

Facilitating Equitable Access to Palliative and End-Of-Life Care for Underserved Populations in British Columbia: Knowledge Exchange Series (2025)

Insights Specific to:

People Living with a
Life-Limiting Illness and
Severe Mental Illness



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Knowledge Exchange Overview

In Spring 2025, the BC Centre for Palliative Care on behalf of the BC Palliative Care Research Collaborative hosted a three-part virtual **Knowledge Exchange Series** on *facilitating equitable access to palliative and end-of-life care for underserved populations in BC*.

Shaped by research, expert insights, and lived experiences, the series aimed to advance an equity-informed approach to palliative care by sharing stories, highlighting promising practices, strengthening connections between health and community systems, and identifying future directions for policy, practice, and research.

Discussions and activities focused on twelve underserved population groups with limited access to essential palliative and end-of life care services.

Read the full **Summary Report** [here](#).

Insights Specific to People Living with a Life-limiting Illness and Severe Mental Illness

Insights from the Literature and Key Informants

To inform discussions about **people living with a life-limiting illness and severe mental illness** during the Knowledge Exchange sessions, a population fact sheet was developed. The fact sheet summarizes key themes from a literature review and insights gathered from key informants through an online survey—highlighting experiences, opportunities, facilitators, and barriers to care.

View the **population fact sheet** [here](#). A preview is shown below.

Facilitating equitable access to palliative and end-of-life care for underserved populations
Knowledge Exchange and Learning Series


hosted by the BC Palliative Care Research Collaborative

Population Factsheet: People living with severe mental illness and a life-limiting illness

This population comprises individuals living with a mental illness. Individuals belonging to this group face significant barriers to accessing care, some of which are mitigated by supportive patient-provider relationships and trauma-informed care.

The information in this factsheet is organized according to the session it is of relevance to. The included literature was identified through a systematic search for papers conducted in December 2024. The environmental scan survey was conducted in January-February 2025, and was completed by 57 key informants across British Columbia.

Session 1: The lived experience of access to palliative and end of life care for underserved populations



What does the literature say?

- Lack of clear communication
 - Patients experience unclear communication from professionals, including a lack of direct information about their diagnosis or guidance on their condition, leading to feelings of invisibility and distress.¹
- Disconnection from services
 - Individuals receiving community-based secondary mental health services report feeling disconnected

Insights from the Knowledge Exchange Series

Key barriers, potential solutions and recommended actions that emerged from discussions on improving palliative and end-of-life care access for *people living with a life-limiting illness and severe mental illness*.

Insights Specific to People Living with a Life-limiting Illness and Severe Mental Illness

Barriers

- **Lack of knowledge:** Many clinicians lack awareness of mental illness as a life-limiting illness.
- **Lack of staff capacity:** High turnover and a lack of health care providers can create barriers to high quality care.
- **Information sharing:** Patients may have multiple healthcare providers, so ensuring all clinicians are accurately informed is important.
- **Long waitlists:** Having the courage to ask for help—only to be told there’s a 6–8 month wait—can be deeply discouraging for patients. A delay like this can feel like rejection and may lead to setbacks in their well-being and willingness to seek care again.

Solutions

- **Provide ongoing education to break down stigma and barriers.** Break down silos (such as between mental health and substance use).
- **Peer support:** Have patients and peer support workers in the same room to talk openly and help guide care together.
- **Collaboration** between health authorities and community providers must be proactive and sustained—not reactive. A multidisciplinary, integrated approach is essential to ensure care is accessible, coordinated, and human-centred.
- **Funding:** Community-based organizations, especially non-profits, need stable, long-term funding beyond short-term grants to deliver consistent services.

Recommended Action

There is a widespread lack of recognition that mental illness can be a life-limiting condition. This misunderstanding creates significant barriers to care, as healthcare providers often lack access to the information needed to deliver informed, collaborative support. Advancing a multidisciplinary, integrated approach is essential to breaking down silos between services and promoting information-sharing among providers. This will help ensure care is not only coordinated, but also respectful and person-centred.

Insights from the Knowledge Exchange Series

After the Knowledge Exchange Series, participants completed a survey to prioritize the most important research questions and promising solutions for each underserved population.

Top three rated research questions and promising solutions for people living with a life-limiting illness and severe mental illness.

Top 3 Questions to Answer

Top 3 Solutions to Consider

1

Policy

How can we ensure palliative care mandates reflect a philosophy that addresses the unique needs of people with mental health challenges?

Education/Training

Build hospice staff capacity through trauma-informed education and practice to better support people with mental health and substance use needs and those who are prison-involved.

2

Research

How can we apply low-barrier hospice models within standard settings to better support people facing structural or social barriers?

3

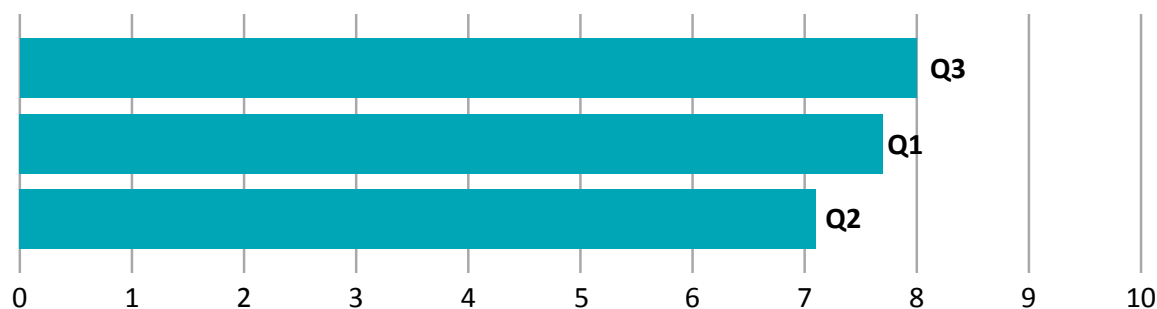
Research

What are the ethics of centralizing low-barrier care at one site versus offering it in every community?

The average importance rating for each priority research question related to *people living with a life-limiting illness and severe mental illness*.

Priority Research Questions: What do you want to know or solve? *(Session 3 Breakout 1)*

Question	Average Rating
<p>1 Research: How can we learn more about low-barrier hospice models, and what strategies can be used to navigate or implement low-barrier care within standard hospice settings to better support people who face structural or social barriers?</p>	7.7
<p>2 Research: What are the ethics of having one site that all individuals needing a low barrier approach go (limiting to one community despite individuals coming from many communities) versus providing low barrier service in every community?</p>	7.1
<p>3 Policy: How can we ensure that palliative care program mandates and system development are grounded in a philosophy that meaningfully addresses the unique needs of individuals with mental health and substance use (MHSU) challenges and those with prison involvement? <i>(Highest Rated)</i></p>	8.0



Rating on Likert Scale (1-10)

The average importance rating for each priority promising solution related to *people living with a life-limiting illness and severe mental illness*.

Priority Research Solutions: What can be done right now and by who? *(Session 3 Breakout 2)*

Solution	Average Rating
<div>1</div> <p>Education/training: Build hospice staff capacity through trauma-informed education and practice to better support people with mental health and substance use needs and those who are prison-involved.</p>	8.1

For similar insights on other underserved populations, visit the BC Centre for Palliative Care website [here](#).



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