Palliative Care in the Seriously Mentally Ill (FR452)

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Objectives
- Discuss existing literature on the integration of palliative care into care of people with mental illness.
- Discuss strategies that the practitioner can incorporate into practice to assist the seriously mentally ill in navigating the healthcare system, maintaining a therapeutic relationship with the patient, and helping staff cope with the person’s behavior.

The seriously mentally ill (SMI) remain an underserved population in palliative care. The relationship between SMI and poor physical health is well documented. SMI have double the risk of dying from natural causes at any given age than the general population. They are at a higher risk of death from comorbid conditions such as cancer, cardiovascular disease, and respiratory and gastrointestinal illness, leading to an average reduced life expectancy of 8-15 years. Individuals with a psychiatric disorder are at increased risk for having a comorbid substance abuse disorder. The 2009 Survey on Drug Use and Health found that 26% of all persons with mental illness meet the criteria for substance disorder. This is even higher in patients diagnosed with schizophrenia and bipolar disorder. Engaging people with co-occurring disorders in treatment can be extremely difficult. Psychiatric patients often deny their mental and physical illnesses. Physical illness, especially cancer, compounded with mental illness can be extremely challenging for both patient and provider. Using a case-based approach, we will explore the interdisciplinary approach to assisting this population into treatment, helping them navigate the healthcare system and continuity of care. The case will focus on strategies that the practitioner can incorporate into practice to address behavioral issues that may arise, advance care planning and decision making, and collaboration with mental health specialists to ensure that pain and other symptoms are controlled.