

Person-centred growth-oriented language and care: Fundamental to successful mental health reform

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Abstract

Objective: Person-centred growth-oriented language and care are considered vital for achieving favourable outcomes in mental health care. Personal testimonies detailed in the Final Report of the Royal Commission into Victoria's Mental Health System (RCVMHS) illustrate the need for a more compassionate and hope filled system, and demonstrate the opportunity to achieve this through embedding best practice person-centred growth-oriented language. A current gap exists in understanding the process and language involved in individuals growing to mental health. Recovery has long been the paradigm for people in the mental health system 'returning to baseline', a stark contrast to our lived experience. We experienced a new beginning post decline, daily personal growth and healing, aiming for constant improvement as we work towards mental health, a status that many may not have even experienced before becoming unwell.

Conclusions: Person-centred growth-oriented care includes healing, supportive relationships with the 'caregivers' ideally being transformation specialists; knowing and understanding the process of daily personal growth. While the system is metamorphosing, it is highly recommended to embed person-centred growth-oriented language and care to aid in the transformation of individuals in the service.

Keywords: person-centred growth-oriented, healing, mental health reform, hope, lived experience

The Final Report of the Royal Commission into Victoria's Mental Health System (Final Report) provided a compelling description of how the system of care had 'catastrophically failed to live up to expectations' and 'was underprepared for current and future challenges'.^{1,p.3} Seventy-four recommendations were made to drive systemic reform aimed at transforming the system 'to one built around compassion and hope'.^{2,p.3} Two years on, work has already commenced on 65 of the 74 recommendations.^{1,3,4}

In addition to placing people with lived experience at the centre of service delivery, the Final Report describes how

successful system transformation requires people with lived experience to be an integral part of ongoing research, design and service development.⁵ Prioritising lived experience respects and embraces the experiential

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wisdom and knowledge that comes with traversing a mental health journey, either as an individual, family member or support person.⁵

Elevating lived experience perspectives is one of the aims of the Change to Improve Mental Health (CHIME) translational research partnership between Barwon Health and Deakin University. In creating better outcomes for people accessing care, a range of individuals, including those with varied lived experience of mental illness and subsequent growth, actively participate in ongoing research contributing their unique perspectives towards the design and delivery of a listening and learning mental health care system.

Embedding person-centred growth-oriented language and care into mental health services

A recommended feature of high-quality effective care, which improves outcomes for people accessing mental health care, is the use of person-centred and growth-oriented language. The term 'growth-oriented' is used in preference to 'recovery-oriented', as it implies that ongoing personal growth, and not a return to a state previously held, should be the collective goal in supporting people to transform daily toward mental health and happiness after a decline.⁶

Notably, this shift to more person-centred language was evident in the Final Report, informed by the more than 12,500 submissions.^{2,3,7} Terminology used includes 'people living with mental illness or psychological distress', and 'families, carers and supporters of people with lived experience of mental illness or psychological distress'. This language may amplify hope by using 'people growing or transforming to mental health' and 'families/supporters/friends supporting people to grow to mental health'. These are examples of the small yet highly significant shifts in language where a person or family member does not see themselves or their loved one, respectively, as living with an illness but rather as undergoing a process of growth to mental health.

While person-centred care emerged decades ago as a way of delivering care which improved individuals experience and outcomes during a hospital stay, and in the community,⁸ recent testimonies and narrative from the Royal Commission illustrate it has not been fully embedded in mental health services in Victoria.² Person-centred care, when implemented, leads to services where 'continuous healing relationships become the centrepiece of widespread health care transformation to address the needs of people with... health conditions by fostering wellness'.^{8,p.897} The relationship between service provider and individual accessing services is healing when the qualities of compassion, empathy, respect and responsiveness to the needs, values and communicated preferences of the individual are embraced.⁹ Immersing individuals in person-centred care support a fundamental shift in culture and creates better outcomes for all involved.

Inspiration can be drawn from the Adverse Childhood Experiences (ACE) literature, which highlights the values-based processes involved in delivering person-centred growth-oriented care and language.¹⁰⁻¹² This literature demonstrates how a supportive, safe and empowering approach directly contributes to healing of those impacted by trauma. ACE literature also identified the importance of empathy in health care, and how the process of validating the challenges people have been through creates a space for people to share their story and strengthen themselves through their own narrative.^{13,14} Trustworthiness and transparency in relationships together with collaboration and respect promotes healing and resilience, and ultimately positive outcomes.¹² Furthermore, warmth and being genuine enable deep connection and an environment conducive to healing. This is often most evident in peer support relationships whereby living hope is modelled and people with similar experiences support the development of the new-self in one another.^{6,13}

A recent study by this group investigated best practice in person-centred growth-oriented language within a mental health, drugs and alcohol service. Participants included practitioners, lived experience staff and researchers, coming together to share experiential learning and identify most and least preferred language in these settings. This initial work identified over 100 terms of which growth, opportunity, support, individual and empathy were the most preferred terms, and mental illness, patient, aggressive, user, affected family and addict the least preferred. These, and the other terms identified, will inform the language used in future research.

Person-centred growth-oriented care and language are critical to saving more lives, and the impact that the right words and the right care at the right time can have on the sense of hope a person has for their future shouldn't be underestimated. Understanding, appreciating and affirming the enormous effort individual's make to initiate and maintain daily growth leads to formative relationships among those who can empathise. Hope fuels personal growth, and person-centred care provides an environment of nurture while upholding the dignity of the person from which momentum for life grows.

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Ethical approval

This work was granted ethical approval by Barwon Health Research Ethics Governance and Integrity, Reference 22-131/HREC 89212.

Informed consent

Participants provided informed written consent.

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