Palliative care can sustain and support mental health clients

Palliative care is widely accepted as best practice end-of-life care and is concerned with promoting and maintaining the best possible quality of life. However, it is not just people who have cancer and/or are dying who benefit from the palliative approach.

To individuals and families experiencing serious and enduring mental health problems and/or chronic substance use, life presents many concerns and dilemmas. Their needs are complex and all-encompassing, and present multifaceted challenges to the nurses caring for them.

To deliver interventions, treatment, care responses and comprehensive services, nurses need to continually explore and update their knowledge and skills. They also need to be prepared to work alongside their patients and clients for the long term, not only during acute episodes.

The principles of palliative care can be applied to any condition, irrespective of clinical setting. Its approach includes considering physical, psychological, social, and spiritual health. It extends into bereavement, grief and loss, which can occur before, during and after death.

Bereavement, grief and loss are as great for people experiencing serious and enduring mental health and chronic substance use as they are for those who are dying – and they can affect families even if their loved ones are not dying.

Palliative care becomes important when we cannot offer a cure but can offer symptom management albeit without total control, so it can be applied to enduring mental health and substance use problems.

We have a lot to learn from specialist palliative care professionals. We have to move from a singular approach of “cure” to an adaptive approach sustaining people along their ill-health journey.

Being human is about the acceptance of all people simply because they are fellow human beings, regardless of colour, religion, race or gender. When caring for people who are ill, we are challenged to provide support and care in a human and compassionate way.

The person-centred philosophy of mental health and palliative care is based on humanness and compassion. The focus is not only on the ill-health or complex symptoms but also on attempting to ascertain and meet the needs of the whole person. To provide this level of holistic care, we must attend to the three facets of the human condition – the mind, body, and spirit.

Caring should be a human activity, performed by one person for another on an equal footing. We meet people at a time of emotional need, and the difficult situations we see may tempt us to run away from the emotional pain – it is easier to deal with physical pain. In “doing”, rather than “being”, we can fail to reach the meaning of a situation, a meaning that offers opportunity to discover how we can best help a person in a compassionate way.

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