INPLASY

Understanding Access to Health Services for Older Adults with Serious Mental Illness: A Scoping Review Protocol

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ADMINISTRATIVE INFORMATION

INTRODUCTION

Review question / Objective The overarching objective of this scoping review is to systematically map existing evidence, questions, definitions, characteristics, and meanings around access to health services for older adults with serious mental illness, as well as to identify existing gaps in knowledge. In doing so, this scoping review aims to inform the development of a conceptual framework for access to health services for older adults with serious mental illness.

The question guiding this research is: How to conceptualize and understand access to health services for older adults with serious mental illness?

Background Serious and severe mental illness contribute to the highest burden of mental illness across the world. They denote the following chronic illnesses: schizophrenia, psychotic spectrum disorders, bipolar disorder, and sometimes major depression. These illnesses are distinct from other mental illnesses because of their co-occurrence with significant impairments in functioning which limit major life activities (National Institutes of Health, 2023). Among people with serious mental illness, there is also increased vulnerability for homelessness, victimization, trauma and abuse, unemployment, poverty, incarceration, and social isolation (Parks et al 2006).

Over the past few decades, people with severe mental illness have been living longer. As this population increases, health systems must pivot their frameworks for geriatric health care delivery (Bartels & Naslund 2013). However, there are currently multiple gaps within and between the systems that care for this population, in terms of both mental and physical health. Within mental health care systems, many older adults with serious mental illness do not receive the mental healthcare they need as there is an incredible dearth of geriatric-specific mental health workers. Further, there is not much guidance on what core

knowledge is needed for the workforce to address the needs of this population, or how much training is needed (Hinrichsen 2018). There is also often fragmentation between mental health care and aged-care systems. Aged-care systems do not have many specific resources for older adults with serious mental illness, so when adults age out of mental health care systems, many lose their care.

While older adults with serious mental illness are living longer, the mortality of this population is still 10-20 years earlier than the general population (Walker et al 2015) because of comorbid physical illnesses such as cardiovascular and respiratory diseases as well as infections. Older adults with severe mental illness are at an increased risk for multiple physical comorbidities and experience higher rates of undiagnosed and untreated medical illnesses as compared to the general population (De Hert et al 2011). These poor health outcomes arise from lifestyle-related risk factors, such as smoking and obesity, as well as barriers to the access and utilization of healthcare services (Lawrence & Kisley 2010). Stigma is a well-documented barrier to access for this population. It reduces the responsiveness of health service providers and may cause people with serious mental illness to delay or completely avoid seeking treatment (Corrigan et al 2009).

As older adults with serious mental illness experience specific challenges in access to health services as well as unique realities in their everyday lives, this review aims to understand and conceptualize what access means in the context of this population.

Rationale Access to health services' is a dynamic term with many different meanings and ways to be measured. Existing research, for example, has approached "access to health services" through ideas of availability of services, geographic accessibility, cost of services, and forms of systemic discrimination. The research question guiding this scoping review is broad, enabling the tracing and mapping the many different meanings of 'access' as well as to clarify the concept for this particular population, identify key characteristics, and identify gaps in the literature to shape and direct future research. Further, the scoping review enables an approach toward a heterogenous body of knowledge, across multiple disciplines, contexts and methodologies, including peer-reviewed primary research and gray literature.

METHODS

Strategy of data synthesis This scoping review protocol is informed by the methodological frameworks detailed by Arksey and O'Malley (2005) and Levac et al (2010). It is further guided by Peters et al (2015) at the Joanna Briggs Institute (JBI).

PubMed, CINAHL, APA PsycINFO, AGELINE, Social Work Abstracts, Web of Science, and Scopus will be searched for articles published on the current date or before. The date of the search will be recorded. Reference lists of included articles will also be searched. Grey literature is a relevant source of information for public approaches to and understandings around access to health services. In order to manage the size and scope of the review, grey literature searches will be conducted with a deliberate focus on theses and dissertations, as well as evaluation reports and policy documents published by national health systems, international organisations, and non-governmental organisations. This literature will be systematically sourced by searching five databases (ProQuest Dissertations and Theses, Grey Matters, OpenGrey, PsycEXTRA, and WHOLIS) and relevant organisational websites (e.g, UNESCO, WHO, MSF, World Federation for Mental Health).

Search terms were selected based on consultations with experts in the field of serious mental illness in old age and access to health services, as well as from highly cited publications and reviews on related topics, and the literature referenced in these publications. Terms were also selected from policy reports on serious mental illness in old age from, for example, the World Health Organization and the United States' Substance Abuse and Mental Health Services Administration.

The search strategy has limitations. For the review to be feasible, only certain terms describing 'access to health services' will be included. 'Access' in the context of health services is a dynamic, wide ranging, and debated term. This review will be unable to include all potential terms relevant to 'access'.

As an example, the search strategy for Web of Science is as follows:

Concept #1: Serious and Severe Mental Illness
(detail_s_DE "Depression") or (detail_s_DE "Psychoses") or (detail_s_DE "Schizophrenia") or (detail_s_DE "Bipolar Disorder") or (detail_s_DE "Posttraumatic Stress Disorder") or (ZU "depression") or (ZU "depression treatment") or (ZU "major depression") or (ZU "schizoaffective disorder") or (ZU "schizophrenia") or (ZU "schizophrenia schizophrenics") or (ZU "schizophrenics schizophrenia") or (ZU "schizophreniform disorder") or (ZU "psychosis") or (ZU "bipolar") or (ZU "bipolar disorder") or (ZU "bipolar disorders") or (ZU "mania") or (ZU "manic depressive illness") or (ZU "manic depressive

patients") or (ZU "manic episode") or (ZU "ptsd") or (ZU "ptsd symptoms") or (ZU "post-traumatic stress") or (ZU "post-traumatic stress disorder") or (ZU "post-traumatic stress disorder (ptsd)") or (ZU "post-traumatic stress disorders") or (ZU "post-traumatic symptoms") or (ZU "paranoia") or (ZU "paranoid patients") or (ZU "paranoid schizophrenia")
AND
Concept #2: Old Age
(ZU "old age") or (ZU "old age care preference") or (ZU "old people") or (ZU "older") or (ZU "older adult") or (ZU "older adult women") or (ZU "older adults") or (ZU "older adults at home") or (ZU "older adults living alone") or (ZU "older adults with developmental disabilities;") or (ZU "older couples") or (ZU "older men") or (ZU "older people") or (ZU "older person") or (ZU "older persons") or (ZU "older widows") or (ZU "older women") or (ZU "oldest-old")
AND
Concept #3: Access to Health Services
(barrier* OR access* OR delivery OR use* OR using OR usage* OR utili* OR provis* OR availab* OR affordab* OR accommodat* OR accept* OR exclu* OR inclus* OR discriminat* OR favoriti* OR allocat* OR priorit* OR delay OR underutili* OR underus* OR gap OR poverty OR unmet OR inequit* OR inequal* OR unequal* OR disparity) NEAR/2 (health* OR care OR treatment OR service OR "medical help" OR resource*).

Eligibility criteria Articles for this scoping review will be included if they meet the following eligibility criteria: specific inclusion of older adults (≥50 years) with chronic serious mental illness in the context of access to health services. Quantitative, qualitative and mixed-methods studies, inclusive of those that are observational, interventional, and case study-based, will be included in order to consider different ways of approaching and measuring access to health services. Regarding publication limits, articles published across all years and in all languages will be considered. Published peer-reviewed articles will be included as well as grey literature such as policy reports.
Papers will be excluded if they focus on mental ill health arising from old age (late life mental illness) or mental illness related to dementia, rather than mental illness that people have experienced across the life course. Papers will be excluded if they focus on autism spectrum disorder or mild and moderate mental illness.

Source of evidence screening and selection
The search strategies were drafted with the research team together with two experienced librarians, Amy Shapira and Ronit Marco, and further refined through team discussion. To identify potentially relevant documents, searches will be run in all databases listed above with no date limit. The electronic database search will be supplemented by searching sources of gray literature; contacting authors to identify additional relevant material; scanning relevant reviews, sources of evidence, and reference lists; and hand searching key journals. Titles and abstracts will be exported into the reference management software, Covidence, which will automatically identify and remove duplicates. Titles and abstracts will be screened for eligibility by two independent researchers. Full texts will be retrieved and screened for both studies that meet the eligibility criteria as well as studies in which eligibility is unclear. Any disagreement in study selection—following both the title/abstract screening as well as the full text screening—will be resolved through discussion between the two researchers. If a consensus is not reached, a third researcher will be consulted. The remaining studies will be considered eligible for review.

Data management The processes of data extraction, analysis, and presentation of results are informed by Pollock et al (2023).
Two researchers will independently extract relevant information from full texts of eligible papers into a comprehensive data extraction form designed specifically for this review by the research team. The extraction form is dictated by the review objectives and research question. The extracted content will include: (1) characteristics of included studies (authors, year of publication, title, country of origin, aims/purpose of the study, study type, population demographics, sample size, intervention if applicable, study setting, methodology, date data were collected, key findings) and (2) characteristics of 'access to health services' (definitions, parameters, impediments to access, relation between parameters and impediments, outcomes of 'access', results and consequences of access). Authors of studies will be contacted via email to obtain any missing data or important information.
Before extraction, a pilot test will be performed. Using the extraction form, two researchers will independently extract data from two-three items for each type of evidence source (e.g., empirical research, policy guidelines, syntheses of evidence). Following this, they will reflect on the process and determine if any amendments need to be made to the extraction form. These may include adding further information categories, removing redundant categories, or clarifying category definitions.
Each researcher will then independently extract data from each evidence source into the extraction

form. As this scoping review takes an inductive and iterative approach, the extraction form will also be revised if further data categories become salient in the process of extraction. Regular research team check-ins will be important during this phase to discuss the process, issues encountered, and if there are any changes to the extraction form. Following extraction, a third researcher will examine the data. Any disagreements will be resolved through discussion and consensus among the research team.

Reporting results / Analysis of the evidence

Tricco et al's (2018) PRISMA Extension for Scoping Reviews (PRIMSA-ScR) checklist will guide the reporting of this scoping review. A detailed account of the search strategy will be reported to enable transparency and easy replication by others.

The following data points will be reported in a flow diagram: the number of articles screened and assessed for eligibility, the number of articles included in the review, the reasons for exclusions at each stage.

Descriptive statistics will be used to present information about evidence sources, for example, the proportion of sources that drew on a particular method.

As this scoping review aims to inductively map the available evidence and inform the development of a conceptual framework around access to care for older adults with serious mental illness, basic qualitative content analysis will be employed (Elo & Kyngäs 2008). The qualitative data analysis software, NVIVO, will be used for this analysis. The analysis will be applied to the extraction forms of all evidence sources and will involve a process of open coding to categorize results into different thematic areas. Thematic areas will then be iteratively refined in order to develop a coding framework. The research team will review the coding framework, and subsequently, two researchers will go through the included evidence sources to extract relevant information and organize it within the coding framework. The organized extractions will then be assessed against the initial coding framework. Categories and subcategories may be changed to accommodate new understandings of the results. These categories will be brought together to form a conceptual framework that addresses the question of the review.

Presentation of the results

o best convey the findings uncovered by the scoping review, data will be presented in a framework and described narratively. The main results will be summarized alongside an overview of the concepts, themes, and types of evidence available. The findings will be linked to the review's research objectives and questions as well as current literature, clinical practice, and policy. The implications of the review will be considered and discussed, potentially contributing to recommendations for future research. The overall findings will then be translated for the relevant target audiences of the review, for example, policy makers, health care providers, patients and their carers.

Language restriction No.

Country(ies) involved Israel.

Keywords Serious or Severe Mental Illness; Old Age; Access to Health Services.

Dissemination plans Dissemination of the findings will first occur via submission of the scoping review for peer-reviewed publication in a scientific journal. Following publication of the study, the findings will be shared with the experts in the field who informed the search strategy of this scoping review.

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