

Seeing the person in the patient: person centred care in mental health

People live in stories. Human beings make sense of their lives by constructing what happens to them in the form of a story (Moen 2006). In the course of our lives, we are having continuous dialogue with our inner self and with our environment. We then connect these interactions and give them meaning, by creating an ordered world in our mind, in the form of a story (Moen 2006).

In mental health, this story is what constitutes patient centred care (Hummelvoll, Karlsson & Borg, 2015). Becoming a mentally ill person can be a complex experience characterized by stigma, loss of individuality, helplessness and anxiety (Dixon, Holoshitz & Nossel, 2016). This is further complicated if the person is treated under the Mental Health Act or hospitalized. Hospitalization in a psychiatric set up can be a frightening and traumatic experience for the individual, which as nurses we need to be aware of. This can be addressed with a focus on person (rather than patient) centred care, with services focusing on the individuals' experiences, involving them in their care and emphasising their needs and preferences, even if it entails changing the system, and the mode of care delivery (Coleman, 2018).

Buchanan-Barker and Barker (2008) states that the mental health nurse needs to be interested in the patient's story. They argued that the nurse should move away from the medical model and use the recovery model in supporting the person with mental illness. They emphasised that the key to recovery lies in the patient's experiences. Ellis in Barker (2009) stated that "nursing should deal with the person's description of their own immediate needs" and that "care should gradually extend outwards into the wider world of the person's experience" (p. 145).

This assumes that there is more to the patient's story, then the symptoms and the treatment of mental illness or mental health difficulties. There are other aspects to the patients' story that are very essential to their recovery. Patients are also children, parents, partners, spouses, adolescents, bread winners, dependents and all the other roles which we all experience in our lives and that represent an integral part of our life story. Focusing on these aspects is what helps the patient to maintain their individuality, and empower them to be an active partner in their recovery process.

The National Institute for Health Care Excellence (NICE) provides best practices guidelines for professionals to follow in providing optimum care in mental health. These guidelines take into account the patients' needs and preferences. They support the patients to be involved in their care and put emphasis on maintaining the patients' dignity, treating them with respect and seeing the person, in the patient (Coleman, 2018).

Adam and Grieder (2014) defined person centred care as "a comprehensive approach to understanding and responding to each individual and their family in the context of their history, needs, strengths,

recovery, hopes, dreams, culture and spirituality...”. This emphasise individuality, an interest in the patient’s unique situation, and an understanding that patients have their own stories, which are part and parcel of the person in the patient in front of us. Dixon, Holoshitz and Nossel (2016) found that a strong component of successful engagement in patients with schizophrenia is the patients’ perception that their goals, preferences and life circumstances are being considered by the professionals working with them.

Barker (2001) argued that the patient is not defined by his or her illness. There are other aspects of the individuals’ life which we as mental health professionals need to take into consideration. These include the personal identity, the self esteem, and what gives meaning and purpose to their life. Addressing issues which are important for the patient is allowing for the patient’s needs and preferences. These can include more practical and social aspects, like housing, finances and relationships. These can be potential sources of stress for the patients, which can infringe on their wellbeing and recovery process, and therefore they need to be addressed. Another aspect which needs to be taken into account is the patient’s spirituality. This might not necessarily include religion, but what gives their life meaning, what they believe in, what it is they turn to when life becomes a struggle and all material possessions become useless and futile. These are all aspects of a person’s story, which can be very beneficial for the person’s recovery and need to be included when planning patients’ care.

This is what constitutes as person centred care. It is about the person experiencing mental ill health to keep control over their life, being given the opportunity to make informed decisions about their treatment, and entering the mental health services not just as a patient, but also as an integral human being with all the experiences, struggles and triumphs which they have been through and which kept them going. It is our role as nurses, to support and empower people with mental health problems to regain control over their life, and make sure that the person in the patient is not forgotten and remain an integral part of their life story.

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