

# INPLASY

## Protocol for a scoping review on how chronic illness groups closely aligned with kidney failure address mental health

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### ADMINISTRATIVE INFORMATION

**Support** - Alberta Health Services.

**Review Stage at time of this submission** - Data extraction.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY2025120037

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 10 December 2025 and was last updated on 10 December 2025.

## INTRODUCTION

**Review question / Objective** The overarching research question guiding this scoping review is: “How is mental health care provided to adults living with hypertension, DM, MM, and RCC in Canada?” We seek to answer the following three sub-questions:

- 1: What mental health assessment instruments have been investigated and used with adults living with hypertension, DM, MM, and RCC in Canada?
- 2: What mental health interventions have been investigated and used with adults living with hypertension, DM, MM, and RCC in Canada?
- 3: Who provides mental health assessments and interventions for adults living with hypertension, DM, MM, and RCC in Canada?

**Background** People living with kidney failure have increased mental health problems when compared to the general population. Compared with people treated for early stages of kidney disease, reviews

highlighted that people living with kidney failure experienced higher prevalence of depression and anxiety, leading to lower quality of life in both mental and physical components, and even shorter life expectancy. Although mental health is a patient-identified priority in kidney failure, it has rarely been addressed.

**Rationale** Although mental health is a patient-identified priority in kidney failure, it has rarely been addressed. Four chronic illness groups, including hypertension, diabetes mellitus (DM), multiple myeloma (MM), and renal cell carcinoma (RCC), are not only closely aligned with kidney failure but also associated with increased mental health concerns. The purpose of this scoping review is to systematically identify and describe how mental health care is provided to adults living with hypertension, DM, MM, and RCC in the Canadian context. The findings can be leveraged to inform the development of person-centred mental health care for people living with kidney failure in Canada.

Mental health is defined as “state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities” (WHO, 2003, p. 7). In this review, we defined mental health care or support as screenings/assessments of mental health, interventions, guidelines, or reports for individuals living with the defined four chronic illness groups.

## METHODS

**Strategy of data synthesis** An information scientist from the Alberta Strategy for Patient-Oriented Research – Knowledge Translation (SPOR KT) developed the search strategy and conducted the search in January 2021 using peer-reviewed electronic databases. A list of search terms used by the information scientist included: (1) mental health services, (2) mental health, (3) mental disorders, (4) mentally ill persons, (5) anxiety disorders, (6) mood disorders, (7) depression, (8) anxiety, (9) psychological distress, (10) depress, (11) melanchol, (12) psychoneuro, (13) psychiatric, (14) PTSD, (15) hypertension and mental health in Canada, (16) diabetes and mental health in Canada, (17) multiple myeloma and mental health in Canada, (18) RCC and mental health in Canada, and (19) hypertension, diabetes, multiple myeloma, RCC and mental health in Canada. The search was updated in March 2023 and July 2025 to identify recently published literature. Electronic databases included CINAHL, Embase, MEDLINE, PsycInfo, Scopus, Cochrane Library, and Web of Science.

### Eligibility criteria

Inclusion criteria:

- Topic and sample: mental health care or support offered to Canadian adults ( $\geq 18$  years) living with hypertension, DM, MM, and RCC.
- Setting: Any setting in Canada, including hospitals, outpatient clinics, or community settings, etc.
- Sources: Peer-reviewed articles (e.g. empirical studies, protocols, or reviews) and websites (health authorities or community organizations).
- Language: English.
- Time: Publication date limited to January 2000 and beyond.

Exclusion criteria:

- Sources: Opinion pieces or letters to the editor, conference abstracts, observational/prevalence studies that do not address mental health.
- Sample: Gestational DM.

### Source of evidence screening and selection

- Electronic databases included CINAHL, Embase, MEDLINE, PsycInfo, Scopus, Cochrane Library, and Web of Science.
- Contacting authors.
- Reference list checking.
- We also searched the internet using Google search engine to identify any websites related to screening and assessment of mental health, interventions, guidelines, and reports for the four defined chronic illness groups in Canada. We searched the webpages of each target group including illness-specific non-profit groups, health authorities, and organizations in each of the 10 provinces and 3 territories across Canada. Examples of search terms used in screening websites were mental health, depression, anxiety, and mental health care.

All articles were screened at two stages: (1) title and abstract screening and (2) full-text screening. Reviewers discuss to resolve any disagreements over article eligibility.

**Data management** After eligible articles and websites are identified, data will then be extracted into two excel spreadsheets. The spreadsheet for articles includes the following pre-defined categories: (1) authors, (2) year of publication, (3) title of article (4) Canadian province of origin (5) chronic illness (6) patient characteristics, (7) name of organization, (8) mental health condition addressed, (9) how mental health is assessed, (10) who assesses mental health, (11) mental health intervention, (12) mental health intervention provider, (13) evaluation of service provided, (14) follow up on mental health, and (15) whether service is routine.

The spreadsheet for included websites encompasses the following categories: (1) URL, (2) resource type [i.e., screening tool, assessment tool, clinical practice guideline], (3) data extracted, (4) target group [i.e., hypertension, DM 1 & 2, MM, RCC, or for clinicians], (5) resource provider [i.e., health authority, provincial authority, non-profit organization], (6) type of information provided [i.e., mental health assessment, mental health intervention, helpline, brochure/pamphlet/handout, peer support, counselling], and (7) other data extracted.

Data extraction for each included study will be completed by one team member, and checked by a second team member. Ambiguities will be discussed among team members to achieve agreement.

**Reporting results / Analysis of the evidence** We will develop both a descriptive numerical summary and thematic analysis in accordance with the scoping review framework (Arksey & O'Malley, 2005; Levac et al., 2010), which includes mental health assessment instruments utilized, target population, types of intervention, health care professionals assessing and providing mental health care, and accessibility of mental health care. The descriptive summaries will be thematically analyzed by the team to answer the three sub-research questions. The checklist for Preferred Reporting Items for Systemic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) will be utilized (Tricco et al., 2018).

**Presentation of the results** The results will be presented using study summary tables and a PRIMSA flow diagram.

**Language restriction** Only documents written in English are included in the synthesis.

**Country(ies) involved** Canada.

**Other relevant information** None.

**Keywords** Kidney failure; dialysis, hypertension; diabetes mellitus; multiple myeloma; renal cell carcinoma; anxiety; depression; mental health care; assessment; intervention; scoping review.

**Dissemination plans** The results will be submitted to a peer-reviewed journal and presented at conferences.

#### **Contributions of each author**

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