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INTERVENING WITH PERSONS EXPERIENCING MENTAL ILLNESS AND SUBSTANCE USE: PATIENT PERCEPTIONS OF HELPFUL CARE DURING PSYCHIATRIC HOSPITALIZATION

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Background

hirty-fifty per cent of people with mental illness also experience a substance use problem or concurrent disorder (CD). This dual diagnosis is associated with complex health and social problems, high suicide risk and poor longterm outcomes. Persons with CD have unique needs which present significant challenges for health providers during psychiatric hospitalization. While hospital personnel play a significant role in promoting health and well-being, what "helpful care" means to persons with CD during psychiatric hospitalization remains unexplored, and the health benefits unknown.

Intervening with persons experiencing mental illness and substance use: Patient perceptions of helpful care during psychiatric hospitalization

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Research Question

What actual and/or potential interventions, attitudes, actions, and behaviours are perceived as "helpful" by

persons with CD during psychiatric hospitalization?

Methods

Qualitative-descriptive design; individual, semi-structured audio-recorded interviews with 12 inpatient adults

diagnosed with CD.

Results

Participants reported both beneficial and harmful practices.

Examples of helpful interventions occurred within 3 distinct areas: 1) building a therapeutic relationship;

2) engaging in health-promoting activities within a healing environment; 3) managing substance use in

tandem with mental illness.

Implications

Findings highlight the importance of relational interventions for persons with CD. This includes actions

aimed at tailoring care to fit each individual while offering interpersonal approaches, attitudes and

behaviours that are collaborative, caring and respectful. Helpful activities include assisting with daily care,

advocating for time outside, offering teaching and learning sessions and facilitating discharge. There is an

urgent call to prevent harmful practices and to understand and promote interventions consistent with whole

person care for hospitalized clients with CD.■

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