

ATTITUDES, VALUES AND STYLE OF INTERACTION

Attitudes towards patients who are in acute mental health distress

An ability to work from a position that assumes that patients have human rights and that decisions about their care should balance the need for safety (and possibly restriction) against the need for autonomy, independence, and agency in their life

An ability to adopt a compassionate, non-judgemental, and respectful attitude that conveys a sense that:

acute mental health crises usually reflect high levels of psychological distress

the patient's experience of distress is real

each acute mental health crisis is idiosyncratic

treatment and interventions should be offered to patients, on the basis that there is reliable evidence for their potential effectiveness

An ability to work from a position that assumes the difficulties experienced and expressed by patients in acute mental health crises:

arise in the context of their life experiences and their biography

arise in the context of their beliefs, attitudes, and values, and these influence the way they feel, and the way they interact

are best understood within the context of their social and cultural background

can fluctuate throughout an acute inpatient admission

An ability to draw on knowledge that helping patients alongside their family and carers is best done by:

developing a shared understanding of their difficulties

developing a collaborative working relationship which (as far as is possible) includes joint decision-making

ensuring they have as much sense of direction and control over actions that are taken as is possible

An ability to draw on knowledge of the importance of developing a shared language that captures the way the patient understands their problems and concerns, for example, by:

holding in mind the fact that medical terms, psychological jargon, and diagnostic labels may not always be congruent with the patient's own sense of what is happening to them

being able to identify and draw on a framework of understanding that the patient uses to make sense of their difficulties

acknowledging any differences in the language used by the patient, their family, and carers and by professionals involved in their care, and discussing these differences with them

recognising that the patient and their family and carers bring expertise in their own lives and care

Professional values

An ability to hold in mind the patient's context, aspirations, values, cultural and spiritual preferences, rather than focusing only on their immediate presentation

An ability to treat patients equally and with dignity and humanity

An ability to nurture a sense of hope and optimism with patients and their family and carers

An ability to promote citizenship and encourage patients to be active in society

An ability to promote patients' ability to exercise their personal rights

An ability to recognise and maintain a focus on the strengths, resources, and assets of the patient and their family and carers, as well as recognising the reality of stigma and other personal challenges

An ability for the professional to reflect on their own beliefs, attributions, assumptions, and unconscious biases

An ability for the professional to reflect on their reactions to the patient, for example their:

emotional reactions (both positive and negative)

beliefs about the patient's difficulties

beliefs about the extent to which they can help the patient

Interpersonal stance

An ability to maintain an interpersonal approach that actively ensures the patient and their family and carers feel understood, and demonstrates that their perspective is being taken seriously

An ability to maintain an interpersonal approach that prioritises listening to the patient and their family and carer's views and developing a meaningful dialogue with them

An ability to recognise the inherent power imbalance present within interactions and take steps to minimise this

An ability to be aware that patients and their family and carers may feel that they have limited choice or control over their care and to address this by conveying that all parties can respect and learn from each other's expertise assuming that:

professionals can learn from the experience of patients and their family and carers

patients and their family and carers can learn from the expertise of professionals (based on their training and experience)

An ability to maintain a style that is experienced as helpful by being consistently open, responsive, and receptive, for example, by:

actively listening in order to understand the patient and their family and carers perspective and concerns

acknowledging when something has been misunderstood or when an error has been made

being willing to explain the reasons for suggesting or carrying out an intervention

An ability to maintain a professional and helpful relationship with patients and their family and carers in the face of challenges to its integrity or boundaries, for example, by:

being non-judgmental

avoiding being drawn into an unhelpful, rejecting, or punitive relationship

When a mistake is made, an ability to:

apologise and put things right

see the mistake as an opportunity for learning and development

negotiate and engage the patient and their family and carers in making the situation better