

Connecting and Attuning Mental Health Care for Adolescent Patients: The Role of Presence Practice

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Abstract

Introduction: The healthcare system over the years has witnessed evolution and transformation in the care pattern, including in the mental healthcare system. This has seen a considerable and commendable improvement in patient care. This article aims to demonstrate the need for “presence practice” and practical implications thereof, in the care of adolescents with mental health illnesses and to further demonstrate the need for connecting and attuning mental health care for good care and positive nurse and patient outcomes. The developmental stage of adolescents is characterized by various psychosocial changes. At the same time, the emergence of numerous mental health conditions is prevalent at the adolescent stage, contributing to the disease burden among this age group. Understandably, the prevalence of mental health illnesses in adolescents could be associated with their vulnerability and the result of the interaction of numerous biopsychosocial factors in the lives of the individuals, asserting influences on their development and mental health such as family challenges, the stress associated with schooling, relationship issues, and abuse.

Method: This article follows a quality improvement method where the author took time to nonsystematically explain existing literature on presence practice and its practical implication and further practically demonstrated the need for and how to facilitate connecting and attuning mental health care for good care and positive nurse and patient outcomes.

Result: Presence practice should be adopted by mental health nurses to foster the establishment of relational care with mental health care users, such as adolescents with mental illness, and to help mitigate relapse. Being open-minded and preparing their minds to be receptive and present during care should be part of nurses effective presence practice.

Conclusion: The article concludes that mental health nurses, as frontline caregivers, should always endeavor to connect and attune care to the needs of the adolescents receiving mental health care to foster positive outcomes.

Keywords

adolescents, attune, care, mental health illness, presence

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Introduction

The healthcare system over the years has witnessed evolution and transformation in the care pattern, including in the mental healthcare system. This has seen a considerable and commendable improvement in patient care. This article aimed to demonstrate the need for “presence practice” and practical implications thereof, in the care of adolescents with mental illnesses and to further demonstrate the need for connecting and attuning mental health care for good care and positive nurse and patient outcomes. The author, at the end of a short course, “Introduction into Presence,” saw a crucial need to conceptualize and write this article.

The adolescent stage is an important period in the development of emotional and social habits necessary for maintaining optimal mental health (World Health Organization, 2021). The developmental stage of adolescents is characterized by various psychosocial changes (Rapee et al., 2019). At the same time, the emergence of numerous mental

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health illnesses is prevalent at the adolescent stage, contributing to the disease burden among this age group (Das et al., 2016). Understandably, the prevalence of mental health illnesses in adolescents could be associated with their vulnerable nature and the interaction of numerous biopsychosocial factors in the lives of the individuals, asserting influences on their development and mental health such as family challenges, the stress associated with schooling, relationship issues, and abuse (Chukwuere, 2021); and health associated challenges (Nalugya-Sserunjogi et al., 2016).

Globally, an estimated 10%–20% of adolescents experience mental health illnesses (World Health Organization, 2020). Adolescent mental health illness is typically associated with long-term and far-reaching negative consequences (O'Brien et al., 2016), including adult physical and mental health illnesses and poor socio-economic outcomes (Clayborne et al., 2019; Erskine et al., 2016). Given the devastating consequences associated with mental health illnesses among adolescents, a meta-analysis study conducted by Benton et al. (2021) reported that there is a crucial need for action toward addressing the increasing mental health illnesses among adolescents globally. Effective actions in addressing mental health illnesses among adolescents should include coordinated mental health care services and the availability of infrastructure (Craig et al., 2020). Effective mental health services could facilitate early detection of risks, foster diagnosis of conditions, and enable mental health care capable of mitigating relapse and other associated consequences (Von Der Embse et al., 2018).

Given the unwavering role of nurses in the care system, mental health nurses are the main fulcrum of care for adolescents with mental health illnesses (Beks et al., 2018). Thus, the author of this article proposes *caring presence* or *presence practice* as an integral caring approach for mental health nurses in rendering holistic care for improved positive nurse and patient outcomes. The article argues that in addressing mental health illnesses among adolescents, mental health nurses, who are frontline caregivers for adolescents with mental health illness, are in the best position to facilitate good care in mental health facilities, and good care is underpinned in presence practices. Therefore, presence is crucial in the care of adolescents with mental health illnesses. Presence practice says, “I want to be here,” and “equally important to you,” “I want to be here for you.” Tavernier (2006) maintained that nursing researchers, in their attempt to define presence maintained that presence is “the mutual act of intentionally focusing on the patient through attentiveness to their needs by the offering of one’s whole self to be with the patient for healing.” In addition, nursing researchers defining presence noted that presence involves the whole experience of a healthcare receiver and its unique connections with the experiences of nurses who are giving care to them (Hessel, 2009). Further, presence is an intentional interpersonal intervention implemented through the psychological, spiritual, and physical actions

of health-care providers to promote positive outcomes (Stockmann, 2018). Presence practice in mental health care signifies the clinical competence capability of using oneself therapeutically (Caldwell et al., 2005). Presence in nursing denotes “connection” while effectively rendering nursing care to a care receiver, such as adolescents with mental health illnesses (Du Plessis, 2021).

The author of this article believes that presence practice in the care of adolescents with mental health illnesses could make a huge difference because of the following reasons: It could help to create a sense of safety and trust that is crucial for effective treatment. Presence practice can help provide a safe and supportive space for these adolescents to express their feelings and thoughts and to feel heard and understood. It can also help build a positive therapeutic relationship between the adolescent and their mental health care provider. A positive therapeutic relationship is essential for successful treatment outcomes, as it helps to establish a foundation of trust and mutual respect between the adolescent and their mental health care provider. When an adolescent feels that their mental health care provider is truly present and attentive to their needs, they are more likely to engage in the treatment process, be open and honest about their struggles, and feel empowered to work towards recovery. Presence practice can help promote emotional regulation and reduce stress in adolescents with mental health illnesses. When an adolescent is in a state of distress, a caring and empathetic presence can help them feel grounded and calm, which can in turn help them regulate their emotions more effectively. This can be particularly important for adolescents with mental health illnesses who may struggle with emotional dysregulation or have difficulty coping with stress. Furthermore, the author believes that presence practice could enable mental health care nurses, to position themselves genuinely and holistically in the patient’s world “perspective” and connect and attune care to the core needs of the patient for effective nurse and patient outcomes.

This article affirmed that to actualize good care and positive nurse and patient outcomes in the care of adolescents with mental health illnesses, presence practice is a necessity. Presence practice fosters the attuning of care that promotes good care and positive outcomes. Presence, when effectively practiced, results in positive outcomes (Du Plessis, 2016). Owing to the positive outcome of presence practices in nursing, studies among others on presence practice have demonstrated that presence practice fosters good care (Andrus, 2013; Turpin, 2014). Presence practice in mental health nursing promulgates both patient and nurse outcomes such as patient safety, nurse job satisfaction, patient satisfaction, and patient experience. Practicing presence in mental health nursing means that the nurse is fully present with mind and body and renders focused attention to what is happening in the life of the adolescent with mental health illness. Therefore, for a nurse to be present while rendering care, the individual should ensure that what he or she is doing is the

most important for the patient. “The power of presence as ‘being with’ lies in making available a space where the health care receiver can be in deep contact with his/her suffering, share it with a caring other, and find his/her own way forward” (Fredriksson, 1999).

Being present in care does not only focus on not abandoning the patient either relationally or emotionally; instead includes being dedicated to the patient even if there is no available cure at that moment (Kuis et al., 2014). Practicing presence presents mental health nurses with the enabling ground to communicate with the care receiver, “I see you,” I *really* do see you. Hence, presence permits nurses to see and acknowledge care receivers for *who they are*, for what they do best, and for their preferences, not for what the nurse perceives that they should be doing (Du Plessis, 2021). This is crucial in the care of adolescents with mental health illnesses because these individuals require acceptance and a conducive care environment, which can be effectively provided through the practice of presence. As such, presence practice is crucial in the care of adolescents with mental illnesses. Additionally, the need to foster good care and mitigate the devastating consequences of mental health illnesses among adolescents further necessitates presence practice because of presence practice’s ability to foster connecting and attuning care for facilitating positive outcomes.

Method

This article followed a quality improvement method where the author took time to non-systematically explain existing literature on presence practice and its practical implications and further practically demonstrated the need for and how to facilitate connecting and attuning mental health care in the management of adolescents with mental health illnesses for good care and positive nurse and patient outcomes. According to Finkelstein et al. (2015), quality improvement research aims to enhance existing knowledge within a specific context. Quality improvement research is a relatively recent approach that involves a nonsystematic literature search to determine the most effective practices within a given context (Backhouse & Ogunlayi, 2020).

Results

Premised on the Theory of Presence

The Theory of Presence developed by Baart maintains that presence is a practice in which nurses, such as mental health nurses, approach care receivers in a manner that provides optimum attention and dedication, developing an understanding of the needs of the care receiver, and understanding how the care receiver expects them to respond and consequently, rendering care to meet their core needs (Baart, 2001). The theory also addressed the need for

healthcare providers to adjust to their patients’ needs by being open and receptive to them. Being open and receptive in the care of adolescents with mental illnesses demonstrates how committed a nurse is while rendering mental health care, and how being wholly there for adolescents provides a sense of acceptance for the adolescent and promotes positive outcomes. Furthermore, such practice results in opportunities for a patient, such as an adolescent with mental health illness, to open up to the nurse and at the same time experience “being seen” as an existential experience of acknowledgment (Kuis et al., 2014). Presence practice begins with not only “doing” but with “relating.” Presence is one of the fundamental aspects of nursing (Kostovich & Clementi, 2014). Presence practice is imperative in nursing for positive nurse and patient outcomes (Du Plessis, 2016). As nurses are frontline caregivers in the care of adolescents with mental illness and other health conditions (Beks et al., 2018); there is a need for adequate connecting and attuning with care receivers. This is of particular importance for adolescents with mental health illnesses who require connection, attunement, and relational care (Quinlan-Davidson et al., 2021).

Discussion

Connecting and Attuning Care

Presence in the care of care receivers such as adolescents with mental health illnesses could be facilitated by the nature of communication between the nurse and the care receiver (Giménez-Espert et al., 2020). Presence practice should be adopted by mental health nurses to foster the establishment of relational care with mental health care users, such as adolescents with mental illness, and to help mitigate relapse (Motaung, 2018). Being open-minded and preparing their minds to be receptive and present during care should be part of nurses effective presence practice (Bozdoğan Yeşilot & Öz, 2016). In practicing presence, a nurse should have maximum engagement with their care receiver in a conducive environment to foster a presence experience (Kostovich & Clementi, 2014). Thus, there is a dire need for connecting and attuning in presence practice, such as in the care of adolescents with mental health illnesses. Therefore, the author of this article is of the view that mental health nurses should endeavor to connect with adolescents with mental health illnesses’ longings, experiences, views, views on life, family connections, and physical surroundings. Connecting and attuning care promotes good care and are crucial aspects of presence practices. Connecting and attuning to the care receiver’s life world, concerns, longings, and life course is the core of presence practices (Timmerman & Baart, 2021). By attuning, mental health nurses establish a mental and emotional connection with adolescents with mental illnesses. This allows them to create an enabling environment that facilitates a comprehensive understanding of the adolescents’ state of mind and emotions (Long & Smith, 2017). This

approach allows for that connectedness, which is crucial in facilitating therapeutic healing in the life of adolescents with mental health illnesses.

To connect and attune care, it is imperative for mental health nurses to first empty their preconceived views about adolescents with mental health illnesses to adequately see the adolescents from their world. Adolescents with mental health illnesses need such care from mental health nurses owing to the overwhelming nature of mental health illnesses and the vulnerable state of adolescents. Thus, it is important for mental health nurses to approach adolescents with mental illnesses with an open mind, pay attention, and connect with them at the “moment” and at their level to understand them better and know how best to apply care good care. Presence practice fosters the development of connectedness between nurses and healthcare receivers (Pudelek, 2021). Integrating such connectedness by mental health nurses in the care of adolescents with mental health illnesses will foster positive outcomes. To adequately attune care, it is imperative to slow down, pay rapped attention, and pay attention to subtlety (Long & Smith, 2017). In attuning, it is imperative to be conscious of your pace, commit to slowing down, and understand that slowing is essentially more important.

Oftentimes, healthcare practitioners, such as mental health nurses, are constrained by time and restricted to following laid down standards during the delivery of care, which can pose challenges to the practice of presence. However, they must take a bit of time, slow down inside, and reflect on what is best for the care receiver. By slowing down inside, the nurse will be able to view the patient as someone who should be treated with optimum care and respect, enabling the nurse to observe and know what is best for the adolescent and themselves. When a mental health nurse connects and attunes care, the person ends up involving the adolescent with mental health illness, which is different from just attending to the needs of the individual. Adequate attention should be paid at this point to avoid a mismatch in care despite the perceived good care by the nurse. The author of this article considers ‘adequate attention’ to be the intentional and focused attention that mental health nurses provide to adolescents with mental health illnesses, which involves being fully present and connected during patient care. This can be achieved through strategies such as mindful awareness, active listening, demonstrating empathy, and using nonverbal cues like touch, facial expression, and body language to convey attentiveness and presence. It is also important to minimize distractions, respect the personal space of patients, engage in self-reflection to evaluate one’s own presence and attention in patient care and establish rapport with patients. Building rapport, particularly with adolescents with mental health illnesses, can nurture a trusting and respectful relationship between the mental health care provider and the patient. Additionally, mental health nurses’ adaptation of communication styles that meets the developmental needs of

adolescents such as the use of language that is appropriate and easily understood by the adolescents, could help to enhance their engagement in the care process. It is crucial to avoid a mismatch in care, as good professional care that is not adequately received by the mental health care receiver, such as adolescents with mental health illnesses, amounts to a mismatch.

Mismatched care may arise from conflicting views between the nurse and the care recipient, a lack of connection and attunement, or a mismatch between the care receiver’s needs and the care system. To prevent such mismatches, mental health nurses must attune their care to the unique needs of adolescents with mental health illnesses. It is important for mental health nurses to deeply understand the perspectives and needs of their patients, immersing themselves in their world to determine the best course of action. By doing so, they can ensure that their care aligns with the individual’s requirements and avoid potential negative repercussions or misunderstandings in the care relationship (Vosman & Baart, 2011). Mental health nurses should be aware of the essential aspects of their role as nurses while simultaneously paying close attention to the specific needs and circumstances of adolescents with mental illnesses.

Strengths and Limitations

The author provided a broad overview of presence practice and its practical implications in the care of adolescents with mental illnesses, offering exploratory insights into an interesting and emerging topic in the management of adolescents with mental illnesses. However, it is important to acknowledge the potential risks of biases associated with non-systematic literature studies.

Implication for Practice

This article offered a practical understanding of presence practice in the care of adolescents with mental health illnesses. Integration of presence practice in the management of adolescents with mental health illnesses fosters positive outcomes and, hence, should be an approach to care adopted by mental health nurses.

Conclusion

This article paper built on an important construct in care, “caring presence or presence,” to demonstrate the need for and practical implications of *presence* in the care of adolescents with mental illness and the need for connecting and attuning in such care. The article concludes that mental health nurses, as frontline caregivers, should always endeavor to connect and attune care to the needs of the adolescents receiving mental health care to foster positive outcomes.

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