Skills for communicating effectively with people who have mental health issues.

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Communication with patients and service users with lived experience of mental health

Abstract

Nurses have an important role to play in providing high-quality care to meet the needs of diverse populations, including people who have mental health concerns. Initiating and developing rapport is essential for building a human connection and promoting a person-centred approach in the context of mental health. However, this may not always come naturally to all nurses in practice. In this article, the author offers insight into evidence-based strategies for effective communication with people who have lived experience of mental health, including aspects of communication that have been associated with compassionate-based practice, such as active listening. The author discusses cultural sensitivity and some approaches that can help nurses to effectively explore feelings, thoughts and emotions that may underpin mental distress.

Keywords: To be drawn from the Nursing Standard taxonomy

Caring for people with a mental ill-health requires nurses to consider the basis of the person's mental and emotional distress within the context of their wider human lived experience, which may include abuse and traumatic events (Barrett, 2019; Petruccelli et al., 2019). Given that nurses are the largest number of healthcare professionals within the healthcare workforce, they have an important role to play in providing high-quality care to meet the needs of diverse populations. This will inevitably include people with lived experience of mental ill-health. As nurses are expected to demonstrate effective communication for people with a range of different health challenges, in a person-centred way, it is important that nurses develop communication skills associated with caring and compassion in the context of mental ill-health (Bond et al., 2024a). This way, nurses can ensure that the act of caring remains at the heart of nursing practice (Bond, Stickley and Stacey, 2024b).

Human connection, engagement and rapport

Regardless of diagnosis, mental ill-health can lead to a substantial reduction in physiological and psychological functioning, which may be because of an inability to cope to the point that basic needs are unable to be sustained, for example the ability to effectively self-care (Steimle et al., 2024). Primary healthcare services are often the first port of call for people in mental health crisis (Cassivi et al., 2023). However, encounters with healthcare professionals can be distressing and frightening (Carswell et al., 2022). For example, Brousseau-Paradis et al (2024) interviewed people attending Accident and Emergency (A&E) departments whilst experincing suicidal thoughts and found people felt trapped with their own distressing thoughts due to the busy hospital environment and length of waiting time. However, these findings were based on a small number of participants and cannot be easily generalised to a larger population of people with lived experience. Although wider review of the literature by Navas et al (2022) stressed that when people attend A&E for mental health concerns, their experiences are negative because of poor communication, which then leads patients to perceive the quality of care as poor. Whilst some issues may be difficult for healthcare staff to control, such as staffing and waiting times, establishing and building rapport is central to developing trust, whether the person is attending for emergencies related to physical or mental health (Foye et al., 2020). Trust in healthcare services has been found to have a positive impact in several areas like patient outcomes, such as patient satisfaction and adherence to treatment (Steimle et al., 2024; English et al., 2022). Therefore, the act of attempting to develop a human connection is vital for providing optimal care for all people, including people with mental ill-health (Roennfeldt et al., 2024).

In the UK, the regulatory Nursing and Midwifery Council (NMC, 2018) state that the nurses' ability to develop rapport is fundamental for engaging with patients and service users. Yet, the reality is that this may not always come naturally to all nurses in practice (Bullard and Grist, 2014). Gaining a holistic person-centred understanding (referred to as a therapeutic relationship), in the context of someone's lived experiences, takes time; many nurses working in stressful clinical environments are often short of time (Elin et al., 2022). In mental health nursing, the development of a therapeutic relationship is founded on frequent and consistent nurse-patient interactions. This is underpinned by a set of skills rooted in humanistic theories where the interpersonal skills of the nurse are foregrounded (Moyo et al., 2022; Hartley, 2020;

Peplau, 1952). However, interpersonal communication in healthcare settings is complex and there are numerous factors at play, all of which can influence social relationships (Norman, 2024), such as individual difference and team culture. English et al (2022) found that simple gestures, such as engaging in small talk, using non-verbal cues, and expressing concerns ("I am worried about you") enables patients, their families and carers to feel valued by healthcare professionals. A lack of courtesy or kindness, or where the patient perceived communication to be judgemental, e.g. avoiding or ignoring patients, or perceived to be avoiding certain patients because of their race or emotional state etc, hinders rapport. Therefore, regardless of the complexities of communication, there are simple ways that all nurses can endeavour to initiate rapport, thereby communicating care.

Initiating and developing rapport

Research in the context of mental healthcare has shown that the way nurses communicate is crucial because, if not carefully considered, this can have a positive or detrimental impact on mental wellbeing (Bond et al., 2024a). Furthermore, when patients and service users perceive nurses to be more concerned with their mental health diagnosis, rather than hearing about lived experiences, it leads to poor engagement and a deterioration of mental and physical health. The *"Hello my name is…."* campaign (NHS, 2014) set a precedent for initiating rapport in healthcare. Ban et al (2021) noted *"the use of names is a key feature in human relationships and the delivery of compassionate care"* (p. 809) which can help to speed up the process of building rapport. Furthermore, there are several communication skills that nurses can use to optimise patients' and service users' experience (Kwame and Petrucka, 2021). For example, active listening, using open questions, using silence, and being aware of body language. Open questions cannot be answered by a simple affirmative such as "yes" or "no" and allows the person the opportunity to explore their feelings. An example would be: "Tell me how you're feeling at this moment in time." These aspects of communication are shown in Fig 1. Fig 1 is followed by Table 1, which provides some examples of these communication and the aim/function of each approach. The examples provided are based on stage one of Egan's (2013) Skilled Helper Model of communication (Exploration). With practise, these skills can be transferred to a variety of contexts and will help the nurse to explore feelings, thoughts and emotions with the patient and service users.

Fig 1. Examples of communication skills used to build rapport (Adapted from Bond et al., 2024ab; Egan, 2013; Isobel et al., 2021)

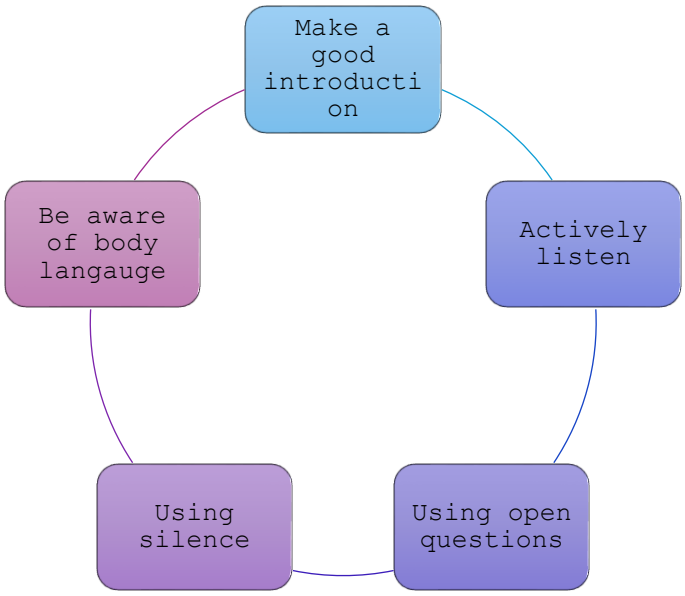


Table 1. Engaging and building rapport with patients and service users who have mental ill-health

Communication method	Examples	Function(s)
Making a good introduction	- Greeting the person using 'hello my name is….' - State role and purpose for attending the patient/service user	Develops trust and facilitates engagement
Active listening	- Focus on the person as they are speaking - Reflecting content - Reflecting feeling - Using non-verbal cues to demonstrate listening, e.g., nod head or vocal paralanguage such as "hmmmm". - Summarise and paraphrase what patients or service users say	Provides space Allows the nurse to acquire knowledge of the situation and identify features (content) of person's lived experience and impact on emotional life of the person (feeling) Allows the nurse to identify care needs

	- Use closed loop communication to check understanding - Use appropriate eye contact (staring for long periods of maybe inappropriate, and the person mat perceive this as confrontational) - Provide reassurances, e.g. “Hmmmm” “I see” “It’s okay, go on”, “I’m here, please go on”	Validates the persons’ lived experience (see Haslam et al., 2024) Active listening is known to be reflective of a compassionate approach (see Bond et al., 2024 ab)
Using open questions	- What has brought you here today? - What has happened to make you to feel unwell? - When did all this start? - How are you feeling now? - How did that make you feel? - Tell me a bit more about…?	Provides space to explore the current situation and context of distress Allows the nurse to acquire knowledge of the situation and identify aspects of person’s lived experience Demonstrates that the nurse is striving to understand events as they have meaning in the life of the other Allow the retrieval of more information than closed questions
Using silence	- After asking a question or after the person has disclosed something potentially distressful or upsetting, pause for a few moments - Avoid the temptation to fill silent moments with own words (pause for 5 seconds before replying)	Allows the nurse to sit with the person’s distress Gives the nurse time to think about how to respond Allows the nurse to be emotionally present to the other Helps the nurse to withhold judgement of the person and their experience

		Gives the person time to process emotion and/or express emotion/distress
Some additional helpful actions	- Keep an open body position - Asking permission to use touch and/or to sit next to someone - Giving physical space - Tone of voice "*speaking to someone like they are a person"*	Provides the person with space to explore feelings and emotions Creates feelings of safety and demonstrates respect (See Isobel et al., 2021, p.499)
Some unhelpful actions	- Playing with your phone - Checking the time - Frequently looking away (poor use of eye contact)	Not giving full attention to the conversation Person may be left feeling that they are not important and therefore don't have fundamental value as a person Person may be feeling paranoid/suspicious - these feelings may increase Person may feel ignored

Examples based on Egan (2013). For more examples and exercises, see Bond et al (2024b).

Communicating with compassion

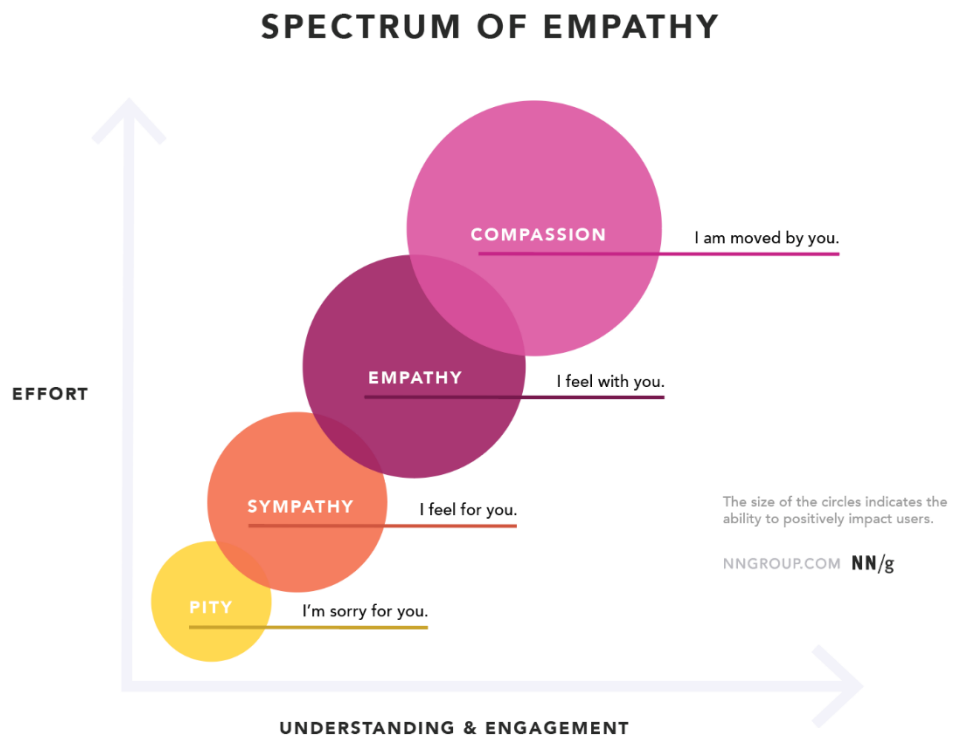
According to Haddad & Geiger, (2023), the moral choices nurses make are underpinned by the core ethical principles of autonomy, justice, beneficence, and non-maleficence. These principles foster professional decision-making based on the responsibility of the nurse to ensure that patients and service users do not come to physical or psychological harm. Compassion has long been thought as the motivating factor underpinning nursing care (Bradshaw, 2014; Traynor 2014). However, it is only recently that compassion became embedded into the NMC Code of Practice (2018); previous regulatory guidance (NMC, 2015) had no mention of the word compassion (Chaney, 2021). Hence, the inclusion of the need for nurses to *"respond compassionately"* (NMC, 2018, p.7) has led to compassion in nursing becoming a duty that nurses must perform. However, there have been cases where these principles have been absent, with devastating outcomes for patients, service users, and

families or carers (Stenhouse et al., 2016). For example, the BBC Panorama programme exposed how vulnerable patients had been neglected, mistreated, verbally abused, and physically assaulted at Greater Manchester Mental Health NHS Foundation Trust (Lee, 2022).

Compassion in healthcare is defined as "*a virtuous response that seeks to address the suffering and needs of a person through relational understanding and action"* (Sinclair et al., 2016, p. 195). This definition has been outlined within a model of compassion in healthcare, based research undertaken whereby interviews were conducted with over 300 patients undergoing palliative care. Alongside studies undertaken in the context of mental health, this definition stresses the importance of relational understanding in healthcare. Compassion means seeking to enhance one's understanding of the person, which in turn improves engagement (Bond et al., 2024a).

There has been some confusion between compassion and similar terms such as pity, sympathy and empathy (Gerace, 2020). However, patients and service users can easily identify compassion and tell instantly when they receive compassion as opposed to pity, sympathy or empathy (Sinclair et al., 2017). However, compassion is unique from these other experiences; compassion has been shown to enhance care experiences, adherence to medication, and overall subjective well-being (Malenfant et al., 2022). Compassion is considered relational in the sense that, when the nurse (or other healthcare professional) attempts to engage with a patient or service user with the intention of gaining a holistic understanding, this is considered compassionate (Bond et al., 2024a). Compassion is considered to go beyond pity, sympathy and empathy as it involves gaining and understanding of the person's lived experience and then trying to take action to relieve the person's distress. This is illustrated in The Spectrum of Empathy Model (Gibbons, 2019) Fig 2. The size of each circle illustrates the impact on the person. While compassion may appear to take more effort than pity, for example, leaning into all interactions with compassion can have a positive impact on patients' and servicer users' care experiences and care is perceived more positively as a result (Bond et al., 2024a).

Fig 2. The Spectrum of Empathy Model



The skill of active listening

Arguably, listening is one of the most important skills that nurses can use when communicating with patients and service users with mental ill-health. This is because active listening demonstrates to the person that the nurse is attempting to understand their lived experience. Therefore, the process of active listening functions to validate the person's experiences, which is extremely important in the context of mental ill-health, because people's experiences are often dismissed and disregarded, or misdiagnosed as something physical (Haslam et al., 2024; Bond et al., 2023a). A literature review by Kwame and Petrucka (2021) outlined how active listening can enhance engagement and enable the person to feel like they are being taken seriously, and therefore more comfortable in expressing their perspective. Kwame and Petrucka's (2021) review highlighted how person-centred approach is underpinned by compassion and communication that is based on human connections. Listening is considered *active* when the person listening is perceived to be doing more than just allowing the other person to speak – active listening involves non-verbal behaviours such as nods, verbal cues and eye contact (Bodie, 2018). Some examples are shown in Table 1.

Cultural sensitivity

Over two thirds of nurses and midwives on the NMC register are internationally educated nurses, with India being the biggest source of recruitment (NMC, 2023). Increased globalisation means that patients and service users, as well as healthcare teams, are increasingly multicultural (Sharifi et al., 2019). This means there is an argument for healthcare teams to recognise and respect each other's social and cultural backgrounds, as well as those of patients and service users. This is important in terms of active listening because engaging in this way involves gestures and eye contact that may have different meanings or may be interpreted differently within different cultures (Kwame and Petrucka, 2021), which could impede engagement and rapport. Though there has been some debate about how cultural competency in nursing is understood, Sharifi et al (2019) have outlined how cultural competencies are associated with general humanistic concepts such as kindness, empathy, respect, and demonstrating non-judgemental attitudes by putting aside any preconceived ideas about another person's culture. More recently, there has been an argument for cultural humility in nursing (Kelsall-Knight, 2022). Here, unlike cultural competency, there is no perceived end point through a set of learned cultural competencies, such as a set of attitudinal and communication-based skills to enable the nurse to work effectively with various cultures (Prasad et al 2016). Instead, cultural humility represents a continuous process of self-reflection, such as considering the power imbalance with a patient or service user, for example if English is not the person's first language or if they are unfamiliar with how the healthcare system operates and reflecting on how this can shape the interaction and areas such as communication (Kelsall-Knight, 2022). Using active listening skills to demonstrate cultural competency or humility aims to help reduce feelings of stigma that might be linked to societal views of people with mental illness as 'mad' or 'not normal', which can influence professional attitudes and lead to institutional stigma (Huggett et al., 2019).

Conclusion

Communication in healthcare is complex. However, seeking to develop a human connection is vital for providing optimal care and improving outcomes. Skills such as active listening, using open questions, and silence, can help nurses to achieve several things. Firstly, rapport can be developed, and care is received in a non-judgemental way. This is extremely important to patients and service users with mental ill-health when attending any area of healthcare.

Secondly, the person's experience of care will be perceived as compassionate, which aligns with nursing ethics as well as NHS Values. Lastly, trust can be developed within a space whereby the nurse and patient or servicer user can engage. The nurse can then identify the holistic needs of the person whilst giving themselves and the person time to process any distressing emotional content. Thus, allowing a moment to consider how to respond, which should always be with compassion in mind.

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