

Table

Authors	Location	Definition of severe mental illness	Purpose	Sample	Methods	Results
McGrath and Forrester (2006)*****	Australia	“Serious mental illness”	Explore provision of terminal care to a patient with serious mental illness in an institutionalized setting	8 staff members from an institutionalized mental health facility	Descriptive phenomenology, individual interviews	Findings included themes related to: “death within a family,” “holistic patient centered care,” and “the legal aspects of care.”
Elie, Marino, Torres-Platas, Noobi, Semenjuk Segal, Looper, and Rej (2018) ****	Canada	SPMI – any DSM-5 diagnosis, treatment more than two years, causing serious functional impairment	To compare SPMI and chronically medically ill (CMI) patients’ end of life treatment preferences and evaluate medical assistance in dying preferences	106 SPMI and 95 CMI patients from a Canadian hospital, over the age of 40 without cognitive impairment	Comparative cross-sectional design using the Health Care Preferences Questionnaire. Comfort and discussion were evaluated using Likert scales	Patients in both SPMI and control groups were able and comfortable talking about end-of-life preferences.
Trachsel, Hodel, Irqin, Hoff, Biller-Andorno and Riese (2019) ***	Switzerland	SPMI – defined by diagnosis examples – depression, schizophrenia, anorexia nervosa	To determine the acceptability of palliative care approaches in SPMI population according to Swiss psychiatrists	457 German speaking Swiss psychiatrists returned the mailed survey	Cross-sectional survey and case vignette analysis	93% of the psychiatrists acknowledged that an SPMI alone can be terminal. Most respondents (75%) considered palliative care acceptable. Reducing suffering and improving quality of life was rated as more important than curing the underlying illness.
Foi, Barteis, Van Citters, Merriman, and Fletcher (2005)****	United States	Serious mental illnesses, mental health care consumers	To evaluate and describe person’s with severe mental illnesses end-of-life care preferences using both surveys and scenarios	150 clients of a Massachusetts Mental Health Department over the age of 18	The Health Care Preferences Questionnaire along with two adapted health scenarios, guided by the Quest to Die with Dignity tool were administered and evaluated	End-of-life treatment preferences for self or others were able to be delineated and communicated by persons with serious mental illnesses.
Lavin, Davydow, Downey, Engelber, Dunlap, Sibley, Lober, Okimoto,...and Curtis (2017) *****	United States	International Classification of Diseases (ICD)-9 diagnosis of mood, anxiety, and/or psychotic disorder or prescription medications for psychiatric illness	To evaluate hospital utilization at the end of life in persons with psychiatric diagnoses	16,124 patients identified with medical comorbidities as defined by the authors	Retrospective cohort study with chart review to identified eligible deceased patients to evaluate end of life outcomes	Presence of a psychiatric illness was associated with decreased hospital death and increased nursing home death.

Morgan (2016)*****	United States	Severe mental illnesses – schizophrenia, bipolar, and depression	Assess hospice and palliative care nurses as well as mental health nurses' perceptions of end-of-life care for patients with severe mental illnesses	20 purposively sampled nurses from both psychiatric or end-of-life backgrounds	Phenomenological approach using individualized interviews exploring nurses' experiences	Major themes included: stigma of mental illness, effect of SMI on communication and trust, chaotic family systems, advocacy issues, need for formal support and education for nurses, and no right place to die.
Jerwood, Ward, Phimister, and Holliday (2018) **	United Kingdom	N/A	Explore barriers of clinical staff on providing end-of-life care to people with severe mental illness (EOL care specifically)	23 clinical staff from hospice and mental health disciplines	Focus group interviews using CUBE tool to facilitate discussion. Five-stage model was utilized for analysis	Major thematic categories included: structure of the system, presentation of the patient, the confidence of the clinician, the problem of partnership.
Butler and O'Brien (2016) ****	New Zealand	Prolonged or recurrent mental illness experienced by persons 18 years and older. Identify common disorders: schizophrenia, depression, bipolar, some personality disorders PTSD, and anorexia nervosa.	Aimed to compare rates of referrals to specialty palliative care in SPMI population with rates of general medical population	147 persons with SPMIs with access to palliative care and 3956 persons from the general medical population with access to palliative care services were included in the study	Retrospective cohort chart review utilizing rate ratios for primary analysis	Persons with SPMIs in New Zealand are approximately 3.5x less likely than general medical population to receive referrals to palliative care services.
Evenblij, Widdershoven, Onwuteaka, de Kam, Pasman (2016) ****	Netherlands	N/A	To explore and identify barriers to palliative care in Dutch mental health facilities	137 institutionalized mental health nurses completed a survey, 9 nurses completed in depth interviews	Mixed methods study including an investigator developed survey and individual interviews	Barriers to effective palliative care included patient characteristics and little attention to palliative care. 36% of nurses indicated they had experience providing palliative care in a mental health setting.

\*asterisk corresponds to the number of criteria met within the MMAT critique tool, with a possible total of five