



# Palliative Care Needs of Patients with Severe Mental Illness: Evidence from a Systematic Review of Nursing Interventions

Adduri Sarika<sup>1</sup>, Dr. Anshul Garhpale<sup>2</sup>, Himani Singh<sup>3</sup>, Prof. Nandakumar S<sup>4</sup>, Smrutirekha Parida<sup>5</sup>, Bellam Surendra Babu<sup>6</sup>, Jayaprakash K<sup>7</sup>, Snehakumari Dalubhai Chaudhari<sup>8</sup>

<sup>1</sup> Nursing Tutor (M.Sc. Nursing), College of Nursing, Banaras Hindu University Varanasi (BHU), Uttar Pradesh

<sup>2</sup> Associate Professor, Sri Aurobindo College of Nursing, SAIMS, Indore, Madhya Pradesh

<sup>3</sup> Tutor, Swami Vivekanand Subharti University, Meerut, Uttar Pradesh

<sup>4</sup> Ph D Scholar, Saveetha College of Nursing, SIMATS University, Chennai, Tamilnadu, India

<sup>5</sup> Assistant Professor, School of Nursing, DRIEMS University, Cuttack, Odisha

<sup>6</sup> Assistant Professor, Koneru Lakshmaiah Educational Foundation, Kolanukonda, Andhra Pradesh

<sup>7</sup> Ph.D Scholar, Saveetha College of Nursing, Saveetha Institute of Medical and Technical Sciences, Thandalam, Chennai, Tamilnadu, India

<sup>8</sup> Assistant Professor, Maniba Bhula Nursing College, Uka Tarsadia University, Bardoli, Gujarat

## Abstract

Severe mental illness (SMI), including schizophrenia, bipolar disorder, and severe major depressive disorder, is associated with significant physical, psychological, social, and spiritual burdens that adversely affect quality of life and life expectancy. Individuals with SMI experience higher rates of chronic physical illnesses, increased mortality, social exclusion, stigma, and reduced access to healthcare services compared with the general population. Despite these challenges, palliative care services for people living with severe mental illness remain underdeveloped and often overlooked. Nurses play a critical role in identifying palliative care needs, coordinating multidisciplinary services, managing symptoms, supporting families, and promoting holistic care. This systematic review aimed to examine the palliative care needs of patients with severe mental illness and evaluate the evidence regarding nursing interventions designed to address these needs. Electronic databases including PubMed, Scopus, Web of Science, CINAHL, and PsycINFO were reviewed to identify relevant studies published between 2010 and 2025. The findings demonstrate that patients with severe mental illness have extensive unmet palliative care needs across physical, psychological, social, and spiritual domains. Nursing interventions including symptom management, psychoeducation, advance care planning, case management, integrated care models, family support, and multidisciplinary coordination have shown positive outcomes in improving quality of life and patient-centered care. However, significant barriers persist, including stigma, fragmented healthcare systems, inadequate training, and limited integration between mental health and palliative care services. Strengthening nursing competencies and integrating palliative care principles into mental health services are essential for improving outcomes among individuals with severe mental illness.

**Keywords:** Palliative care, Severe mental illness, Schizophrenia, Bipolar disorder, Nursing interventions, Mental health nursing, End-of-life care, Systematic review.

## Introduction

Severe mental illness represents a major public health concern worldwide. Conditions such as schizophrenia, schizoaffective disorder, bipolar disorder, and severe recurrent depressive disorder are chronic, disabling illnesses that substantially affect an individual's ability to function and participate in society. The burden of severe mental illness extends beyond psychiatric symptoms and encompasses physical health problems, social isolation, economic hardship, stigma, and reduced life expectancy. Research consistently demonstrates that individuals with severe mental illness die 10–20 years earlier than the general population, primarily due to preventable physical illnesses including cardiovascular disease, respiratory disease, metabolic disorders, and cancer.

The growing recognition of health inequalities among people with severe mental illness has highlighted the need for comprehensive and holistic healthcare approaches. Traditionally, mental health services have focused primarily on symptom control, crisis management, and psychosocial rehabilitation. However, increasing evidence indicates that many individuals with severe mental illness experience significant suffering associated with chronic physical illnesses, progressive disability, and complex psychosocial challenges. These circumstances create substantial palliative care needs that often remain unrecognized and inadequately addressed. Palliative care is defined as an approach that improves the quality of life of patients and their families facing problems associated with life-threatening or chronic illness through the prevention and relief of suffering. It involves early identification, assessment, and treatment of pain and other physical, psychosocial, and spiritual problems. While palliative care has traditionally been associated with cancer and terminal illnesses, its principles are increasingly being applied to a broader range of chronic conditions, including severe mental illness.

Patients with severe mental illness face unique challenges in accessing palliative care services. Many encounter stigma within healthcare systems, fragmented service delivery, poor communication between healthcare providers, and difficulties expressing their healthcare preferences. Mental health symptoms may complicate symptom assessment, decision-making, and care planning. Furthermore, healthcare professionals often lack confidence and training in managing the complex intersection between mental illness and palliative care needs. Nurses are uniquely positioned to address these challenges. As frontline healthcare providers, nurses play a central role in assessing patient needs, coordinating care, managing symptoms, supporting families, facilitating communication, and advocating for patient-centered care. Understanding the evidence regarding nursing interventions for palliative care in severe mental illness is essential for improving healthcare outcomes and reducing inequalities. This systematic review examines the palliative care needs of patients with severe mental illness and synthesizes evidence regarding nursing interventions that support holistic care delivery.

### **Objectives**

The primary objective of this systematic review was to examine the palliative care needs of patients with severe mental illness and evaluate the effectiveness of nursing interventions in addressing these needs.

Specific objectives included identifying common palliative care needs among patients with severe mental illness, examining nursing interventions used in palliative care delivery, evaluating outcomes associated with nursing interventions, identifying barriers to effective care, and providing recommendations for clinical practice and future research.

### **Methods**

A systematic review methodology was employed to identify and synthesize available evidence regarding palliative care needs and nursing interventions among patients with severe mental illness. Literature searches were conducted using PubMed, Scopus, Web of Science, CINAHL, PsycINFO, and Google Scholar. Search terms included combinations of “palliative care,” “end-of-life care,” “severe mental illness,” “schizophrenia,” “bipolar disorder,” “major depressive disorder,” “mental health nursing,” “psychiatric nursing,” “nursing interventions,” and “quality of life.” Studies published in English between January 2010 and March 2025 were included.

Eligible studies included randomized controlled trials, quasi-experimental studies, cohort studies, qualitative research, mixed-methods studies, systematic reviews, and observational studies examining palliative care needs or nursing interventions among adults with severe mental illness.

Studies focusing exclusively on substance use disorders, mild mental health conditions, or pediatric populations were excluded. Data extraction included study characteristics, participant demographics, intervention descriptions, outcomes, and key findings. Due to heterogeneity in study designs and outcome measures, narrative synthesis was employed.

### **Results**

#### **Palliative Care Needs of Patients with Severe Mental Illness**

The literature consistently demonstrates that individuals with severe mental illness experience substantial unmet palliative care needs. These needs span physical, psychological, social, and spiritual domains and frequently interact in complex ways. Physical health needs were among the most commonly reported concerns. Patients with schizophrenia and bipolar disorder often experience multiple chronic illnesses, including cardiovascular disease, diabetes, chronic respiratory disease, obesity, and cancer. The prevalence of smoking, sedentary lifestyles, poor nutrition, and medication-related metabolic complications contributes significantly to physical morbidity. Despite these health challenges, patients frequently receive inadequate preventive care and delayed treatment. Pain management emerged as a significant unmet need. Studies reported that physical symptoms are often underrecognized or undertreated because healthcare providers may incorrectly attribute complaints to psychiatric symptoms. This phenomenon, commonly referred to as diagnostic overshadowing, can result in delayed diagnosis and inadequate symptom management. Psychological needs were equally prominent. Anxiety, depression, hopelessness, fear of death, existential distress, loneliness, and emotional suffering were frequently reported among patients with severe mental illness receiving palliative care. Many individuals expressed concerns regarding loss of independence, future uncertainty, and social exclusion. Social needs represented another important domain. Social isolation, unemployment, poverty, unstable housing, family conflict, and reduced social support were common challenges. Patients often experienced fractured relationships and limited social networks, increasing vulnerability during advanced illness. Spiritual and existential concerns were frequently identified but often inadequately addressed. Patients reported struggles related to meaning, purpose, dignity, identity, forgiveness, and hope. Many desired opportunities to discuss spiritual concerns with trusted healthcare providers.

#### **Barriers to Palliative Care Access**

Numerous barriers limit access to palliative care among individuals with severe mental illness. Stigma remains one of the most significant obstacles. Healthcare professionals may hold negative attitudes or assumptions regarding the ability of patients with severe mental illness to participate in healthcare decisions. Fragmented healthcare systems further complicate care delivery. Mental health services and palliative care services frequently operate independently,

resulting in poor communication and coordination. Consequently, patients may fall between service boundaries and fail to receive comprehensive care. Lack of professional training also contributes to inadequate care. Many mental health professionals report limited knowledge of palliative care principles, while palliative care providers often feel unprepared to manage psychiatric symptoms and complex behavioral issues. Communication difficulties may further impede care. Cognitive impairments, psychotic symptoms, and fluctuating decision-making capacity can complicate discussions regarding prognosis, treatment preferences, and advance care planning.

### **Nursing Interventions in Palliative Care**

The review identified several nursing interventions designed to address palliative care needs among individuals with severe mental illness. Comprehensive assessment emerged as a fundamental nursing intervention. Nurses conducted holistic evaluations encompassing physical symptoms, psychological well-being, social circumstances, spiritual concerns, functional status, and caregiver needs. Comprehensive assessment facilitated individualized care planning and early identification of unmet needs. Symptom management represented another essential nursing role. Nurses monitored pain, dyspnea, fatigue, nausea, sleep disturbances, anxiety, depression, and medication side effects. Evidence suggests that nurse-led symptom assessment improves symptom recognition and timely intervention. Psychoeducation interventions were frequently reported. Nurses provided information regarding illness progression, treatment options, symptom management strategies, coping mechanisms, and available support services. Educational interventions improved patient understanding and facilitated informed decision-making. Advance care planning constituted an important area of nursing practice. Nurses supported discussions regarding healthcare preferences, goals of care, treatment limitations, and end-of-life wishes. Advance care planning interventions promoted patient autonomy and enhanced communication among patients, families, and healthcare providers.

### **Integrated Care Models**

Integrated care models demonstrated considerable promise in addressing the complex needs of individuals with severe mental illness. These models involved collaboration among mental health professionals, palliative care specialists, nurses, physicians, social workers, and community organizations. Nurses frequently served as care coordinators within integrated models. Responsibilities included facilitating communication among providers, monitoring care plans, coordinating referrals, and ensuring continuity of care. Integrated approaches improved access to services and reduced fragmentation. Case management interventions were particularly beneficial for individuals with complex needs. Nurse case managers provided ongoing support, monitored healthcare utilization, addressed barriers to care, and facilitated access to community resources. Evidence suggests that case management improves patient satisfaction and healthcare outcomes.

### **Family Support Interventions**

Families often play a crucial role in caring for individuals with severe mental illness. However, caregivers frequently experience significant emotional, physical, and financial burdens. Nursing interventions aimed at supporting families included education, counseling, emotional support, respite coordination, and caregiver needs assessment. Family-focused interventions improved caregiver confidence, reduced stress, and enhanced communication between family members and healthcare professionals. Nurses also facilitated family involvement in care planning and decision-making processes.

### **Psychological and Emotional Support**

Psychological support constituted a central component of nursing interventions. Therapeutic communication, active listening, emotional validation, and supportive counseling were commonly employed strategies. Nurses helped patients explore fears, hopes, goals, and concerns regarding illness and mortality. Establishing trusting therapeutic relationships enabled patients to express emotions and discuss sensitive topics. Such interventions contributed to improved psychological well-being and quality of life.

### **End-of-Life Care**

End-of-life care for individuals with severe mental illness presents unique challenges. Studies revealed disparities in access to hospice services, palliative care consultations, and end-of-life planning. Nursing interventions focused on ensuring comfort, dignity, symptom control, and emotional support during the final stages of life. Nurses advocated for patient preferences, facilitated communication among stakeholders, and promoted person-centered care. End-of-life interventions emphasized respect for autonomy, compassionate care, and maintenance of dignity.

## **Discussion**

The findings of this systematic review highlight the extensive palliative care needs experienced by individuals with severe mental illness. These needs extend beyond psychiatric symptom management and encompass physical, psychological, social, and spiritual dimensions. The evidence underscores the importance of adopting holistic and integrated approaches to care. One of the most significant findings is the persistent inequality in healthcare access and outcomes among individuals with severe mental illness. Despite high levels of morbidity and mortality, many patients receive inadequate palliative care services. Stigma, fragmented systems, and insufficient training contribute

substantially to these disparities. Nursing interventions play a vital role in addressing these challenges. Nurses are uniquely positioned to identify unmet needs, coordinate services, provide symptom management, support families, and advocate for patient-centered care. The evidence demonstrates that nursing interventions can improve symptom control, healthcare engagement, quality of life, and patient satisfaction. Integrated care models appear particularly effective. By bridging the gap between mental health services and palliative care services, integrated approaches promote continuity, collaboration, and comprehensive care delivery. Nurses frequently serve as key coordinators within these models, highlighting their importance in multidisciplinary teams. The review also emphasizes the importance of advance care planning. Individuals with severe mental illness often face barriers to participating in healthcare decisions. Nurse-facilitated advance care planning can empower patients, enhance communication, and ensure that care aligns with individual preferences and values. Despite promising findings, significant challenges remain. Limited research specifically evaluating nursing interventions in palliative care for severe mental illness highlights the need for further investigation. Future studies should employ rigorous methodologies and examine long-term outcomes.

### Implications for Nursing Practice

The findings have important implications for nursing practice. Mental health nurses should receive education and training in palliative care principles, symptom assessment, communication skills, and advance care planning. Similarly, palliative care nurses require competencies in managing psychiatric symptoms and understanding the unique needs of individuals with severe mental illness. Healthcare organizations should promote integrated service models that facilitate collaboration between mental health and palliative care providers. Standardized assessment tools and clinical guidelines can support consistent, high-quality care. Nurses should advocate for equitable access to palliative care services and challenge stigma within healthcare systems. Emphasis on person-centered, recovery-oriented, and dignity-conserving care is essential.

### Recommendations

Healthcare systems should integrate palliative care principles into routine mental health services. Nursing education programs should incorporate training related to palliative care for severe mental illness. Policymakers should develop strategies to improve access to integrated care services. Future research should evaluate nursing interventions using robust study designs and examine patient-reported outcomes.

### Conclusion

Patients with severe mental illness experience substantial palliative care needs that frequently remain unmet. Physical symptoms, psychological distress, social isolation, spiritual concerns, and healthcare inequalities contribute to significant suffering and reduced quality of life. Nursing interventions play a critical role in addressing these challenges through comprehensive assessment, symptom management, psychoeducation, advance care planning, family support, and care coordination. The evidence suggests that integrated, multidisciplinary approaches incorporating nursing leadership can improve healthcare experiences and outcomes for individuals with severe mental illness. Addressing barriers such as stigma, fragmented services, and inadequate professional training is essential for ensuring equitable access to high-quality palliative care. As healthcare systems increasingly recognize the importance of holistic care, nurses will remain central to meeting the complex palliative care needs of this vulnerable population.

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