

Enhancing Practice

2022 Conference

*20:20 Vision – Transforming Our Future
Through Person-Centred Practices*

WEDNESDAY 6 – FRIDAY 8 APRIL 2022
SAGE HOTEL WOLLONGONG, NSW AUSTRALIA

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Being Person Centred: exploring education to inform practice

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Phd Candidate – *“Being Person Centred”*



***“Australia’s mental health system is not
person-centred. It should be”***

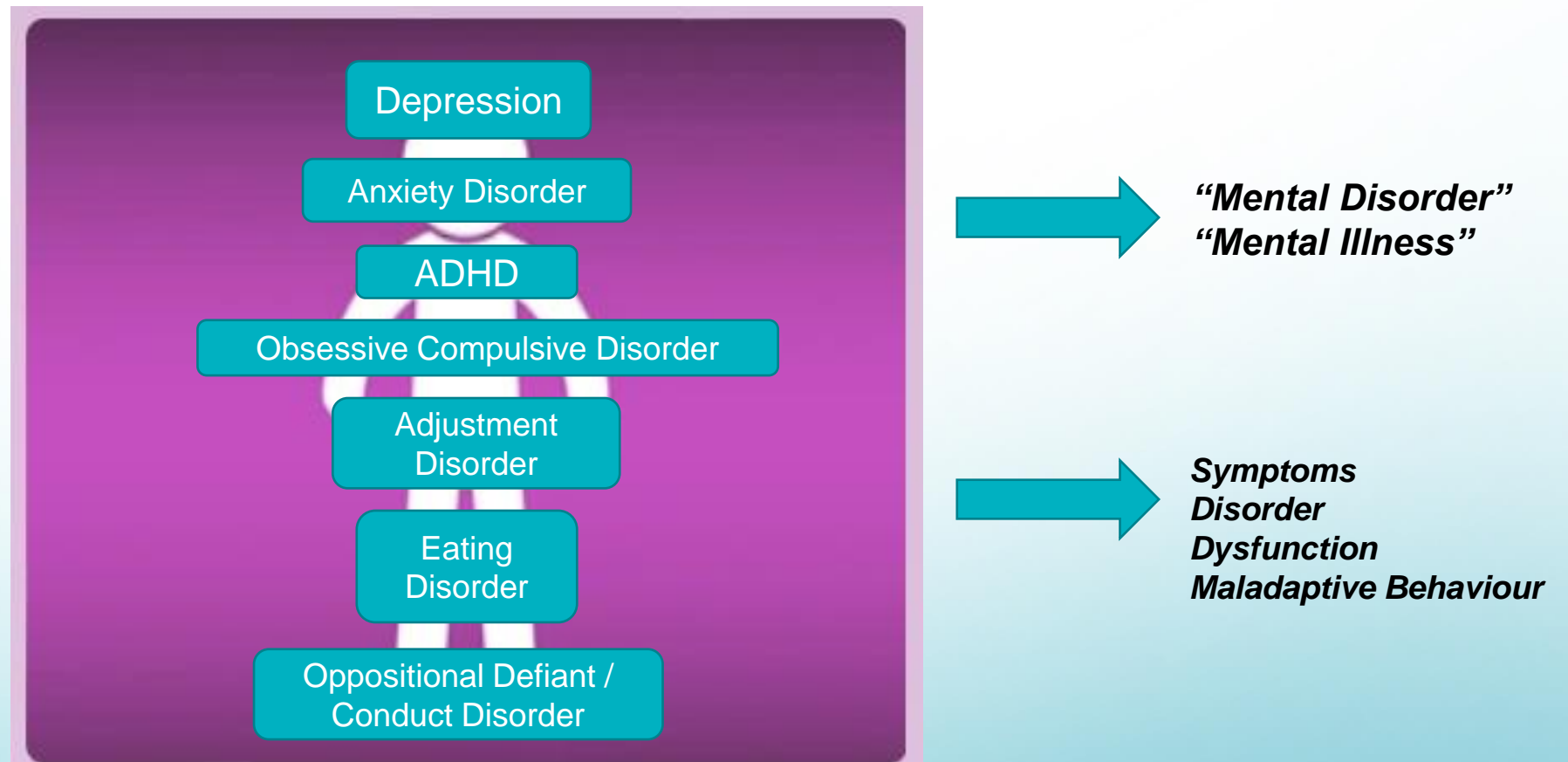
2020 Australian Productivity Commission Inquiry Report on Mental Health

2020 Consumers’ Health Forum of Australia - Consumers’ Commission Report

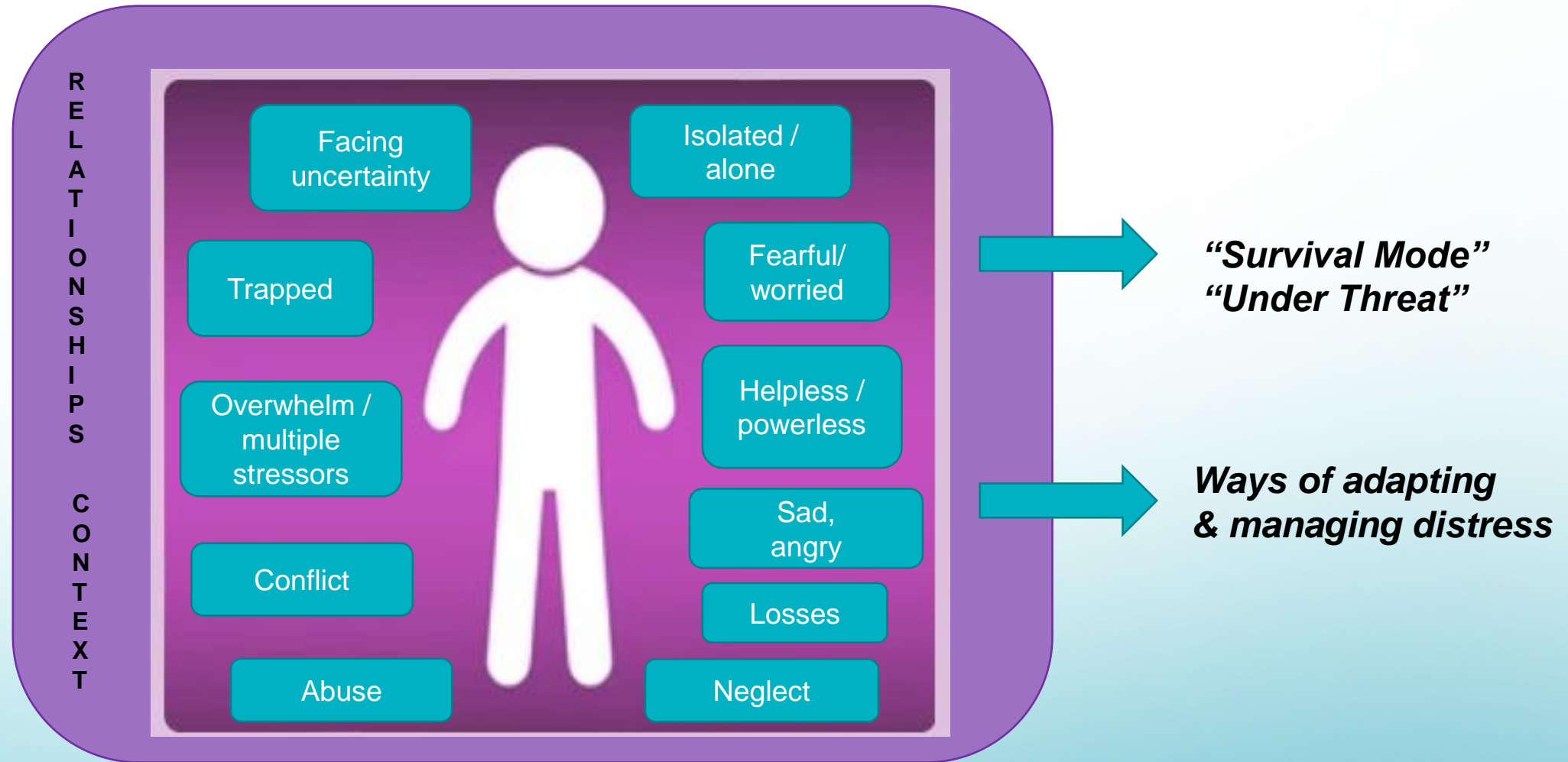
Mental Health in the context of Covid-19

- **Calls to mental health support lines increased 16 - 77%** (Lifeline, BeyondBlue, Kids Helpline)
- **Mental health medical prescriptions increased 18.6%** during first wave of pandemic
- **Emergency department visits for self-harm and suicidal ideation up 31% for children & young people** in NSW 2021 lockdown
- **Increasing diagnosis of mental disorders** – anxiety, panic, depression, eating & substance use disorders
- Australians became eligible for an **additional 10 sessions under Medicare *Better Access* scheme**
- **\$11 billion spent on mental health in Australia in 2019-20**

How do we see “Mental Health” patients / clients?



How might we see people / patients/ clients?





**Humanistic
Person-centred**

Subjective, Lived Experience
Personal Meaning & Values
Therapeutic Relationship
Moment-to-moment Interactions
First-person perspectives,
over application of doctrines, theories or
pre-determined classification criteria

**Counselling
Education & Practice**

**Biomedical
Model /
Medicalisation**

DSM-5
Mental Disorders
Mental Illness
Mental Ill-health
Symptoms, Evidence Base, Cure
Genetic & Biological Causes
Diagnosis essential to inform treatment

**Psychiatry &
Psychology**

Understanding the bio-medical model in context

- Is *one* “model” of understanding people’s experiences / distress
- Consider political, social & historical influences of psychiatric diagnosis and treatment
- Explore role of diagnosis – pros / cons
- Reflect on the validity and reliability of DSM-5 / ICD-11
- Understand how the current Australian mental health system is accessed - what is, or is not, in focus
- Identify personal responses, values and beliefs - re mental illness, distress & recovery
- **Multiple models: recovery oriented, person-centred, trauma informed, PTM, bio-psycho-social**
- **Perspectives of clients/patients/others as *central* – lived experience, from multiple perspectives**

People as fellow human beings, experiencing understandable human distress & responses

Personal beliefs, assumptions, experiences, preferences –

understanding & responding to *human distress...*
as a *person* and counsellor/psychotherapist

+ other influences: social, cultural, spiritual, moral, professional, language, biases/stigma etc.

Medical/Biomedical Model

*Symptoms
Diagnosis
DSM-5 / ICD-10
Disorder & Illness
Medication
Psychological
Treatment*

Recovery Oriented & Lived Experience

*Learning from
'lived experience'
of clients /consumers*

*Know & apply key
principles that help
promote 'recovery'*

*Stance of 'working with'
& not 'doing to'*

Trauma Informed & Developmental

*Range of experiences
viewed as 'trauma'*

*Prevalence of 'trauma' &
adverse experiences*

*Implications for approach
to working with clients*

Biopsychosocial

Integration of multiple influences

*Social and environmental impacts
alongside the biological &
psychological –*

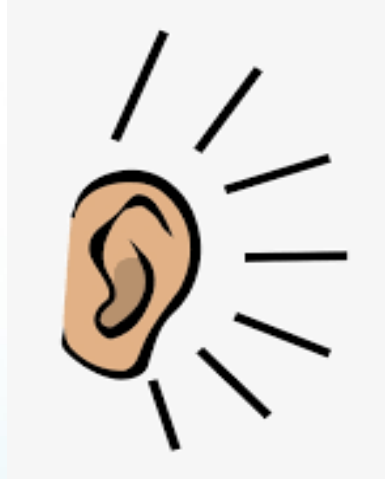
*value to explore and understand as
a counsellor/ psychotherapist*

Diagnosis, Assessment, Treatment & Services

*How do the above influence your focus & approaches to human distress & experiences?
How might you work alongside professionals, clients & services with varied focus or needs?
What can hinder or help people experiencing 'human distress'?
What might help (in working alongside others) to promote 'recovery'?*

Exploring one *person's journey*: adverse experiences & recovery

What's wrong with you?



What happened to you?

How did it affect you?

What sense did you make of it?

What did you have to do to survive?

What are your strengths?

What is your story? (How does all this fit together?)

What students say...

- *“This unit has completely changed my view on mental illness”*
- *“I feel more hopeful now, both for myself and my clients”*
- *“I used to think all I needed to focus on was providing an accurate diagnosis, I feel sorry for the patients who I could have understood and responded to differently now that I've done this subject”*
- *“This unit has opened my eyes to how I look at people, it's helped me understand trauma better and the ways people cope and recover”*

Questions to consider...

- Do we need to re-orient our focus and services when it comes to “mental health” in Australia?
- Is a “*disorder*” or “*mental illness*” diagnosis a necessary pre-requisite to access treatment / support?
- Are we at risk of losing sight of the “*whole person*”? (And broader social-political context?)
- How can we bring more person-centred approaches into education and practice?

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