

## Holistic nursing practice

Bojana Filej<sup>1</sup>, Boris Miha Kaučič<sup>2,3</sup>

<sup>1</sup>School of Health Sciences Novo mesto, <sup>2</sup>University College of Health Sciences Slovenj Gradec, <sup>3</sup>Alma Mater Europaea - European Centre, Maribor; Slovenia

### ABSTRACT

**Aim** To investigate the understanding of holistic nursing practice among nurse practitioners and nurse technicians working in health care institutions (hospitals and health centers) or in residential care settings (nursing homes, etc.)

**Methods** A quantitative research design was employed. Of the 178 questionnaires distributed electronically to participating nurses and nurse technicians in the form of an on-line survey, 77 questionnaires were correctly filled out and returned, making the response rate 43.25%. The chi-square test for comparing different groups of institutions and the t-test for comparing independent samples (level of education, institution) were used.

**Results** All respondents agreed that the most important roles of a holistic nurse practitioner include “listening to patients”, “ensuring patients’ privacy” and “reducing patient anxiety”. No statistically significant differences were established according to the level of the respondents’ education. The most necessary change required for the implementation of patient-centered care was “defining the scope of patient-centered care” and the least necessary change was “changing the environment for patient care provision”. For required changes, a significant difference ( $p=0.021$ ) was revealed according to the type of institution. Respondents with a university degree or higher expressed significant agreement ( $p=0.012$ ) with the criterion “empowering patients in the health care context” as being one of the criteria defining patient-centered care.

**Conclusion** The concepts of holistic nursing and patient-centered care, together with all their dimensions, should be clearly defined. In doing so, the social environment and the competencies of nurse practitioners must be taken into account. Finally, both concepts should be introduced into nursing education programs.

**Key words:** nurse, holistic nursing, patient, patient-centered care.

### Corresponding author:

Bojana Filej  
School of Health Sciences Novo mesto  
Na Loko 2, 8000 Novo mesto, Slovenia  
Phone: +386 40 262 452;  
E-mail: bojana.filej@gmail.com

### Original submission:

01 October 2012;

### Accepted:

25 March 2013.

## INTRODUCTION

Holistic nursing care sees patients as the sum of their body (physical aspect), mind (psychological aspect) and spirit (spiritual aspect). All three areas are dynamically interrelated (1). According to the American Association of Holistic Nurses, holistic nursing is defined as all nursing practice that has healed the whole person as its goal as well as that state of harmony between mind, body, emotions and spirit in an ever changing environment (2).

In 2007, the American Nurses Association officially recognized holistic nursing care. Holistic nursing has its own body of knowledge, standards of practice, and evidence based research (3) and it is also known as the heart and the science of nursing care (2). Carrier and Kendall (4) believe that holistic care will only be achieved if there is readiness to share knowledge and surrender exclusive claims to specialist knowledge and authority.

The concept of holistic nursing care often remains unclear, variously interpreted and poorly understood (5). Moreover, it can be subjective (6) and can differ according to patients. Nurses need to be aware of patients' perceptions of caring and use this to influence changes in practice (7). Tjale and Bruce (5) conducted their research in pediatric nursing at three different Johannesburg hospitals in order to examine the meaning of holistic nursing care and develop a framework for it. McGeorge (8) defines holistic nursing as patient-centered care taking into account the physical, psychological, social and spiritual needs of patients. Pelzang (9) conducted a literature review with the intention of establishing the definitions and models of patient-centered care, and the methods for implementing it. The results also revealed a lack of a clear definition and methods of measurement.

Holistic nursing care does not only refer to a process at the end of which something specific is achieved; it should, in fact, be understood on a broader scale - as an attitude, a philosophy, a way of life (10).

The term 'whole-person' can be interpreted as the person, the system, and the organism (5,8). Whole person consists of body, mind, emotions and spirituality - all of these dimensions should be balanced, otherwise health can start to deteriorate. Human being may also be seen as an open system, an energy field continually interacting with the environment in an exchange

of energies. Theoretician M. Estrin Levine (11) also maintains that a person is an open system. The third dimension of the holistic approach is an organism, the transcription of genetic code interacting with the environment (5).

The spiritual dimension of a human being, especially the psychological and mental characteristics, is based on the psychological processes which include thinking, empathy, memory, perception, character, and personal characteristics. Priest (10), however, points out that individuals are constantly exposed to negative life events such as bereavement, redundancy and ill health. The spiritual dimension is crucial for our lives, helping us understand who and what we are, and what the purpose of our lives is. Spirituality is active and explicit, being defined by the way we live and by our past experiences (12); is an inseparable and inextricable part of a human being (13).

Holistic nursing consists of three categories: person-centered care, cultural sensitive care and spiritual well-being (5). Further, person- or patient-centered care is made up of eight dimensions (14): access to care; respect for patient's values, preferences and expressed needs; coordination and integration of care; information and education; physical comfort; emotional support and alleviation of fear and anxiety; involvement of family and friends; and continuity and transition. Patient-centered care breaks down to "treating the patient as a unique individual", "respecting the patient as a person", "setting goals with the patient", "making the patient more informed", and "understanding the patient as a person rather than as a cluster of diseases" (9).

McGeorge (8) equals patient-centered care with holistic nursing which combines all aspects of the patient, including their physical, psychological, social and spiritual needs.

The purpose of the present study was to investigate how nurses and nurse technicians understand the concept of holistic nursing care both in health care institutions (H-hospitals, HC-health centers) and in residential care settings (NH-nursing homes) in Slovenia.

The research question was: 'How is holistic patient care understood by nurses and nurse technicians?'

## EXAMINEES AND METHODS

In the form of an on-line survey, the questionnaire was distributed electronically to nur-

ses and nurse technicians in our database, to Master degree students (MA) students of the Health Care Education and Management program (2<sup>nd</sup> Bologna Cycle / professional master's degree), to clinical mentors who participated in the mentors' training program, and to first- and second-year extramural students of the graduate nursing program.

The questionnaire was distributed to 178 persons, of whom 77 filled it out correctly and returned it, making the response rate 43.25%. The on-line survey was available for 7 days in October 2011.

A questionnaire was developed primarily based on a review of foreign literature. It consisted of three groups of questions: the respondents' demographic profile (gender, job title, number of years in employment, level of education, institution of employment), holistic nursing, and patient-centered care. For the second and third groups of questions, respondents were asked to select one of the following answers: "yes", "no", or "unsure". For the final question in the third group, respondents were asked to rank the provided changes required for the implementation of patient-centered care, with 1 being the change required most and 7 being the change required least.

A descriptive method was applied to collect data, a quantitative research design was employed, and the following statistical tests were carried out: a chi-square test for comparing different groups of institutions (hospital, health center, nursing home) and a t-test for comparing independent samples (level of edu-

cation, type of institution). The p-value threshold for statistical significance was set at 0.05.

## RESULTS

Of the 77 respondents who returned the questionnaires, 18 (23.4%) were males and 59 (76.6%) were females.

In terms of the level of education, 15 (19.5%) respondents had a junior college education, 34 (44.2%) had a professional higher education, eight (10.3%) had a postgraduate education (specialization following a professional college degree, master's degree or doctoral degree), and 20 (26.0%) had a secondary education.

According to the institution of employment, the majority of respondents, 33 (42.9%) have been working in a hospital, 26 (33.8%) in a health center, eight (10.4%) in a residential care setting, five (6.5%) at a college, and three (3.9%) in private institutions.

The average length of employment was 15.35 years, and the average length of employment at the current position was 7.44 years.

In establishing the roles of a holistic nurse practitioner, all respondents, regardless of their level of education, agreed that nurses should take the time to listen to patients, ensure their privacy and reduce patient anxiety (Table 1). Moreover, all respondents with a junior college, college or a university degree (or a higher level of education) agreed that holistic nurses should meet each patient's psychological, physical and social needs, and offer support to family members in coping and coming to terms

**Table 1. Roles of a holistic nurse practitioner**

Statement	No (%) of respondents answered "yes"			p
	Secondary education (n=17)	Junior college education (n=49)	University education or higher (n=8)	
Meets only patients' psychological, physical and social needs	16 (94.1)	49	8	0.164
Considers patients' spirituality	17 (100.0)	43 (87.8)	7 (87.5)	0.503
Considers patients' family background	11 (64.7)	37 (75.5)	5 (62.5)	0.660
Considers patients' values and belief systems	16 (94.1)	48 (97.9)	8 (100.0)	0.627
Supporting family members in coping and coming to terms with the patient's chronic illness	16 (94.1)	49 (100.0)	8 (100.0)	0.194
Offers counseling and provides relevant information	16 (94.1)	47 (95.9)	8 (100.0)	0.840
Listens to patients	17 (100.0)	49 (100.0)	8 (100.0)	1.000
Ensures patients' privacy	17 (100.0)	49 (100.0)	8 (100.0)	1.000
Reduces patient anxiety	17 (100.0)	49 (100.0)	8 (100.0)	1.000
Bringing together health care professionals from different fields	15 (88.2)	47 (95.9)	8 (100.0)	0.383

**Table 2. Criteria defining patient-centered care**

Criterion	No (%) of respondents answered "yes"			P	No (%) of respondents answered "yes"			P
	Secondary educ. (n=17)	Junior college educ. (n=49)	Univ. educ. or higher (n=8)		H (n=33)	HC (n=26)	NH (n=8)	
Considering patients as unique individuals	17 (100.0)	48 (97.9)	7 (87.5)	0.075	31 (93.9)	26 (100.0)	8 (100.0)	0.747
Setting goals for the patients	13 (76.5)	42 (85.7)	7 (85.7)	0.198	30 (90.9)	18 (69.2)	7 (85.7)	0.165
Empowering patients in the health care context	9 (52.9)	40 (81.6)	8 (100.0)	0.012	23 (69.7)	21 (80.8)	5 (62.5)	0.708
Considering patients as individuals, not as their illness	16 (94.1)	44 (89.8)	8 (100.0)	0.198	32 (96.9)	23 (88.5)	8 (100.0)	0.567
Considering patients' belief and value systems	16 (94.1)	47 (95.9)	8 (100.0)	0.842	32 (96.9)	25 (96.2)	7 (85.7)	0.302
Considering patients' decisions about their needs and expectations	16 (94.1)	44 (89.8)	8 (100.0)	0.535	30 (90.9)	24 (92.3)	8 (100.0)	0.533
Advising patients to help them make informed decisions	16 (94.1)	43 (87.8)	8 (100.0)	0.741	29 (87.9)	24 (92.3)	7 (85.7)	0.646
Respecting patients' autonomous decisions	16 (94.1)	45 (91.8)	8 (100.0)	0.633	30 (90.9)	25 (96.2)	8 (100.0)	0.679
Informing patients on the possible effects of inappropriate choices and/or decisions	17 (100.0)	47 (95.9)	7 (87.5)	0.353	29 (87.9)	26 (100.0)	8 (100.0)	0.405

H, Hospitals; HC, Health Centers; NH, Nursing Homes

with the patient's chronic illness. In addition, nurses with a university education (or higher) stated the following roles of holistic nurses: considering patients' values and belief systems, offering counseling and providing relevant information to patients, and bringing together health care professionals from different fields. Considering patients' spirituality was selected as an important role by nurse technicians. No statistically significant differences were established according to the respondents' level of education for the selected roles of a holistic nurse practitioner.

**Table 3. Ranking and prioritizing changes required for the implementation of patient-centered care**

Criterion (n=62)	M±SD	Ranking mode	Priority
To define the scope of patient-centered care	2.4±1.9	1	1
To describe a patient's outcome	4.1±2.1	2	6
To change the work organization	3.3±1.7	3	5
To ensure more patient time	2.9±1.8	1	2
To hire additional staff	3.0±1.9	1	3
To change the environment for patient care provision	4.6±1.9	7	7
To educate nurses in patient-centered care	3.2±2.0	1	4

Criteria which define patient-centered care are listed in Table 2. All nurse respondents with at least a university degree selected six criteria that define patient-centered care: empowering patients in the health care context; considering patients as individuals, not as their illness; considering patients' belief and value systems; considering patients' decisions about their needs and expectations; advising patients to help them make an informed decision; and respecting patients' autonomous decisions. All nurse technicians agree that patient-centered care means treating patients as unique individuals. No significant differences were established in the responses of nurses with a junior college or college education for the examined variables, highlighting a high congruity of their opinions. A statistically significant difference ( $p=0.012$ ) was found according to the respondents' level of education for the criterion "empowering patients in the health care context" the agreement of respondents with at least a university education about patient-centered care including empowering patients in the health care context was statistically significant. The results also revealed that nurse practitioners in residential care settings were clearer on the criteria that define patient-centered care compared to respondents working in health centres.

**Table 4. Changes required for the implementation of patient-centered care according to level of education and institution of employment**

Criterion	Respondents 5-point scale evaluation (M±SD)			P	Respondents 5-point scale evaluation (M±SD)		P
	Secondary educ. (n=16)	Junior college educ. (n=38)	Univ. educ. or higher (n=6)		H (n=27)	HC (n=21)	
To define the scope of patient-centered care	2.4±1.7	2.6±2.0	1.0±0.0	0.168	2.5±1.9	2.9±2.1	0.520
To describe a patient's outcome	3.5±2.0	4.5±2.1	2.2±0.5	0.037	4.4±2.1	4.4±2.1	0.956
To change the work organization	3.1±1.7	3.5±1.7	2.7±1.5	0.525	3.4±1.7	3.0±1.8	0.422
To ensure more patient time	2.6±2.1	3.0±1.7	3.0±1.9	0.699	3.2±1.8	2.2±1.6	0.046
To hire additional staff	2.7±2.2	3.2±1.9	2.5±1.4	0.543	3.0±1.9	2.7±1.9	0.557
To change the environment for patient care provision	4.2±2.0	4.9±1.8	3.5±2.0	0.154	5.0±1.7	3.8±1.9	0.021
To educate nurses in patient-centered care	3.1±2.3	3.5±1.9	2.0±0.9	0.247	4.0±2.1	2.7±1.8	0.038

H, Hospitals; HC, Health Centers

Respondents were asked to rank the changes required for the implementation of patient-centered care in terms of their priority (required most and least) (Table 3). The results have revealed that the first change to be implemented was “to define the scope of patient care”, followed by “to ensure more patient time”, “to hire additional staff”, “to educate nurses in patient-centered care”, “to change the work organization”, “to describe a patient's outcome” and “to change the environment for patient care provision”.

As shown by the results in Table 4, only the statement “to describe a patient's outcome” ( $p=0.037$ ) yielded a significant difference according to the respondents' level of education. More significant differences were computed between respondents working in hospitals and health centers for the statements: “to ensure more patient time” ( $p=0.046$ ), “to change the environment for patient care provision” ( $p=0.021$ ) and “to educate nurses in patient-centered care” ( $p=0.038$ ). For these statements, nurse practitioners working in hospitals significantly stressed the required changes for the implementation of patient-centered care compared to nurse practitioners employed in health centers.

## DISCUSSION

A review of relevant Slovenian literature has produced several articles stressing the importance of holistic nursing care, yet a comprehensive definition of the concept of holistic nursing seems to be missing (15-18). The

term “comprehensive care” has been used in educational settings to describe the physical, psychological and social dimensions of care; only recently has the spiritual dimension been added (11,19). As the descriptions of these dimensions remain vague, they can be interpreted differently, which indeed is the case in articles written by authors in other countries. In her research, Priest (10) for example emphasizes the concept of psychological care as part of holistic approach to nursing practice, while Montgomery Dossey, Keegan and Guzzetta (12) talk of the body-mind-spirit principles and modalities in daily life and clinical practice. Similarly, Mitchell (20) underscored these dimensions in her research, but in relation to caring for patients and their family. Defining the concept of holistic nursing appears to be an especially important and necessary step, because, as McBrien (6) points out, patients tend to understand holism subjectively. A clear definition of holistic nursing would serve as the starting point for further research and development of nursing theory.

Our results have shown that understanding the concept of holistic nursing is significantly influenced by the level of education attained by nurse practitioners. Also, higher education correlates with a better idea of the tasks performed by nurses practicing holistic care. Nursing is both practice and academically based, therefore in order to create new approaches to practice, knowledge is essential (21).

The ranking of changes required for the implementation of patient-centered care demonstrates that, similarly to holistic nursing, the



scope of patient-centered care should first be negotiated and the concept clearly defined, together with all its dimensions pertinent to our social environment and the competences of nurse practitioners (9). Patient-centered nursing as a concept should be appropriately introduced into undergraduate (first cycle) nursing programs, and researched further in postgraduate (second cycle) programs. Also, health care professionals must become acquainted with evidence-based practice outcomes achieved by practicing patient-centered care. Once the outcomes are clearly defined, a crucial element of the quality of nursing care, patient satisfaction, will become discernible (Filej, 2012, unpublished data).

It does not come as a surprise that nurse practitioners in residential care settings are more familiar with criteria defining patient-centered care compared to practitioners in health centers, since the nursing care philosophy in residential care settings is different. According to Ramovš (22), a residential facility must ensure a high quality of life for its residents by meeting their basic physical and material needs, fostering good interpersonal relations, and also meeting other non-material, personal and social needs.

In order to practice holistic nursing, nurses must be allowed to take their time with each patient - a luxury which is becoming increasingly hard to afford in health care institutions where, due to strict savings measures, employment has been especially restricted for nurses. Klemenc (23) highlights that Slovenian nurses are overworked and that as many as 20% of additional registered nurses are required in Slovenian hospital wards on a daily basis, according to the calculations based on patient categorization. It is only a question of time - how much longer can nurses ensure safe interventions? Lack of time is one of the main reasons for not practicing holistic nursing according to Portillo and Cowley (24,21), in addition to lack of knowledge and experience, a poor definition of the nursing role and ineffective communication with patients.

For a long time, work organization has been one of the greatest drawbacks in Slovenian health care, a fact which is also reflected in nursing.

In her research, Filej (25) found that the head nurse management system in Slovenian health care institutions and residential care settings contains several disadvantages, including an inappropriate educational structure of staff, ad hoc preparations for a new job position, undefined competencies required by head nurses and insufficient implementation of managerial functions. Undoubtedly, a patient-centered approach would call for certain organizational and spatial (environmental) changes.

Multidisciplinary team members working in health care possess different kinds of knowledge which can be exchanged between the team members, contributing to greater patient care efficiency. In their research dealing with psychiatry, Bregar, Peterka Novak and Možgan (26) find that a better understanding of the tasks assigned to each group of health care professionals must be achieved, thereby contributing to better inter-professional relations, especially between nurses and physicians. One way of achieving this goal is by fostering greater integration of the two professional groups during the educational process. It is of crucial importance that health care team members respect the knowledge from other disciplines represented by various team members. Therefore, the outcome of health care interventions can be said to rely heavily on holistic nursing. Similarly, Fothergill (27) established the need for good inter-professional collaboration in her research conducted at two Welsh universities. Nurses, whether specialists or generalist practitioners, must respond sensitively to the patient's spiritual and cultural belief systems, demonstrating caring, presence and integrating spirituality into the nursing care plan in order to meet the needs of the patient in a holistic manner (21).

## **ACKNOWLEDGEMENT**

Authors would like to thank all participants in the research.

## **FUNDING**

No specific funding was received for this study.

## **TRANSPARENCY DECLARATIONS**

Competing interests: none to declare.

## REFERENCES

1. Filej B. Celostna obravnava pacienta - kako jo razumejo medicinske sestre. Holistic treatment of patients - how it is understood by nurses. In Proceedings of: Celostna obravnava pacienta - kako daleč smo še do cilja? Pomen integralne nege in integrativne medicine za paciente. Znanstveni simpozij z mednarodno udeležbo, 20.-21. 10. 2011, Novo mesto, Slovenija, 2011. Book of Abstract. Novo mesto: Visokošolsko središče, Visoka šola za zdravstvo, 2011, p. 19.
2. American Holistic Nursing Association. Mission, vision, statement of purpose. <http://www.ahna.org/AboutUs/MissionStatement/tabid/1931/Default.aspx> (26 July 2012)
3. Katz Ressler P. What is "Holistic Nursing"? <http://www.nursetogether.com> (28 August 2011).
4. Carrier JM, Kendall I. Professionalism and interprofessionalism in health and community care; some theoretical issues. In: Owens P, Carrier J, Horder J, eds. *Interprofessional Issues in Community and Primary Health Care*. London: Macmillan, 1995.
5. Tjale AA, Bruce B. A concept analysis of holistic nursing care in paediatric nursing. *Curationis* 2007; 30:45-52.
6. McBrien BA. Concept analysis of spirituality. *Br J Nurs* 2006; 15:42-5.
7. McCance T, Slater P, McCormack B. Using the caring dimensions inventory as an indicator of person-centred nursing. *J Clinical Nurs* 2009; 18:409-17.
8. McGeorge N. The science of holistic nursing. *Journal of Community Nursing* 2010; 24:32-4.
9. Pelzang R. Time to learn: understanding patient-centred care. *Br J Nurs* 2010; 19:912-7.
10. Priest H. Effective psychological care for physically ill patients in hospital. *Nurs Stand* 2010; 24:48-56.
11. Hajdinjak G, Meglič R. Sodobna zdravstvena nega. Univerza v Ljubljani: Zdravstvena fakulteta, 2012.
12. Montgomery Dossey B, Keegan L, Guzzetta C. *Pocket Guide for Holistic Nursing*. Boston: Jones and Barlett Publishers, 2005.
13. Periček Krapež V. Se duhovnost pojavi kar sama od sebe?. <http://www.karmaplus.net/index2> (1 September 2011).
14. Miles KS, Vallish R. Creating a personalized professional practice framework for nursing. *Nurs Econ* 2010; 28:171-89.
15. Matič L. Etična drža in komunikacija v času odločanja o življenju in smrti. Ethical attitude and communication in times, when we need to decide about life and death. In: Filej B, Kaučič BM, Lahe M, Pajnikhar M, eds. *Kakovostna komunikacija in etična drža sta temelja zdravstvene in babiške nege. Quality communication and ethical attitude are the basis of nursing and midwifery*. Zbornik predavanj in posterjev 1. simpozija zdravstvene in babiške nege z mednarodno udeležbo, Maribor, Slovenija, 21 September 2006. Društvo medicinskih sester, babic in zdravstvenih tehnikov, 2006, pp: 102-6.
16. Filej B. Pomen povezovanja teorije in prakse v zdravstveni negi. In: Skela Savič B, ed. ur. *Teoretične in praktične osnove zdravstvene nege: izbrana poglavja*. Jesenice: Visoka šola za zdravstveno nego, 2010, pp:103-5.
17. Kovačič E. Celostna obravnava onkološke bolnice na domu s strani patronažne službe - prikaz primera. Holistic treatment of oncology patients at home by community nursing services - a case study. In Proceedings of: Celostna obravnava pacienta - kako daleč smo še do cilja? Pomen integralne nege in integrativne medicine za paciente. Znanstveni simpozij z mednarodno udeležbo, Novo mesto, Slovenija, 20-21 October 2011. Visoka šola za zdravstvo Novo mesto, Zbornik prispevkov z recenzijo, 2012, pp: 153-9.
18. Hajdinjak G, Meglič R. Sodobna zdravstvena nega. Ljubljana: Univerza v Ljubljani, Visoka šola za zdravstvo, 2006.
19. Filej B, Kadivec S, Zupančič P. Nacionalne smernice za zagotavljanje kakovosti v zdravstveni negi. Ljubljana: Zbornica zdravstvene nege Slovenije - Zveza društev medicinskih sester in zdravstvenih tehnikov Slovenije, 2000.
20. Mitchell A. Focusing on Mind, Body, and Spirit While Caring for Patients and Their Families. *Critical Care Nurse* 2011; 31:69-70.
21. McEvoy L, Duffy A. Holistic practice - A concept analysis. *Nurse Educ Prac* 2008; 8: 412-9.
22. Ramovš J. Dom za stare ljudi z vidika kakovosti življenja in medčloveškega sožitja. *Kakovostna starost* 2004; 7:11-22.
23. Klemenc D. Aktualnost trenutka - zdravstvena nega ponovno na preizkušnji. Current challenges and issues facing nursing profession. *Obzornik zdravstvene nege* 2011; 45:1-3.
24. Portillo MC, Cowley S. Working the way up in neurological rehabilitation: the holistic approach of nursing care. *J Clin Nurs* 2011; 20:1731-43.
25. Filej B. Organizacijsko spreminjanje v zdravstveni negi je odvisno od vsake posamezne glavne medicinske sestre zdravstvenih in socialno varstvenih zavodov. *Obzornik zdravstvene nege* 2009; 43:3-11.
26. Bregar B, Peterka Novak J, Možgan B. Doživljanje stresa pri zaposlenih v zdravstveni negi na področju psihiatrije. Experiencing stress by psychiatric nurse practitioners. *Obzornik zdravstvene nege* 2011; 45:253-62.
27. Fothergill A. Role of collaboration in providing holistic care for young people. *Ment Health Pract* 2011; 14:22-6.