

# INTEGRATING MENTAL HEALTH CARE WITH PALLIATIVE CARE IN THE COMMUNITY IN KERALA FOR CHRONIC MENTAL ILLNESSES

## Authors:

Dr. Chitra Venkateswaran<sup>1</sup>, Dr. Poornima Sunder<sup>1</sup>, Ms. Meiya Varghese<sup>1</sup>, Ms. Uma Parameswaran<sup>1</sup>, Dr. Abraham Jerome<sup>1</sup>, Mr. Godson PP<sup>1</sup>, Mrs. Anu SM<sup>1</sup>, Ms. Aisha Haris<sup>1</sup>, Mr. Aajmon J<sup>1</sup>, Ms. Sandra George<sup>1</sup>, Mrs. Roshni Robins<sup>1</sup>

1. Mehac Foundation, Ernakulam, India



## BACKGROUND

Mental health conditions are among the major non-communicable diseases, often coexisting with others and leading to significant suffering, excess mortality and reduced life expectancy. Those with severe mental illness who develop terminal conditions are some of the most underrepresented and deprived in society.<sup>1</sup> Given the prolonged course of many mental illnesses, a palliative approach becomes especially relevant. Palliative psychiatry is emerging globally as a promising approach that bridges mental health and palliative care to address complex, ongoing needs with compassion and dignity.<sup>2</sup>

## RESEARCH QUESTION

To develop models integrating mental health with palliative care to improve quality of lives for people with mental illness and their families

## METHODS

- Apply palliative and public health principles to mental health care through community engagement.
- Enable task sharing across a multidisciplinary team to deliver outpatient, home-based and end-of-life care.
- Support screening, referral and capacity building for integrated mental and palliative care

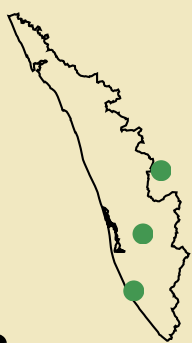
## RESULTS

Establishment of partnerships

  
Primary Health  
Care Services

  
PalliativeCare  
Organisations

Active in **3 districts**  
in Kerala at  
**25 locations**



**5000+**  
people &  
families given  
care



Availability of  
medicines  
improved to  
**90%**

**65%**  
retention for  
long-term care



**2 Panchayat** (Local  
Self Government)  
collaborations  
added per year



- Hospitalisation & emergencies reduced by **85%**
- Reduced physical health care gap



**210**  
**Clinics**  
FY '24-25



**2538**  
**Home visits**  
FY '24-25



**2658**  
**Tele followups**  
FY '24-25



## DISCUSSION

This model has proven to be cost-effective, feasible, replicable and sustainable, particularly in resource-limited settings. Its success is driven by strong community participation, effective task sharing, collaboration and integrated care. Key challenges include navigating bureaucratic processes, mobilising resources and budget allocation.

## References:

1.Davie.E. (2006) 'A social work perspective on palliative care for people with mental health problems'. *European Journal of Palliative Care*: 13 (1) 26-28 Trachsel, M., Irwin, S. A., Biller-Andorno, N., Hoff, P., & Riese, F. (2016). 2.Palliative psychiatry for severe persistent mental illness as a new approach to psychiatry? Definition, scope, benefits, and risks. *BMC Psychiatry*, 16, 260. <http://doi.org/10.1186/s12888-016-0970-y>

POSTER 1249