

Challenges in acute care of people with co-morbid mental illness

Jo-Ann Giandinoto and Karen-leigh Edward

Abstract

Acute secondary care settings are complex environments that offer a range of challenges for healthcare staff. These challenges can be exacerbated when patients present with a co-morbid mental illness. This article is a systematic review of the literature that has investigated the challenges imposed on health professionals working in acute secondary care settings where they care for patients who experience co-morbid physical and mental illnesses. A systematic search of the bibliographic databases was conducted and a total of 25 articles were included in this review. A number of challenges were identified including experience of fear, negative attitudes, poor mental health literacy, being positive and optimistic in providing care as a profession and environmental factors. Health professionals working in acute secondary care settings require organisational support and training in mental health care. Acute secondary care environments conducive to providing holistic care to patients experiencing mental illness co-morbidity are required.

Key words: Mental illness ■ Physical illness ■ Co-morbidity ■ Health professional ■ Nurse ■ Experience

People living with a mental illness are more likely to have a physical illness when compared to people without a diagnosis of mental illness (van der Kluit and Goossens, 2011; Edward et al, 2012; Scott et al, 2012). People with serious mental illness such as schizophrenia have a mortality rate of up to four times that of the general population and it is estimated that they have a reduction in lifespan of between 10 and 30 years (Bressington et al, 2014). Those who have an experience of mental illness often have difficulty in seeking and accessing appropriate and timely physical health care (Hahm et al, 2008; Thornicroft, 2008). Improving the health care of people experiencing mental illness is a healthcare priority worldwide—in the UK, the Department of Health has developed initiatives and directives to improve the integration of physical and mental health care at all levels (Social Care Local Government and Care Partnership Directorate, 2014).

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Acute secondary care settings, such as the emergency department, general medical ward, medical-surgical ward, and intensive care unit are complex, busy, task-oriented environments that in themselves have well-known challenges for healthcare staff in providing optimal care to all patients; these challenges are often exacerbated when patients present with a co-morbid mental illness (Sharrock and Happell, 2006). The challenges faced by health professionals in the management of the physical health care of people who experience a mental health co-morbidity include factors such as stigma and discrimination, fear of aggression potential, suboptimal mental health literacy in generalist healthcare staff and the lack of adequate time and resources to meet the needs of people who experience mental illness (van der Kluit et al, 2013).

The tolerated use of derogatory and pejorative terms to refer to people experiencing mental illness in acute secondary care settings by health professionals strengthens the effects of stigma and the potential for discriminatory care (Sartorius, 2007). The general public may perceive people who experience mental illness as:

'Strange, frightening, unpredictable, aggressive and lacking self-control ... and are associated with negative stereotypes such as being violent and dangerous' (Björkman et al, 2008).

These stigmatising notions can also be found in health professionals (Horsfall et al, 2010). Romem et al (2008) further suggest that unlike people with a 'physical' health condition people who experience mental illness, throughout history, have been subject to discrimination and prejudice perpetuating the development of pessimistic and apprehensive attitudes.

The challenges associated with caring for patients who experience a mental illness in acute secondary care settings are often associated with the notion that health professionals are not immune to the effects of stigma despite formal education in psychiatry (Thornicroft, 2008). The complexity of such a patient who experiences a serious mental illness on an acute ward can lead to him or her being labelled as 'difficult' by health professionals and consequently treated with caution or avoided (Zolnierek, 2009). Patients who are identified as difficult are often perceived by healthcare staff to take up more of their time, as a disruption to their daily routine, as taking time away from the care of their other patients, or are avoided; all of which impact on the development of effective therapeutic alliances. The challenges of caring for a patient in the acute secondary care setting can be quite apparent

for the patient who experiences symptoms of mental illness, including suicidal and self-harming behaviours, aggression and confusion. This patient can display unusual behaviours evoking a sense of caution in health professionals due to the real or perceived threat of their own safety, or may be out of their scope of practice, expertise or knowledge.

This systematic review aimed to examine the available literature related to the challenges health professionals experience while working in acute secondary care settings and caring for patients with co-morbid physical and mental illnesses. The benefits of such examination of the literature are to provide further insight and understanding about the challenges of caring for patients with co-morbid mental and physical illness who are admitted to acute secondary care settings and contribute to potentially raising awareness for the potential for stigma and discriminatory care practices and recommend means to mitigate such challenges.

Method

The bibliographic databases of CINAHL, Academic Search Complete, MEDLINE, PsycINFO and ProQuest were searched between May and June 2013. The search was conducted by entering the keywords in *Box 1* into each of the databases.

The electronic search was based on the following inclusion criteria:

- Peer-reviewed journal articles
- Published between 1985 and 2013
- Articles addressing the challenges of health professionals caring for people with co-morbid physical and mental illness while working in acute secondary care settings (e.g. medical-surgical wards, emergency departments and intensive care units).

Articles that were excluded from the search were those that addressed challenges of mental health professionals working in psychiatric settings and challenges related to primary care and community-based health settings.

The above search strategy yielded a total of 2992 articles due to the use of a large number of keyword combinations and the broad subject nature of the keywords. The title and abstract of each article were reviewed to ensure the articles matched the above inclusion criteria and once duplicates were removed 43 articles were returned. The final inclusion of the article was based on extensive reading and further assessment of the criteria and subsequently 25 articles were identified for this review. An overview of the selection procedure is depicted in *Figure 1*.

The quality of the research was assessed with reference to the Critical Appraisal Skills Programme (CASP) qualitative research checklist and the CASP cohort studies methodological checklist (Taylor et al, 2000). Data were extracted by the two researchers. Extracted data were collated and synthesised.

Results

Twenty-five articles were included in this review. Of those identified, 12 were quantitative and 13 articles were qualitative in design. All studies were included based on relevance to the research focus and were not excluded based on methods or instruments used.

Box 1. Search terms

- Mental illness* OR mental health OR psychiatric illness* or disorder
- AND physical OR somatic OR somatoform OR chronic health OR illness OR disabilit*
- AND general hospital* OR acute medical setting* OR ward* OR medical surgical
- AND health or medical personnel OR health professional* OR nurse* OR physician* OR dietician* OR social worker* OR psychologist* OR physiotherapist* OR occupational therapist* OR pharmacist* OR multidisciplinary team
- AND treatment* OR health care OR attitude* OR experience* OR perception*

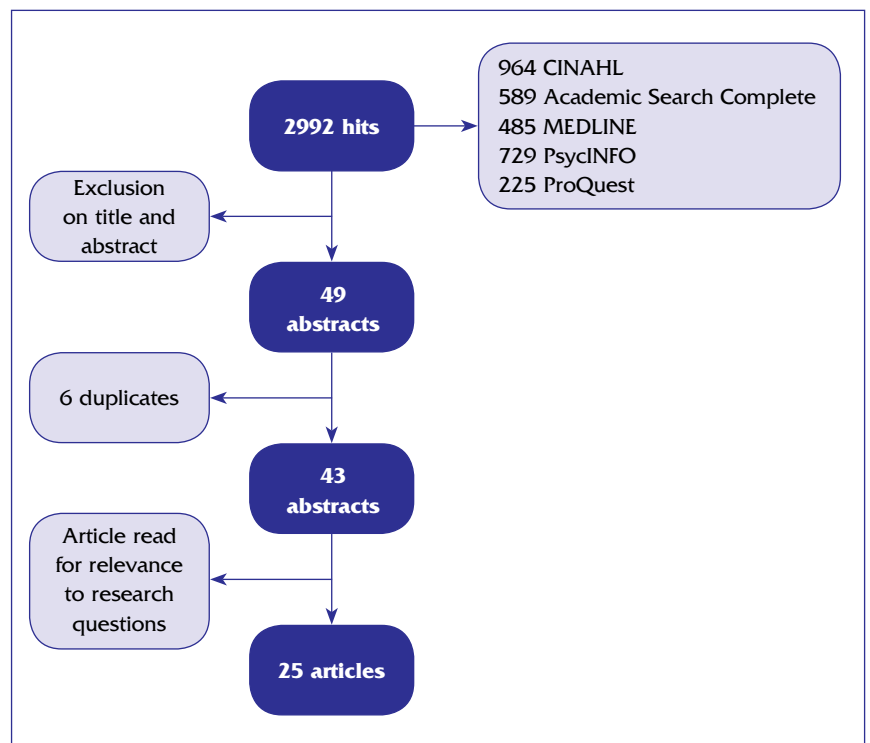


Figure 1. Flowchart of returned and selected articles for review

Discussion

The review revealed a number of themes, including: the experience of fear, negative attitudes, poor mental health literacy, positivity and optimism of care as a profession, and environmental factors impacting care.

The experience of fear

Some studies reveal that fear prevents health professionals from effectively caring for people who experience mental illness in the acute secondary care setting (Atkin et al, 2005; Arnold and Mitchell, 2008). The findings included expressed concerns of fear towards patients with a mental illness due to a perception of unpredictability and dangerousness causing healthcare staff to be hyper-vigilant and concerned for their own safety and that of their other patients (Mavundla et al, 1999; Lethoba et al, 2006; Adewuya and Oguntade, 2007). Brinn (2000) also discusses negative emotions expressed by nurses who cared for those with co-morbid mental illness, such as fear and wariness owing to an expectation of aggression. Other

research points to negative and discriminatory care because of a psychiatric diagnosis where patients are thought to be unstable and difficult and this is exacerbated when the care setting lacks protocols or support to effectively manage such patients (Chow et al, 2007). Nurses in one study felt despair and frustration, which affected their social and psychological functioning (Mavundla et al, 1999). Another study used a randomised controlled trial to assign health professionals to different case-study groups; participants were exposed to a case study that depicted negative images of dual diagnosis such as forensic history and dual diagnosis and more positive images such as patients in recovery/remission (Rao et al, 2009). These researchers revealed that patients with a dual diagnosis (i.e. diagnosis of mental illness and substance misuse disorder) and forensic history elicited the most stigma and apprehension when compared with a mental illness co-morbid with a physical illness diagnosis alone.

Negative attitudes from staff and a label of mental illness

The major findings of the studies were that health professionals had a number of challenges related to caring for patients experiencing mental illness in acute secondary care settings relating to the label of a mental illness and the stigma associated with such a label (Arnold and Mitchell, 2008). Patients, too, are often identified by the unusual behaviours they display (Atkin et al, 2005) and such patients were considered to be demanding and difficult to talk to (Björkman et al, 2008). Stigma negatively affects the relationship between the patient and the health professional, where it can lead to avoidance through fear of not wanting to offend and on the other hand patients can often self-stigmatise (Liggins and Hatcher, 2005; Zolnieriek and Clingerman, 2012). Negative attitudes can stem from a lack of positive reinforcement for caring for patients experiencing mental illness and especially on wards such as the intensive care unit a paradox exists between caring for a patient and the patient wishing to die (i.e. suicidal patients) (Bailey, 1994; 1998). MacNeela et al (2012) found that most nurses adopted a 'risk attitude' when looking after patients experiencing mental illness. They explained that the stereotyped perceptions of patients experiencing a mental illness, such as non-compliance, absconding and a violence risk, altered their experience and expectations of care and moreover this justified the need for chemical/physical restraining of patients.

The review exposed a number of factors that can positively decrease the challenges faced by health professionals: increased exposure and direct contact with patients who experience a mental illness, increased age of the health professional, level of education and professional experience and increased familiarity with mental illness (having a personal lived experience such as family member or friend with mental illness) (Arvaniti et al, 2009). Clinical education as professional development and support in the way of mental health liaison produced more positive attitudes from staff towards patients with mental illness co-morbidity (Priami et al, 1998). However, familiarity or having a personal experience of mental illness did not always predict a positive attitude from health professionals (Aydin et al, 2003).

Poor mental health literacy

The frustrations reported by hospital staff related to caring for patients experiencing mental illness seemed to stem from knowledge gaps or skill deficits and mostly related to ineffective therapeutic interaction and subsequent feelings of inadequacy and professional dissatisfaction (Arnold and Mitchell, 2008). Some health professionals, despite having medical knowledge, held stereotyped views about the origins of mental illness parallel to those found in the general public (e.g. spiritual causes), and unfortunately some health professionals maintained blaming attitudes towards people experiencing mental health problems thus creating real barriers to providing care and aiding recovery of mental illness (Adewuya and Oguntade, 2007; Fernando et al, 2010). The review exposed that most generalist nurses identified that assessment and management of patients experiencing a mental illness was outside their scope of practice or not part of generalist nurse competencies. Many nurses felt that their undergraduate training was not adequate and felt they required training on an ongoing basis in mental health literacy (i.e. diagnosis, psychopharmacology, management, legislation).

Nurses also reported that they lacked the requisite skills to effectively engage in therapeutic communication with patients who experience a mental illness (Bailey, 1998). There was a perception that caring for complex patients required a specialist set of skills. Feelings of inadequacy and role conflict meant many described feeling professional distress, disempowerment, low levels of satisfaction and burnout when caring for patients with a co-morbid mental illness (Harrison and Zohhadi, 2005; Plant and White, 2013). Harrison (2007) suggests that role conflict may be attributed to dualistic thinking where not only is there a metaphorical divide between mind and body but a literal divide where physical and mental health care were not traditionally integrated. Nurses lacking in knowledge and capabilities to effectively assess and manage mental illness in acute settings has been recently noted in a qualitative study exploring nurses' experience in the care of patients with delirium (Agar et al, 2012). Nurses reported a superficial understanding of the condition where it was often under-recognised and poorly managed in the acute setting leading to detrimental outcomes for patients and their families.

The returned evidence suggests that while education may be beneficial for improving perceptions and attitudes of acute medical staff towards patients with co-morbid mental illness, the effects are short lived and the positive effects reduce over time (Aydin et al, 2003). Education may be a way of increasing self-awareness and reflection and it is by these strategies that a reduction in a tendency for stigmatising attitudes to prevail may occur (Mavundla and Uys, 1997; Solar, 2002). Addressing stigmatising attitudes held by health professionals may not be as simple as increasing exposure or education. Further research is required to determine the origins of such attitudes, and as such qualitative research designs may be used to investigate whether stigma is enabled by actual negative experiences or is a reflection of predisposed prejudices (Björkman et al, 2008) or cultural influences and values (Fernando et al, 2010).

Being positive and optimistic in care considerations as a profession

The review included research from a qualitative paradigm and the main findings of these studies incorporated detailed descriptions of the challenges health professionals find in caring for patients with multiple and complex needs when they experience co-morbid physical and mental illness. In contrast, some of these studies highlighted positive and optimistic attitudes from some nurses working on the general medical wards towards patients with mental health problems. These nurses described striving to provide care in an ethical and conscientious manner, but acknowledged that they lacked the knowledge and training to do so adequately (Reed and Fitzgerald, 2005; Sharrock and Happell, 2006). Sharrock and Happell (2006) reveal that while nurses were endeavouring to fulfil their duty of care in providing patients with their required care, these nurses felt ill-equipped and there was a real void between the theory of providing holistic care, including psychological care, and the reality of task-based nursing practice on general medical wards. Similarly, Reed and Fitzgerald (2005) found negative attitudes and feelings among nurses such as fear, dislike, 'not my role', lack of time and support and feeling patients with this co-morbidity did not belong on the wards and balancing this with a strong desire to 'do the right thing' by their patients but lacking resources, skills and knowledge to do so. Unsurprisingly, positive experiences lead to positive attitudes and negative experiences lead to negative attitudes (Mavundla and Uys, 1997; Reed and Fitzgerald, 2005). Some health professionals wanted to provide holistic care and experienced a dilemma in not being able to cater for all the patients' health needs owing to their limitations in knowledge and restrictions in their clinical environment with regards to support and resources required in order to provide individualised care.

Environmental factors impacting care

The physical environment offers a number of challenges in the general ward context of a hospital when caring for patients who have co-morbid mental illness. Patients experiencing mental disorders often require a therapeutic milieu to aid recovery, and when patients are considered as not fitting into the purpose of the environment, health professionals' attitudes can alter, frustrations increase and fears become apparent with stigmatising and stereotyping behaviours presenting (Zolnieriek and Clingerman, 2012). This approach to care is often sensed by the patient and can result in further adverse clinical outcomes. The environment in which general medical health professionals work is often complex, busy, sterile, has a lack of privacy (often just a curtain to screen the patient) and can be noisy when patients might require a quiet space. Hopkins (2002) found that patients experiencing a mental illness were perceived as presenting an additional challenge to the impending routines and functions of a 'busy' acute medical setting, the lack of time and resources in these complex settings lead patients to be considered difficult and thus they received depersonalised care. Supportive and informative work environments that recognise the complexity of these patients are also required to

KEY POINTS

- Acute secondary care settings are complex, busy, task-orientated environments that present a range of challenges to providing optimal care to patients; these are often exacerbated when patients present with a co-morbid mental illness
- Health professionals, despite formal training in mental illness, are not immune to negative attitudes and stigmatisation of mental illness
- Professionals in acute secondary care settings describe the experience of caring for patients with a co-morbid mental illness as challenging due to feelings of fear, of not knowing and of feeling unsupported
- The routines and physical aspects of the acute secondary care environments are not conducive to optimal care for a patient experiencing mental illness
- Organisational support including professional development opportunities, mental health liaison and gaining service users' input may help mitigate the challenges of caring for this vulnerable patient group

assist health professionals to provide holistic care (Shafiei et al, 2011; Goldberg et al, 2012; Plant and White, 2013).

Limitations of the review

The limitations of this review relate to the diverse types of the research returned making any generalisations prohibitive. Another limitation was that only peer-reviewed literature written in English was included, potentially omitting eligible evidence.

Conclusions and implications

The management of the physical health care of people who have a mental health co-morbidity presents several challenges for healthcare staff. The challenges associated with caring for patients who experience a mental illness in acute secondary care settings in particular are often linked with the notion that health professionals are not immune to the effects of stigma attached to mental illness, despite formal education in psychiatry. Health professionals reported experiencing fear of the patients in their care and holding negative attitudes towards those with a diagnosis of mental illness. These experiences for staff are often hampered by environments that are not conducive to engaging with patients in the development of a therapeutic alliance.

Health professionals, in some instances, reported a positive attitude and strived to care for people experiencing mental illness. However they also acknowledged their inadequacies to care for them holistically because of factors including poor mental health literacy and low level of confidence to intervene in challenging clinical occasions. Mental health competencies and undergraduate training may not satisfactorily prepare nurses to care for patients with this co-morbidity in non-psychiatric settings. This review highlights a recommendation to hospitals to provide professional development opportunities and additional support by way of mental health education and compulsory training modules facilitated by mental health professionals for the generalist nurse. In addition to training

towards improving mental health literacy, organisational support through the use of mental health consultants and clinical educators in acute medical settings may offer a means to moderate ill-informed, negative and stigmatising attitudes towards patients experiencing mental illness among acute medical care nurses. Mental illness is profound on a global level, and in order to suitably care for this vulnerable patient population, hospital environments need to be conducive to providing safe, dignified, effective and optimal care (e.g. quiet spaces, sufficient privacy and appropriate care planning). Understanding the mental illness experience from the service user's perspective can also assist in improving care provision to this patient group and in consideration of this service users' representation and involvement in education for nurses needs to be a feature.

BJN

Conflict of interest: none

Adeyewa AO, Oguntade AA (2007) Doctors' attitude towards people with mental illness in Western Nigeria. *Soc Psychiatry Psychiatr Epidemiol* **42**: 931-6

Agar M, Draper B, Phillips PA et al (2012) Making decisions about delirium: A qualitative comparison of decision making between nurses working in palliative care, aged care, aged care psychiatry, and oncology. *Palliat Med* **26**: 887-96. Epub 2011.

Arnold M, Mitchell T (2008) Nurses' perceptions of care received by older people with mental health issues in an acute hospital environment. *Nurs Older People* **20**(10):28-34

Arvaniti A, Samakouri M, Kalamara E, Bochtsou V, Bikos C, Livaditis M (2009) Health service staff's attitudes towards patients with mental illness. *Soc Psychiatry Psychiatr Epidemiol* **44**: 658-65. doi: 10.1007/s00127-008-0481-3. Epub 2008

Atkin K, Holmes J, Martin C (2005) Provision of care for older people with co-morbid mental illness in general hospitals: general nurses' perceptions of their training needs. *Int J Geriatr Psychiatry* **20**: 1081-3

Aydin N, Yigit A, Inandi T, Kirpinar I (2003) Attitudes of hospital staff toward mentally ill patients in a teaching hospital, Turkey. *Int J Soc Psychiatry* **49**: 17-26

Bailey SR (1994) Critical care nurses' and doctors' attitudes to parasuicide patients. *Aust J Adv Nurs* **11**(3): 11-17

Bailey SR (1998) An exploration of critical care nurses' and doctors' attitudes towards psychiatric patients. *Aust J Adv Nurs* **15**(3): 8-14

Björkman T, Angelman T, Jönsson M (2008) Attitudes towards people with mental illness: a cross-sectional study among nursing staff in psychiatric and somatic care. *Scand J Caring Sci* **22**: 170-7. doi: 10.1111/j.1471-6712.2007.00509.x.

Bressington D, Mui J, Hulbert S, Cheung E, Bradford S, Gray R (2014) Enhanced physical health screening for people with severe mental illness in Hong Kong: results from a one-year prospective case series study. *BMC Psychiatry* **14**: 57. doi: 10.1186/1471-244X-14-57

Brinn F (2000) Patients with mental illness: general nurses' attitudes and expectations. *Nursing Standard* **14**(27): 32-6

Chow LY, Kam WK, Leung CM (2007) Attitudes of healthcare professionals towards psychiatric patients in a general hospital in Hong Kong. *Hong Kong Journal of Psychiatry* **17**(1): 3-9

Edward KL, Felstead B, Mahoney AM (2012) Hospitalized mental health patients and oral health. *J Psychiatr Ment Health Nurs* **19**(5):419-25. doi: 10.1111/j.1365-2850.2011.01794.x. Epub 2011

Fernando SM, Deane FP, McLeod HJ (2010) Sri Lankan doctors' and medical undergraduates' attitudes towards mental illness. *Soc Psychiatry Psychiatr Epidemiol* **45**: 733-9 doi: 10.1007/s00127-009-0113-6. Epub 2009

Goldberg SE, Whittamore KH, Harwood RH et al (2012) The prevalence of mental health problems among older adults admitted as an emergency to a general hospital. *Age Ageing* **41**: 80-6. doi: 10.1093/ageing/afr106. Epub 2011

Hahm HC, Speliotis AE, Bachman SS (2008) Failure to receive health care among people with mental illness: theory and implications. *J Soc Work Disabil Rehabil* **7**: 94-114.

Harrison A (2007) Improving mental health care in general hospitals. *Nurs Older People* **19**(4): 32-6

Harrison A, Zohhadi S (2005) Professional influences on the provision of mental health care for older people within a general hospital ward. *J Psychiatr Ment Health Nurs* **12**: 472-80.

Hopkins C (2002) 'But what about the really ill, poorly people?' (An ethnographic study into what it means to nurses on medical admissions units to have people who have harmed themselves as their patients). *J Psychiatr Ment Health Nurs* **9**: 147-54

Horsfall J, Cleary M, Hunt GE (2010) Stigma in mental health: clients and professionals. *Issues Ment Health Nurs* **31**: 450-5. doi: 10.3109/01612840903537167

Lethoba KG, Netswera FG, Rankhumise E (2006) How professional nurses in a general hospital setting perceive mentally ill patients. *Curationis* **29**: 4-11

Liggins J, Hatcher S (2005) Stigma toward the mentally ill in the general hospital: a qualitative study. *Gen Hosp Psychiatry* **27**: 359-64

MacNeela P, Scott PA, Treacy M, Hyde A, O'Mahony R (2012) A risk to himself: Attitudes toward psychiatric patients and choice of psychosocial strategies among nurses in medical-surgical units. *Res Nurs Health* **35**: 200. doi: 10.1002/nur.21466

Mavundla TR, Uys LR (1997) The attitudes of nurses towards mentally ill people in a general hospital setting in Durban. *Curationis* **20**: 3-7

Mavundla TR, Poggenpoel M, Gmeiner A (1999) Professional nurses' experience of violence when nursing mentally ill people in general hospital settings: a phenomenological study. *Health SA Gesondheid* **4**(3): 34-41. doi: 10.4102/hsag.v4i3.365

Plant LD, White JH (2013) Emergency room psychiatric services: a qualitative study of nurses' experiences. *Issues Ment Health Nurs* **34**: 240-8. doi: 10.3109/01612840.2012.718045

Priami MA, Plati CD, Mantas J (1998) Nurses' attitudes towards hospitalized patients with psychological and psychiatric problems. *European Nurse* **3**(2): 105-11

Rao H, Mahadevappa H, Pillay P, Sessay M, Abraham A, Luty J (2009) A study of stigmatized attitudes towards people with mental health problems among health professionals. *J Psychiatr Ment Health Nurs* **16**: 279-84. doi: 10.1111/j.1365-2850.2008.01369.x

Reed F, Fitzgerald L (2005) The mixed attitudes of nurse's to caring for people with mental illness in a rural general hospital. *Int J Ment Health Nurs* **14**: 249-57

Romem P, Anson O, Kanat-Maymon Y, Moisa R (2008) Reshaping students' attitudes toward individuals with mental illness through a clinical nursing clerkship. *J Nurs Educ* **47**: 396-402

Sartorius N (2007) Stigmatized illnesses and health care. *Croat Med J* **48**: 396-7

Scott D, Burke K, Williams S, Happell B, Canoy D, Ronan K (2012) Increased prevalence of chronic physical health disorders in Australians with diagnosed mental illness. *Aust N Z J Public Health* **36**: 483-6. doi: 10.1111/j.1753-6405.2012.00916.x.

Shafiei T, Gaynor N, Farrell G (2011) The characteristics, management and outcomes of people identified with mental health issues in an emergency department, Melbourne, Australia. *J Psychiatr Ment Health Nurs* **18**(1): 9-16. doi: 10.1111/j.1365-2850.2010.01632.x. Epub 2010

Sharrock J, Happell B (2006) Competence in providing mental health care: a grounded theory analysis of nurses' experiences. *Aust J Adv Nurs* **24**: 9-15

Social Care Local Government and Care Partnership Directorate (2014). *Closing the Gap: Priorities for essential change in mental health*. <http://tinyurl.com/ofeyofv> (accessed 1 July 2014)

Solar A (2002) Factors contributing to difficulty with psychiatric disorder among junior medical staff. *Australasian Psychiatry* **10**: 279-82. doi: 10.1046/j.1440-1665.2002.00463.x

Taylor R, Reeves B, Ewings P, Binns S, Keast J, Mears R (2000) A systematic review of the effectiveness of critical appraisal skills training for clinicians. *Med Educ* **34**: 120-5

Thornicroft G (2008) Stigma and discrimination limit access to mental health care. *Epidemiol Psychiatr Soc* **17**: 14-19

van der Kluit MJ, Goossens PJ (2011) Factors influencing attitudes of nurses in general health care toward patients with comorbid mental illness: an integrative literature review. *Issues Ment Health Nurs* **32**: 519-27. doi: 10.3109/01612840.2011.571360.

Kluit MJ, Goossens PJ, Leeuw JR (2013) Attitude disentangled: a cross-sectional study into the factors underlying attitudes of nurses in Dutch rehabilitation centers toward patients with comorbid mental illness. *Issues Ment Health Nurs* **34**: 124-32. doi: 10.3109/01612840.2012.733906.

Zolnierok CD (2009) Non-psychiatric hospitalization of people with mental illness: systematic review. *J Adv Nursing* **65**: 1570-83. doi: 10.1111/j.1365-2648.2009.05044.x.

Zolnierok CD, Clingerman EM (2012) A medical-surgical nurse's perceptions of caring for a person with severe mental illness. *J Am Psychiatr Nurses Assoc* **18**: 226-35. doi: 10.1177/1078390312446223.

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