Contemporary practice of psychiatry is witnessing a radical shift in the care of mentally ill. As compared to the 20th century, we are now moving towards community psychiatry and large mental hospitals and asylums are closing with a shift to manage these patients closer to their homes. Following these changes in mental health care, current literature provides growing evidence for developing partnership with patients, carers and family members in the delivery of mental health services. While this approach is appreciated for improving the quality of life of patients, there has also been some concerns about increasing burden of carers and families when they have limited resources and support to face the challenges in dealing with the management of their patients.1

Treatment and management of mental health problems are complex and needs a wider recognition for having patients and care-givers involvement in the treatment processes. Patients with mental health problems unfortunately suffer from a wide range of psychosocial adversities and require engagement leading to more empowerment in decision making processes. Furthermore, quality of health services can be measured by the experiences of patients and their families. Their viewpoints can reflect their happiness as well as the effectiveness of the services that could be based on their knowledge and understanding of their role in the treatment processes.

However, in many societies, the nature and role of families are either undermined or not fully understood.2 Families may be considered as a cause for the onset of mental health issues and can be blamed for causing or triggering the illnesses. Similarly, the clinicians are given the full authority to decide about the treatment choices and preferred possibilities. Their role may be acknowledged as “the ultimate expert” who can decide in a final way and patients or families may have limited opinions in such decisions. Professionals may also consider confidentiality issues as a primary reason for not sharing information and taking relatives or family members on board, so they are frequently excluded from the decision-making processes. Apart from confidentiality reasons, clinicians may not have sufficient training and skills to deal with families and patients in terms of supporting and dealing with their concerns.3

The clinicians and professionals are increasingly persuaded that patients and their involvement across the care pathways may reflect the ability and proficiency of the services. While stigma, misunderstanding and misconceptions about mental illnesses play an important role in future adherence and compliance to treatment, ignorance and unfamiliarity with the services can likewise obstruct the pathways to recovery.

At a conceptual level, one can find several models of care about developing partnership with patients and carers.4 Some of these approaches include individualised care, patient-centred care, sharing knowledge and enhanced participation of patients and their families in decision making. All these models work around techniques of improving patient’s input in the treatment process and fostering a sense of empowerment for the users of the services.5 Similarly, professional organisations working in the field of mental health are supporting priorities to these initiatives. They advocate encouragement of patients and families lead and assisted care services along with providing training to all stakeholders for gaining more skills, information, and techniques for self-management.6,7

It is evident from research that family’s involvement adds a tremendous value to clinical outcome and improves prognosis by early recognition of relapse signs, increasing compliance to treatment and reducing the need for in-patient care. Moreover, taking patients on board for their care proves very beneficial and enhances patients’ confidence, adherence, and engagement for future cooperation.8 Despite the importance of this subject, it is taking long to follow these principles which could strengthen empathic and supportive interactions in our routine clinical practices. It is evident from the literature that most of the health policies are still lacking the core component of patient and carer’s involvement in the treatment of severe mental illnesses. On the other hand, if these polices exist and are available, then these are
generally inconsistent and poorly implemented.

There is, thus, a need for the clinicians and professionals to gain competency in dealing with the requirements of their patients. Encouraging patients and family members to ask questions and take part in decision making for treatment may also set the scene for a broader change in our attitudes and approaches towards developing partnership with patients and carers. If implemented, this approach will certainly enable the patients and carers to gain more knowledge, achieve more confidence and to become well informed to take central role for their responsibilities.

Many professional organisations have developed guidelines and recommendations of working with patients, users, families, and carers. These directions are very helpful in policy making and training of workforce as well. All these guidelines strongly recommend training of families and considers this approach as a highly relevant step towards improving the care services especially in countries with limited resources and poor infrastructure for the delivery of mental health services. Patients may be helped by increasing their social network and encouraging family members through psychoeducation and social skills training. Training of families in dealing with the problems-solving techniques and use of therapies like cognitive behaviour therapy in dealing with simple or complex problems is equally important and help in expanding the support network for our patients.

We are entering into an era where openness and fairness are the core principles for our health and social care policies. It is urged that health and social care professionals should be trained to use the patient-centred approaches to treatment and care by engaging patients and listening to carers and families in a helpful, respectful and a dignified way. We need to understand the needs of our patients when they are in crisis and take measures to help in reducing their level of distress and support their carers to improve their engagement and satisfaction with the health systems. There are ample evidence that effective and clear communications between patients and clinicians can improve patient’s experiences and health outcomes and enhance their quality of life.

It is true that in several countries, the current health care systems are under resourced. However, we need to emphasize the use of all available expertise and knowledge to fill these gaps. It is hoped that following the principles of developing partnership with patients and carers, future strategies will help in establishing special groups in professional associations to enhance appropriate skills and expertise and to design standard training programmes. The know-how and the expertise of these groups need to focus on developing communication skills, personalised care planning and educational skills for workforce development. The partnership with patients and their families is crucial for the usefulness of our health services and should assume a priority for preparing and implementation of such policies. Whereas, effective partnership will depend on the success of future planning. Finally, there is also a need to include evaluation processes to find out the impact of these initiatives.

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