

THE PERSON-CENTERED APPROACH TO BEHAVIORAL HEALTH CARE

What is person-centered care?

Person-centered care is an approach to behavioral health services that “puts the person in the center of care” by providing a range of services from which a person can choose, based on his or her needs and preferences. It allows people to more fully participate in the decisions that affect them. Crisis services that enable people to get help when, where, and how they want it are an important model for adapting more person-centered care to health and behavioral health care systems, in general.

Why is person-centered care important?

Traditionally the options for treating individuals in crisis have been either in an emergency department or admission to a hospital followed by referral to office-based outpatient mental health treatment. The assumption here is that the only effective treatments for a person in crisis must occur in a face-to-face setting. However, these options are “frequently inadequate and expensive” (SAMHSA, 2012, p. 7). In addition, recipients can experience these services as disempowering.

Offering an array (or choice) of crisis services that includes alternatives to hospitalization—such as 24/7 telephone crisis services—exemplifies person-centered care. Research shows that telephone crisis lines can reduce a caller’s distress and desire to die. Research is also underway to explore whether technologies such as text messaging and online chat can be effective as well. In addition, strong evidence supporting the efficacy of remote care approaches to managing mental health problems, such as telepsychiatry (via video conferencing) and online cognitive-behavioral therapy interventions, further challenge the notion that effective care can only occur when a clinician is physically present with the patient.

Given that roughly two of every three persons with a diagnosable mental illness are not accessing mental health care in this country, care models that provide access to help when, where, and how persons want it hold promise for both preventing and intervening with emotional and suicidal crises. Effective care begins with care that patients will accept and use.

What are the challenges to implementing person-centered care?

There are challenges to implementing person-centered care for behavioral health care. Providers may not want to work late at night and/or early in the morning. Insurance companies may only reimburse services provided in a traditional office-based setting. And it may be difficult to locate and provide services to individuals in life-threatening situations if they disengage from services provided via telephone, text, and/or online chat.

How can we overcome these challenges?

There are ways to overcome these challenges and bring person-centered care to people in need of behavioral health and suicide prevention services. Funders and insurance companies can be educated to understand that person-centered care is both cost-efficient and effective. In addition, they can be educated to understand that individuals are more likely to engage in treatment that is offered in the way they want, rather than imposed on them. Providers can also be helped to design more flexible services, including those possible through partnerships with other organizations that already provide a wider range of options.

“The best way to keep individuals safe from suicide is to empower them to want to keep themselves safe.”

John Draper, PhD,
Director of the
Suicide Prevention
Lifeline Network