



Person Centered Care Planning

Passion to Purpose, Progress to Practice

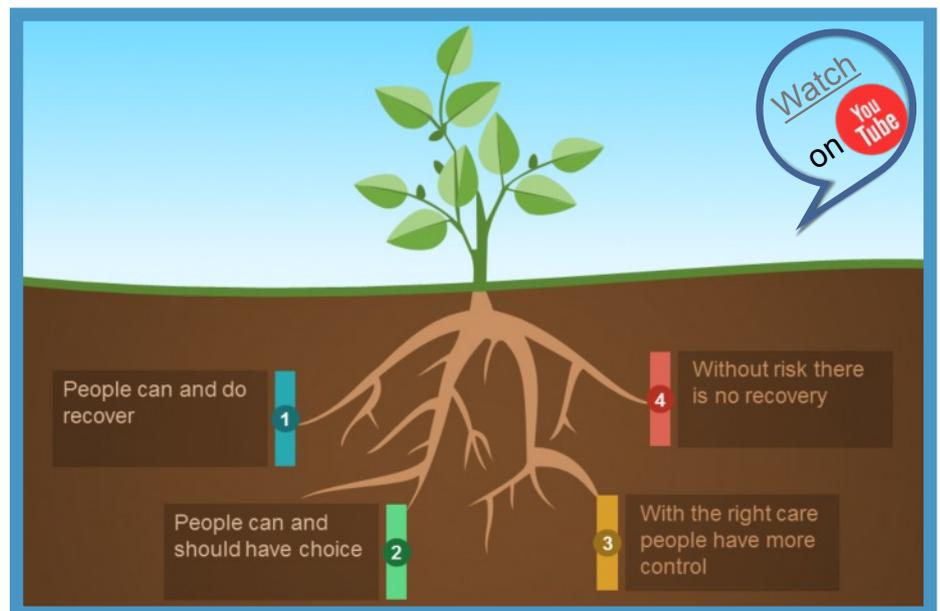
Storms make the Oak grow deeper roots. *George Herbert*

The roots are akin to the philosophy that guide practice. If the roots are healthy, the plant will be healthy. What we get to see is the stem, branches and leaves (our clinical practice), so unsurprisingly that's where we focus our attention, however what about the beliefs in which the practice is rooted. They are not in plain sight and could be the result of years of training or experience of working in a traditional model. It is important to be mindful that these roots would have taken a path through dilemmas like care and control, risk and recovery, that is contextual to the practitioners starting point. These roots will often be entangled in firm beliefs of what is compassionate care and a sense of responsibility towards the person one is supporting. In order to preserve what is good one needs to create an environment in which there is slow and careful airing of these deep roots and enough nutrients in the soil to reinvigorate the plant with recovery ethos.

Unfortunately there is also the reverse scenario where one is rooted in recovery ethos, but torrential downpour (a series of unfortunate events) causes water logging that rots the roots. What we then get to see is a much more conservative approach arising from a different belief set. At the surface it is expressed as concern for the person's wellbeing, but in reality has to do as much with the clinicians own anxieties from their previous experience of water logging and they end up fostering dependence. Being able to sense check and articulate ones current belief set might help the roots to thrive again.

Philosophy: First, and arguably most important, is the philosophy of person centered care planning (PCCP). PCCP can only grow out of a culture that fully embraces recovery, self-determination, and community inclusion: believing that people can, and do, recover. Believing that people can, and should, have choice in the decisions that impact their treatment and their lives. And believing that a meaningful life in the community is a fundamental right and NOT something that must first be earned through acts of compliance or demonstration of "clinical stability" – these beliefs are the bedrock in which person-centered care planning is rooted.

From being 'on top' to being 'on tap' is a fundamental shift in mindset. Embracing this new position is not easy, particularly for practitioners with a lifetime's experience in the traditional way of working. It challenges the paternalistic philosophy where care and control go hand in hand, the reality is that with the right care the person has more control. Clinicians who find themselves feeling solely responsible for outcomes, rather than as a partner to the person they are supporting, often struggle with positive risks, again the reality is that without risk there is no recovery. The beliefs in which PCCP is rooted enables people with personal and professional experience of mental health to step out of their comfort zone and embrace a new way of working that is fundamentally egalitarian and truly rewarding.



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