

How are Registered Nurses Supporting the Physical Health of Service Users with Serious Mental Illness?

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As experienced mental health and addiction educators we regularly reinforce to our undergraduate and postgraduate ākonga that each service user should be treated as a 'whole person', not just a diagnosis, especially since the life expectancy of service users with Serious Mental Illness continues to be below that of the general population. Holistic healthcare using Te Whare Tapa Whā framework (Durie, 1984) is not new to mental health nursing and is used extensively in the Whitireia postgraduate programme for nurses entering specialty mental health and addiction practice (Sculley & Smith, 2023). This ensures that taha tinana, the physical health component, is critically explored along with the other three pou, but this is not always reinforced in practice. A scoping literature review was undertaken to better understand how physical health issues are identified and managed in practice, and where current research places the role of Registered Nurses in supporting the physical health of service users in mental health and addiction services. The findings clearly identified a role for nurses in working alongside service users to assess and manage their physical health care, but unfortunately, there is still some reluctance to see this as a nursing responsibility in mental health and addiction settings.

KEYWORDS: attitudes; nursing practice; physical health; Serious Mental Illness

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NURSES WORKING IN mental health services have the greatest impact on the overall health and well-being of service users. These are the professionals that should be spending more time with service users and building therapeutic relationships that support all aspects of their well-being. Why is it then that the life expectancy

of service users with Serious Mental Illness (SMI) continues to be below that of the general population for gender and ethnicity? What then is the role and responsibility of the Registered Nurse in supporting the physical health of service users? To better understand these questions, we conducted a scoping literature review to

investigate the current research available concerning the Registered Nurse's role in supporting the physical health of service users with SMI. The findings will provide evidence to support further research, which will contribute to ongoing education for mental health and addiction nurses in practice.

METHOD

Scoping Review

A scoping review explores the extent of the literature to answer a broad question and, in this research's case, to inform practice in a research area. The purpose of the review is to identify the evidence currently available and define key concepts or themes; this shows where there are gaps that could inform future research or clarify a research question. Scoping reviews are often used as a precursor to a systematic review of evidence (Munn et al., 2018).

Literature Review Eligibility Criteria

In order to be eligible, the literature had to be peer reviewed or from a relevant source, be written in English and involve the investigation of human participants' experiences and the role of physical healthcare for people experiencing SMI in a mental health care setting. Specific characteristics of the evidence sources were also used as eligibility

criteria, such as, years considered, language and publication status. All relevant literature for the last 20 years was included in the initial review phase. This allowed literature that was published early in the service user movement, during workforce changes and the move to community care across the mental health sector to be included. The eligible literature included topics such as mental illness, nursing, physical health and metabolic syndrome. Studies from both qualitative and quantitative methodologies were included. Peer-reviewed English-language articles that met the key eligibility criteria were prioritised for inclusion. The databases searched were:

- ClinicalKey for Nursing
- Cochrane Database of Systematic Review (CDSR)
- Cumulative Index to Nursing and Allied Health Literature (CINAHL)
- Google Scholar
- Informit Health Collection
- MEDLINE
- ProQuest
- Wiley Online Library

The research team was supported to develop their search strategy by an experienced librarian. The final search results were exported to Zotero, and any duplicates were removed.

Databases	Search Terms	Limitations	Search Number	Number Included after review
CINAHL Ultimate	'Physical health' AND 'Mental illness'	Boolean, Full text, 2003–2023, peer reviewed, English language, Research articles, Geographical: All Publication Type: Academic journal Sex: All , Age: Adult 19-44	394	Included: 11
ProQuest	'Serious Mental Illness' AND 'Physical health' AND 'Nursing' AND 'Metabolic' AND 'Diabetes' AND 'Cardiac'	Full text, Peer reviewed, 2003–2023, English, Source type: Scholarly Journals Document type: Article	4452 1709 421 365 143	Included: 1

Databases	Search Terms	Limitations	Search Number	Number Included after review
MEDLINE	"Serious Mental illness" AND 'Severe Mental Illness' AND 'Physical health' AND 'Nursing'	Boolean, Full text, 2003–2023, English, Human, All ages, Scholarly (peer reviewed) Journals, Publication type: Journal article	175 77	Included: 6
Wiley Online Library	'Serious Mental Illness' AND 'Severe mental illness' AND 'Physical health' AND 'Nursing'	2003–2023 Publication Type: Journals Open access content	147 67	Included: NIL
CDSR	'Serious Mental Illness' AND 'Severe mental illness'	Cochrane reviews, 2003–2023, Search word variations	50	Included: NIL
ClinicalKey for Nursing	'Serious Mental Illness' AND Severe mental illness' AND 'Physical health'	Full text, Open access, Peer reviewed, Journal, English, 2003–2023 Access type: only show content I have access to	1	Included: NIL
Informit Health Collection	'Serious Mental Illness' AND 'Severe mental illness'	Journal articles, Full text only, Psychiatric/Mental Health, Last 5 years	44	Included: NIL
Google Scholar	'Serious Mental Illness' AND 'Severe mental illness' AND 'Physical health' AND 'Nursing' AND 'Metabolic' AND 'Diabetes' AND 'Cardiac'	2003–2023	2530 2010 549 456 166 (2 were duplicates of a previous search)	Included: 1

TABLE 1: SEARCH STRATEGY AND RESULTS**FINDINGS**

The literature clearly showed that there is poorer general health and a shorter life expectancy for service users with SMI, and that nursing staff have the greatest potential to make a substantial improvement to their physical health

(Ewart et al., 2017; Gedik et al., 2020; Xuereb et al., 2020). Chang et al. (2011) stated that the 'highest reductions were found for men with schizophrenia (14.6 years lost) and women with schizoaffective disorders (17.5 years lost)' (p. 1). Kurdyak et al. (2017) discussed the

increased rate of diabetes in those with SMI compared to those in the general population. Robson et al. (2013) found that nursing staff in mental health services often have a lesser contribution to managing diabetes, but nurses who had post-registration training on physical health or had dual registration/experience were more positive about being involved in physical health care. Nasrallah et al. (2006), who undertook systemic baseline screening, noted that many service users diagnosed with schizophrenia went undiagnosed for metabolic disorders at admission, which then increased the risk of metabolic disorders once treatment commenced. This was reinforced by Ijaz et al. (2018), who suggested that existing dietary habits and lifestyle choices add to the risk of developing metabolic and cardiac conditions, therefore, service users with SMI are at a higher risk before ever commencing psychotropic medication treatment.

Ewart et al. (2017) explored the multifaceted barriers to good physical health care including the healthcare professionals, the healthcare system itself, the service users and their supports. They then linked these barriers to the social determinants of health and how they apply to service users with SMI, recommending that this link needs to be made in the training of health professionals in a more overt way. In their discourse analysis of three focus groups of mental health professionals, Lerbæk et al. (2019) found that participants described not responding to the physical needs of the seriously mentally ill, who were reported as being unmotivated, resisting intervention and not understanding why interventions regarding their physical health might be worthwhile.

However, most service users welcomed the interest in their physical health, even though physical health is under-reported by users and under-recognised by professionals (Phelan et al., 2004). Service users noted that some nurses did not prioritise physical health care and seemed too busy to help them address their physical issues. They expected that having

their physical health needs addressed would be a low priority, and some nurses confirmed that this was because mental health was the priority. Some service users felt they were not being taken seriously because they have a severe mental illness (Gray & Brown, 2017).

Shorter life expectancy and poorer overall health occur alongside other issues impacting service users including poverty, the neglect of public services and being treated as second-class citizens due to a diagnosis of mental illness and/or experiencing a psychosocial disability along with accessibility issues (Ewart et al., 2017). The most prevalent health issues were diabetes, hypertension and smoking related issues (Çelik Ince et al., 2019), with people with severe mental illness at a two-times-greater risk of metabolic syndrome than the general population (Erginer & Günüşen, 2018). In research undertaken by Emerson et al. (2016), over 50% of participants had abnormal results with Body Mass Index (BMI), waist circumference, sleeping and exercise. In a study by Ganiah et al. (2017), 64.4% of nurses agreed that managing weight is a mental health nursing role. This supports the research by Wynaden et al. (2016), which found that the majority of the mental health nurses in the survey agreed they should help service users manage their weight, including giving nutritional information, and 71% agreed that they should give advice on how to prevent heart disease, but 49.7% didn't think they should provide exercise information.

In regard to cancer diagnosis rates in people with SMI, Howard et al. (2010) noted that the incidence of cancer in people with SMI was no different from the general population. However, early detection, equity of access to screening and treatment lead to poorer outcomes. Phelan et al. (2004) noted that only half of the females surveyed ($n = 10$) had gone for cervical screening in the last three years, as is recommended, and the other half had gone longer, had never had one or did not remember. Less than half of the females had

examined themselves for lumps on the breasts. There was some ambivalence regarding cancer screening. In Ganiah et al. (2017), most respondents agreed that it is not a mental health nurse's responsibility to check for cancer screenings in service users. However, Robson et al. (2013) recommended that all mental health nurses should take responsibility for this important aspect of health care to improve early detection and reduce the incidence of cancer. Furthermore, in Happell et al. (2014), nurses agreed that there needed to be a more person-centred view of service users' health and that mental and physical health should not be separated. Only seeing mental health stops physical issues being diagnosed, but some nurses are proactive in the provision of physical health care while others view it as less of a responsibility.

Although nurses were generally positive about their role (Özaslan et al., 2019), nurses with fewer years of experience and fewer assigned patients had more positive, health-promoting attitudes than those with more experience and higher patient load (Ganiah et al., 2017). Interestingly, research undertaken by Yalçin et al. (2019) noted that nurses' personal health behaviours, for instance under valuing medical check-ups and balanced nutrition, were not indicative of how they supported service users. In fact, the same nurses perceived the physical health of service users with mental illness to be very important, although their attitudes and self-confidence differed based on their educational background. Nurses that had higher education and more experience were more confident (Yalçin et al., 2019). Gray and Brown (2017) agreed, finding that nurses on acute mental health wards lacked confidence in providing physical health care and that more positive attitudes towards caring for service users' physical health were evident from nurses who had attended post-registration physical health training or had an additional adult/general nursing qualification. Practice nurses were

positive about the inclusion of physical health in the primary care of mental health service users. One-third of the surveyed nurses chose 'neutral' when asked if providing physical health care should be a priority of primary care, with 58% of nurses agreeing that mental health service users require closer physical health monitoring than the general population (O'Brien & Abraham, 2021).

CONCLUSION

Mental health teams, especially mental health nurses, should not neglect the physical care of service users while providing treatment to those experiencing Serious Mental Illness. Through timely assessment and intervention, mental health nurses can help prevent physical health problems before symptoms emerge in individuals (Erginer & Günüşen, 2018). Programmes that support physical health care, and include nurses, can provide significant benefits for mental health consumers. Some nurses are proactive in the provision of physical health care while others view it as less of a responsibility. If we as Registered Nurses are going to effectively provide both physical and mental health care in partnership with service users, it is critical that these two views are reconciled.

The authors are now undertaking a research project based on this literature review to better understand the Registered Nurse's role in supporting the physical health of service users experiencing SMI within Aotearoa New Zealand. The authors have consent from Robson et al. (2013) to replicate their study within the Aotearoa New Zealand context, which will identify the current state of physical care for people with SMI. This will aid in the development of educational packages to support the four pou of Te Whare Tapa Whā – Hinengaro, Psychological; Tinana, Physical; Wairoa, Spiritual and Whānau, Family (Durie, 1984; Sculley & Smith, 2023) and support the nurses to provide a more holistic environment for our service users. The authors look forward to reporting their findings in the near future.

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