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Exploring intensive care nurses' experiences and perceptions of patients with a co-morbid mental health disorder

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Introduction

Patients with a co-morbid mental health (MH) disorder are roughly twice as prevalent in intensive care units (ICU) than other general secondary care areas. Such patients may be subject to **social stigma** and **diagnostic overshadowing** whilst being nursed in general healthcare settings. Studies in non-ICU areas suggest that staff **lack knowledge** and work in a **non-collaborative** manner, impacting negatively on the delivery of holistic humanised care. There is limited evidence on this topic from the perspective of ICU nurses.

Method

Twelve members of registered ICU nursing and advanced practice staff were recruited via social media and professional networks. Participants engaged in online individual semi-structured interviews which were audio-recorded. The transcripts were checked and then analysed using a six-stage reflexive thematic analysis process.

This study aimed to add to the small body of evidence exploring how ICU nurses experience caring for patients with a MH disorder.

Results

Five themes were identified:

- **Frustration and futility**
- **The impact of a lack of knowledge**
- **Perceptions of patients with a MH disorder**
- **Unpredictable and violent**
- **The ICU environment is unsuitable for patients with a MH disorder.**

There's a lack of mental health services, the lack of mental health inpatient beds, the lack of crossover. It's so futile that no matter what you say, you're never going to get the result that you want (P4).

Get them like a rugby ball. Pass it on dead quick you know, I mean to someone else without getting involved in it, because I can't fix this. (P10)

This person is not taking the piss. They are being tortured emotionally, psychologically, circumstantially, and I need you to understand that this is their way of dealing with indescribable pain. (P11)

...like making sure that you're safe. So, you have like exit points, making sure that you can kind of see the person at all times. (P1)

We can keep your airway patent, and we can stop you aspirating and, you know, and treat your poisons that you've took, but we can't fix your head. (P10)

Conclusions

The findings of this study indicate that ICU nurses require additional support, education, and clinical leadership to manage patients with a MH disorder. Participants expressed feelings of frustration regarding patients' limited access to on-going MH support. Participants appeared especially uncomfortable when caring for patients who had self-harmed or attempted suicide. A need for further research into the experience of MH patients in ICU is indicated.

Implications for practice

Due to the high prevalence of patients with a MH disorder in ICU, it is important that ICU nurses **understand** their specific needs and how **socially-held stigmatised views** can impact on care. Stigma and previous traumatic events can lead to staff **avoiding engagement** with MH patients. **Strong clinical leadership, collaborative working, and continued education are necessary to support both staff and patients.**

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Scan the QR code to read the study online.

Teece A, Baker J. ICU nurses' perceptions of patients with co-morbid mental health disorders: An integrative review. Nurs Crit Care. 2025;30(3):e70022. doi:10.1111/nicc.70022