Palliative-Psychological Care for Severe and Persistent Mental Illness: A Qualitative Expert Study toward an Integrative, Collaborative Model

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Statement of the Problem: Inpatient psychiatry is largely oriented toward cure and symptom remission. For people with severe and persistent mental illness (SPMI), such as treatment-resistant schizophrenia, bipolar disorder, severe depression, personality disorders and dementia, this focus often falls short. Palliative psychiatry prioritises quality of life, dignity and meaning rather than cure; it is established in somatic medicine but barely implemented in psychiatric settings. The purpose of this study is to describe which contents, goals and limits a palliative-psychological approach can define for inpatient care, and how an integrative, interdisciplinary concept can be developed.

Methodology & Theoretical Orientation: A qualitative, exploratory design was used. Eight semi-structured expert interviews with professionals from psychiatry, psychology, nursing and hospice care, plus a family caregiver representative, were analysed using Mayring's qualitative content analysis with a combined deductive-inductive category system, supported by intercoder checks and communicative validation.

Findings: Palliative-psychological approaches were barely established, with fragmented, individual-dependent efforts and conceptual confusion, as palliative was often misread as end-of-life care only. Key barriers were staff shortages, placement and financing gaps, professional resistance and ethical dilemmas, including autonomy, advance directives and chronic suicidality. Success factors were interdisciplinary collaboration, continuity and relationship-based care, family integration, and psychosocial interventions such as biography work and music therapy.

Conclusion & Significance: A paradigm shift from cure toward quality of life and autonomy appears necessary and feasible. Findings informed a seven-module integrative concept covering structured indication, existential and psychotherapeutic support, family integration, daily structure and continuity, spiritual and cultural support, an interdisciplinary team with supervision, and cross-sector transition management. The concept aligns with collaborative-care models and supports participatory piloting with evaluation.

Biography

Gabi Gübel is a RN and APN with a BSc in Psychology and a MAS in Palliative Care. She is currently completing an MSc in Clinical and Forensic Psychology and is enrolled in a PhD programme. Her thesis investigated the integration of palliative-psychological approaches into inpatient psychiatry, focusing on quality of life, dignity and autonomy for people with severe and persistent mental illness, including dementia. Drawing on qualitative expert interviews with professionals from psychiatry, psychology, nursing and hospice care, she developed a seven-module integrative care concept that bridges psychiatric and psychological expertise. Her work supports a shift from a purely curative orientation toward a quality-of-life-centred model of psychiatric care.