

Interventions in Mental Health Care

Historically, mental illness was treated with the most intriguing and mind-boggling ways. Up until the mid-century, the management of mental illness was focused on restraint and segregation, which was the only know-how of dealing with people who were disturbed, due to psychiatric symptoms. These un-treated conditions and the peculiar methods used in psychiatric asylums were the cause of the stigma surrounding anything mental health, which unfortunately still lingers till today.

Fortunately, mental health care has evolved in its treatment and management of mental illness and psychiatric conditions. Primarily, pharmacological treatment has made huge leaps when it comes to psychiatric medication, with newer, more effective and modern drugs with less daunting side-effects being introduced regularly for a variety of conditions, including depression, OCD and schizophrenia. In psychiatry, medication is sometimes seen as a necessary evil. Taking medication is never a coveted activity, more so when the medication is psychotropic. Patients might not be easily convinced that the difficulties they are experiencing are symptoms of mental health problems. And I'm not referring to just psychotic symptoms. I met the most depressed of patients who still reckon that they can overcome their depression by just their will power, or OCD sufferers who continue to justify their unfounded rituals and disabling ruminations as strategies to deal with life's uncertainties. However, the results and improvement noted when people take the medication can be remarkable. Most of the reluctance in taking psychiatric medication comes from misinformation and lack of knowledge about it. People have understandable fears of becoming dependent on the medication, that the medication is going to change their personality, or that it is going to cause some irreversible damage to their brain. Most of these fears are unsubstantiated. Medication will treat the symptoms and not the personality; most medication is not addictive (when taken as prescribed) and side-effects are not as devastating as people might think they are. Also, the benefits of medication most of the time outweighs the detriment of the side-effects and if not, it is sensible to discuss this with the doctor to find an alternative treatment to the symptoms.

However, psychiatric treatments are not all about pills and chemicals. Actually, most of the interventions in the national mental health care focus on the psychological, social and occupational aspects of the illness. Nowadays, practitioners use an array of evidence based practices which target the behavioural, emotional, social and psychological factors with the aim of improving health functioning and well-being. Therapeutic interventions are supported by empirical evidence, with one of the most prevalent and established approach being cognitive behavioural therapy (CBT). CBT deals with negative thoughts that people experience automatically, which are most often the source of psychological distress and unhelpful behaviours. Through therapeutic interventions, cognitive restructuring and behavioural assignments the patient will learn how to deal with these negative thoughts with the aim of changing core beliefs they have about themselves, others and life.

Psycho-social interventions (PSI) is a spin-off from CBT for psychosis, and is focused primarily with people who suffer from long term conditions like schizophrenia or bipolar disorders. It involves the use of structured assessment tools, psycho-education techniques, medication management and family work. PSI notes that there is a complex interplay between biological, environmental and sociological factors which when combined with certain stressful life events can trigger an onset of psychosis or a relapse.

This works part and parcel with Early Intervention in Psychosis (EIP), which is a systematic approach to support people experiencing their first episode of psychosis. A psychotic episode can be a frightening experience which if not tackled well can have long lasting effects on the individual and the family.

Although psychotic experiences are part of the symptomatology of schizophrenia, not all psychotic episodes are part of it. Psychosis can be related to severe stress in one's life, substance misuse and organic disorders. Moreover, research showed that when psychosis is dealt with immediately and at an early stage in the individual's life, it results in better prognosis and outcome for the patient and the family. Other interventions in psychosis include the Hearing Voices approach, which is a group intervention for people who experience auditory hallucinations. Hearing voices is an interesting phenomenon which is viewed as meaningful for the patient and has the potential to be understood in different ways. The Hearing Voices approach uses a support group system, interviews and techniques to assist individuals to cope with these symptoms and facilitate recovery.

Assessment is part and parcel of mental health interventions. It is the first step in any practitioner – patient encounter and it is the basis for further action and treatment. Similar to having a blood test or an x-ray to identify medical disorders, the psychiatric assessment helps the practitioner in joining the pieces of information together to create an understanding which results in psychiatric diagnosis and formulation of a plan of care. In mental health, risk assessment and mental state examinations are a continuous strategy in helping the patient to make sense of the experience, the clinician in creating a formulation of the problem and identify areas of risk which the patient and practitioner should focus on to establish a relapse prevention and harm reduction plan.

Other interventions can be of a more creative and expressive nature. The use of art therapy in mental health care is a well-established approach and it involves more artistic work like drawing, painting, creative writing, pottery and sculpture, dance movement and drama which help people to express their individuality and explore their feelings and behaviours through art. This is a very interpersonal approach which focuses more on the inner self rather than on symptoms and illnesses.

There are obviously other interventions available in mental health care, which all have their benefits and undesirable effects. The choice of intervention always lies with the practitioner but ultimately with the patient or client. In mental health care, there is no one size fits all. What might work for one patient might not work with others, and what a patient might have found unpleasant, others might benefit from. There is also no miracle cure, and the management of psychiatric and mental ill health requires a combination of biological, psychological, social and spiritual approaches. It is a blend of art and science, understanding the most basic of human emotions, using empathy to understand the experience of others and communication to help other make sense of that experience.

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