

Effective communication strategies when supporting individuals experiencing mental health difficulties

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Abstract

This article explores the significance of effective communication for nurses when interacting with individuals experiencing mental health issues. Emphasis will be on the importance of adopting person-centred communication styles that prioritise empathy, with the aim of creating a therapeutic rapport. The article underscores the role of the nurse in promoting positive mental health outcomes through proficient use of communication techniques, recovery-focused communication and reducing stigma.

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Keywords

active listening, communication, interpersonal skills, mental health, mental health service users, nurse-patient relations, professional, talking therapies

Introduction

In recent decades, there has been significant evidence to support the positive effect of enhancing communication between healthcare professionals and those accessing healthcare services (NHS England 2020). In nursing specifically, effective communication is a cornerstone of compassionate care, particularly in individuals experiencing mental health difficulties (Nursing and Midwifery Council (NMC) 2018, NHS England 2023a). The significance of good communication, coupled with the use of appropriate language by healthcare professionals when caring for individuals experiencing mental health difficulties cannot be overstated, primarily because

these elements establish the foundation for therapeutic relationships and have a pivotal role in supporting service users' recovery (Trenoweth et al 2017).

Mental health issues

Mental health issues encompass a **wide spectrum of conditions, each characterised by unique manifestations** [Q can you give a little more detail here for the uninitiated reader – i.e. are you talking about conditions such as depression, anxiety and psychosis, and manifestations such as extreme mood swings; hallucinations/delusions and self-harm etc?]. [Correct, all of those listed. I had previously listed them, but they were suggested to be removed as part of peer review feedback – happy to include something like “Mental health issues encompass a wide spectrum of conditions, such as anxiety, depression, psychosis, mood disorders and self-harming behaviours, each manifesting in a variety of ways”. The diversity of these presentations requires a versatile and nuanced approach from nurses if they are to optimise communication with service users (Williams 2014, Reid 2017) [Q see queries in reference list about these two references?] [revised in references section]. Therefore, nurses need to equip themselves with an understanding of communication strategies such as active listening, validation, and crisis communication. This will enable nurses from all fields to create a safe and empathetic environment that encourages open dialogue with service users who are experiencing mental health difficulties. This in turn will better enable service users to express their thoughts, feelings and concerns, all of which will contribute to a therapeutic rapport between the nurse and service user (Norman and Ryrie 2018).

This article will explore the various communication strategies that nurses can use when engaging with individuals experiencing mental health difficulties, equipping nurses with a comprehensive toolkit to meet the unique needs of their service users.

Strategies for communication

Empathy and active listening

Engaging with individuals with mental health issues is often complicated and emotionally charged [Q can you give a little more detail here for general nurses– why is this the case, i.e. is it because many mental health conditions involve challenges with interpreting the tone of conversations, or being wary of other people's motives; or that psychotic conditions often involve an element of paranoia etc?] (NHS England 2023a). Therefore, empathy and active listening are not merely desirable attributes; they form the foundations of nurses' effective communication and care delivery (National Institute of Health and Clinical Excellence (NICE) 2019).

Empathy

Originally deriving from Rogers' (1951) work in psychology, a **humanistic approach** [Q to communication; to therapeutic relationships etc?] [both, but also neither, here I am just identifying the origins of 'unconditional positive regard'.] encapsulates the core concept of unconditional positive regard, which is prevalent in nursing. Unconditional positive regard involves the nurse accepting the individual as a human being first and foremost, rather than basing any judgements on their surface appearance or behaviours (Stenhouse and Muirhead 2017). Rogers' (1951) influential work also stresses the importance of demonstrating empathy in any communication, which can assist nurses to establish trust and rapport with a service user and thereby ensure a profound connection, all concepts which remain prevalent in modern nursing (Cunico et al 2012).

Fernandez and Zahavi (2020) described empathy as the ability to understand and relate to the situation of others. Empirical research including one cross-sectional study of mental health units (Moreno-Poyato and Rodríguez-Nogueira 2021), demonstrated the positive effects of empathy on nursing interactions and suggested that service users who perceived higher levels of empathy from staff reported reduced anxiety and enhanced engagement with treatment (Davis 1996). Furthermore, a meta-analysis by Nienhuis et al (2018) demonstrated a significant correlation between empathy and improved therapeutic relationships, which in turn led to enhanced adherence with treatment plans and recovery rates, although this evidence primarily related to relationships between psychotherapists and their clients. However, while the benefits of empathy in fostering trust, rapport and positive clinical outcomes have been demonstrated, nurses should exercise caution and not assume that simply 'presenting' as empathetic will mean that they automatically understand an individual's distress (Skidmore 2005, Baughan and Smith 2013). However, while few nursing academics would refute the clinical benefits of empathy, its effects are challenging to measure and quantify, with a recent study by Vieten et al (2024) suggesting that there are over 500 different measures of compassion and empathy.

While empathy is arguably paramount in the delivery of modern healthcare, it is noteworthy that the word subject is entirely absent from The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (NMC 2018). Also, it

has been argued that the latest **NMC standards for nurse education** [Q can you reference these?] (NMC, 2023 – added to reference list also) have shifted the focus of mental health nurses towards ‘generic’ **physical health-related skills** [Q such as – could you give an example of these?] [such as cannulation and nasogastric tube insertion], as well as providing little incentive for general nurses to acquire skills that would support them with the ever-increasing number of interactions they have with those experiencing mental health issues (Warrender et al 2024). This is despite data between 2018 and 2021 estimating that 4.2% of presentations to acute medical units and emergency departments in England were due to mental health issues (Cann et al, 2022) [Q have we placed this reference correctly – does it relate to the 4-5% figure?] [incorrect reference, my apologies, reference removed and correct reference added to ref list, amendments in green]). While it is important to consider the role of the coronavirus disease 2019 (COVID-19) pandemic on these figures, data from 2021 suggest 4-5% is a gross underestimate and the real figure of mental health presentations to acute medical units and emergency departments is closer to 60% (Health Services Safety Investigation Body 2021).

Active listening

Active listening is a term used in many areas of healthcare, whether in relation to clinical interactions, counselling approaches or quality improvement initiatives (NHS England 2023b). As a communication skill, it complements empathy by providing individuals with a safe and supportive space to express their thoughts, emotions and concerns. Extending beyond the act of hearing, active listening involves a conscious effort to understand the nuances of the individual's communication, including their body language, tone, and what may be ‘unspoken’ (Bramhall 2014).

Miller and Rollnick’s (1992, 2023) work on eliciting behavioural change through motivational interviewing emphasised how active listening significantly enhances an individual’s self-efficacy and motivation. Moreover, a qualitative exploratory study by Horgan et al (2021) found that nurses using active listening skills fostered constructive clinical interactions, reduced conflicts, and enhanced treatment adherence. Webb (2019) describes this process as ‘a performance that uses verbal and non-verbal cues’ and suggested that nurses should always be using this skill. However, **a common misinterpretation among clinicians is equating listening to understanding, particularly crucial when working with individuals experiencing mental health difficulties, where the service user feeling understood during a conversation or consultation is pivotal for establishing therapeutic rapport** [Q can you clarify – we are not quite sure of your meaning – are you saying that listening to someone does not mean you necessarily understand them; and what is it that is particularly crucial?] [that’s correct, would this need further rephrasing or are you happy with the current phrasing?] (McAllister et al 2019).

Box 1 outlines some of the basic principles’ nurses can use to demonstrate that they are ‘actively listening’.

Box 1. How to use active listening in clinical practice

1. **Be clear** – clarify any technical terms and avoid jargon
2. **Paraphrase** – use some of the person’s words when checking your understanding; for example, ‘Am I correct that you are feeling “really angry” lately?’ [Q we’ve added an example here, but it may not be right – feel free to add your own?] [perhaps, “if I’ve understood correctly, these events have made you feel “incredibly anxious”]
3. **Try not to interrupt** – enable space for the person to talk openly
4. **Be mindful of body language** – often body language can say more than the words a person is using. Look for any incongruency between the two [Q can you give an example of this, such as if they say they are feeling calm but are constantly biting their nails?]. [for instance, a patient states they are feeling calm, but consistently shaking their legs.]
5. **Be comfortable with silence** – enable the person to reflect on what has just been said and do not rush to fill any periods of silence
6. **Summarise** – ensure that you have ‘captured’ the person’s thoughts and perspective by repeating back salient points of the discussion

(Adapted from NHS England 2023b)

An important note for nurses is that empathy and active listening are not abstract ideals, but pragmatic tools that they can use in their clinical interactions. The **cognitive and emotional manifestations of mental health issues** [Q can you give an example of these that might impede a person’s articulation?] [For example slower information processing in people experiencing symptoms of schizophrenia] can impede a person’s ability to articulate their experiences, requiring nurses to exhibit heightened sensitivity and skill in active listening (Berzins et al 2020). In summary, empathy and active listening have a vital role in establishing therapeutic relationships, enhancing clinical engagement, and contributing to holistic care for individuals experiencing mental health issues.

Validation

The therapeutic origins of the concept of validation stem from psychological approaches such as dialectical behaviour therapy (Linehan 2015) and validation therapy for people with dementia (Feil and de Klerk-Rubin 2015). However, validation techniques also represent a compassionate and empathetic approach to communication that nurses can use to acknowledge and affirm the thoughts, feelings and experiences of individuals with mental health difficulties. As with empathy and active listening, these techniques have a pivotal role in developing therapeutic rapport and trust (Norman and Rylie 2018).

Fundamentally, validation entails recognising and accepting the emotions and perspectives of a person who is in distress without judgment (Linehan 2015). This does not mean that the nurse has to agree with a person's delusions or endorse any thoughts of self-harm, but rather acknowledge the other person's subjective reality and provide a safe space for expression (Rathus and Miller 2015).

There are various validation techniques that nurses can employ, encompassing verbal and nonverbal strategies that convey understanding and empathy, and which can be tailored to the specific needs of the individual. Some common validation techniques include (Feil and de Klerk-Rubin 2015, Linehan 2015):

- » Reflective listening – acknowledging and reflecting the person's feelings and thoughts back to them, such as saying, 'I hear that you're feeling very anxious right now.'
- » Empathetic statements – expressing empathy by acknowledging the person's emotions, for example, 'I can see that this situation is causing you a lot of distress.'
- » Nonverbal cues – using body language, for example respectful eye contact and a calm tone of voice that conveys attentiveness and concern.
- » Summarising – summarising what the person has said to show that you have been actively listening and understanding their perspective.
- » Affirmation – **offering affirmations that validate the person's strengths and coping mechanisms, even in the midst of their difficulties** [Q can you give an example of such an affirmation?]. [For instance saying "it was positive that you managed to make it your appointment even though you find some of the conversations challenging"]

These techniques are particularly valuable when working with individuals who may be experiencing **mental health issues** [Q such as anxiety?] [This has been specified earlier on, do you think it's necessary to repeat and specify?], agitation or confusion, and serve several critical purposes, such as providing emotional support and de-escalating crisis situations (Carson-Wong et al 2018). For nurses, the effective use of validation goes beyond superficial communication and can be used to create a therapeutic environment where individuals feel heard, respected and empowered to navigate their mental health challenges (Chambers 2017).

Conflict resolution and de-escalation techniques

Since 2020, conflict resolution has been included in the NHS core skills training framework and is now part of undergraduate nursing programmes across the UK (Skills for Health 2023). De-escalation techniques are a fundamental component of conflict resolution and are a recommended non-physical intervention, which can be applied when individuals experiencing mental health crises display agitation, emotional distress or even aggressive behaviours. The aim of de-escalation techniques is to defuse tension and facilitate dialogue (Bowers 2014, NICE 2015, Price et al 2015). De-escalation is defined by Lavelle et al (2016) as 'the use of verbal and nonverbal communication to reduce or eliminate aggression and violence during the escalation phase of a patient's behaviour'.

Ultimately, effective de-escalation requires a combination of clinical expertise, empathy and effective communication, and as such is an amalgamation of the skills discussed so far in this article. It is crucial for all nurses to acknowledge that dealing with individuals experiencing mental health issues, particularly when they are angry, can be incredibly challenging, particularly for nurses with little experience of defusing such situations (Lowry et al 2016). Figure 1 outlines the steps nurses can take when implementing de-escalation strategies.

Figure 1. De-escalation strategies – where to start

Fig 1: De-escalation strategies – Where to start



4. Set clear boundaries. For example, state that 'We both need to stay safe during this conversation,' thereby setting the expectation for respectful behaviour
3. Clarify the individual's concerns and offer reassurance about their safety. Phrases such as 'I hear that you're feeling upset. I'm here to help you,' can communicate understanding and validate their feelings
2. Connect with the individual. Approach calmly, introduce yourself, and use the individual's preferred name. Speak in a composed and respectful manner, maintaining appropriate eye contact
1. Begin with a quick but thorough assessment of

The steps in Figure 1 are not designed to be rigidly applied, but rather offer a starting framework that nurses can adapt to the unique needs of each situation and individual. The effective practical application of de-escalation techniques involves the nurse **knowing when to involve additional support such as mental health specialists to ensure the service user receives the appropriate level of care** [Q can you clarify – are you taking about asking for help in the middle of an incident – is it practical for general nurses to expect to be able to call upon a mental health specialist in the midst of an incident?] [This is more about knowing their own limitations and seeking appropriate help if they feel a situation is becoming unmanageable] (Skills for Health 2023).

Barriers to effective communication

The importance of effective communication is evident across all fields of nursing; however, working with individuals experiencing mental health issues presents unique challenges. For example, barriers to nurses having effective clinical interactions with people experiencing mental health issues often stem **from the stigma that still persists around mental health, hindering open discussions and perpetuating misunderstandings** [Q can you clarify – are you saying that the nurses themselves may have absorbed negative attitudes towards mental health patients – that they are violent, unpredictable etc – and it is this stigma that precludes open communication between nurses and service users?] [that's correct, perhaps this could be more specific e.g. from the stigma that still persists around mental health such as associations with aggression and unpredictable behaviour which may, in turn, hinder open discussions and perpetuate misunderstandings] (Happell et al 2018, Mental Health Foundation 2021). A recent scoping review by Thirsk et al (2022) used knowledge synthesis to map key concepts in the way nurses' implicit biases can affect their decision-making and clinical judgement. The findings reaffirmed the long-known effect of negative stereotypes and bias on nurses' ability to engage with individuals experiencing mental health issues without judgment. Overcoming these biases, intentional or not, can be challenging, but remains key to promoting open and empathetic communication.

Peart et al (2023) suggested that a further barrier to effective communication is nurses' lack of confidence in assessing and managing people who present with mental health issues, especially within general nursing settings. **Undergraduate nurse training [Q general nurse training or mental health as well?] [both, this relates to the previous point about generic NMC standards]** in the UK has attracted criticism for its disproportionate focus on physical health procedures, potentially leaving nurses ill-prepared for scenarios that require nuanced communication (Mackintosh-Franklin 2016, Warrender et al 2024). Without specialised education, **nursing students [Q general?] [yes, general]** may lack the knowledge and skills required to engage effectively with individuals experiencing mental health issues.

Suicidal ideation

Suicidal ideation is a common phenomenon [Q can you provide some context to this statement – do you mean among all people experiencing mental health issues; in certain conditions such as depression; among the general public etc?] [In the general population

statistics from the 2023 suicide report suggest that over 70% of people who die by suicide are not in contact with MH services, but I didn't feel that was pertinent when considering ideation]. House et al (2020) defined suicidal ideation as 'thoughts about undertaking the act of killing oneself (suicide) rather than to more free-floating thoughts about wishing to be dead or that life isn't worth living'.

Globally, it is estimated that there are now in excess of 700,000 deaths by suicide each year (World Health Organization 2021). The most recent data from England and Wales identifies that in 2022, there were 5,642 recorded suicides (Office for National Statistics 2023). These statistics provide context to explain why many **registered nurses** [Q general?] [All, including MH nurses] cite the '**fear of making things worse**' [Q is this a quote from a reference, or your own?] [Paraphrased from Dazzi et al and Obegi (refs at end of the sentence)] as a significant barrier to communicating with individuals experiencing mental health issues, especially those experiencing suicidal ideation (Dazzi et al 2014, Obegi 2019). Some of the common concerns reported by nurses when supporting individuals with suicidal ideation are summarised in Box 2.

Box 2. Common concerns when supporting individuals with suicidal ideation

Fear of triggering suicidal thoughts – nurses can be concerned that discussing suicidal ideation may lead to a deterioration in the person's self-harm or suicide thoughts, inadvertently pushing them towards action

Lack of confidence in responding – nurses may lack confidence in managing conversations around suicide, being concerned that they have inadequate support skills

Uncertainty about what to say – nurses may find it challenging to engage with expressions of self-harm or suicide, concerned that they might 'say the wrong thing' and cause further distress

Legal and ethical concerns – nurses may be concerned about the legal and ethical implications of discussing suicidal ideation, including their duty to report or intervene, leading to hesitancy

(Adapted from Blades et al 2018, Vandewalle et al 2020)

Muehlenkamp et al (2023) suggested that addressing some nurses' reluctance to discuss suicidal ideation requires specific training and resources because those lacking confidence in such scenarios are more prone to emotional distress and burnout. Training can equip these nurses with **risk assessment skills** [Q such as – can you give an example of such a skill?] [such as focussing on individual needs and psychological/physical safety rather than trying to stratify risk in to low, medium, high risk categories, NICE, 2022 (added to ref list)] enabling **appropriate referrals to services such as crisis resolution and home treatment teams** [Q do you mean that the nurses' risk assessment skills will enable them to know when a patient needs referral to the CRHTT – is there a particular sign?] [hopefully this makes more sense with the addition to the previous sentence?]. Healthcare institutions should establish clear **protocols and guidelines for supporting individuals experiencing suicidal ideation** [Q can you give an example of a guideline that might be required; i.e. that the nurse should always contact a mental health colleague if they suspect suicide?] [The challenge EDs face is that these protocols are often lacking, if they exist at all. Most common examples include a RAG rated risk matrix], thereby enhancing nurses' decision-making (Williams et al 2022, Muehlenkamp et al 2023). It is also vital for nurses to understand that discussing suicide does not increase an individual's self-harm risk; in fact, discussing suicide can foster connection with them and aid their recovery (Joiner et al 2012).

Time constraints

In a narrative analysis that focused on interpreting human experiences, Hemsley et al (2012) identified that many nurses consider time constraints a hindrance to effective communication, especially when interacting with people with developmental disability and complex communication needs in hospital. The findings suggested that nurses who perceived the time taken to communicate with people with complex communication needs as **fruitless** [Q can you clarify – by 'fruitless', do you mean these nurses did not see the point of talking to people with mental health issues because it would not make any difference?] [More that nurses who felt that the effort involved was too great, so therefore avoided these conversations entirely] often avoided such communication and as a result missed the opportunity to enhance their communication skills; conversely, those who regarded the additional time spent engaging with service users with complex communication needs as worthwhile experienced more effective clinical interactions (Hemsley et al 2012). However, this study's small sample size may limit its generalisability to larger nursing workforces such as the NHS (Parahoo 2014). Furthermore, given the study's age, Hemsley et al's (2012) **findings may not reflect the current state of UK health services, where**

issues such as high nursing vacancies and limited resources persist [Q we are not sure of the connection between the current state of the NHS and Helmsey et al's findings – are you saying that because of high nursing vacancies for example, many more nurses might now consider the time spent communicating with people with mental health issues a hindrance compared with 2012?] [The link (although less clear on a re-read) was that given chronic staffing issues, it's possible that fewer nurses would see this as 'time well spent' (for want of a better phrase, as they have less available time due to the associated work pressures they face now. If this overcomplicates the point, this final sentence could be removed)] (NHS Digital 2023).

Addressing systemic barriers to nurses' preparedness and ability to communicate effectively with people with mental health issues such as low staffing rates will require significant health service reform. Nevertheless, for all nurses, continued self-reflection and attempting to **challenge preconceived notions** [Q about what in particular – people with mental health issues; communicating with them etc?] [regarding people experiencing mental health issues] remain integral to their continuous professional development (NMC 2018, Price et al 2018).

Conclusion

Being able to communicate effectively with people experiencing mental health difficulties transcends generalist and mental health nursing specialties and provides invaluable benefits for both nurses and service users. By demonstrating empathy and using active listening techniques to develop an effective therapeutic rapport, nurses can enhance their understanding of the challenges experienced by people in mental health distress. The compassionate communication strategies discussed in this article provide a 'roadmap' for nurses to connect with people experiencing mental health issues and ultimately contribute to improved mental well-being and recovery.

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