



Healthcare and Mental Health Part 1: The Treatment Team

Kim A. Drury RN, MSN

There are many different types of healthcare and interventions (i.e. modalities, methods) that can enhance mental health and treat mental illness or problems. Most people think of counseling (i.e. psychotherapy) and medications (i.e. psychotropics). These types or modalities of treatment are very important and continue to be some of the major methods of treatment today. In another article we will look at each of those therapies in more detail.

Treatment is prescribed, delivered, evaluated and re-evaluated in an ongoing process involving several types of professionals in a team approach (i.e. Treatment Team). Confidentiality as well as HIPPA requirements are strictly adhered to. The team and process is "interdisciplinary" or "multidisciplinary" because it includes all professionals from many areas who provide and/or recommend treatment, rather than just the psychiatrist and psychologist. The treatment team invites the patient to be a part of the treatment team and decisions about their care providing more opportunities for truly "holistic" healthcare. In addition to counseling and medications, the treatment plan looks at housing, transportation, financial resources, nutrition, spiritual concerns and the need for assistance to perform the usual and functional activities of daily living.

A healthcare plan is started, goals are created, ways (i.e. interventions) to meet those goals are included, and the entire plan written down so that every team member understands what is expected, who is responsible for what part of the overall plan, and progress toward goals is documented. The plan is a "work-in-progress" and evolves as goals are met or changed depending on what is happening on a daily, weekly and monthly basis. The patient or client is directly involved to the best of their ability. On some occasions the patient's family or other supportive persons may be invited to come to a meeting to discuss specific information or needs. The psychiatrist and patient usually has to agree to their presence when. In cases where the patient is not able to participate in treatment team and make healthcare decisions (ex. Has advanced dementia), the person who has power-of-attorney (POA) for the patient usually is included because they are making treatment decisions for the patient.

The POA should have been designated by the patient and obtained before the patient became so ill and needed someone they trust to make health-care decisions for them. A copy of the POA should be kept with the patient records while the person with POA and the patient should have the original documents. If a POA has not been chosen, the family should meet with the social worker to take steps to obtain this. In some cases where there is no family available or willing, a close friend, neighbor, fellow church member or even their attorney could obtain a POA. Sometimes the POA is temporary until the patient has recovered enough to handle their own affairs again (ex. Psychosis, mood disorder). The best time to plan and obtain a POA is

before problems start. This is also true of living wills for both medical and psychiatric/mental healthcare as well as other wills and financial arrangements.

The team meets on a regular basis (ex. When in-patient every 7 days) and meeting are documented. The treatment team approach is used in both inpatient and outpatient settings including home healthcare.

Typically members of the treatment team include, but are not limited to:

<ul style="list-style-type: none">• Patient• Psychiatrist• Psychologist• Social Worker• Case Worker/Manager• Nurse	<ul style="list-style-type: none">• Dietician• Occupational Therapist• Activities Therapist• Dietician• Chaplain or other Spiritual Advisor (may include their own priest, minister/pastor)
---	---

Additional members of the treatment team may include healthcare professionals who are also providing care or are being consulted with for other physical problems:

<ul style="list-style-type: none">• Medical Doctor• Physical Therapist• Speech Therapist	<ul style="list-style-type: none">• Outpatient Case Worker/Manager or Intensive Case Manager (ICM)• Support Person (ex. In Virginia anyone chosen by the patient as their support person is actively involved in their care)• Therapeutic Support Person (ex. In Pennsylvania a TSP or TS Worker spends time with a patient helping them benefit from recreational or fun activities that have a therapeutic purpose)
--	---

In another article we will look at how each member of the Treatment Team contributes to wholistic healthcare for patients.

The general goals of all treatment include:

- Supporting, sustaining or improving mental health.
- Reducing any negative effects of mental illness.

- Promote increased insight.
- Develop and strengthen coping skills.
- Enhance social functioning.
- Promote and improve decision making and problem solving skills.
- Provide education.
- Assist to improve self-confidence.
- Assist to increase self-knowledge.

References:

- Arce, A. (2009). Family-focused therapy may benefit bipolar children. *NeuroPsychiatry Reviews*, 10(1),1, 16.
- Boyd, M.A. (2002). *Psychiatric nursing: Contemporary practice* (2nd ed.), 57-61,172,271-273,276-307. Philadelphia, PA: Lippincott.
- Fontaine, K. L. & Fletcher, J. S. (2003). *Mental health nursing* (5th ed.),19-21, 233-265. Upper Saddle River, NJ: Prentice Hall.
- Fortinash, K. M.& Holoday-Worret, P.A. (2003). *Psychiatric nursing care plans* (4th ed.), 345-349. St. Louis, MO: Mosby.
- Keltner, N.L., Schwecke, L.H. & Bostrom, C.E. (2007). *Psychiatric nursing* (5th ed.), 62 & 63, 137-140. Chapters 3, 4, 12, 13, 14, 23, 24, 25, 38, 39 & 40. St. Louis, MO: Mosby/Elsevier.