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REVIEW ARTICLE

Efficacy and perceived challenges in implementing psychological interventions in palliative care: a scoping review

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ABSTRACT

Ensuring the well-being of terminally ill individuals' mental health is just as crucial as their physical health. This review examines the perceived challenges and efficacy of providing psychological interventions to individuals receiving palliative care. This comprehensive literature review was conducted based on both Arksey and O'Malley's and Joanna Briggs Institute (JBI) guidelines. The article was searched between March 2024 and June 2024 using several electronic databases such as Scopus, PubMed, and Web of Science. The applied inclusion criteria were articles published in English from 2005 to 2023, and studies conducted specifically in palliative care settings. PRISMA guidelines for scoping reviews were used for the selection process. After screening based on objective and specific inclusion criteria, 21 articles were chosen for extensive study of their full texts. The key themes derived from the review are the 'psychological interventions and their implementation efficacy, mental health issues in palliative care, and challenges in implementing psychological interventions'. Patients receiving palliative care have experienced various psychological distresses, although these concerns are inadequately addressed and treated by healthcare providers. Psychological interventions are feasible and applicable in palliative care but their implementation efficacy is limited. The main challenges encountered include a lack of information, inadequate training and supervision, a well-defined role and framework for administering psychological care, and resources for implementing psychological interventions. This review highlights the existing challenges and the crucial implementation of a framework for effectively integrating psychological interventions alongside physical care. These challenges should be addressed in future research, and large-scale studies should be conducted to investigate the effects of psychological interventions.

Keywords:
palliative care; psychological interventions; mental health; efficacy; challenges

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INTRODUCTION

Palliative care is a comprehensive form of care that aims to enhance the quality of life for both patients and their caregivers. The care will commence at the time of diagnosis and will be consistently delivered to the family after the patient's demise.[1] Patients with terminal illnesses often experience physical and psychological discomfort. Their treatment journey is also precipitating psychological distress in their close ones. Palliative care, as a holistic medical discipline, seeks to uphold the patient's dignity during their treatment phase.[2]

Psychological support is essential for palliative care patients due to the high frequency of depression (36%) and anxiety (14%) respectively. Additionally, 58% of patients reported experiencing psychological discomfort.[3] Psychological distress in a patient might manifest as suffering, hopelessness, and existential or spiritual crisis, all of which can have a detrimental effect on their overall well-being and quality of life.[4] This indicates the necessity of a psychologist in the palliative care team. Multiple studies have demonstrated significant advantages of early psychological intervention for patients receiving palliative care.[5]

A survey conducted in 2012 suggests that 94.6% of palliative care programs lacked a psychologist in their team.[2] Psychological interventions in palliative care are not effectively reaching patients compared to those in other domains. There is a significant requirement for professional clarity to conduct psychological intervention in palliative care effectively.[6] While specialists from various fields may occasionally recognize signs of psychological distress in patients, it is only mental health professionals, such as clinical psychologists, who possess the expertise to provide scientific assistance and treatment for individuals experiencing a mental health crisis.[5] However, there is still a lack of clarity regarding the specific roles of the members within the palliative care team. Furthermore, many professionals in the field of palliative care lack sufficient awareness regarding the psychological components experienced by both patients and caregivers.[7]

According to Clark et al., the total implementation of palliative care increased from 2006 to 2017, but it is still low.[8] Effective implementation of palliative care is crucial for several reasons including managing symptoms, providing proper emotional support, facilitating better communication, supporting in decision making and ensuring total quality of life. Psychological care is equally vital as physical care for a patient, however, there are numerous challenges in the execution such as resource constraints, lack of training and education, stigma and lack of awareness regarding psychological care. Psychological interventions are available in palliative care; nevertheless, the existing guidelines remain ambiguous regarding the appropriate methods of assessment or interventions for various psychological issues.[9]

A scoping review can systematically map available literature on a broad topic, and identify key concepts, sources of evidence and gaps in the research. [10] This scoping review explores the domain of psychological care, which is inadequately explored relative to other domains of palliative care. A comprehensive understanding of psychological interventions is crucial in palliative care. This review will provide an overview of the efficacy and challenges associated with the implementation of psychological interventions in palliative care during various phases.

Objectives

Primary Objective

1. To understand the implementation efficacy and perceived challenges of psychological interventions in palliative care

Secondary Objectives

1. To understand the existing psychological interventions for the individuals receiving palliative care
2. To understand the need to address mental health in palliative care

METHODS

The study design was a scoping review of literature related to psychological interventions in palliative care. Scoping reviews are valuable for investigating nascent evidence when there is still ambiguity on others. The methodology of this review paper was framed based on the reference of both Arksey and O'Malley's (2005) proposed framework and the recently proposed Joanna Briggs Institute (JBI) framework developed in 2014 and further revised in 2020.[10, 11]

Identifying the research question

The research question of the review paper was developed to align with the PCC framework. [10,12] The specific question guiding this review is "What are the implementation efficacy and perceived challenges of psychological interventions in palliative care?" Since no studies have broadly captured and summarized the efficacy of implementation and the existing challenges of psychological interventions in the palliative care context, a scoping review was needed.

Search Strategy

The article search process was conducted according to the JBI guidelines.[10] The procedure of searching consists of three steps: an initial limited search, a search utilizing all identified key terms, and a search using the reference list of identified articles.[10] The search for relevant publications was limited to those published between 2005 and 2023. The preliminary search of the relevant articles was conducted mainly using three electronic databases: Scopus, PubMed, and Web of Science which can provide peer-reviewed, high-quality research articles important for the reliability of a scoping review. Easy accessibility of these databases enables the researcher to find interdisciplinary studies that might provide additional insights and perspectives, particularly in the field of health and medical science. Additionally, Google Scholar was used to search for relevant articles. The search for relevant articles started in March 2024 and completed in June 2024. The key terms for searching articles from an electronic database were developed from the research question. The identified key terms are connected with Boolean operators as 'Palliative care AND psychological interventions, Psychological interventions AND life-limiting illnesses, terminally ill AND psychological care, Psychological intervention AND challenges AND palliative care, Implementation AND Psychological intervention AND Palliative care, Psychological care OR psychological support AND Palliative care, Mental health AND life-limiting illness, Mental health AND palliative care, Psychological interventions AND palliative care NOT pharmacological interventions. The search was conducted by sequentially entering standardised terms with Boolean operators into the chosen electronic databases. The reviewers employed certain search criteria to enhance the search focus. The Scopus Search strategy is included in the supplementary material: Appendix 1

Inclusion and Exclusion Criteria

This scoping review encompassed all the publicly available research articles published on palliative care-based psychological interventions. National and international levels of publications were considered for review. Research articles published in English are only included in this review. The studies published in other languages were excluded from this review. This review paper considers research articles published from 2005 to 2023, as there has been a significant increase in the number of papers published after 2005, according to Scopus statistics. Studies conducted specifically in a palliative care setting were considered for this review. Palliative care is specialized care provided to people with serious illnesses and their caregivers to improve their quality of life. The participants included in the selected studies were those receiving palliative care benefits, such as patients with life-limiting illnesses and their caregivers. Studies on palliative care team members and addressing the significance of implementing psychological interventions in these settings were also reviewed. It is important to note that palliative care offers distinct care for patients and their caregivers compared to other forms of care. Additionally, studies focusing on implementing psychological interventions for individuals with life-limiting illnesses in hospice care settings other than palliative care were excluded. Both quantitative, qualitative, and mixed-method analyses were encompassed. Participants' demographic data, such as age and sex, were not considered as selection criteria for the studies because this study focuses broadly on the efficacy of implementation for all individuals receiving palliative care.

Evidence Screening and Selection

Based on the research question and inclusion criteria the articles were screened, and duplication of the studies was removed using the Mendeley reference manager. The screening and selection process was conducted collaboratively by both reviewers to reduce the biases. The article selection commenced with screening articles by title and abstract as per the inclusion criteria, followed by full-text retrieval based on relevance. Several articles were excluded during the full-text analysis for various reasons, including insufficient methodological clarity, some of the studies not specifically conducted for palliative care beneficiaries, and not specifically concentrating on psychological interventions. Figure 1 provides a comprehensive overview of the search results, illustrating the sequential process of study selection.

Figure 1- PRISMA-ScR- Diagram.

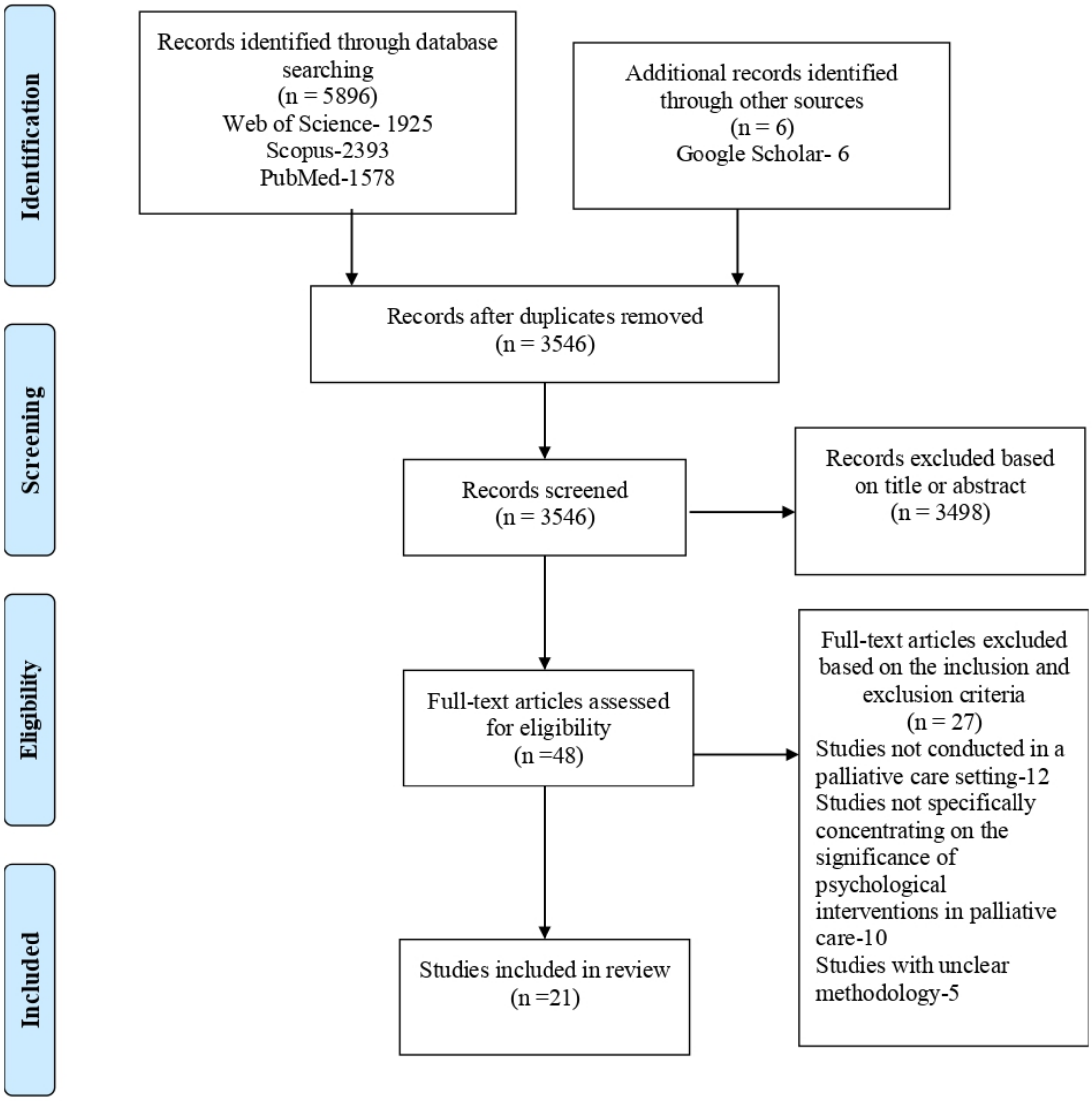

Figure 1. PRISMA-ScR- Diagram.

Extracting and Charting

Both reviewers participated in the data extraction procedure to guarantee reliability. The extraction process consisted of two stages to minimise the chance of errors and bias. Initially, both reviewers independently extracted the data. After that, a collaborative discussion ensued to compare the results and finalise the data extraction procedure. Any disagreements were resolved by consensus. The reviewers collected and documented the essential information from each study. The collected data is shown in Table 1.

Table 1. Summary of the Studies Selected for Reviewing

Author	Year	Country	Aim	Participants	Design	Conclusion
Greer et al.[16]	2012	Massachusetts, US	To examine the feasibility and potential efficiency of brief CBT to reduce anxiety in patients with terminal cancer	Adults with incurable malignancies with the presence of clinically significant anxiety symptoms.	Randomized controlled trial	It is 75% feasible to provide brief CBT to patients with terminal illnesses, and it is effective in alleviating anxiety symptoms.
Warth et al.[18]	2020	Germany	To evaluate the stress-reducing effects of a brief standardized mindfulness intervention for use in palliative care	Patients from the University palliative care unit at St. Vincentius Hospital, Germany.	Randomized crossover trial	There is a significantly stronger reduction in self-rated stress after the mindfulness intervention.
Warth et al.[20]	2019	Germany	It aims to explore the effectiveness of a newly developed music therapy technique that is based on biographically meaningful songs	Patients admitted to the University of Palliative Care Unit at St. Vincentius Hospital and the interdisciplinary palliative care unit at the University Medical Center	Randomized controlled design	This pilot study revealed moderate enhancement in the emotional, spiritual, and biological outcomes of individuals approaching the end of their lives by giving music therapy.

Author	Year	Country	Aim	Participants	Design	Conclusion
Selene et al.[17]	2016	Mexico	To analyze the impact of psychological interventions on the palliative care unit patients.	Cancer patients in National Cancer Institute Mexico at the palliative care area.	A longitudinal quantitative study with frequency analysis	Psychological interventions have a significant impact on the emotional well-being of individuals who are ill. The study found that psychological interventions must begin from the stage of diagnosis and should be continued throughout the care.
Juliao et al.[22]	2017	Lisbon, Portugal	To determine the influence of dignity therapy on demoralization syndrome, the desire for death, and a sense of dignity in terminally ill patients in the palliative care unit.	Patients from the inpatient palliative care medicine unit	A nonblinded phase 2 randomized controlled trial	Dignity treatment has a positive impact on the psychological distress experienced by patients in the final stages of life. This study found that dignity therapy is an important psychotherapeutic approach
Gil et al.[15]	2018	Spain	To establish emotional benefits of promoting and maintaining meaning in palliative care patients in the final week of life and to assess the benefits including the compassion and self-compassion contracts in meaning centred psychotherapy model	Terminally ill cancer patients	Intervention study	The meaning-centred psychotherapy trailered to the needs of palliative care patients appears to be feasible, and acceptable and it also helps the patients to cope with the process of dying

Author	Year	Country	Aim	Participants	Design	Conclusion
Cort et al.[7]	2009	London	To determine whether palliative care nurses given basic training in cognitive behavioural therapy were able to use core components of this training when treating advanced cancer patients with anxiety or depression	Palliative care nurses	Cluster randomized controlled study	Cognitive Behavioural Therapy (CBT) reported a favourable shift in the interaction between nurses and their patients. Nurses felt confident and empowered in their services. The impact was advantageous in terms of enhanced knowledge and perceived skills of the nurses.
Chochinov et al.[21]	2015	Canada, Australia	To examine a novel intervention, dignity therapy, designed to address psychosocial and existential distress among terminally ill patients.	Terminally ill patients receiving palliative care	Intervention study	Researchers discovered that Dignity therapy exhibits potential as an innovative therapeutic technique for alleviating suffering and distress during the end of life. 91% of the participants reported satisfaction with dignity therapy.
Breitbart et al.[19]	2015	Newyork	To test the efficacy of meaning-centred group therapy to reduce psychological distress and improve spiritual well-being in patients with advanced or terminal	Patients with advanced cancer	Intervention study-randomized controlled trial	This study found that Meaning-centred group therapy is useful for existential, psychological, and spiritual distress in patients with advanced cancer.

Author	Year	Country	Aim	Participants	Design	Conclusion
Bambauer et al.[25]	2008	USA	To determine the prevalence of psychiatric disorders in advanced cancer patients and their informal or family caregivers.	Advanced cancer patients and their primary informal (non-paid) caregivers in coping with cancer	Quantitative study.	A co-occurrence of psychiatric disorders has been observed among individuals with advanced cancer and their informal caregivers. The presence of anxiety disorder in one (either the patient or caregiver) is associated with the other.
Grov et al.[24]	2005	Norway	To examine anxiety depression and quality of life in primary caregivers of patients with cancer in the late phase of palliative care.	Primary caregivers of women with breast cancer and primary caregivers of men with prostate cancer	Quantitative study with cross-sectional research design.	There is a higher prevalence of anxiety disorders among primary caregivers. Anxiety manifests a gender-specific variation.
Murray et al.[13]	2007	Newyork, Scotland	To identify and compare changes in the psychological, social, and spiritual needs of people with the end stage of disease.	Patients with advanced lung cancer and heart failure	Qualitative longitudinal study	Holistic care including psychological, social, spiritual, and physical care to patients and their families is important. The study identified a prevalent pattern of suffering among patients diagnosed with both heart failure and lung cancer.

Author	Year	Country	Aim	Participants	Design	Conclusion
Gotze et al.[26]	2011	Germany	To examine the level of psychological distress and quality of life of palliative cancer patients and their family caregivers To investigate the impact of sociodemographic care-related factors on psychological distress in palliative care patients and their families	The patients with incurable progressive and advanced cancer with a life expectancy of about 6 months and their family caregivers	Quantitative study	50% of the subjects experienced elevated levels of depression, resulting in a diminished quality of life and an immense burden of symptoms. The three factors causing anxiety and depression are spousal caregiving, social support, and financial burden.
Connor and Fisher[6]	2010	Australia	To explore team member's perceptions and experiences of team dynamics in psychosocial palliative care	Palliative care team members from three different palliative care sites.	Qualitative study using semi-structured interviews	The absence of well-defined role boundaries and strategies for maintaining these boundaries are the main issues found by the team. Interdisciplinary team training can improve these existing gaps.
Galfin et al.[3]	2010	UK	To explore how rumination or recurrent dwelling may contribute to psychological distress in palliative care.	Patients and caregivers were from community specialist palliative care services.	Cross-sectional research design	The study found that palliative care patients and their caregivers reported significantly more psychological distress and substantially more rumination on existential concerns.

Author	Year	Country	Aim	Participants	Design	Conclusion
Fan et al.[5]	2014	China	To explore the role of clinical psychologists in palliative care in Taiwan	Clinical psychologists who were working or had palliative care experience	Qualitative study	The contribution of a clinical psychologist can have a positive impact on patients receiving palliative care, but they need to modify their care using an integrative framework by setting practical goals and using techniques with flexibility. It is also important to address the challenges they are facing.
Ortega et al.[14]	2018	Spain	To determine whether specific psychosocial interventions can ease discomfort in palliative care patients, particularly in those with high levels of pain or emotional distress.	Patients treated in specialized psychosocial care team in a palliative care unit	Quasi-experimental study	Psychosocial interventions reduced patients' distress. These therapies yielded greater effectiveness in patients with complicated medical conditions.
Fitzgerald et al.[23]	2013	Canada	To investigate the relationship between depression and physical burden across a multitude of physical symptoms in patients with advanced cancer.	Patients with advanced cancer	Cross-sectional study	Depression severity among patients is positively correlated with the number of physical symptoms, symptom distress, and symptom severity. The paper also states that a synergistic association exists between depression and a wide range of physical symptoms in people with advanced cancer.

Author	Year	Country	Aim	Participants	Design	Conclusion
Paley et al.[4]	2023	England	To determine the level of self-reported competence amongst healthcare staff in the psychological assessment and screening of patients in hospices in England and their awareness.	Multidisciplinary palliative care team members	Survey	The study emphasizes the perceived lack of training and competence among healthcare workers who receive inadequate support and supervision in some domains, such as counselling and communication skills. There is an injustice in the recognition of psychological distress and the appropriate referral process.
Mystakidou et al.[27]	2005	Greece	To evaluate the desire of patients with advanced cancer for hastened death to determine its relationship to psychological distress, anxiety, and pain.	Terminally ill cancer patients in palliative care unit	Survey	Depression, anxiety, and opioid interaction significantly influence hastened death desire, while pain doesn't effectively manage psychological symptoms, making effective palliative care crucial for reducing this desire.
Edlynn and Kaur[2]	2016	US	To develop a collaborative model of care to optimize the integration of psychosocial and medical aspects of treatment in pediatric palliative care	Participants from pediatric palliative care	Survey	It is important to hire a psychologist as a part of pediatric palliative care to integrate the behavioural health of paediatrics. Including a psychologist in palliative care helps to provide holistic and effective services.

Synthesis of Results

Descriptive qualitative techniques such as thematic analysis were used to analyse and synthesise results from all the selected studies. This method of synthesis can provide an overview of the existing literature and clarity about the concepts, themes, and gaps in the selected articles to recommend future studies.

SEARCH RESULTS

A total of 5896 articles are obtained from three separate databases: Scopus, Web of Science, and PubMed. Furthermore, a Google search was conducted, discovering 6 papers that satisfy the specified criteria for inclusion in this study. After eliminating duplicate entries, a total of 3546 articles were included. Ultimately, 21 articles that satisfied the inclusion criteria were selected for an extensive review of their complete texts using the PRISMA-ScR framework. The selected 21 articles encompass quantitative, qualitative, and mixed methods studies as mentioned in Table 1. Three themes derived after the analysis are ‘psychological interventions and their implementation efficacy, mental health issues in palliative care, and challenges in implementing psychological interventions’.

Psychological Interventions and Their Implementation Efficacy

Individuals diagnosed with terminal illnesses frequently encounter feelings of anxiety, depressive symptoms, and other psychological problems linked to a lessened quality of life.[13] The psychological intervention has the potential to alleviate the degree of distress experienced by a palliative care patient with complicated needs.[14] Palliative care can reduce a patient's physical, psychological, and spiritual difficulties.[15] Cognitive behavioural therapy (CBT) is the main psychological intervention for anxiety issues.[13] A study by Greer et al. revealed that cognitive behavioural therapy substantially impacted the emotional and functional wellness of patients receiving palliative care.[13] CBT can offer ongoing assistance to cancer patients throughout their treatment process, rather than solely at its endpoint.[15] Providing brief CBT is feasible and also significant to improve signs and symptoms of anxiety.[16] Different approaches to intervention within CBT might be employed for patients and caregivers struggling to comprehend medical information regarding their condition. Psychoeducational interventions within the CBT framework help to mitigate misconceptions, excessive fear, anxiety, and depression.[17] A randomized controlled trial conducted by Cort et al. discovered that CBT training had various effects on the approach of palliative care nurses toward patient care. The acquired capabilities post-training enhanced their listening skills, refined their interpersonal communication abilities, and facilitated their ability to discern the patient's pessimistic thoughts and emotions. Additionally, it assisted them in examining the complex cognitive processes experienced by patients.[7]

Stress is a prevalent psychological problem observed in palliative care settings. Warth et al. conducted a randomised controlled trial in palliative care patients and discovered that mindfulness interventions have positive effects on patients with cancer at various stages of their treatment, this intervention also resulted in notable improvements in the emotional well-being of patients, particularly those with advanced cancer.[18] Meaning-centred group therapy can also help in enhancing the psychological and spiritual wellness of patients with advanced cancer.[19] Cancer patients receiving meaning-centred group therapy also showed a greater improvement in total well-being and quality of life.[19] It can also positively impact their depression, hopelessness, desire for hastened death and physical symptom distress.[19] Gil et al. examined the emotional benefits of meaning-centred psychotherapy in palliative care patients and it was discovered that the implementation of meaning-centred psychotherapy-compassionate palliative care (MCP-CPC) was both feasible and acceptable. Furthermore, it benefited the patient in managing the experience of impending death.[16]

The end-of-life phase in palliative care presents significant challenges. It is characterized by a high prevalence of psychological distress, spiritual concerns, and existential challenges. Art-based therapies and life-reviewing strategies are advantageous for patients in the terminal stage of the illness.[20] Music therapy is a frequently employed intervention within the category of art-based therapies. It aids patients in enhancing their well-being by alleviating physical symptoms and psychological challenges, providing comfort, and facilitating open conversation.[18] These novel therapies will significantly enhance the mental, spiritual, and physical well-being of individuals receiving palliative care. Dignity therapy is a frequently used psychological intervention in the context of palliative care. Chochinov et al. found that 91% of participants were satisfied with dignity therapy.[21] Dignity therapy is a crucial psychotherapy treatment for patients nearing the end of their lives, as it aids them in managing their experiences during this stage.[17,22] Dignity therapy is particularly advantageous for patients and caregivers who initially experience greater distress, as indicated by their quality of life, dignity, suffering, and suicidality.[21] In summary, these findings indicate that psychological interventions are quite effective, feasible and acceptable for patients as well as caregivers receiving palliative care in every stage of treatment, whether it is inpatient, outpatient or home-based care.

Mental Health Issues in Palliative Care

The mind and body are intricately interconnected; any disruption in the mind will have a direct or indirect impact on the body, and vice versa. Psychological and existential concerns are prevalent among patients receiving palliative care, and these concerns are the primary focus of every patient.[23,24] There exists a correlation between physical symptoms and mental disorders. However, it is still uncertain to what degree this association is confined to particular physical symptoms.[25] Fitzgerald and colleagues conducted a study on advanced cancer patients to examine the correlation between depression and physical load. Their findings revealed a mutually beneficial relationship between depression and physical burden.[25] The psychological distress experienced by the patients also has the potential to harm the emotional state of their family members and caregivers.[4] In a study conducted by Galfin et al. it was discovered that patients receiving palliative care, along with their caregivers, experienced significant mental health issues and existential concerns. Furthermore, the frequency of these existential concerns was found to be directly associated with levels of depression and anxiety.[3,24] Anxiety in one individual can induce anxiety in another individual, such as patients' anxiety will automatically trigger anxiety in their caregivers.[25] A study conducted on caregivers found that spouse caregivers are experiencing notably greater psychological distress compared to other caregivers.[26] The chances of experiencing an existential crisis were also high in the case of patients in end-of-life. Mystakidou et al. revealed that individuals suffering from a terminal disease exhibit a significant inclination toward death. Therefore, it is crucial to effectively provide psychological care to alleviate this kind of psychological problem.[27] As per the United Kingdom National Council for Hospice and Specialist

Palliative Care Services, a psychologist needs to be included in a palliative care team due to the consistent presence of anxiety, depression, and grief/bereavement in palliative care.[5] There is a crucial need to address the mental health issues of patients and caregivers to improve their total well-being. It is important to avoid stigmatizing mental health concerns as a typical consequence of terminal disease and instead prioritize it for giving appropriate treatment.[26]

Challenges in Implementing Psychological Interventions

The National Institute of Healthcare and Excellence (NICE) in 2004 discovered that the provision of psychological assistance for individuals receiving palliative care was insufficient and lacking in uniformity.[4] In a nationwide study conducted by Paley et al. healthcare professionals were surveyed to assess their understanding of patients' psychological needs. The results revealed that 28% of nurses and healthcare professionals lacked awareness of providing high-quality treatment for these psychological needs.[4] Cort et al. found that basic cognitive-behavioural therapy (CBT) skill development training had a significant impact on nurses, leading to improvements in their communication and interpersonal skills.[7] They were able to provide care efficiently after CBT training, this indicates that providing a specialized education and training program to professionals in palliative care to recognize the psychological state of the patient is of utmost importance.[6,7,13]

Several research on psychologists working in palliative care found that these professionals are not receiving adequate supervision and training for patient care in palliative care settings.[14,4] Psychological care is necessary for patients, their family members, and even healthcare staff members.[5] The majority of psychologists encountered numerous external and internal challenges when working in a palliative care environment. Lack of a proper space (for example: private space), lack of trust between other professionals dealing with patients, lack of collaboration among medical staff, and lack of supervision and discussion are the main challenges reported by the psychologist.[5]

The absence of a comprehensive framework for psychological care was a significant challenge in the field of palliative care.[5] It is imperative to have a psychologist as part of the palliative care team, however, this position has not been given much importance.[4] The absence of an appropriate role will have a detrimental effect on the patient's overall state of health, resulting in inadequate care being provided when it is most needed.[6] In a study conducted by Murray et al. on patients diagnosed with both lung cancer and heart failure, it was discovered that patients undergo severe psychological suffering during four specific stages of their treatment journey. These stages include the initial diagnosis, discharge after treatment, disease progression, and the terminal stage.[13]

Palliative care is a collaborative effort where each team member plays a crucial part in providing patient care. Some studies have reported that palliative care often lacks delineated role boundaries.[6,4] The unclear team boundaries will result in disagreements among team members, as the tasks assigned to one member will overlap with those of another member.[6] The presence of such uncertainty in the role will cause distress for both the patients and their caregivers. The overlapping of role boundaries primarily occurs between psychologists and social workers, in most cases psychosocial support is given by the social workers instead of the psychologist.[2] Furthermore, it will result in complications with the referral of patients from one healthcare practitioner to another.

The psychologist wants to address the patient's terminal stage of life within a palliative care environment. Most patients have a deteriorated physical condition, which will hinder the effective execution of psychological intervention and the duration of time spent with these patients is also limited.[5] Because of the stereotypes connected with psychological care, patients, their families, and clinical staff may resist and reject the involvement of a psychologist; this is one of the problems of implementing psychological interventions consistently in palliative care.

DISCUSSION

Physical, psychological, social, and spiritual care is equally vital for individuals in palliative care, while they endure a significant phase of suffering. This scoping review revealed the efficacy and challenges in the implementation of psychological interventions in palliative care. This review demonstrates that psychological interventions have an impact on both patients and caregivers.[3,26] A study by Miyamoto et al. found that psychotherapies significantly assist cancer patients in leading a meaningful life and can also mitigate the adverse effects of their medications.[28] Several research have found that psychological interventions are both feasible and acceptable within palliative care, yet the consistency of their implementation remains uncertain.[4,6] This indicates the lack of proper research on this particular area related to the implementation of psychological intervention in palliative care.[29] Many studies have demonstrated that cognitive behavioural therapy, dignity therapy, art therapy, meaning-centred therapy, and mindfulness approaches exhibit great efficacy in palliative care; yet, their implementation in practical settings is inadequate.[17,20,21] A significant number of intervention studies are conducted with small sample sizes, resulting in a gap in the applicability of these interventions in larger practical settings. It is necessary to perform research with larger sample sizes to identify the appropriate application.[6,15,26] The absence of adequate intervention-related research will result in insufficient knowledge, leading to poor implementation. There is a substantial necessity for further research into psychological interventions for non-cancerous palliative care patients, as they have received very little attention.[30] Some studies indicate that psychological interventions can significantly influence the mental well-being of both the patients and their family members.[16,19,21] Caring for the caregivers is equally crucial, as they are going through the same pain as the patient,[24,25,31] but the implementation of psychological interventions for the caregivers also remains ambiguous.[26] Further research is required to focus on the mental health challenges faced by caregivers and the psychological interventions specific to them.[32] Individuals facing a terminal disease have several demands, with a particular emphasis on addressing their psychological and existential needs along with physical care. Problems within the body can directly impact an individual's mental well-being. Stress, Depression, Anxiety, and adjustment disorders are the main mental health issues found in palliative care patients,[24,27] along with this, patients are facing a lot of existential crises and spiritual issues. Therefore, it is essential to provide effective psychological care along with physical care.[26] Collaboration among healthcare professionals, such as psychologists, social workers, nurses, and doctors, could improve the efficiency and accuracy of symptom evaluations and enhance the quality and effectiveness of each other's practice.[2]

The adoption of psychological interventions in palliative care is fraught with numerous internal and external problems.[5] Reported challenges include inadequate delineation of professional roles, insufficient referrals to psychologists, limited availability of resources, inadequate understanding of psychological issues among other professions, and insufficient training and support.[5,6] The lack of resources also encompasses a limited number of proficient clinical psychologists in the field of palliative care.[33] The majority of healthcare professionals lack awareness of psychological interventions. Therefore, it is essential to educate them about these interventions in palliative care to enhance referrals to psychologists and ensure that patients and caregivers receive multidisciplinary quality care.[34] Developing a framework for the effective implementation of psychological interventions along with physical care is of the greatest urgency, [5,29] more research should be conducted on this particular area to address the existing challenges. Effectively addressing these challenges will inherently lead to the effective implementation of psychological interventions.

This review exclusively concentrates on the effectiveness and challenges encountered in implementing psychological interventions for individuals receiving palliative care, but still, it has some limitations. The data used for this research was only from the Scopus, Web of Science and PubMed databases. The search was limited to journals published in English. Hence, the excluded research may contain relevant information for the purpose of this study. Additionally, this review paper focuses solely on the psychological interventions offered to patients and caregivers in palliative care. It does not make a clear distinction between adult and pediatric palliative care. It focuses on a limited number of frequently used interventions in palliative care. Furthermore, the majority of studies included in the review were conducted in Western countries, and the limited number of studies from developing nations may have constrained the applicability of the conclusions to other situations.

RECOMMENDATIONS

The importance of psychological intervention is apparent in palliative care. According to this scoping review, it is evident that psychological care is not effectively reaching the beneficiaries of palliative care. It is crucial to address the existing challenges to ensure the efficacy and successful provision of care throughout the treatment process. Developing a framework in palliative care by integrating the four domains of care is necessary. It also ensures an immediate referral to all professionals involved in palliative care. The significance of the other domains is absent in the real-world context, indicating that a thorough reform of the current policies is necessary to provide quality palliative care and uphold dignity for patients and caregivers. Further research is required to delve into this field and enhance the effectiveness of psychological intervention by tackling the current challenges in palliative care. While the majority of studies are conducted in developed countries, there is a necessity to do research within the context of developing countries as well. Further studies should be conducted on the applicability of psychological interventions in large sample contexts.

ETHICAL APPROVAL

The study does not involve human participants; therefore, ethical approval is not required.

AUTHOR CONTRIBUTIONS

K.S.B.: Conceptualisation, Writing-original draft. K.A.: Conceptualisation, Supervision, Writing- review&editing

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