



System of care and person-centered treatment

By Melanie Dallas, LPC

Treatments for mental illness have evolved substantially over the past several decades. In addition to new types of therapy and new types of medications, one of the most important developments has been making the individual the center of his or her treatment choices.

In the past, for example, a person with bipolar disorder may have been provided a specific type of behavioral therapy, certain medications and expected to have certain predictable outcomes. Although these practices were based on researchers' knowledge of the disease, they often failed to consider the individual with the disease – his or her experiences, strengths, abilities, support systems, and especially preferences. Such treatments were prescriptive and “one size fits all.”

Today we know, especially when treating mental illness, that one size most definitely does not fit all. Using the same example, two individuals with bipolar disorders may have vastly different personal strengths and abilities that may aid in their recovery.

They may also have different goals for treatment. For example, one may want to learn to manage his or her symptoms in order to live independently, have a job and earn money. The other may want to use less medication to avoid any potential side effects and live with a caregiver.

Both of these goals are equally valid because they are based on individual needs and preferences. And each individual's strengths, needs and preferences also will help determine what other community services he or she may need in order to reach their individual recovery goals.

The same is true when working with families, and especially families in crisis. Treating families, of course, can be more complex because family members are different ages, often have different needs and goals, and their relationships are interdependent. Nonetheless, families must be at the center of their treatment and services.

Family-centered treatment recognizes that families understand their needs better than anyone else – and that service providers should strive to meet needs identified by the family rather than what they think would be best for them. This is particularly important when providing services for children, who may be more vulnerable and need more services and supports.

Such an approach is the basis for what is called a system of care. A system of care is a network of community-based agencies, programs and services that partner with individuals, youth and families to coordinate care. Families, and especially their children, may be involved with multiple agencies (as may an individual receiving services, as noted previously).

A system of care is community-based, with services built upon a supportive, adaptive network of agencies, supports and relationships at the community level. A system of care is also culturally competent, with agencies, programs and services that reflect the cultural, racial, ethnic and linguistic differences of the populations they serve – families and individuals – to facilitate access to appropriate services and eliminate disparities in care.

Most important, all aspects of a system of care are individual- or family-driven, meaning that those receiving services and working toward recovery decide what types of services and supports are needed to best meet their changing needs.

Highland Rivers Health is a part of many systems of care across the communities we serve. We partner with many other agencies and service providers to ensure the individuals and families we serve have access to all the services and supports they need to be successful in their recovery.

Recovery can be a complex and multi-faceted process and often involves many more services than mental health therapy. But the individual or family must always be at the center of this process – driven by their goals, needs, preferences and strengths – in order for it to be most successful.