African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 8, Issue 1, 2025 (pp. 16-20)
www.abjournals.org

PALLIATIVE PSYCHIATRY: CURRENT CHALLENGES AND RECOMMENDATIONS

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Cite this article:

Yakubu, A. O., Effiong, Effiong, M. G., Adeyemi, F. O. (2025), Palliative Psychiatry: Current Challenges and Recommendations. African Journal of Health, Nursing and Midwifery 8(1), 16-20. DOI: 10.52589/AJHNM-LZ4LE81H

Manuscript History

Received: 19 Nov 2024

Accepted: 8 Jan 2025

Published: 14 Jan 2025

ABSTRACT: *Palliative psychiatry is an emerging field focused on improving the quality of life for individuals with severe, chronic, and treatment-resistant psychiatric conditions. It emphasizes holistic, person-centered care that respects patients' dignity and addresses their physical, emotional, social, and existential needs. Unlike traditional psychiatric care, which prioritizes symptom reduction, palliative psychiatry acknowledges that some conditions may not respond to conventional treatments. Despite its potential, the field faces significant challenges, including limited research, inconsistent definitions, and a lack of standardized guidelines. Additionally, ethical issues, societal stigma, and insufficient training in psychiatric programs hinder its implementation. This article discusses current challenges and provides recommendations for developing guidelines and classification systems and integrating palliative psychiatry into clinical practice, ultimately improving care for individuals with severe mental illness.*

KEYWORDS: Palliative psychiatry, Psychiatric care guidelines, Severe mental illness, Mental Health, Palliative care, End of Life care, Patient-Centred Care.

Article DOI: 10.52589/AJHNM-LZ4LE81H
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INTRODUCTION

Palliative care originated in the 1950s as an extension of the hospice model, a concept that has existed since the Middle Ages. By the 19th century, hospices, often run by religious orders, primarily provided care for terminally ill patients deemed “incurable” and served as shelters for the impoverished (Welshman, 2008).

Palliative psychiatry is an emerging and critically important area of mental health care. It addresses the needs of individuals suffering from severe, chronic, and treatment-resistant psychiatric conditions (Trachsel et al., 2016b; Güreş & Özbaş, 2023; Kious & Nelson, 2023). Rooted in the principles of palliative medicine, the focus is on alleviating suffering, improving quality of life, and delivering holistic care to patients whose psychiatric illnesses significantly impair daily functioning and well-being (Güreş & Özbaş, 2023).

The evolving nature of psychiatric illnesses, often intertwined with profound social, emotional, and existential suffering, makes the integration of palliative principles both complex and crucial (Kious & Nelson, 2023; Trachsel et al., 2016a). While the concept is increasingly recognized, palliative psychiatry still needs to be explored and often misunderstood. Key questions about its scope, implementation, and ethical considerations highlight the need for evidence-based recommendations to guide clinicians, policymakers, and caregivers (Trachsel et al., 2016a; Levitt et al., 2024).

Unlike traditional psychiatric interventions, which prioritize curative or symptom-reducing treatments, palliative psychiatry acknowledges that some conditions may not respond to conventional therapies or may involve profound existential suffering that extends beyond medical or psychological explanations (Levitt et al., 2024). For these patients, the focus shifts from achieving remission to offering compassionate care that respects the individual's dignity, values, and preferences. This approach often involves addressing not only mental health symptoms but also physical, emotional, social, and spiritual needs. By supporting patients and their families, palliative psychiatry can complement preventive and rehabilitative care rather than replace preventive and rehabilitative care (Güreş & Özbaş, 2023; Kious & Nelson, 2023).

This article focuses on the challenges in implementing a palliative approach for patients with psychiatric conditions and recommendations to advance this evolving field. By addressing these issues, the research aims to foster a deeper understanding of how palliative psychiatry can be effectively implemented to enhance the care of some of the most vulnerable patients in mental health settings.

Palliative Psychiatry: Current Challenges

The term "palliative care" in psychiatry is emerging as a new field (Trachsel et al., 2016b; Güreş & Özbaş, 2023). Studies suggest that palliative care in psychiatry mainly focuses on common chronic mental disorders, such as schizophrenia, eating and feeding disorders, neurocognitive disorders, bipolar disorder, and depression (Trachsel et al., 2016b; Güreş & Özbaş, 2023). However, limited evidence supports its use for less common psychiatric conditions (Güreş & Özbaş, 2023). Access to palliative care for individuals with mental health conditions remains restricted, leading to higher demand for emergency services, psychiatric ward admissions, and symptom management, often without considering palliative care consult (Güreş & Özbaş, 2023). Currently, there is no consensus on how to define advanced illness in

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the context of severe mental illness, and future research should explore the psychiatric profession's willingness to engage with and accept these concepts (Trachsel et al., 2016b).

Futility has been proposed as a potential indicator for introducing palliative psychiatry, but its application in mental health care is complicated by the unique features of psychiatric illness (Trachsel et al., 2016b; Levitt et al., 2024). The concept of futility remains debated and requires careful consideration of both empirical evidence and value-based decision-making processes. Currently, futility determinations often occur on an ad-hoc basis, typically after extreme nonresponse or treatment failure, without a formal process. Additionally, structural inequalities such as poverty and access to care must be considered, as they may influence treatment responses and judgments of futility, highlighting the need for further research (Levitt et al., 2024).

The social stigma associated with mental health conditions significantly impacts individuals' access to healthcare, often leading to a functional decline in their overall health (Güreş & Özbaş, 2023). This issue is further compounded by persistent societal prejudice against mental health issues and a cultural bias that prioritizes curative approaches in medicine over preventive and holistic care (Trachsel et al., 2016b). Palliative psychiatry seeks to enhance the quality of life for patients with severe and persistent mental illness by promoting person-centered care, autonomy, and dignity while avoiding therapeutic neglect or overly aggressive treatment (Trachsel et al., 2016b). It is crucial to view palliative psychiatry as an integrated approach that works alongside prevention, rehabilitation, and recovery rather than as a replacement or justification for negligent care.

In the curriculum for psychiatric residents, palliative care is often given minimal attention, leading to limited exposure and knowledge in this crucial area of intervention (Trachsel et al., 2016b; Güreş & Özbaş, 2023). This lack of training creates significant gaps in the ability of mental health professionals to identify when and how to refer patients to appropriate services, posing barriers to access for highly vulnerable psychiatric patients (Güreş & Özbaş, 2023). This insufficient training impacts their future careers, making it challenging for psychiatrists to provide appropriate referrals when necessary. In addition, they might avoid initiating difficult conversations or making critical decisions when clear guidance or directives from the patient are lacking (Trachsel et al., 2016b).

Comorbidities often accompany psychiatric symptoms in patients, significantly impacting their overall quality of health. This shift in focus from managing psychiatric symptoms to addressing physical health concerns can complicate treatment plans (Güreş & Özbaş, 2023). Furthermore, the use of psychotropic drugs to manage psychiatric symptoms may contribute to the development or exacerbation of physical health issues, adding another layer of complexity to patient care. Conversely, these individuals may also face challenges such as repeated emergency interventions, frequent hospitalizations, clinical admissions, intensive care treatments, and prolonged hospital stays, reflecting a tendency toward overly aggressive care (Trachsel et al., 2016b).

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RECOMMENDATIONS

While there are guidelines for palliative care (WHO, 2020), current guidelines for comprehensive assessment, multidisciplinary, patient-centered care reflecting cultural sensitivity, and family support in palliative psychiatry are lacking (Fairman & Irwin, 2013). Therefore, the growing question of at what stage of a severe and persistent mental illness palliative psychiatry should be considered could be answered by evidence-based guidelines for holistic care in palliative psychiatry (Fairman & Irwin, 2013).

Additionally, regarding clinical developments, much work remains to combat the limited exposure to this novel field (Güreş & Özbaş, 2023). New training opportunities for highly motivated psychiatry trainees will need to be developed, in addition to adequate learning opportunities for research and quality improvement to advance palliative psychiatry (Güreş & Özbaş, 2023).

Furthermore, while there are classification systems for physical terminal illnesses that meet the criteria for palliative care, none exists for palliative psychiatry (Trachsel et al., 2016a). Severe and persistent mental illness is a broad term that has been used (Trachsel et al., 2016b). However, there is a lack of international agreement over the indications for palliative psychiatric treatment due to a lack of a proper classification system (Strand et al., 2020). Many people may benefit from palliative psychiatry, even though it may not be the best course of action for all patients with severe and persistent mental illness (Masel et al., 2023). Hence, having a classification system for psychiatric diseases that require palliative psychiatric care would make patients benefit maximally early from palliative psychiatric interventions (Trachsel et al., 2016a).

CONCLUSION

Palliative psychiatry represents a critical frontier in mental health care, addressing the needs of individuals with severe and treatment-resistant psychiatric conditions. While the field faces significant challenges, including limited research, training gaps, and ethical complexities, developing evidence-based guidelines, enhanced education, and classification systems offers a pathway forward. By embracing holistic, person-centered principles, palliative psychiatry can profoundly improve the quality of life for some of the most vulnerable patients in mental health settings.

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REFERENCES

Fairman, N., & Irwin, S. A. (2013). Palliative Care Psychiatry: Update on an Emerging dimension of Psychiatric Practice. *Current Psychiatry Reports*, *15*(7). https://doi.org/10.1007/s11920-013-0374-3

Güreş, E. E., & Özbaş, A. A. (2023). A current overview of palliative care: Palliative psychiatry. *Journal of Clinical Psychiatry*, *26*(3), 219–226. https://doi.org/10.5505/kpd.2023.60252

Kious, B. M., & Nelson, R. H. (2023). Does it matter whether a psychiatric intervention is "Palliative"? *The AMA Journal of Ethic*, *25*(9), E655-660. https://doi.org/10.1001/amajethics.2023.655

Levitt, S., Cooper, R. B., Gupta, M., Kirby, J., Panko, L., Rosenbaum, D., Stajduhar, K., Trachsel, M., Vinoraj, D., Westermair, A. L., Woods, A., & Buchman, D. Z. (2024). Palliative psychiatry: research, clinical, and educational priorities. *Annals of Palliative Medicine*, *13*(3), 542–557. https://doi.org/10.21037/apm-23-471

Masel, E. K., Antunes, B., & Schulz-Quach, C. (2023). Palliative care in severe mental illnesses. *BMC Palliative Care*, *22*(1). https://doi.org/10.1186/s12904-023-01152-1

Strand, M., Sjöstrand, M., & Lindblad, A. (2020). A palliative care approach in psychiatry: clinical implications. *BMC Medical Ethics*, *21*(1). https://doi.org/10.1186/s12910-020-00472-8

Trachsel, M., Irwin, S. A., Biller-Andorno, N., Hoff, P., & Riese, F. (2016a). Palliative psychiatry for severe and persistent mental illness. *The Lancet Psychiatry*, *3*(3), 200. https://doi.org/10.1016/s2215-0366(16)00005-5

Trachsel, M., Irwin, S. A., Biller-Andorno, N., Hoff, P., & Riese, F. (2016b). Palliative psychiatry for severe persistent mental illness as a new approach to psychiatry? Definition, scope, benefits, and risks. *BMC Psychiatry*, *16*(1). https://doi.org/10.1186/s12888-016-0970-y

Welshman, J. (2008). Milton J Lewis, Medicine and care of the dying: a modern history, Oxford University Press, 2006, pp. 277, £19.99 (hardback 978-0-19-517548-6). *Medical History*, *52*(4), 547–548. https://doi.org/10.1017/s0025727300003070

WHO *Palliative care*. (2020).Retrieved December 4, 2024, from https://www.who.int/news-room/fact-sheets/detail/palliative-care

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