range of medical conditions (Foti, Bartels, Van Citters, Merriman, & Fletcher, 2005; McGrath & Holewa, 2004; Muir-Cochrane, 2006; Vreeland, 2007). It can be argued that people with a SPMI who develop a life limiting illness are one of the most vulnerable and marginalised groups of people in contemporary society (Woods, Willison, Kington, & Gavin, 2008). As they approach the end of their life, timely access to palliative care services is essential to ensure optimal outcomes. Currently, the mandate for mental health nurses working with people with mental health disorders is to monitor their physical health. Therefore, mental health nurses have the opportunity to identify when a person with a mental illness, who also has a physical illness, is nearing the stage where end of life care planning should become the focus of care.

The World Health Organisation defines palliative care as "...an approach which improves the quality of life for individuals and their families facing the problems 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 problems, physical, psychosocial and spiritual". Palliative care aims to anticipate problems as they arise throughout the person's illness trajectory and to enhance quality of life (Therapeutic guidelines: Palliative care. Version 3, 2010).

The Integrated Mental Health and Palliative Care Task (IMhPaCT) was a project of eighteen months duration managed by Southern Adelaide Palliative Services. The project involved a consortium of services and included a range of strategies to enhance the care needs of individuals with SPMI who also had a life limiting illness. One component of the project involved a Mental Health Nurse Practitioner (Mental Health NP) and a Palliative Care Nurse Practitioner (Palliative Care NP) working in collaboration with other service providers to enhance the quality of end of life care for people with a concurrent life limiting illness and SPMI.

Woods et al. (2008, p. 725) define a severe and persistent mental illness as a prolonged and recurrent mental illness affecting people over the age of eighteen years. Most commonly they have a diagnosis of schizophrenia, bipolar affective disorder, major depression or a personality disorder.

There is a strong resonance between the philosophies of care in mental health and palliative care (McGrath & Holewa, 2004). Central to both practice areas is addressing the needs of the whole person. This includes the physical, social, emotional, spiritual and cultural aspects of the person. Fundamental to both practice specialities is the therapeutic relationship and the establishment of trust. The similarity in philosophy of care enhanced joint practice between the nurse practitioners.

In this paper we will describe the benefits of approaching the end of life care for people with a mental illness from two different nursing specialties and demonstrate that working collaboratively enhanced the assessment and management of project participants. This paper will also explore other insights gained through the IMhPaCT project.

Literature review

Prevalence of mortality in people with mental illness

The physical health of people with mental health problems has long been neglected and it is now at crisis point. Research has found that people in Australia with a serious mental illness have a higher mortality and morbidity rate than the general population (Coghlan, Lawrence, Holman, & Jablensky, 2001; Foti et al., 2005; McGrath & Holewa, 2004; Muir-Cochrane, 2006; Robson & Gray, 2007; Vreeland, 2007). Vreeland (2007) claims that people with a serious mental illness have a 13–20 year decrease in life expectancy. An Australian study found physical co-morbidities of people with schizophrenia accounts for 60% of premature death (Colton and Manderscheid, 2006). Colton and Manderscheid (2006) also highlighted that in one study it was found that people with schizophrenia have a higher fatality rate from cancer. Similarly, Howard et al. (2010, p. 803) stated that people with mental health problems have a higher cancer fatality rate than the general population.

The Fourth National Mental Health Plan identifies that mental illness is the largest single cause of disability in Australia. The National Survey of Mental Health and Well-being, conducted by the Australian Bureau of Statistics (ABS) in 2008 indicated that one in five people between 16 and 85 years of age will experience a high prevalence disorder, such as anxiety or depression over the course of a year. People with severe mental illnesses such as schizophrenia and other forms of psychosis are described as low prevalence disorders. These occur in 1–2% of the adult population. Low prevalence disorders account for 80% of the mental health care budget (Commonwealth of Australia, 2009, p. 17). To improve equity and access to palliative services for people who have a severe mental illness, partnerships between mental health and palliative services need to be developed.

Paucity of research

Although a wealth of literature can be found that examines the development of depression within palliative care, the literature on the end of life care of people with a pre-existing mental illness is scarce. Ellison (2008) conducted a literature review on mental health and palliative care and found there was an overwhelming lack of literature on the

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