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Brief Communication

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Qualitative Nursing Research for Older Adults Diagnosed with Schizophrenia

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Schizophrenia is a mental illness that affects cognition, language, behavior, speech, and perception [1-4]. Experienced by approximately 21 million individuals worldwide [5], schizophrenia is a leading cause of mental-health disability [6]. Data have reported that people with schizophrenia have mean life expectancies of 20 years less than the general population's which may be associated with traumatic life course experiences [7-9], accelerated aging [6, 10-13] and co-morbidities which can include cardiovascular disease, diabetes, substance use, and depression [14-20]. Older adults diagnosed with schizophrenia may enter the health care system and receive treatment for their mental illness, but may also have serious physiological illnesses that are not as thoroughly addressed due to a process known as *fragmentation*. Fragmentation occurs when mental healthcare systems specialize in psychological care, but may ignore physiological needs of patients, or when the medical healthcare systems specialize in physiological care, but may ignore psychological needs of patients. Healthcare providers in these systems have stated feeling unprepared to work with the physical compounded with the mental complexities of older adults diagnosed with schizophrenia [21-23]. The combination of both physical and mental illnesses in fragmented and unprepared environments has been reported as associated with increased morbidities and mortalities in older adults diagnosed with schizophrenia [16,24]. Added to the process of fragmentation, being a minority has been reported as a risk factor for developing a psychotic disorder as well as being offered psychological and pharmacological evidenced based therapies less when compared to those who are not minorities and are diagnosed with schizophrenia [9,25,26]. Compounded stigmatism for this population may include factors such as: 1) aging; 2) having a mental illness, and 3) being a minority. Self-perceived stigma has

been linked to higher relapse and admission rates in individuals diagnosed with schizophrenia [27]. Qualitative nursing research with this population is an important step which may uncover identifiable focus points for public health interventions. Nursing research has the potential to influence the morbidity and mortality in older adults diagnosed with schizophrenia, a population whose care is becoming more prevalent as well as complex in long-term care settings [28-31]. Nursing research will be essential as a starting point to improve a system that is often referred to as fragmented due to the singular focus on either medical or mental health needs, but unpreparedness to work with the also important accompanying psychological and physiological needs of older adults diagnosed with schizophrenia.

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