

Study: 'Living Room' offers alternative treatment for emotional distress

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Mona Shattell (left) and Barbara Harris with DePaul University's School of Nursing in Chicago are two of the co-authors of "A Recovery-Oriented Alternative to Hospital Emergency Departments For Persons in Emotional Distress: 'The Living Room,'" which was published Jan. 7 in the journal *Issues in Mental Health Nursing*. Their findings conclude that emergency departments may not be the best choice for persons suffering from severe mental illness or emotional distress. Credit: Jeff Carrion

Emergency departments may not be the best choice for persons suffering

from severe mental illness or emotional distress. According to a new qualitative study by DePaul University School of Nursing researchers, persons in a mental health crisis may be better served in an alternative recovery-oriented, homelike environment instead of a traditional emergency department.

"Hospital emergency departments are not set up for people with emotional problems. Most people with emotional distress come from a chaotic environment and need a safe or calm space to receive proper attention and treatment," said Mona Shattell, a co-author on a paper published Jan. 7 in the journal *Issues in Mental Health Nursing* titled "A Recovery-Oriented Alternative to Hospital Emergency Departments For Persons in Emotional Distress: 'The Living Room.'" Shattell is an associate professor of nursing in DePaul's College of Science and Health where she also serves as associate dean for research and faculty development.

The DePaul research team interviewed 18 participants who spent time at The Living Room—an outpatient, voluntary program for persons in emotional distress, operated by Turning Point Behavioral Health Care Center in the Chicago suburb of Skokie, and funded through the Illinois Department of Mental Health. The program, which is staffed with a licensed professional counselor, registered nurse and trained peer counselors, is in a space that is arranged and furnished like a [living room](#) in a person's home.

"As researchers and community partners, we were interested in the individual experience of The Living Room," wrote the authors. Those interviewed for the study included the professional clinical staff and peer counselors, as well as patients (referred to as "guests") who were in a crisis, suffering from self-reported psychiatric diagnoses ranging from depression to Asperger's syndrome.

"Participants in our study had experiences as either a person in emotional distress who went to an ([emergency department](#)) for help, or as a person who worked with persons in emotional distress in these settings," the authors wrote.

"The experiences of (emergency departments) for persons in emotional distress were characterized by feelings of insecurity, loneliness, intimidation, fear, and discomfort," the study noted. "Participants described feeling unsupported by (emergency department) staff."

"Most patients who came to The Living Room stayed for a few hours, received treatment or help, and left. What makes the space unique is that it is staffed with peer counselors who have experienced mental health issues and are specifically trained to treat the patients, who have responded well to that type of care because they see that recovery is possible," said Shattell, who specializes in mental health and treatment environments.

According to the study's findings, The Living Room helped people with emotional distress or mental illness address their crisis within the context of their life, which helped them utilize their own strengths by talking through problems, calming down and problem-solving to help their illness.

At The Living Room, guests reported being welcomed as "a fellow human being, not like a patient" and that the program was "a helping, not judging zone."

Specific interventions by The Living Room staff were cited in the study as being identified by guests as "helpful and caring." Those interventions included "being understanding, attentive and respectful, exploration of coping techniques, and use of a gentle, calming voice."

One guest, according to the findings, "valued the 'fresh opinions' that were offered in relation to her crisis while another found working with a peer counselor to identify the positive aspects of a negative situation to be helpful."

The study also indicated how scarce these types of treatment facilities were in the United States and how little research has been conducted concerning alternative crisis intervention treatment environments.

"Patients who were treated in The Living Room were able to successfully manage their emotional crises, which was less expensive, emotionally intensive or as intrusive as being treated in an emergency room," said Barbara Harris, assistant professor at DePaul's School of Nursing and another co-author of the study. "This doesn't mean that medical treatment is not needed, but sometimes, the emotional distress or crisis that results from the intersection of illness and life situations can be addressed without drastic medical intervention or hospitalization."

Findings from this qualitative study are being reviewed by other institutions in Illinois as a treatment option for a recovery-based alternative to hospital emergency departments for people in emotional distress. The conclusions drawn from the study are supported by empirical and anecdotal evidence that suggests that nonclinical care settings, such as The Living Room are perceived as helpful and positive.

"This study is vital to help raise awareness and to inform people suffering that there are other options when it comes to treating [mental health](#)," Shattell said. "We need more facilities like The Living Room to help provide the care and attention people with [emotional distress](#) need to fully recover."

Provided by DePaul University

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