

Integration of palliative care approach into community mental health service may further reduce emergency admissions

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We read the article by Ma CF et al. with great interest.¹ In this study, patients with severe psychiatric disorders (SPD) benefited less from community mental services in Hong Kong in terms of emergency admission reduction. We believe that palliative care could provide better support for SPD patients in their later stages of life, potentially resulting in fewer unnecessary admissions.

Palliative care is "an approach that improves the quality of life (QOL) of patients and their families facing the problem associated with a life-threatening illness." Patients with SPD should have access to palliative care because they have more comorbidities and a shorter lifespan than the general population.² They are more likely to utilize healthcare resources like emergency room visits or hospitalizations. According to a cohort study in Canada, the mean total 3-year costs on emergency department visits of patients with chronic illnesses and mental health disorders (CA\$1820) were much higher than those without mental health disorders (CA\$850).³ However, for people with SPD, the challenges of palliative care integration are evident on multiple levels.²

In fact, a coordinated approach to care for SPD patients who are terminally ill and have a history of repeated acute admissions is lacking.² Some of the palliative care special features that help reduce unnecessary emergency admissions include early assessment, holistic and coordinated care. The palliative care home care nurse is usually a case manager available to patients and their families during and even after office hours. The palliative care team helps prevent unforeseen hospitalizations by predicting clinical problems and making the necessary arrangements, such as elective admission to the palliative care unit or outpatient clinic for symptom management. The palliative care team could effectively manage, continuously monitor, and rapidly handle

the patient's condition. In addition, they provide direct care or advocate for greater care when it is required to assist the patient or avoid caregiver burnout. Previous literature showed that insufficient symptom control and inability to cope were the leading causes of emergency department visits and hospitalizations in end-of-life, among other factors.²

One study revealed that when palliative care service was introduced in a patient's disease trajectory, there was improved satisfaction and less frequent hospitalizations.⁴ According to certain studies, palliative care may be associated with better mental health and other clinical outcomes in individuals with critical illnesses.⁵ Thus, incorporating palliative care in the mental health service for those with SPD is reasonable.

The palliative care approach must prioritize the needs of patients with SPD, although it may reduce the healthcare cost related to emergency admissions. A connection based on dignity, optimism, and non-abandonment is the foundation of the approach.² Continuity of care, staff training, and communication among different disciplines are critical for palliative care service integration. Cross-training in palliative care and mental health is highly recommended. Policies and guidelines should be revised to meet its demands.

Contributors

KY Chan and ML Chan contributed to conceptualization, project administration, investigation, writing of the original draft and review & editing.

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Declaration of interests

The authors declare no conflict of interest.

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