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Person centred care and influencing factors within mental health services: a literature review

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Background

Person-centred care (PCC) requires prioritisation of the unique needs of the individual (Nursing and Midwifery Council, 2020). Care that is not person-centred is not quality (van Diepen and Wolf, 2021). Understanding mental health nurses (MHNs) perspectives of PCC delivery was explored in this literature review.

Method

A 'PICO' (Population, Interest and Context) underpinned the search question (Methley *et al.*, 2014): What are mental health nurses' experiences of factors influencing person-centred care delivery?

Publication databases: CINAHL Plus with Full Text, Medline, AMED and PsychInfo were searched and used terms ascertained from the PICO question.

Results and Discussion

Eight papers were retrieved for full text analysis and five were included in the final review.

Three themes were identified:

1. Wider determinants of mental health issues

There remains division between biological, psychological, and social determinants of mental health (MH) issues. Sole use of a medical model paradigm is linked to ineffectiveness even though the experiences of many clinicians demonstrate a prevailing dominant medical model paradigm in practice. Energy must be channelled at a systemic level, to move away from constraints of a 'diagnostic-centric' medical model, to an understanding of wider determinants of MH issues, and towards truly PCC (Chong *et al.*, 2013, Barnes *et al.*, 2022, Wand *et al.*, 2022).

2. Professional identity of Mental Health Nurses

Facilitation of PCC requires an understanding of MHN professional identity (Chong *et al.*, 2013, Wand *et al.*, 2022); dissection and reconsideration of the MHN identity with emphasis on restoration of the therapeutic aspects of the role with heightened understanding of complex ethics, and enhancement of moral sensitivity is required (Ahn and Yi, 2022, Wand *et al.*, 2022).

3. Planning of education for PCC

PCC planning needs to be embraced within the goals of the organisation, for this a cultural shift is needed at all levels in organisations. Education related to ethics needs to contribute to this culture shift. In practical terms, care plans often do not reflect the person as a whole; organisational quality indicators for care planning fail to focus on the patient and their experience, but instead focusing on more easily quantifiable data (Brooks and Lovell, 2018, Ahn and Yi, 2022, Barnes *et al.*, 2022, Wan *et al.*, 2022).

Conclusion

There is limited robust data relating to enablers of PCC delivery, rather the literature focuses on barriers. Synthesis of data indicated a dominant medical model paradigm that conflicts with PCC delivery. A central theme prevailed relating to the need for education around PCC that focuses on care planning that is reflective of the individual first.

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