

Essentials for mental health practice

INTRODUCTION

Values and principles of care regarded as essential by people with a lived experience of mental illness can guide provision of healthcare and promote connection between the healthcare provider and the person with mental illness.

Healthcare professionals from all disciplines are guided in their practice by their unique discipline knowledge, personal values, and established standards and principles of practice. This chapter outlines some key components of practice within the mental health environment.

The chapter introduces the term ‘working alliance’ to establish that the health professional works with consumers in a committed professional partnership, acknowledging their experience, and supporting the consumers’ pathway for recovery.

Mental health promotion and prevention of mental illness underpin mental healthcare. Promotion and prevention aim to strengthen an individual’s resilience. They aim to increase protective factors and lessen vulnerability to mental health problems. For those who are unwell, promotion and prevention strategies aim to increase relapse-prevention skills. A focus on individual strengths and building resilience are necessary for recovery after a person experiences mental illness.

PRACTICE ESSENTIALS

National practice standards

There are 12 national practice standards that relate to all health professionals working with mental health consumers and their families in Australia. The standards aim to provide a benchmark for practice, education and skill development. The guiding principles are to be read

in conjunction with the 'National practice standards for the mental health workforce' (Commonwealth of Australia 2002). Table 2.1 lists the 12 practice standards.

Table 2.1 National practice standards for the mental health workforce

| National standard | Explanation |
|---|--|
| 1. Rights, responsibilities, safety and privacy | Mental health professionals uphold the rights of people affected by mental health problems and mental disorders, and those family members or carers, maintaining their privacy, dignity and confidentiality, and actively promoting their safety |
| 2. Consumer and carer participation | Mental health professionals encourage and support the participation of consumers and carers in determining (or influencing) their individual treatment and care. They also actively promote, encourage and support the participation of consumers, family members and/or carers in the planning, implementation and evaluation of health service delivery |
| 3. Awareness of diversity | Mental health professionals practise in an appropriate manner through actively responding to the social, cultural, linguistic, spiritual and gender diversity of consumers and carers, incorporating those differences in their practice |
| 4. Mental health problems and mental disorders | Mental health professionals are knowledgeable about mental health problems and mental disorders, and the co-occurrence of more than one disease or disorder, and apply this knowledge in all aspects of their work |
| 5. Promotion and prevention | Mental health professionals promote the development of environments that optimise mental health and wellbeing among populations, individuals and families in order to prevent mental health problems and mental disorders. They support and/or work with others to educate communities about mental health problems and mental disorders to increase awareness and reduce stigma. Where appropriate, mental health professionals participate in the development and implementation of interventions designed to reduce risk factors and promote resilience to prevent the development of mental health problems and mental disorders |

| National standard | Explanation |
|--|--|
| 6. Early detection and intervention | Mental health professionals encourage early detection and intervention. They provide intervention to people displaying early signs and symptoms of mental health problems and mental disorders, to people developing or experiencing a first episode of a mental health problem or mental disorder, and to people who have experienced a mental health problem or mental disorder and are displaying early signs of a recurrence (relapse prevention) |
| 7. Assessment, treatment, relapse prevention and support | Mental health professionals provide or ensure that consumers have access to a high standard of evidence-based assessment, treatment, rehabilitation and support services, which prevent relapse and promote recovery. They monitor the appropriateness and effectiveness of interventions |
| 8. Integration and partnership | Mental health professionals promote the integration of components of the mental health service to enable access to appropriate and comprehensive services for consumers, family members and/or carers through mainstream health services. They provide continuity of care through integration and partnerships with other health service providers and a range of other organisations to ensure the needs of consumers, family members and/or carers are met |
| 9. Service planning, development and management | Mental health professionals develop and acquire skills to enable them to participate in the planning, development, implementation, evaluation and management of mental health services to ensure the delivery of coordinated, continuous and integrated care within the broad range of mainstream health and social services |
| 10. Documentation and information management | Mental health professionals maintain a high standard of documentation and information systems on clinical interventions and service development, implementation and evaluation to ensure data collection meets clinical, monitoring and evaluation needs |

Continued

Table 2.1 National practice standards for the mental health workforce—cont'd

| National standard | Explanation |
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| 11. Evaluation and research | Mental health professionals systematically monitor and evaluate their clinical practice, consistent with the 'National standards for mental health services' and relevant professional standards to ensure the best possible outcomes for consumers, family members and/or carers. Where possible, they participate in or conduct research, to promote quality practice and seek funded educational opportunities to become conversant with current research |
| 12. Ethical practice and professional responsibilities | In meeting practice standards 1–11, mental health professionals adhere to local and professionally prescribed laws, codes of conduct and practice, and take responsibility for their own professional development and continuing education and training |

Source: Commonwealth of Australia (2002).

Guiding principles

The following principles and the previous standards form the basis for a holistic, preventative, health-promoting and recovery-oriented system of specialised care. Guiding principles for mental health professionals (Commonwealth of Australia 2002) are to:

- promote optimal quality of life for people with mental health problems and mental disorders
- focus on consumers and the achievement of positive outcomes for them
- recognise consumers', family members' and/or carers' unique physical, emotional, social, cultural and spiritual dimensions, and work with them to develop their own supports in the community
- learn about and value the lived experience of consumers, family members and/or carers
- recognise and value the healing potential in the relationship between consumers and service providers, and between carers and service providers
- recognise the human rights of people with mental health problems and mental disorders as proclaimed by the 'United Nations principles on the protection of people with a mental illness' and the Australian Health Minister's 'Mental health statement of rights and responsibilities'

- wherever possible, ensure equitable access to appropriate mental health services when and where they are needed, and notify service managers of any gaps in service delivery
- encourage decision making by individuals about their treatment and care
- recognise and support the rights of children with a parent with a mental health problem or mental disorder to receive appropriate information, care and protection
- maintain an in-depth knowledge of support services in the community and develop partnerships with other organisations and service providers to ensure continuity of care
- involve consumers, family members, carers and the local community in mental health service planning, development, implementation and evaluation
- be aware of and implement best practice and continual quality improvement processes
- ensure clinical practice is driven by the evidence base where this exists
- provide comprehensive, coordinated and individualised care that considers all aspects of an individual's recovery, and
- participate in professional development activities and reflect these learnings in practice.

The 'National practice standards for the mental health workforce' (Commonwealth of Australia 2002) provide further information and examples.

In New Zealand, the Mental Health Commission released the document 'Recovery competencies for New Zealand mental health workers' in 2001. This document (www.mhc.govt.nz) comprehensively addresses recovery and suggests that practitioner competencies can inform standards. The document also includes examples of the use of competencies in practice. The 10 competencies are listed in Chapter 1 (see pp 8–9).

Settings and models for care

The environment in mental healthcare settings is sometimes referred to as the *therapeutic milieu*. The environment is seen as having the potential to contribute to a person's recovery. The elements in the environment that contribute to this potential (Elder 2008) are:

- a place of safety
- a predictable organised structure

- personal and social support
- involvement and collaboration in the care environment
- validation of each person's individual experience through interpersonal communication
- symptom management
- maintaining links with the person's family and support structure, and
- developing links and resources in the community.

Teamwork

The *multidisciplinary team* is a team approach for care delivery. This model optimises options for the person, as the different professionals have unique and complementary skills that provide holistic coordinated care to achieve the person's goals. There can be overlap in services, and so frequent meetings are required to ensure coordinated care.

Case management is a model of care in which treatment options are provided and coordinated by one health professional in a consistent manner. Case management is used in both inpatient and community settings, with different disciplines providing case management services to consumers and referring the person to other members of the team with expertise to meet specific consumer needs.

Scope of practice

Each health practitioner works within a *scope of practice*, which describes the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within professions are educated, competent and authorised to perform. The scope defines practitioner boundaries of responsibility and accountability, and therefore influences decision making. Scope of practice within the multidisciplinary team requires that individual members negotiate care delivery and establish who is responsible for particular care or services, even if a particular discipline is accountable for care or service delivery.

Mental health literacy and psychoeducation

Mental health literacy refers to an individual's or group's awareness, understanding and knowledge about mental health and illness. It can influence their response to recognising signs or behaviours of mental illness, identifying pathways for treatment and recovery. Mental health practitioners play a role in increasing public awareness and understanding of mental illness to facilitate early recognition and intervention.

Awareness raising and increasing mental health literacy can be achieved by identifying or providing resources, such as:

- information brochures about mental health services, types of treatments and types of mental health problems
- medication information sheets (in a style and format appropriate for the general public)
- website addresses
- referrals to community support groups, parenting programs, employment programs, abuse-related programs, addiction programs, health advisory groups, and so on, and
- peer support services.

Psychoeducation is the provision of information required by the person, their family or a group to improve mental health literacy, self-determination and quality of life. Mental health literacy and psychoeducation are key to enabling the person and family to determine their own needs and make their own decisions about treatment and recovery.

Assessment and history

Assessment is an ongoing process because a person's functioning can change depending on what is happening in their environment (internal and external). The person's internal environment consists of their thoughts and feelings; their external environment can be their family, their physical world and the social relationships within it. There are a range of assessments that can be performed by different mental health professionals depending on a person's presentation and needs.

Holistic assessment measures the person's functioning in the following domains:

- physical
- cultural
- spiritual
- mental and emotional (mental state assessment: see Ch 3)
- functional
- family, and
- social/environmental.

PRACTITIONER ESSENTIALS

Personal and professional values

Important values include:

- *A person-centred approach.* A person-centred approach is essential for mental healthcare. You are there for the person and to liaise with family/friends as appropriate.

- *Respect.* Respect underpins person-centred care, and includes respect for both the person and their experience.
- *A working alliance.* Developing a working alliance enables you to achieve consumers' (and family) therapeutic goals or recovery. Work with the person to achieve recovery defined by them using their strengths. You remain positive and hopeful for consumers and support their recovery plan.
- *A 'safe' environment.* Mental healthcare is delivered in environments that support *cultural, physical and emotional safety*. Encourage feedback about the environment and appropriateness of care delivery.
- *Compassionate care.* Compassionate care supports recovery and emotional wellbeing. It matters how you care, as it impacts on the person and their family's feelings (e.g. maintain compassion and best practice in situations of distress, anxiety and 'busyness').
- *A multidisciplinary team.* A multidisciplinary team approach provides the person with a wide range of therapies and treatment options. You present consumers with suitable options to promote recovery.

Self-awareness

Self-awareness involves awareness of our personal values, beliefs and identity, and includes the ability to reflect on and accommodate the values and beliefs of others. It requires being grounded in the here and now, and knowing our thoughts, feelings and reactions. Having this awareness will help you to focus on consumers and their needs. Self-awareness is developed over time through experience and focused activities.

Strategies to develop self-awareness include:

- clinical supervision
- mentorship
- requesting feedback on your practice
- asking questions of mentors, and
- keeping a journal of your practice for reflection or discussion with a mentor.

Appendix 1 provides some guidance on surviving clinical placement and developing self-awareness.

The working alliance

The aim of the working alliance is to develop a relationship where the therapeutic goals for the person and/or family can be realised. Empathy, understanding the consumer's experience and working with them

to achieve their goals is the process essential to the alliance. The following is a framework for the working alliance:

- Professional boundaries are in place and are the responsibility of the practitioner.
- The consumer and their recovery pathway are the focus of the alliance.
- The consumer determines or defines their desired outcomes of the working alliance.
- Respect for the experience of the consumer and a non-judgmental attitude are essential for care provision.
- Communication skills are the foundation of the working alliance. The practitioner often needs to role model health communication techniques.

Box 2.1 provides some tips for initiating the alliance, Box 2.2 provides tips for developing and maintaining the alliance, and Box 2.3 provides tips for building strengths in the alliance.

Professional boundaries

Boundaries refer to verbal and non-verbal actions and interactions between individuals or groups of people. Safe and appropriate boundaries are in place when interactions are mutually respectful of the person or group, their culture and experience. The health practitioner has responsibility in setting and/or negotiating boundaries in the working alliance to focus and facilitate the achievement of the person's goals. Most professions have codes of conduct and/or codes of ethics which identify boundary setting as part of the professional responsibility. Box 2.4 provides tips for setting boundaries.

Box 2.1 Tips for initiating the alliance: developing rapport

- Put aside everything else that is happening to you and around you and focus on the consumer.
- Choose a time and place to invite the consumer to tell you their story or discuss their issue when it is convenient for them.
- Be gentle and confident in your approach. You may lead the interaction initially by inviting the consumer to set timelines. However, the consumer will take the lead and define their therapeutic needs.
- Collaborate with the consumer in setting expectations and timelines for the working alliance.

Box 2.2 Tips for developing and maintaining the alliance: responding

How can you respond usefully? Everything you need to know about the consumer is in what they tell you and what you observe in their appearance and behaviour. Listed below are steps to a useful response.

Listen

- Listen to the consumer's story for content (the 'what' of their story), their feelings (the tone of their story) and themes (the priorities of their story).
- Identify a key word, feeling or theme, and reflect it back to the consumer. For example, 'You mentioned that you had a car accident (*content*). Can you tell me more about it?' 'You sounded angry (*feeling*) when you told me about your car accident.' 'You mentioned your car accident several times (*theme*). It sounds like it was a significant event in your life.' Any of these responses and single word prompts or non-verbal nods also work to indicate to the consumer that you are listening and interested to hear more.

Pay attention

- Show in your body language that you are making an effort to attend to the consumer's story.
- Summarise and clarify content, feelings and themes in the consumer's story. For example, 'You continue to be angry and blame yourself for the car accident, and it sounds like you find it difficult to cope with your anger in general since the accident. Is this how it is for you?'
- Explore previous coping, and available or needed skills and options for the future. This exploration might need to occur at a later time when the consumer is less distressed or you may need to refer them to a more experienced practitioner. Negotiate a time for further alliance work.

CONCLUSION

The foundations for mental health work include an awareness and adherence to national standards and principles, and any jurisdictional standards as a baseline for practice. Skill in the development of the working alliance increases with experience, feedback from consumers and peers, clinical supervision and greater self-awareness from critical reflection on practice.

Box 2.3 Tips for building strengths in the alliance: developing resilience

Resilience can be developed by:

- encouraging mutual and shared learning (psychoeducation)
- providing and exploring options
- being clear and assertive
- challenging and responding openly to challenge
- identifying and providing resources
- maintaining a positive attitude
- role modelling a wellness attitude, and
- persevering and maintaining hope.

Box 2.4 Tips for setting boundaries

- Introduce yourself and state what you prefer to be called and the purpose of your role. Consistently refer to the consumer using their preferred title.
- Keep a focus on the consumer's story during communication with the person. Keeping the story line in focus helps them tell a rich and detailed story, free of distractions.
- Provide summaries and updates on therapeutic goals. Summaries will help the consumer self-monitor and keep a focus on their recovery.
- Remain open and non-judgmental. Criticism or disapproval is a warning of boundary vulnerability. Attempt to clarify instead.
- Discuss any uncomfortable or unexpected feelings, or feelings of confusion, with your line or clinical supervisor. Feelings of guilt, anger and attraction can disrupt the alliance. Talk to your supervisor or mentor.
- Remember that the alliance is not the same as a social relationship/friendship. Stop and reflect if it starts to feel like friendship. This includes things friends do, such as give each other small gifts, make contact out of work time or chat socially. All of these behaviours impair the alliance.
- Respond respectfully and thoughtfully to the consumer at all times. Keeping your communication at a professional level will keep the alliance on track.
- Engage in clinical supervision. Clinical supervision develops your practice expertise and professional awareness.

Pathways to development of expertise and the capacity to provide holistic assessment and care in mental health work exist in the professional health disciplines and human services. Acquisition of additional communication, engagement and therapeutic alliance skills, as well as self-awareness, promotes the potential for consumers' well-being and recovery.

References

- Commonwealth of Australia 2002 National practice standards for the mental health workforce. Commonwealth of Australia, Canberra. Online. Available: www.mentalhealth.gov.au 19 Nov 2009
- Elder R 2008 Settings for mental health care. In: Elder R, Evans K, Nizette D (eds) *Psychiatric and mental health nursing*, 2nd edn. Elsevier, Sydney



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