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Regional Palliative Care Services

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Contacts:

Northeast
Nurse Consultation Line
250-795-6134

Northern Interior
Nurse Consultation Line
250-565-7318

Northwest
Nurse Consultation Line
250-631-4191

northern health
the northern way of caring

End-of-Life Care and Serious Persistent Mental Illness

By Patti Doering, Palliative Nurse Consultant

Literature shows that terminally ill individuals with a Serious and Persistent Mental Illness (SPMI) tend to have reduced life expectancy. Woods, Willison, Kingston, & Gavin (2008) define SPMI as a mental illness that can be cyclic or ongoing, challenging a person's daily activities, requiring continual treatment. In Canada one in five individuals are affected by mental illness, but it is unclear how many of this percentage actually have SPMI. Canadian statistics may not be specific, but research does show that approximately 6% of the American population has been diagnosed with SPMI (McCasland, 2007). Unfortunately, these patients tend to receive less than adequate support in regards to palliative care follow up when diagnosed with a life-limiting illness (Terpstra & Terpstra, 2012).

It is not uncommon for patients with SPMI to live sedentary lifestyles with inadequate diet and substance use (Lloyd-Williams, Abba, & Crowther, 2014). Depending on their level of functioning and understanding, this can be due to lifestyle choices and decreased financial support. They also experience adverse side effects from psychiatric medications such as weight gain, cardiac arrhythmias, hypertension, and hyperlipidemia (Terpstra & Terpstra, 2012). These conditions may be factors that contribute to the development of significant comorbidities.

With SPMI patients we frequently see a later diagnosis of life-limiting illnesses. This is increased by difficulties with accessing primary care services, absence of trusting relationships with medical providers and difficulties in being taken seriously. These circumstances all contribute to

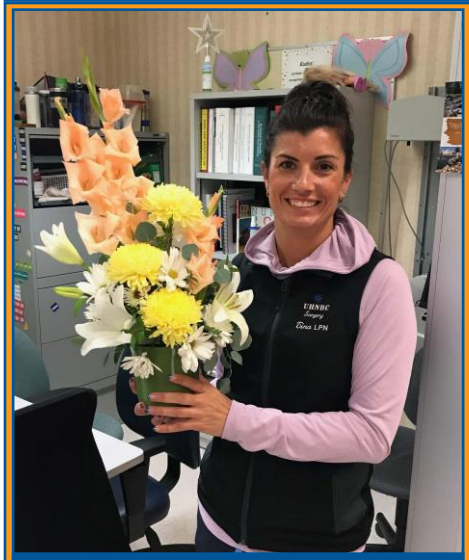
poor prognosis for these patients and usually leads to the lack of prompt treatment for the illness or presenting symptoms (Jerwood, Phimister, Ward, Holliday, & Coad, 2018). Patients with SPMI tend to be diagnosed at later stages of these illnesses because they may be unaware of the importance of seeking medical attention and are also less likely to attend scheduled follow-up appointments with their healthcare providers. In some cases, if the patient does not have a family physician, it can be difficult to obtain one. They are often put on waitlists with local treatment centres or facilities for long or indefinite periods of time in order to receive treatment. They are also higher risk for being homeless or transient, with little or no family support and no telephone. This can lead to difficulties in contacting or locating the patient for treatment (McCasland, 2007).

As per McCasland's (2007) article, psychiatric nurses and psychiatrists are not trained to deal with palliative care, just like palliative care nurses and physicians do not usually have specialized psychiatric training. The article mentions that palliative care nurses tend to have more of a medical based practice with a psycho-social aspect, and mental health workers are usually unfamiliar with palliative care supports and treatment options during the end-of-life period. However, unbeknownst to many, there are many similarities between psychiatric and palliative care nursing pertaining to their philosophies. The importance of a good nurse-patient relationship, a caring attitude and individual based practice for patients is important for effective treatment. Multi-disciplinary support and teamwork as well as staff professionalism is needed to promote individual patient treatment plans. Both areas are known to focus on the quality of life that is expressed by the patient, the patient's ability to cope with their illness and the outcome, a dignified death, as well as the importance of comfort and security (Terpstra & Terpstra, 2012).

Most SPMI patients do not have an advanced directive when it comes to palliative care. They are not usually approached regarding Advance Care Planning (ACP). This may fear that it may promote a negative response from the patient and affect the nurse-patient relationship; as well as the care provider's unfamiliarity with ACP and its purpose (Terpstra & Terpstra, 2012).

There is evidence to support the following strategies to improve end-of-life care for patients living with SPMI. It is thought that the development of multi-disciplinary teams working together to plan patient based care would be helpful. This would help to improve the knowledge, understanding and management of a determined level of care that may be necessary with specific situations. The strategies are, in fact, similar between the two areas so this could be easily incorporated into the planning. Good communication and support between the teams is beneficial for all those involved with planning care and

Northern Lights in Palliative Care



Tina Aulenback, LPN

We would like to highlight the care that Tina provided to a patient and her family who palliated at UHNBC on the Surgery floor.

Thank you, Tina, for your commitment to advocating for and providing excellent palliative care to this patient and her family through a very difficult time.

managing difficulties that may arise at varying stages of the life-limiting illness (Steves & Williams, 2016).

An individual with a SPMI as well as a life-limiting illness, may present with a more complex situation resulting in a multi-disciplinary approach for end-of-life care. Northern Health has palliative care physicians on call 24 hours a day, seven days a week. Patients can be directly referred to the palliative care physician by another physician or nurse practitioner, to help manage symptoms or other issues related to end-of-life care. There are also nurse consultants throughout Northern Health available Monday to Friday for consultation for the healthcare team.

References

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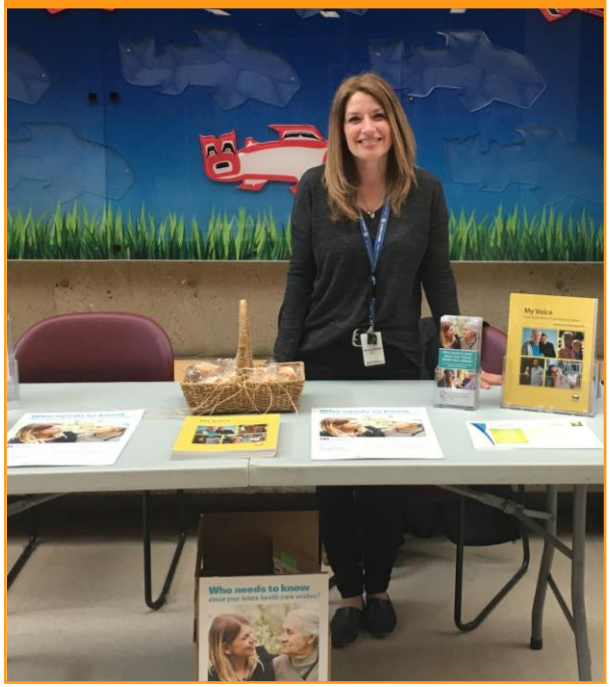
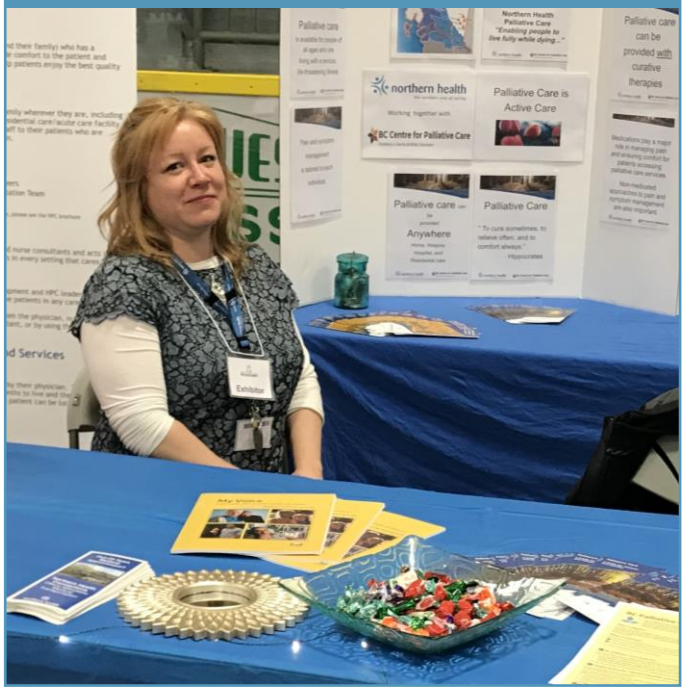
What Has Palliative Care Been Doing In 2018 So Far?

Victoria Hospice's Northern Medical Intensive Course

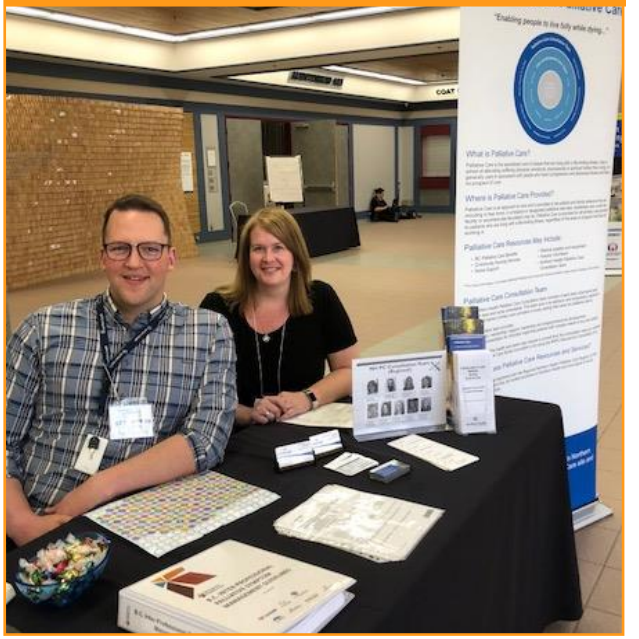
Advance Care Planning Week



Northwest Health & Wellness Fair



Realities of Northern Oncology Conference (RONOC)



Upcoming Palliative Education Opportunities

Education Sessions by Skype

A team of experts in palliative care will be presenting a series of interdisciplinary webinars on palliative care. All health professionals from all care settings are invited to attend. A specific subject will be taught each month and repeated throughout the month to allow more people to participate. Webinars are recorded and provided on OurNH and the external website.

Month	Date & Time	Topic	Presenter
June	Thu, Jun 7, 2-3 pm	Pain Medication Management in Palliative Care	Suzy Stever
	Wed, Jun 13, 3-4 pm		
	Thu, Jun 21, 2-3 pm		
July	Thu, Jul 5, 2-3 pm	LEAP Core Module 8 - Respiratory	Jenny Kenny
	Wed, Jul 11, 3-4 pm		
	Thu, Jul 5, 2-3 pm		
August	Wed, Aug 1, 3-4 pm	LEAP Core Module 5 - GI Symptoms, Hydration and Nutrition	Seth Gysbers
	Thu, Aug 9, 2-3 pm		
	Wed, Aug 15, 3-4 pm		
September	Thu, Sep 6, 2-3 pm	Palliative Approach in Chronic Disease	Dr. Inban Reddy
	Wed, Sep 12, 3-4 pm		
	Thu, Sep 20, 2-3 pm		

If you are interested in having your name added to our distribution list, please contact Janet.Grainger@northernhealth.ca.

Please note: schedule subject to change

Pallium Canada's Learning Essential Approaches to Palliative Care (LEAP)

Palliative Care Consultation will be providing LEAP education near you. Dates will be announced on an ongoing basis so please watch for this.