END OF LIFE CARE FOR PEOPLE WITH SEVERE PERSISTENT MENTAL ILLNESS (SPMI)

Helen Butler
Education Team Leader
Mercy Hospice Auckland
A LITTLE BIT ABOUT ME …

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
FIRSTLY WHAT ARE WE TALKING ABOUT – SPMI?

Common diagnoses include schizophrenia, depression, bipolar disorder, some instances of personality disorder, post-traumatic stress disorder and anorexia nervosa (Woods et al, 2008)

Exploration of the literature uncovered some disturbing findings ....
SEVERE PERSISTENT MENTAL ILLNESS (SPMI)

• Increased risk of morbidity
• Increased risk of multi-morbidity
• Increased risk of mortality
• Increased risk of dying earlier
PEOPLE DIAGNOSED WITH SPMI WHO ARE DYING

• A vulnerable population
• Stigma of mental illness
• Inequity of access to palliative care
• Complexity of care
Paucity of research – especially in NZ

Only 2 published studies to date in New Zealand

- Cunningham et al (2014)
  - People with SPMI increased risk of morbidity and early mortality compared to the general population in NZ

- Cunningham et al (2015)
  - People with SPMI diagnosis had 2.5 (breast) to 3 times (colorectal) higher risk of dying within 5 years

So for my masters where to start …
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
END OF LIFE CARE ACCESS TO SPECIALIST PALLIATIVE CARE SERVICES FOR PEOPLE WITH SEVERE PERSISTENT MENTAL ILLNESS (SPMI)
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
THE PROVISIONAL RESULTS

Number of mental health patients
29,712

Compare to palliative data set
358 of 29,712 had access

Compared to the general population
People with SPMI approximately 10 x less likely to access
RATES OF ACCESS TO PALLIATIVE CARE SERVICES (RATE RATIO = 0.1)
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
WHAT DOES THIS MEAN .... WHERE TO FROM HERE?

- Despite limitations, differences are large (10x), and likely to represent significantly lower access to PC by people with SPMI.
- Results are consistent with related research on excess mortality (Cunningham 2014) and reduced cancer survivorship (Cunningham 2015).
- Further research is needed.
- Integration of health system and services.
- Clear pathways of care for people with SPMI who are dying.
- What do people with SPMI want?
- Education
  - Cross-seeding of knowledge between specialties.
  - Having ‘link nurses’ across specialties.
“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


QUESTIONS??