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An Assessment of the Importance of Communication in Mental Healthcare: A Critical Review

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ABSTRACT: Communication between nurses and patients is essential for providing quality psychiatric treatment. Training in it has received very little practical attention, and there is no coherent theory that has been developed addressing what factors contribute to successful communication in psychiatry. This review seeks to establish the guiding principles of effective communication. People with mental illnesses may have difficulty communicating, which can limit their access to healthcare opportunities. Hence, it is essential for the nursing staff who care for patients with mental illnesses to understand the evaluation and management of communication and language requirements. The researcher offers therapeutic strategies that nurses might employ to mitigate the effects of communication and language impairments in individuals with mental health concerns and has identified the role of communication in the care of individuals with mental health concerns in this paper.

KEYWORD: communication, mental healthcare, mental health, nurses, and nursing.

1. INTRODUCTION

Experts in mental healthcare and people with serious mental illnesses like schizophrenia have trouble talking to each other about symptoms, drugs, and their side effects in order to agree on a diagnosis, prognosis, and treatment plan. People have said that better communication skills in mental health settings could make patients happier and more likely to stick with their treatments (Papageorgiou et al., 2018). All sorts of treatment in the field of mental health nursing must begin with effective communication. The knowledge and social skills a nurse employswhen talking with a client are important for helping someone with mental health problems or who is in distress and for building a good relationship between the nurse and the client. To do so, the mental health nurse must be able to communicate and engage with the patients, their caregivers, and other important people involved in their care in a variety of acceptable and effective ways (Poltekkes, n.d.).

Communication is one of the most important parts of nursing as a whole, and it's a must if the families want to provide their patients with good care (Mc Gilton K., 2006; & O'Hagan S., 2014). After completing their bachelor's degree programme, nurses in Norway are expected to meet certain communication-related criteria. The Norwegian National Curriculum for Nursing Education outlines these prerequisites. Nurses are required to exhibit sensitivity, empathy, and a sense of moral accountability when dealing with patients and their families. Also, they must be able to communicate with and understand people of different races, religions, and cultures, as well as teach and help patients, their families, employees, and students about the same (Moea, 2008). Furthermore, they must be competent to instruct and guide students in the same way.

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2. THE IMPORTANCE OF COMMUNICATION

When it comes to the patient's health-related well-being, effective communication is absolutely necessary (Fay-Hillier, et al., 2012). The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) says that 65 percent of bad events or wrong treatments are caused by a breakdown in communication. In order to improve the overall level of patient's care and safety, the United States Institute of Medicine recommends placing a greater emphasis on professional communication, teamwork, and an approach that is centred on the patient (Fay-Hillier et al., 2012; Liaw et al., 2014).

Nursing students who are majoring in mental health witness people with dementia, anxiety, depression, and other important mental illnesses during their clinical rotations. In general, they may be unprepared for the mental health nursing practise in which they will engage. The majority of pupils are unfamiliar with the subject matter, and the communication demands are extremely stringent (Kameg et al., 2009). Numerous individuals, including nurses, have preconceived views towards patients getting mental health treatment (Happell et al., 2013). As a result of their interpersonal contacts with patients and the patients' families, nurses are exposed to a wide spectrum of emotions in the course of delivering mental health care. There are no challenging patients; rather, challenging interactions exist. The ability to recognise and manage one's own emotional reactions is a precondition for effective nursing communication (Brownieet al., 2016). In order to effectively manage patients, nurses must not only exhibit self-awareness but also a comprehension of some challenging patient behaviours (Michaelsen, 2012).

When it comes to nursing practise, the use of simulation in communication affords an opportunity to practise before engaging with actual patients (Grant et al., 2014; Lewis et al., 2013; Ünal, 2012). Crucial to the development of processing abilities is role play. There are several conceivable role-play setups. It is feasible to use "standardised patients," often known as "SPs," who are typically actors who have been trained to portray specific illnesses or conditions. Peer role play is an extra option; it is a method that is simpler and less costly to implement. Both approaches appear to be advantageous for training communication skills (Bosse et al., 2012). Simulation in the field of mental health nursing, however, has a limited heritage and a brief history. Research (Bosse et al., 2012; Parasuram et al., 2015) indicates that the techniques of instruction used in classrooms may vary substantially by country, academic institution, and clinical setting.

The communication behaviour is defined as "*communication that welcomes and encourages the patient to participate and negotiate in decision-making about their own treatment.*"The relationship between a nurse and a patient is described by this definition (Hubbard, 2014). According to a research study, communicative behaviour and personal skills are strongly developed in the context of mental health nursing, particularly in acute inpatient mental health units for adults (Langewitz, 1998). When it comes to improving the mental health of children and teens, there isn't much information about how to communicate well. Despite this, evidence indicates that healthcare professionals, such as nursing staff, face considerable barriers in providing mental healthcare due to improper communication skills (Cleary, 2012).

A systematic study of strategies to build therapeutic partnerships (which are supported by effective communication behaviours) in settings where mental health care is offered (Hartley et al., 2020) concluded that the available body of evidence is insufficient. Currently, there is a paucity of research on interventions that try to promote communicative behaviour in the setting of mental healthcare, particularly in children and adolescents. Rather than focusing on or enhancing communication, present therapies aim to educate healthcare professionals about altering their attitudes towards self-harming patients (Thornicroft et al., 2016).

The effective translation of research findings into clinical nursing practise demands a complete understanding of the intervention's components (Curtis et al., 2016). Changes in behaviour are needed for the successful application of research findings to clinical nursing practise. This process review will aim to identify the

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active components of a mental health programme that will facilitate positive behaviour change in the dialogue between healthcare providers and children and adolescents with mental health issues.

Communication between nurses and patients is recognised as an interpersonal activity that can have a direct effect on the quality of clinical care and the team's overall performance (Blegen, 2011). The communication style employed influences the manner in which teams mature (Clifton, 2006). In the context of leadership, effective communication is believed to entail enhancing satisfaction levels while simultaneously imparting knowledge (de Vries et al., 2010).

One of the three themes that came out of a ten-year study of the literature on leadership in nursing (Holm &Severinsson, 2010) was about how the use of communication skills can be empowering and helpful. Communication effectiveness has been highlighted as a performance element (Yang et al., 2010). To be an effective leader, one must have excellent communication skills as well as the ability to use the appropriate words and phrases at the appropriate time (Abbasi et al., 2011). Nurses necessitate highly developed communication skills as they are the people who are closest to the patients.

3. BENEFITS OF EFFECTIVE COMMUNICATION

Both providers of mental healthcare and recipients of mental health services stand to gain considerably from enhanced timeliness and quality of communication among medical professionals. When mental health specialists talk well to each other, care is better coordinated, which leads to better outcomes for patients and more adherence by health professionals. This has implications for the healthcare system's expenditures. When health professionals collaborate effectively, they can lower the risk factors linked with declining mental health, which may necessitate expensive specialised care or even hospitalisation (Grimshaw et al., 2006).

Participating in certain government programmes to improve access requires mental health providers of all stripes to adhere to specific documentation requirements for patient care referrals and reporting. Despite the fact that excellent practise may call for more regular communication amongst health practitioners, these reporting criteria set the framework for efficient communication techniques. Even if no government communication laws exist, health practitioners owe it to their patients and other health professionals who work with them to adopt communication practises that are representative of best practises and useful to their patients. At times, mental health practitioners and referrers may find it challenging to adhere to the best-practice communication guidelines(Fredheimet al., 2011).

Despite the fact that mental health experts will perform their own assessments of people who come to them, the initial referral remains a crucial tool for communicating vital patient information. When a patient goes to a mental health professional to whom he or she has been referred for medical consultation, a thorough referral with key demographic and clinical data is needed. This has the potential to have a big impact on the patient's treatment. Furthermore, as part of the referral process, the results of any administered inventory (such as the K-10) that provide useful information to specialists in the field of mental health are frequently addressed (Fredheim et al., 2011).

When mental health professionals get a referral from a physician, they must confirm that they have received the referral and that they will accept the patient into the mental health programme. It is crucial to explain this to the patient and offer the referring professional appropriate information to help the patient while he or she waits for their initial consultation or to evaluate the need for referral to another mental health professional (Pirkis et al., 2011). If a referral means that a patient will have to wait for an appointment, it is important that the patient knows this and that the professional who made the referral has enough information to help the patient while they wait.

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Different patients are able to understand how taking certain medications might affect their mental health problems in different ways. When mental health professionals know about medication changes and how to make the switch (such as dose, tapering schedule, and washout period), they may be able to better tailor treatment to the person's symptoms, monitor compliance, educate more, and reduce unwanted side effects that could have been avoided. In the same way, mental health professionals can help by sharing their observations or other relevant information about a patient's drug tolerance, compliance, and other problems. In order to increase communication, an efficient and effective mode of communication must be utilised. The following sub-sections a) and b) shed light on the same (Practice Guide, n.d.):

a) Message Transmission Security (SMD)

SMD, which stands for "*secure message delivery*," is a way for providers to talk to each other and make sure that electronic messages with therapeutic information get to the right people. This could mean giving or getting important information like referrals, treatment plans for mental health, letters from specialists, progress reports, and discharge summaries. The use of SMD eliminates paper correspondence, facilitates the secure and quick exchange of secret information, and improves punctuality.

b) The requirement for prompt communication

In general, the person who referred the patient to the doctor should be informed of any health changes, particularly during times of severe illness. This is crucial when the issue could have a significant impact on the individual's and others' health. To ensure that the patient receives the best clinical treatment possible within the allotted time, it is crucial that this information be acquired and delivered immediately. Some doctors may decide that this is best done in real time. If this is the case, they will set up phone consultations to share important clinical information. In some situations, it may be required to produce a more complete written report (Practice Guide, n.d.).

Communication has been identified as one of the most important parts of nursing. On the other hand, not many studies have looked at how it could be used in the field of mental health nursing. This article talks about the results of a study based on grounded theory that looked at the skills and traits needed for good clinical leadership in mental health nursing. The majority of the write-up is devoted to the viewpoints of mental health nurses regarding the necessity of effective communication in daily nursing practise. A series of in-depth interviews with the participants was done in order to get insight into their clinical leadership experiences and perspectives in mental health nursing. This was done to make sure that any themes that did come up were based on the real experiences and points of view of the people who took part. Participants stated that one of the hallmarks of clinical leadership is good communication. In addition, they believed that communication was vital for the establishment of effective working relationships and the expansion of educational possibilities for junior staff members and students in the field of mental health nursing. It became apparent that four significant aspects were at play in this situation: word choice, links, nonverbal communication, listening, and relevance. Participants concluded that a nurse in the field of mental health nursing must have effective communication skills. This allows individuals to contribute to the retention of employees, the improvement of client outcomes, and the growth of the profession (Enniset al., 2013).

4. QUALITY OF COMMUNICATION BETWEEN PATIENT AND NURSES

The quality of the therapeutic relationship is the most important factor in getting patients to take part in treatment and getting good results (McCabe & Priebe, 2004). But it is a difficult idea to comprehend. It has a strong appeal that goes beyond cultures and has stayed mostly the same over time, just like the appeal of the idea of affection with patients. Despite this, neither of them can be quantified, and it is even more difficult to impose some form of control over them. Proper communication is the most obvious and crucial technique by which healthcare providers can establish and maintain a healthy relationship with their patients. In contrast to

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the therapeutic relationship, communication is an observable and, at least in theory, objectively characterised and evaluable behavior. The therapeutic connection, on the other hand, cannot be seen. Training can improve the communicative behaviour of clinicians (Skelton, 2005), and empirical research can examine communication.

It would appear that communication is a useful notion that has the potential to impact research, training, and clinical practise. To achieve this objective, it is necessary to understand what makes for effective psychiatric communication. In the realm of general medicine, numerous books on how to communicate with patients have been published. The Calgary-Cambridge Handbook of the Medical Interview (Silvermanet al., 2005) has received the most attention of these guidelines. They have had a significant impact on how first-year medical students learn (Fragstein et al., 2008). These recommendations can be used in psychiatry, despite the fact that they do not address all the special aspects and obstacles of interacting with patients who are being treated for psychiatric illnesses. Communication is important in all areas of healthcare, but it is especially important in psychiatry because of how it works. In psychiatry, more than in other fields, communication is the most important way to figure out what the health-related problem is and how to treat it.

The fact that people with various mental disorders may talk differently adds another layer of complexity to the scenario. A successful communication can be interpreted in two separate ways. "*In conformity with legal responsibilities, ethical standards, cultural norms, and professional standards*" is one way to describe communication. These broad requirements are typically unrelated to the clinical value of the services. Respecting a patient, for instance, is not only a standard need for appropriate professional behaviour but can also be therapeutically beneficial, depending on the circumstances. Often, codes of good medical practise and professional behaviour include provisions for specifying such general principles. These are necessary elements of the approach. Yet, the focus of this investigation is on the basics that are relevant to clinical objectives and may have an effect, either directly or indirectly, on treatment outcomes(Stewart, 1994).

Another way of communicating should be based mostly on what the patient wants and complains about. and be based on what the patient wants. Putting the focus on the patient's problems is similar to the growing patient-centred, client-centred, and person-centred approaches to therapy. The worries and expectations of the patient should take precedence over those of the service provider organisation, the service, and the healthcare providers. In all disciplines of healthcare, including psychiatry, it is well known that patient-centred care is a crucial feature for effective communication (Stewart, 1994). "*Even though it is poorly understood, patient-centred care is becoming increasingly prevalent in contemporary medical practise because it is not a technology-centred, doctor-centred, hospital-centred, or disease-centred approach, this may be the best way to grasp it*" (Strull et al., 1984).

The central and distinguishing element of Rogerian client-centred treatment (Roter et al., 1997) is client-centeredness. Chadwick (2006) suggested that therapy in the field of psychiatry should be based on a person-centred paradigm (Barker, 2003). This paradigm (Mccabeet al., 2002) places the individual at the centre of the process, incorporating all sources of distress as well as good features, and focusing on the individual as a whole. The "person-centred model" is the name given to this particular approach. These ideas of patient-centeredness have a far broader application, and one could make the case that they are less precise than the idea of concentrating on the patient's problems during the entirety of the conversation. McCabe et al. (2002) illustrated one method by which psychiatric consultations with patients suffering from psychotic diseases may not be appropriately patient-centred.

The majority of patients' concerns regarding the nature of their psychotic experiences were not addressed by their psychiatrists during visits. So, patients often brought up the same concerns again as the session was coming to a close, but doctors still didn't address them, even though they kept coming up. A study that utilised computer-mediated structuring of patient-clinician contact and focused on patients' satisfaction with

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life domains and treatment characteristics as well as their requests for various treatment inputs demonstrated a positive impact on patients' quality of life one year later (Priebeet al., 2007). The patients' requests for various therapy inputs. The research was done by looking at how happy patients were with different parts of their lives and with their treatment, as well as how they wanted their treatment to change. The experiment was carried out to determine whether the intervention would improve patients' quality of life. A communication checklist that included one-way and two-way communication was used in the same manner to ensure that patients' issues were addressed by their psychiatrists during the appointments that they had scheduled (Van Os et al., 2004).

Additionally, the understanding of the subject matter, the previously completed study served as the basis for the formulation of the recognised principles of effective communication in psychiatry. They require revision and improvement in light of new perspectives and evidence that have emerged in recent years. These are the same characteristics that characterise effective communication in the medical area and other interactions between a consumer and a professional. On the other hand, its application in psychiatry might be particularly challenging due to the patient's symptoms (such as a patient suffering from depression who doesn't communicate much) and the therapeutic environment that is currently being offered (e.g., involuntary treatment). However, they do not create a cohesive theoretical model of effective communication. Communication analysis and research in psychiatry may be able to start with the principles this research study has talked about. This conceptual investigation did not begin with an overarching theory, nor did it develop one. On the other hand, the stated principles have the potential to inspire additional conceptual work that will result in the development of a philosophy of effective communication in psychiatry. It is well established that healthcare in general, not just psychiatry, does not have a theory like this (Priebe et al., 2011), so this could be helpful.

5. CONCLUSION

Illnesses that affect mental health make up a large part of the total number of illnesses in the world and cause astronomically large economic losses. This is especially true in countries where the average income per person is low and people are more likely to face a wide range of unplanned problems. It has been demonstrated that communication, or the capacity to remain linked, can effectively improve mental health and that communication-related therapies are more effective when administered in multiple phases. The findings of this study led the researcher to conclude that patients with mental illness require specialised nursing care. Communication is required in all areas of healthcare, but in psychiatry it is of the utmost importance. Psychiatry is one of the medical areas that depends most on communication when it comes to detecting illnesses and carrying out therapeutic processes. Due to the influence of various mental illnesses on a patient's ability to communicate, this can be a particularly challenging endeavour.

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