

# MENTAL HEALTH

## A Person-centred Approach

### *Third edition*

Australia and Aotearoa New Zealand are nations with diverse communities, and their mental health workers are required to use person-centred approaches to connect with, support and care for people from different backgrounds. *Mental Health: A Person-centred Approach* equips students with the tools they need to provide exceptional, person-focused care when supporting improvement in the mental health of diverse communities.

This third edition has been updated and restructured to provide a logical and comprehensive guide to mental health practice. It includes new chapters on trauma-informed care, different mental health conditions and diagnoses, suicide and self-harm, and the mental health of people with intellectual or developmental disabilities. Significant updates have been made to the chapters on the social and emotional well-being of First Nations and mental health assessment.

Taking a narrative approach, the text interweaves personal stories from consumers, carers and workers with lived experience. Each chapter highlights 'Translation to practice', to help students understand how they might apply theoretical concepts in their day-to-day practice; 'Interprofessional perspectives' to reflect the realities of client contexts and interactions with health and social services; and reflection and end-of-chapter questions and activities to test students' understanding of key theories.

Written by experts in the field, *Mental Health: A Person-centred Approach* remains an essential resource for mental health students.

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# **MENTAL HEALTH**

## **A Person-centred Approach**

### **THIRD EDITION**



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# Foreword: Carer

In 2013, I was waiting to turn right at the traffic lights when I suddenly became aware of a young man standing at the pedestrian crossing on the opposite side of the road. I looked again at the handsome face. The blonde hair, cut in a style I remember so well. The man was wearing blue jeans and a denim jacket. My heart skipped a beat. The resemblance. Once again, the universe had found a way to bring him back to me for a few moments. My son, Nicholas. My son who, in November 2000, had died in the psychiatric ward of a public hospital in Adelaide. He was 26 years old.

I'd visited Nicholas in hospital shortly before he died. We went for a walk in the grounds of the hospital that day, and I noticed one of the other patients, an elderly woman, was following us. We sat down on a bench and the woman came and stood close by. After a while Nicholas got up and walked over to the woman. He put his hand on her arm very gently and in a quiet voice I heard him say, 'My mother and I are having some time together, would you mind very much moving further away?' The woman nodded and without speaking moved away a little. We started to talk but we were interrupted again; this time the woman had started to sing. Looking over at Nicholas she sang to him. The words of the song were: 'A certain smile, a certain face can lead an unsuspecting heart on a merry chase.' It was an unlikely serenade but he listened attentively to her until she finished singing, then he turned back to me, and we continued our conversation.

At that moment I knew that despite the illness, his essential kindness hadn't left him. That, despite the illness, the essence of Nicholas had not changed. I knew, too, that he'd let her know she mattered. Was valued. He did it by listening to her story. A story that she had sung to him with the words of an old love song.

In this book you will meet courageous people who live with mental illness, and also the people who love and care for them. You will come to know their experiences through reading their stories. It has taken trust for them to share their stories; a trust in you, that as you read them it will be with an open as well as an inquiring mind.

Are stories important? My children, when they were little, seemed to think so. 'Tell me a story,' was a favourite way for them to push back the night, to delay the lights being put out, or to chase away a bad dream with a happy-ever-after ending.

As a young wife and mother of newly born twins and a little one-year-old daughter, Sarah, one of my favourite times was when an invitation would come from my kindly neighbour, Vivian, to 'put the kettle on.' I'd bundle the children into the big old pram and set off to her house across the road.

Sarah had been born with a major heart abnormality and was often in need of urgent medical attention. I was often anxious in those days, and the chance to talk it over with my neighbour, to 'tell her my story' was a great release. 'Tell me about it,' Vivian would say and, sitting in the sunny family room, drinking cups of tea, I'd tell her about the worries of the day.

Often, it concerned me not being able to coax Sarah to eat or even drink very much. The medication prescribed to help regulate her little heart also had the unfortunate side-effect of being an appetite suppressant.

‘Is her colour too pale? Do her little fingers look blue to you?’ I’d want to know. Sometimes, all I needed was reassurance that all was well. At other times we would decide that maybe it was best to call in the local doctor to have a look at Sarah. But always it was that listening ear – as well as wise counsel that my friend gave me – that was important to me.

The founders of Alcoholics Anonymous believed stories were important. The remarkable program of recovery from addiction devised by them includes the regular attendance of members at meetings, where they are encouraged to tell their stories and to listen to the stories of others. Along with the 12 steps or suggestions, it is in the listening and in the telling of stories that Bill Wilson and Dr Bob believed a transformation could occur.

‘Is it real or is it pretend?’ my children would ask me sometimes as I’d start the bedtime story. The day that Nicholas, now an adult arrived at my apartment and, looking wildly around, produced a notepad and pen and wrote ‘Don’t talk. We are being monitored by agents ...’ I knew that the pretend story he was writing was very real to him. I tried to reassure him that he was safe, but the words I wrote on the notepad that he gave me didn’t help him. I knew he was very ill, that something was terribly wrong. Eventually, I phoned a friend and together we managed to get Nicholas into my car and drove to the hospital. He was admitted immediately. A few hours later I was told that he’d been transferred to a psychiatric ward and that the diagnosis was drug-induced psychosis.

Nicholas was 22 years old when this first admission occurred. He’d been studying at university and had an ambition to become a writer. But after this time his life changed; there were more hospital admissions and he was diagnosed with mental illness and drug dependency – comorbidity.

Over the following four years there were some periods of relative well-being. Nicholas spent a number of times at a Buddhist retreat in New South Wales and learned the practice of meditation. He travelled to India and Nepal. He fell in love and told me that one day they would have an amazing child together. He tried to get back to studying again.

But drugs came back into his life, and this time the anti-psychotic medication he’d been prescribed was not effective. Nicholas rang to tell me that he’d decided to go into hospital as a voluntary patient, to be introduced to a drug his doctor advised might help him. ‘Clonazepam does have risks of major side-effects and would need to be carefully monitored,’ I was advised by his doctor. ‘It’s worth a try, Mum,’ he told me as I drove with him to the hospital. He was admitted and commenced the process of coming off one anti-psychotic medication and being introduced to another.

Sometime later, Nicholas rang me from the hospital. ‘I’ve decided to quit drugs, Mum, and I’m going to start a methadone treatment tomorrow.’ He went on to explain that it was all arranged. The hospital would organise a taxi to take him to the nearby clinic, and then after he’d been given the methadone a taxi would be called to return him back to the hospital. He’d decided to turn his life around. A new medication for the mental illness and a new treatment to come off heroin. He rang me the night before he died and we talked about the new treatments. We ended the call as we always did: ‘I love you, Mum,’ he told me. ‘And I love you too, Nicholas ...’

Three days after starting the methadone treatment combination with Clonazepam Nicholas was found dead on the floor near his hospital bed. The autopsy result was death due to mixed drug toxicity. A coroner’s report two years later resulted in a verdict of ‘accidental death by drug toxicity,’ with strong recommendations for changes to procedures by hospital administrations in relation to treatment of drug withdrawal when combined with certain anti-psychotic drugs.



A week after Nicholas died, I received a call from the hospital's social worker, who offered to deliver his possessions that were left at the hospital. They were given to me in a green plastic bin-liner. His doona with a large blood stain. Although I'd read in the autopsy report of the internal haemorrhage he'd had moments before he died, I had not understood that reality until I saw the blood-stained doona.

I looked at the rest of his possessions the hospital had returned to me. His Doc Martens. Blue jeans. A denim jacket. A t-shirt with 'Champion' written across the front. A portable chess set. A transistor radio. A writing pad and biro. The book he'd been reading, with a piece of paper folded as a bookmark, Gore Vidal's *Judgement of Paris*. There was also a black wallet I'd given him a few years earlier. Neatly tucked into one of the folds was a receipt. It was dated two days before he died. It was a receipt for a layby; a \$5 deposit on a black leather jacket at St Vincent de Paul's Opportunity Shop. The shop was near the clinic where Nicholas had gone to receive the methadone treatment.

In those last days he'd been creating a new life for himself –

A new medication to take away the psychosis

A way out of dependency on drugs

And a new-to-him black leather jacket to wear.

He'd been creating a happy-ever-after ending to his story.

To all the students reading this book, I wish you every success with your studies. It's my belief that mental illness is one of the great challenges of our time. To find a cure for schizophrenia. A medication without major side-effects. To care for people with mental illness in times of crisis with insight and compassion ... these are my hopes for you.

**Margaret O'Donnell**

# Foreword: Consumer

The best nurse I ever had walked beside me and never got in my way. She would appear unobtrusively by my side and gently encourage me to get off my bed and go for walks with her. She hardly said a thing to me, but I could feel her calmness and acceptance through all the static of my distress. Other nurses got in my way; they tore off my blankets, threatened me, berated me for being inappropriate or for not facing the world, or gave me strange looks when I expressed my pain.

In their training and professional development, nurses learn many things – much of it is irrelevant to the experience of the person using the service. I do not remember any of the nurses I encountered for their professional skills. But I do remember them for their human qualities. Above all, I remember the nurses who were kind and compassionate.

Compassion is hard to teach and impossible to enforce, but it is the single most important attribute any mental health professional needs to develop. Compassion means being able to stand in the shoes of the other and be with the person in her or his distress. It allows the helper to stand on the ledge between deflecting the other person's pain and losing herself or himself in it. Compassion takes a strong sense of self, patience and an acceptance of difference.

Unfortunately, compassion cannot thrive in services that control people and pathologise their experience. A recovery based, trauma-informed service promotes people's autonomy, respects their subjectivity and does not tolerate iatrogenic harm; this is the best setting for compassion to grow. Wherever we work in the mental health system we have a responsibility to foster compassion, not only in our one-to-one relationships with the people who use the service and our colleagues, but also in creating a service environment that encourages empowering and respectful relationships at all levels. A person-centred service is meaningless without compassion.

*Mental Health: A Person-centred Approach* is a recovery-based text for undergraduate nurses in Australia and New Zealand. This book is a compass for your journey to becoming a mental health nurse whose compassion service users will remember.

**Mary O'Hagan**



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