Communication in health and social care

Skills in action

Ann Brechin
Next, you'll hear workers in a community mental health team. But first Gill, a woman who has experience of using mental health services, talks about what she has valued in her relationships with a social worker and a psychiatrist.

Gill Chatfield
With this particular lady, if I could say ‘mutual respect’ I feel is very important, and an empathy. I appreciate, they sound common-sense approach I get from her. You're treated with dignity, and I'm very much onto this one in, within the mental health service. I think, people need to be treated with some dignity. There are some people in this world who I do feel give such a lot, to their jobs, that they give beyond, and I have found somebody who's like that. When I look back, at one or two social workers who've just sort of turned up, this makes me realise how, how good the one I'm talking about is. I also had this, a similar relationship with my consultant psychiatrist. They both treat people with respect. They seem to me to be, very caring people but, not to the point where it's silly. I would always try to keep a line between the professional and me, if you like, because, I think you do need to have a line drawn.

One social worker made me feel like a child, and it gave me the, that added impetus of, actually wanting to do everything that was slightly ‘anti’. So that, when I was with this lady as you know, it just, I don't know you were just treated as an individual who mattered, rather than on a list. I mean there are some people I wouldn't want to work with, or I couldn't work with very well, because they wouldn't give me the chance to, perhaps be myself or let the artistic side of me just flow. It is difficult, I think to say exactly, but you need to have somebody who you can trust. I think confidentiality is very important. You do find that some people are... just don't have that level of honesty, oh no I don't know whether it's honesty or discretion. Because when you're a patient, you are very vulnerable, and so long as you've got people who you can trust, even if they're not telling you what you want to hear, but you can still trust them and respect them. I think when you've been sort of labelled as a manic depressive, for a lot of years, well all your years, I mean you don't change from being... you lose a lot of self respect for yourself. Because you know you've been bright enough to have perhaps gone further into something, but this demon had sort of dragged you back so many times. So therefore, you're very vulnerable, and you need all the reinforcing of your personality or whatever, that you can get. That has to be recognised.

Ann Brechin
Gill says she wants to be treated with dignity and respect. One way of treating people respectfully, is to use communication skills effectively to build trust and rapport, that enable partnership and choice.

Next you'll hear people who work together in a multidisciplinary community mental health team, which is part of Leicestershire NHS trust. Each person has their own role in the care of people who come to the service, and brings their own perspective to the communication skills they use at work. First, Lynne, the team's occupational therapist.

Lynne Vernon
My role is quite diverse, mainly I do counselling and, some dynamic psychotherapy. I do anxiety management a lot, as all of us do in the team. I'm beginning to do some cognitive behavioural therapy. I also do activities of daily living, which is, domestic tasks, cookery, shopping, budgeting with people. One of the main things which I do, which all of us in the team do, is initial assessments, and communication skills are vital in that. I use the normal

social skills that everybody uses in greeting people, in working. I obviously use these skills in communicating with colleagues, but when I first meet clients, I have to set them at their ease. I very soon move into counselling skills, both when I'm counselling and when I'm assessing.

When I assess someone, I very much want to give them carte blanche to talk about whatever they want to talk about. So I usually say to the person, ‘now doctor so and so's told me a little bit about you, but I wonder if you could tell me about your problem as you see it’, and then, when I'm assessing, I assess for an hour, and I allow half an hour for the person to talk at will. Now obviously, some people talk very readily, other people are more reticent, and that's when the counselling skills come in, the skills of repetition, making empathic statements, listening and responding skills, in order to help to draw people out. But I'm basically wanting, that person to direct the content of the flow of the interview. At this stage I avoid questions, I very much try to get a picture of what's important to them, and I listen first of all for their opening remarks, the very first things they say, because that tells you their first immediate concern. And, if you give people the opportunity to talk, without directing them, they will come up with what's the most important thing to them, and they will, they will bring their problem to the fore. And so I use silence quite a lot, allow the person to speak and don't interrupt.

Then when I draw to the second half of the assessment I use certain questions, because there are things we need to look at. We need to know the person's mental state, so we're looking at mood, sleep, appetite, concentration, motivation, memory, anxiety, avoidance behaviour, and obviously I have to make pretty much direct questions about these things. We also want to know the person's childhood, because that has a tremendous impact on their present situation, their feelings about the present situation, and their, and their mood and their ability to relate to other people. So, I usually say to people simply, ‘I wonder if you could tell me about your childhood?’, and usually something spills out. Or if it doesn't spill out and if there are gaps and hesitations, then these tell their own story.

If I think about it, both of my parents were communicators. My father wasn't a communicator emotionally, he was hopeless about talking about deep emotional matters, and not good at relationships within the family. My parents owned a couple of shops, and he was the salesman performing mightily in the shop, and he could sell brilliantly, and he could communicate with people in that sense. My mother was the much more well-rounded person, and she could communicate well with customers, with the family, and I learned I think from both of them. Plus I actually worked for my parents in their shop for many years as a Saturday job, and I dealt with our neighbours, the public, and I learned very much about being with people then.

And then in my previous work, I've worked in publishing, I've worked as secretary. There's a whole host of social skills to being a good secretary, and so I learned a lot from that. When I did my occupational therapy training, it was interesting, absorbing, I enjoyed it very much, and I felt I was learning all the time. Once I actually got into mental health, I felt, my goodness how little you learn at O.T. school to equip you for the working world. And of course, my counselling training I did after I'd qualified as an O.T., and I found the counselling course is very good in terms of teaching the listening and responding counselling skills, and I found that I did a basic counselling skills course before being admitted onto the course for the certificate. I found that using those skills enhanced what I got out of interviews with patients. I found supervision very helpful in learning about communication, because when I talk with my supervisor about some interactions I've made, in counselling or psychotherapy, we analyse what might have been helpful, what might have not been, and then, she suggests interventions I might make, so that's very helpful.

I would like to develop more of an ability to confront clients, because there's a streak in my personality which is not assertive, and this can be a bonus because, I tend to use great sensitivity I hope, and empathic comments to draw people out softly and gently. But there are times when I should be confronting someone. I'm too trepidant at times, and I think I need to learn to be a little bit more confrontative it's my weak spot. I think a sign of a helpful intervention is the deepening of rapport, where somebody looks at you and you can tell by the look on their face that, they think ‘oh yes, she understands what I mean’, and when there's been a meeting of minds and emotions, then, rapport between you develops.

If intervention is unhelpful, the person might ignore it, they might get defensive, they might say something that indicates they've taken what you've said differently from the way you meant it. But I think the deepening of rapport, and then from that comes, a pouring out of more from the client, they then speak more, and open up more, and you move onto a different level of more inner emotional stuff if there has been a deepening of rapport. I do talk with the colleague I share an office with. We, if we're worried about something we might offload to each other. When you're worried about something, you can get it out of proportion, and be reproaching yourself too much, and if you talk it over with a colleague, then you sort of calm down a bit. So we do listen to each other.

Ann Brechin
Lynne gives two examples of specific communication skills. One where intervention was helpful, the other where she failed to communicate.

Lynne Vernon
I once saw a patient for dynamic psychotherapy who was, a man who found it very hard to talk, because he was very schizoid, he found it very hard to trust, and most of the time he talked about superficial material, and he was very defended against you getting any closer, and once he said something that was very painful, and I was so moved by what he said, that I fell silent, and I failed to say something to indicate that I'd heard him, and he had spoken his pain into the void and, I had left it there, I had left him in the void, and I felt I'd let him down basically, and it, in a sense, was irretrievable.

I had a client who had been very severely abused as a child in all sorts of ways, and she found it very difficult to open up at, up at all, she was a very defended person and, we had worked together for four and a half years, seeing her weekly, and she got to a point where she was talking about some horrible things that had happened to her and she found it very difficult to talk, and I found that using simple repetition of her last phrase, or even last word, enabled her to say more, and I do find that, simple repetition enables people to elaborate, because it enables them to feel they've been heard.

Ann Brechin
Lynne spoke about how she learned communication skills, and how she uses them. Next, Chris, the consultant psychiatrist on the team, talks about the medical side of care, and how he's aware that communication skills need to be refreshed to be effective.

Dr Chris Meakins
I spend all day talking to people, both patients that we see, and there's also a lot of team functioning where we have to talk to each other and to other agencies. There are specific skills with patients, for example taking a psychiatric history, involves really going into sorts of areas that might be relevant as symptoms or signs of illness, that's one small part of what we do.

There are other skills, it might involve trying to get a point across, perhaps trying to influence people, perhaps just listening quietly to what people have to say. Quite often we may have to defuse situations, we frequently come across irritable people, or people who are upset for one reason or another. So really there's a whole range of skills we have to draw upon. I think, most skills are probably not obtained through apprenticeship really. I've had some bits of specific training over the years which have been useful. They were in such areas as, psychiatric interviewing for history taking, for establishing symptoms and signs, and some of the more general counselling type of skills, again listening skills, and empathic skills. But, a lot of it I think has been obtained through experience really, and the training is quite long and, part of the spin-off is, of that is that you come across many different situations that you have to deal with. There probably is scope for more training and, refreshing really. Sometimes, you wonder whether you should perhaps look at yourself, go back to video taping yourself again, just to check up on how you're getting on. People get set in their ways. So it may be a question of revising things basically, and keeping an eye on yourself, perhaps asking other people to view you and your performance.

Something you might use within the team, that you probably wouldn't use with patients, is the humour to a greater degree. I mean a little bit of humour with, patients is fine, if it's done tactfully, and it's not going to backfire but, quite often in a team setting people use humour to diffuse situations, or to remind you, remind people not perhaps, that you don't always have to take things too seriously.

Ann Brechin
Sharon is the team's community psychiatric nurse. She too uses verbal skills in her work, but also describes the way non-verbal skills are important.

Sharon Smith
I've got quite a varied role, in that I see people with a broad selection of mental health problems, and I think the first point of contact would be, for them would be, a referral to the team, and my role would be to assess the person, and I'd take a comprehensive mental health assessment. During the course of an assessment, I'd be using written communication skills, verbal, non-verbal communication with other people, and I think it's also important to communicate with significant other people with the consent of the individual, in order to get a broad assessment of a person's problems.

The verbal skills I'd be using, would be to use of open questions, to be able to put the person at ease, in order to get as much information from the person as possible. The non-verbal skills I'd be using would be, using appropriate eye contact, to help them feel more relaxed by using an open posture, by not sitting too close to somebody. Also, appropriate use of touch. Some people feel quite threatened by touch, but some people actually feel more reassured by it. I think it's important to be aware of the other person's non-verbal cues. During an assessment I'd be picking up many different aspects from their non-verbal cues, whether they were anxious, if they were sitting in a tight posture, or whether they were depressed, if the head was hung low, and that they weren't able to use any eye contact. I think, communication skills are learnt from a very early age. Young babies start to learn communication skills from their mother with eye contact. It carries on through the socialisation process, and I think, communication skills can be fine-tuned through doing various courses. It is important, in those early few years, that we learn our communication skills. During my training, we learnt various communication skills. We learnt to communicate with, people with varying different problems, from sort of feeling depressed or anxiety to having a severe mental illness, in which they maybe feel paranoid or, they feel voices are speaking to them from outside their head. I think with people with severe mental illness, it's important to be aware of how distressed they might feel with their symptoms. In that, they might be hearing voices, or they've lost touch with reality, and so, I think it's important to be aware of the distress they're under, and to be sensitive to this.

During the training, we got an overview of what's necessary. We were taught an understanding of mental health issues, but I think it's like learning to drive a car, in that you only really fine-tune your skills when you're actually doing the job. I've got one client who hears voices. When he's in a psychotic phase, it can be quite hard to communicate with him because, obviously voices are inside his head are telling him, maybe not to trust me. So, it's important to be able to build trust and rapport up with somebody like that, very gently, a non-threatening way, and to facilitate them to be able to open up and disclose what is upsetting them. I think, in the future I'd like to fine tune my skills, and maybe sort of developing my skills regarding cognitive therapy, and to be able to use them therapeutically with clients. I'd also like to be able to develop my skills working with people with severe mental illness, because I think communication skills are so important with these people, in that they do find it hard to communicate, and their lives are quite incapacitated, and they do feel a lot of distress in their lives.

Ann Brechin
Carly is the team's social worker. She brings perspectives from her own upbringing, and her social work training, to the task of communicating.

Carly Haughton

Primarily I undertake assessments of social care needs. So what tends to happen is that, I actually commission some services, and then offer some services myself. Another part of my role is obviously approved social work, mental health assessments, tribunal reports. I work with a lot of individuals with dual diagnosis, substance use and mental illness. The general make up of these individuals, is that they don't want to talk to you, so it's about low visibility working, and to be able to communicate with these individuals, you need to give them the impression you're not communicating with them. So, and that's, you know that's one psychological way of working with people. We know that there's lots of social policy issues around mental illness that need redressing, so people can have a voice. Sitting here in my community team, what can I do to effect that change, not a lot to be honest, and that's very frustrating, and it can be really bewildering.

You know, even sounds silly but, the tenth time you've rang the housing department to get someone housed, and you know it's because of their mental health difficulties that you can't get them housed because, there isn't a wider policy. So on the on the ground you, advocacy, you know effective advocacy. I might not be the right person to communicate with that person about that issue, or I might not be able, because I work for the local government, so I might not be in a position to be able to be an effective advocate and communicate effectively the needs. So it's about accessing other resources and being self-aware, to know when you're not the right person. I learnt how to communicate from my life experiences, because I, a particular life experience that made me able to communicate with certain people, and from the kind of jobs that I, work experience that I did pre-training, and it's only when I got to training, that I was able to reflect, theorise them all, and kind of say, ‘hmm, that's not that effective, maybe I should look at this’. I've had many moves, I moved school seven times. I grew up on one of the worst, well, what the papers called worst council estates, in a large town, yet I was very academically clever at school. So I was able to bring with me, the experience of living on the poverty line, living in a single parent family with dependency issues, every issue you can name flying around, I was able to communicate, because I live, because I grew up with individuals in similar circumstances. The reality is that people are different, they socialise very differently, and they had very different opportunities, and very different values, and very different goals, and I think part of my effective communication with people, is being able to recognise the nuances, the differences between these people, and the different values that they have, and the way that they'd like to be approached about things and, what their goals are at the end of the day.

I learnt, during my course lots of different psychological theoretical understandings of mental illness, and mental health problems, how to assess how to intervene, and how to practise. On-going reflection, that's the term that comes a lot in social work training, and it's a very important skill to have, probably the most important skill as a social worker. If anything differentiates, the medic team from social work is ongoing effective reflection, and evaluation of your practise. It's about being very aware of why you're making decisions, why you're saying things, and the way that you interpret and evaluate and assess things. Basically it's having a very good theory base. I know in training, the word theory is quite frightening, but it's being able to pinpoint and theorise why you've made that decision. So it's not about, kind of problematising that individual for that happening, it's about saying well, why has that happened, is the support that's in at the moment is that, is it valid, is it the right kind of support? It's about evaluating there and then, so it's constant evaluation of the support you're offering really, on a daily level, and on a more kind of review level. I think part of my role as a social worker is to facilitate the communication of, the possibility if there is another view within mental health.

Psychiatry's changing, but the main sort of psychiatry is the medical model, it's a very clinical way of looking at mental illness, and mental health difficulties, and obviously coming from a social work perspective, it is based more in psychology, it is based more in social construction of mental illness or illness in general, and on a broader scale, social, political views of illness and normality. So when you're sitting in a ward round meeting, obviously you can't do all that in one meeting, to be able to make sure all those angles are covered. But I think it's very important as a social work role, to be able to facilitate some of those ideas, within review of someone's support package. Not to counteract the medical model, because the medical model's extremely important, but to maybe balance it out a little bit. So it's more about, being

able to be assertive enough, to challenge someone who's got that much authority. Because they have got an awful amount of authority, so it's being assertive enough, being confident in your own values and your own practise knowledge and skill base, to be able to say ‘well, I can see that view but hang on a minute, there's another way of looking at it’.

Ann Brechin
Although Denise, the team secretary, is the last person to speak in this section, her role is very important. She's often the first person callers at the office speak to, and the person who initially receives and responds to emergency calls.

Denise Bunney
I answer the telephone, pass messages on, so in that respect I act as the receptionist. I act as a secretary for all the team, I take the minutes of the business meeting which is held once a month. I'm involved in the allocation meeting every Monday morning, and my colleague on a Friday presents the list of patients that are going to be reviewed on the Monday morning. We're involved in the outpatient clinic which is held every Thursday afternoon, and then sort of really sort out any problems that might occur in the base. People ring the door, they have an appointment for assessment. They may be anxious or nervous, it's their first appointment at the base. So, you know I try and be approachable. You talk in a sort of reassuring and calm manner. In fact I've just had a lady on the telephone just a few minutes ago who's extremely worried about her granddaughter who had just taken an overdose, so I just said that I would make sure that the message got through to the nurse concerned, and I appreciated the difficulties and the anxiety that it was causing her, and just try and appear as calm as I can, and reassuring. It helps if you've got a calm manner, although you may not be calm inside. I remember one consultant I worked for, he said I always appeared calm and in control, but little did he know, that inside you know I was, extremely anxious.

I like to treat people how I would like to be treated myself. I always think if I go to my doctor's surgery, it's nice to be spoken to by the receptionist in a friendly, welcoming manner. A lot of it is through experience, working with two full-time medical secretaries, who are quite a lot older than myself, very mature and, I learnt an awful lot from them, and I think I've been able to help my colleague who has only been here nearly two years but, she was new to this area of work. So, because it's sort of teaching her the job it's helped me look at my own skills. I've worked for quite a few consultants in my years as a medical secretary, and, they've all had different personalities and different ways of working. Some preferred a more informal approach, and never minded me ringing them at any time or, where ever they might be. Other consultants have been, a little bit more remote, wanted a more professional approach, preferred to keep their own diaries, and didn't like to remind them too much of what they needed to be done. So I've had to adapt my approach to who I'm working with at the time, and I find that's quite useful in my job working for a team of people here, because they've all got different personalities, and I use a slightly different approach with each.

Things have changed over the years. Patient confidentiality is very much more important, although confidentiality has always been important. There's a lot more emphasis on it, and now we have data protection. At one time, if you had a telephone call from a patient or relative or a health care professional, you would perhaps discuss the patient over the telephone, but now you would probably take their telephone number and, call them back with any information that they may require. I think patients today are much better informed, and they know their rights, and I think sometimes they can be more demanding.