Patient-Centered Communication: A Key to Effective Psychiatric Rehabilitation

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ABSTRACT
The review aims to analyse the importance of a patient-centred approach (PCC) that facilitates active listening, empathy, joint decision-making, culturally competent care, and more. Patient-centred communication stands out by emphasising collaboration whereby mental health patients escape the provider-centric model where only the psychiatrist speaks. It explains how communication improves relationships, trust, and treatment adherence and decreases the stigma associated with mental illness. Through the scope of patient-centred communication, psychiatric rehabilitation outcomes are improved, including rehabilitation outcomes. Stigma and low self-esteem can be remediated through compassionate care. Another aim of this paper is to compare PCC and traditional provider-centred approaches and their impact on recovery and satisfaction within the participatory model. PCC is perceived as time-consuming and distrustful, accompanied by provider-mentioned resistance. Integration of other providers, including non-mental health providers and digital communication mediums, enables patient self-advocacy and clinician training to advance the model. Putting less emphasis on stigma enables more inclusive care. Enhanced PCC fosters rehabilitation outcomes and overall mental well-being. Embracing the model in mental health practice can transform psychiatric settings.

Keywords: Patient-centered communication, psychiatric rehabilitation, active listening, empathy, shared decision-making.

Introduction
The principles of respectful therapeutic communication continue to change patient rehabilitation approaches towards more inclusive methods in psychiatry, indicating a significant paradigm shift from the paternalistic approach to a more autonomous consideration of the patient's preferences and values (Hensley, 2012; Prenger, 2016). Patient-centered communication is a healthcare model that shifts from a traditional medical model of unilateral decision-making by a physician toward prioritisation of a patient's autonomy, preferences, and values (Gerken et al., 2024). It is especially critical in rehabilitation because it encourages collaboration and fosters patient empowerment in decision-making (Boardman et al., 2014). This model of care captures the impact of communication on psychiatric outcomes and emphasises that communication is the core element of a psychiatric consultation (Boardman et al., 2014). A much earlier observation indicates that listening, which involves a provider's paying attention to a patient's view and comprehending their narrative, is fundamental to PCC (Naughton, 2018), coupled with empathy, which is understanding and relating to a patient's feelings (Stubbe, 2017), and together with shared decision-making or the collaborative criteria where the patient is actively involved with understanding the relevant information about treatment decisions (Jørgensen et al., 2024), and cultural sensitivity or respect for the culture and beliefs of the patient.

Developing effective patient-oriented strategies enhances trust, increases treatment compliance, and improves psychiatric rehabilitation results (Jackson, 2019; Jesus & Silva, 2015). Recovery-oriented services (Urbanoski et al., 2013) and powerful therapeutic relationships are achieved through embracing equitable communication (Jørgensen et al., 2024) and avoiding paternalistic language.

1. Communication Around the Patient in Psychiatric Rehabilitation
Communication with the patient is not merely a technique; it is a philosophy that emphasises rehabilitation while honouring the individual's autonomy to make choices regarding their care (Fernandes et al., 2022). It requires understanding the patient's subjectively experienced reality and their goals in a way that makes it possible to establish a therapeutic alliance characterised by collaboration.

1.1 Individual Patient and the Need for Proper Communication in Mental Health Care
Surrounding a patient with the proper communication in mental health care involves focusing on the individual's distinct needs, preferences, and values, enabling them to participate in all levels of care and decision-making (Gerken et al., 2024). It means that health practitioners try to place themselves in the patient's perspective, including their concerns, diagnosis, emotions, and level of functioning (Naughton, 2018). Person-centered care (PCC) is how people and processes are operationalised concerning the guiding, worldview,

and treatment of people as sovereign, self-determining individuals, decision-makers, and active participants in their care (Fernandes, 2022). Communication enhances assessment, diagnosis, treatment, and self-management of mental health (Boardman et al., 2014).

1.2 PCC vs. Provider-Centered Models

Unlike the provider-centered models, which describe the physician as a pivotal figure and the patients as passive players, PCC gives autonomy to both parties as patients and providers actively participate in decision-making. It focuses on participatory decision-making that entails the informed treatment choice (Jørgensen et al., 2024). Providers have started using less paternalistic language, adopting terms promoting egalitarian relations, thus improving relationships and therapeutic patient interactions (Jørgensen et al., 2024).

1.3 Impact of Communication in Psychiatric Rehabilitation

Stubbe, 2012 argues that communication facilitates the rehabilitation of patients with psychiatric disorders by dismantling stigma, fears, and reluctance to seek treatment. When patients are confident that their concerns will be prioritised, they follow the prescribed course of medication and therapy (Gerken et al., 2024). Responding to mental health presentations requires appreciating the differences associated with mental health challenges and emphasises the need to customise intervention, thus moving from a one-size-fits-all strategy (Jørgensen et al., 2024).

1.4 Connecting Communication with Mental Health Outcomes

Patient satisfaction correlates with improved rehabilitation outcomes (Nichols et al., 2021). Effective communication facilitates better self-efficacy measures regarding health and lowers anxiety levels (Moser et al., 2022). The results of interventions aimed at patient-centered communication suggest that such approaches may enhance outcomes, quality of life, and satisfaction with care (McGilton et al., 2017). The WHO and APA recommend using patient-centred communication that includes the patient's concerns, feelings, and expectations (Nichols et al., 2021). Patients who receive empathetic responses from their medical practitioners tend to feel appreciated, which enhances their motivation and engagement in treatment (Sharkiya, 2023).

2.0 Fundamental Aspects of Patient Communication in Psychiatry

Some components that concern communication with psychiatric patients and provide a more personalised approach to the communication process involve capturing and synthesising active listening, empathy, shared decision-making, and cultural competence (Nichols et al., 2021).

2.1 Active Listening
2.1.1 Definition and Importance

Active listening, as a concept, is defined as a deliberate and systematic focus on a particular listener (Kwame & Petrucka, 2021). In psychiatric rehabilitation, it focuses on the patient's speech. It involves understanding, interpreting, giving feedback, remembering, and recalling the message. Listening is one of the most valued activities in patient-centred communication because it facilitates the appreciation of the patient's input (Kwame & Petrucka, 2021).

2.1.2 Methods

● Paraphrasing: cognitive phrasing demonstrates adequate attention by restating the patient's issue to show an understanding of the context.
● Providing stimuli through closed questions: Open questions encourage more participation, for instance, "Can you tell me more about that?" rather than requiring a yes/no or brief answers.
● Suggesting opportunities to provide their ideas: Placing patients in settings where they feel encouraged to express their emotional experiences freely without any feelings of being judged.

2.1.3 How Active Listening Improves the Effectiveness of Therapy

Active listening can improve therapy effectiveness through the following:
▢ Helping to establish trust and rapport with patients, thereby deepening connections in therapy.
● Enabling validation and understanding for the patients as well.
● Enabling a more profound understanding of patients' experiences and difficulties (Maynard et al., 2014).
● For other patients, it improves compliance with treatment when they are included in the decision-making (Liberman, 2005).

2.2 Empathy and Emotional Validation
Role of Empathy in Alleviating Feelings of Isolation

The ability to understand experiences and share the feelings of others is termed empathy (Stubbe, 2017). In psychiatric rehabilitation, empathic understanding is crucial in mitigating feelings of solitude and enhancing a sense of community. Emotional validation is one of the most important aspects of accepting human emotions without necessarily agreeing.

Dr. Anand Bajaj

Using Empathy while Rehabilitating Patients in Compassion-Based Therapy

In compassion-based therapy, the patients are guided in self-compassion and overflowing compassion towards others. It is done through mindfulness, loving-kindness meditation, compassionate imagery, and other methods that help nurture warmth and empathy (Sharkiya, 2023). These patients learn to relate positively to themselves and others, thus enabling recovery while reducing isolation through qualities that promote more profound mental relief.

2.3 Shared Decision Making
How Empowering Patients to Control Their Treatment Improves Adherence

Shared decision-making is the coordination between a patient and health provider where both parties take active steps in the deliberation and decision-making on the treatment plan (Drake & Whitley, 2014; Jørgensen et al., 2024). Shared decision-making enhances adherence due to the control given to patients over the process. It empowers them on a greater level, which increases their investment and power in the process (MacLaren, 1996). Patients engaged in decision-making have been reported to be compliant with treatment within the given rationale and motivation for that treatment.

Assessing the Effectiveness of Traditional Methods Compared to Shared Decision Making (SDM) in Psychiatry

Traditional, provider-centered approaches are not as effective as SDM. Compared with other tiers of care, patients who are part of the SDM process report higher satisfaction levels, treatment adherence, and improved quality of life (Urbanoski et al., 2013). SDM is developed and implemented to consider the patient's preferences, values, and beliefs (ÇAKMAK & Uğurluoğlu, 2024).

2.4 Communication as Culturally Relevant and Individualised

Language and culture can pose severe problems in the context of psychiatric rehabilitation, increasing the likelihood of a grave misdiagnosis and mismanagement of treatment (Alegría et al., 2020). Patients' culture shapes their perceptions of mental illness, help-seeking behaviour, and receptiveness towards offered support (Alegría et al., 2020). Language barriers can hinder communication, which prevents the articulation of their needs and the understanding of the patient's concerns.

3.0 The Value of Communicative Approach in Psychiatry Rehabilitation from Patient's View

The patient's view in psychiatric rehabilitation is one of the important aspects because it helps develop trust and enhances adherence and well-being (Gerken et al., 2024). This type of communication captures the patient's perspective, values, and preferences, thus balancing the relationship in the working environment.

3.1 Increased Compliance with Treatment

Attending to the issues raised by the patients improves rapport between them and the caregivers. Consequently, patients are more motivated to adhere to the guidelines proposed by the treatment team (Stanhope et al., 2013). Leading to better outcomes. There is better compliance with taking medications, attending therapy sessions, and other activities, which are considered interventions suggested by healthcare professionals and incorporated into the management plan.

Information concerning medication adherence is a clear manifestation of the communication maintained between a physician and a patient. Patients who enjoy long-term relationships with their providers tend to be more compliant with the medication schedules, which enhances the control of the symptoms and lowers the risk of relapse. Lack of trust in the mental health system, poor working relationships with providers, and the belief that providers do not pay sufficient attention result in the disaffection of patients from mental care treatment (Stanhope et al., 2013). PCC helps facilitate the engagement of services by encouraging the clients' self-determination concerning their treatment (Stanhope et al., 2013).

3.2 Advancements in Trust and Therapeutic Alliance

The trust and respect that form the therapeutic alliance are vital for the effectiveness of psychiatric treatment (Fernandes et al., 2022). Regarding trust, the PCC worsens therapeutic alliances because patients cannot express their thoughts and feelings safely (Gerken et al., 2024).

Trust is crucial in the long-term psychiatric care of a person as it is one of the main building blocks for the therapeutic alliance. Such trust allows for open communication greater disclosure of sensitive details, and promotes an overall sense of safety. Most patients who trust service providers are willing to disclose symptoms, issues, and other pertinent information, facilitating a cohesive diagnosis and proposed treatment plan. It enhances the cooperative relationship between the patient and caregiver by fulfilling the patient's need for control over decisions made and shared responsibility in the recovery journey (Urbanoski et al., 2013).

3.3 Lowers Relapse Possibilities while Supporting Recovery

Patients prevent mental health crises through PCC by self-managing symptoms and stress coping. When

patients actively participate in their treatment and have the proper resources to succeed, the chances of relapse are minimal, and a sustainable recovery is achieved.

PCC has been applied in rehabilitation cases that involve ongoing collaboration and active support through meticulously crafted treatment plans and goal setting. Listening to and considering the patient's point of view comprises capturing their concerns, ideas, expectations, feelings, and functioning, which motivates these interventions (Naughton, 2018).

3.4 Improves Patient Satisfaction and Quality of Life

Along with other aspects of well-being, mental, emotional, and social well-being has been noted to improve with PCC on surveys and accompanying data (Wong et al., 2019). Similar to other domains of healthcare, patient well-being is enhanced when their needs, preferences, and values are prioritised in the decision-making process, which in turn empowers them.

In patients can achieve an enhanced quality of life and treatment satisfaction with PCC integrated with other strategies to support autonomy, peer mentorship, and practical skill teaching (Urbanoski et al., 2013).

4.0 Obstacles and Difficulties of Patient-Centred Communication Change

Barriers exist in practice, such as psychiatric rehabilitation, even though Patient-Centred Communication has numerous benefits. These barriers must be addressed to make mental healthcare approaches more effective and patient-centered.

4.1 Time Limitations in Psychiatric Wards

Mental health practitioners with any level of care endure time constraints because of the amount of work, limited staffing, and ever-increasing demand for services (Kwame & Petrucka, 2021). This pressure makes it problematic for professionals to have in-depth, meaningful conversations with patients, which is crucial for implementing PCC (Naughton, 2018).

Offered solutions include brief, patient-centred communication models that can be quickly adopted into clinical practice. Clinicians are trained in techniques of focused communication, such as active listening and motivational interviewing, which allow them to make the most of their limited time with patients (Kwame & Petrucka, 2021). Efficiently communicating and transferring information across different services and settings is a vital integration skill that helps address time constraints (Stubbe, 2017).

4.2 Resistance on the Part of Healthcare Providers

Some psychiatrists may prefer a more directive approach and collaborate less with the patients owing to a patient's traditional training model, a concern for efficiency, or a pre-existing notion regarding best practices in contemporary care. This type of resistance is characteristic of a doctor-centred paradigm, which emphasises the provider's expertise at the expense of the patient's view (2000). Learning to shift from a doctor-centric to a patient-centric approach involves teaching, role-playing, and mentoring. These programmes focus on fostering empathy, respect, and shared decision-making. More specifically, they try to promote the idea that the patients are equal and active participants in their treatment (2000).

4.3 Patient Issues Related to Distrust and Reluctance

Some psychiatric patients may account for complex reasons such as having prior trauma of mental barriers, paranoia, or a lack of trust in the healthcare system, which may lead to the aversion to communicating openly (Gerken et al., 2024). This lack of trust is a barrier to the therapeutic relationship and dialogue.

Compassion, appreciation for patient autonomy, and understanding gradually foster trust in a warm and safe space. A clinician can help patients express their thoughts and feelings through open-ended questions for free responses. Trust building, fostering communication, and relationship building incorporate the work of Gerken et al. (2024), who pointed out the need for consistency, honesty, and complete openness.

4.4 Burnout of the Mental Health Professionals

The strain of the workload and emotional demands may lead to decreased quality of relationships, communication, and emotional burnout among mental health professionals (Kwame & Petrucka, 2021). The consequences of burnout include reduced empathy, increased irritability, and a decline in patient-centred communication (Kwame & Petrucka, 2021).

Having mental health-specific resources integrated into a professional's support system mitigates the feeling of burnout while enhancing overall well-being. These resources include counseling, training for stress management, and access to peer support groups. Additionally, reducing work volume and improving balance between personal and professional life and organisational culture have been proven beneficial in mitigating burnout and enhancing communication and overall well-being (Gurtner et al., 2022).

Dr. Anand Bajaj

5.0 Strategies for Improving Patient-Centred Communication in Psychiatry

These strategies focus on outreach, educational development, technology utilisation, patient empowerment, and creating a therapeutic environment**.**

5.1 Communication Training for Mental Health Professionals

Training modules must be developed for mental health practitioners with special attention to the implementation of integrating PCC into their daily practice (Hollander, 2000). Psychiatrists' focus should shift to nurturing patients and communication through role play, simulation training, and empathy training techniques.

5.1.1 Role plays and simulation-based training

for clinicians allow them to practice communication. Empathy workshops teach clinicians to view situations from the patient's perspective, which enables more profound understanding and compassionate care. All studies assessing the efficacy of communication training find that it improves, at minimum, communication skills, therapeutic alliances, and patient outcomes (Gerken et al., 2024).

5.1.2 Digital Communication Tools and AI in Psychiatry

Choudhury et al. (2023) argue that telehealth and chatbot AI can aid in bridging the communication gap and improving accessibility to mental healthcare services. With the help of telehealth platforms, patients can now attend consultations with their providers through remote video conferencing, also called 'telemedicine.' AI chatbots can provide real-time emotional support, answer frequently asked questions, and offer self-help guidance (Alhuwaydi, 2024).

Fostering emotional skills through supportive mental health apps, as well as dial-in therapy, can be especially beneficial for patients grappling with anxiety, depression, or other mental health challenges. These apps provide patients a safe environment to express their feelings, receive support, and learn how to cope with cognitive challenges (D'Alfonso, 2020).

5.2 Encouraging Self-Representation and Self-Disclosure of the Patients

In patient-centered care (PCC), enabling psychiatric patients to self-advocate and articulate their wants and needs is fundamental. Teaching self-advocacy skills to psychiatric patients allows them to fully participate in their care by ensuring their voices are heard and their concerns are addressed (Jørgensen et al., 2024).

Forums such as peer-support groups allow patients to socialise and learn to value self-advocacy. Patients engage with others who share similar conditions within peer-support groups as they are provided with safe environments to express their feelings openly (Jørgensen et al., 2024).

5.3 Fostering an All-Encompassing and Supportive Environment for Healthcare Services

Developing a supportive and all-encompassing healthcare services region requires blending all promoted approaches and fostering inclusive care. Policies on patient-centred care (PCC) suggest that practising psychiatrists must involve the individual's mental well-being, focusing on self-care.

Conclusion

Patient-centered communication in a psychiatric context can be tackled through a distinct yet interrelated set of activities, including dismantling broader barriers, enabling patient participation, empowering clinicians through appropriate skills and training, and creating effective communication models. There is a need to increase systematic approaches to develop a workable and holistic framework for mental healthcare (Kwame & Petrucka, 2021).

Role-play, simulation-based training, and empathy training incorporated into the curriculum enhance clinician communication skills and nurture a patient-oriented approach (Gerken et al., 2024). The introduction of telehealth services and AI chatbots can bridge the communication gap with patients and augment accessible assistance (Choudhury et al., 2023). Promoting self-advocacy enables patients to participate actively in their treatment while ensuring their views are appreciated (Jørgensen et al., 2024).

In support of creating an accepting healthcare environment, 'nurturing' refers to developing policies at an organisational level that promote and foster empathy, collaboration, and a culture of respect (Gerken et al., 2024). Moreover, preventing burnout and enabling adequate communication among mental health service providers heightens the need for professionally offered mental healthcare services (Kwame & Petrucka, 2021). Fulfilling these criteria transforms the conventional psychiatry framework into a more collaborative and empowering paradigm, enhancing patient outcomes and experiences (Teutsch, 2003). Effective communication about mental health denotes a fundamental aspect of care (Kwame & Petrucka, 2021). Trust and respect cannot be there without any 'care' offered through a patient-communication-centered approach (Priebe et al., 2011).

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