Dare to be different!
Dare to be special!
Dare to lead!

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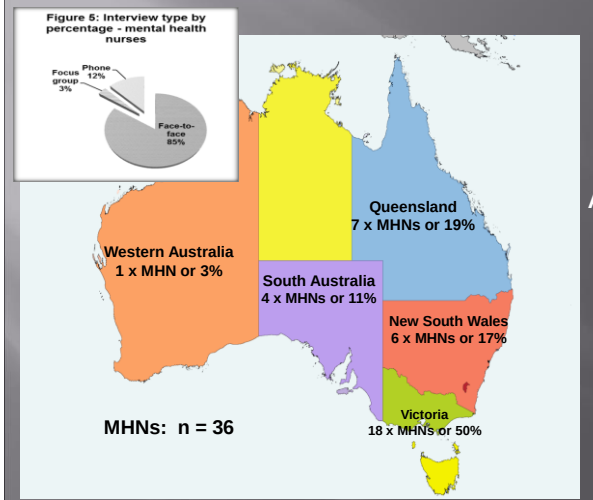
Perhaps nurses' thinking about recovery requires a deconstruction of past and current thinking around mental illness and the role of the nurse, and work towards becoming a navigator or facilitator along the way of another's journey as lives become reconstructed.

(Bonney & Stickley, 2008)

MHNs interviewed



36 MHNs interviewed

All 36 participants met the criteria for participation in the study.

All but 6 were Credentialed MHNs with the ACMHN

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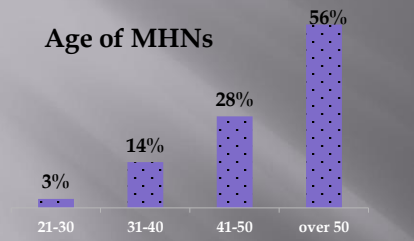
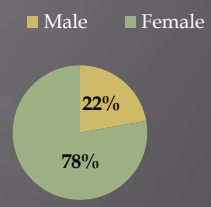
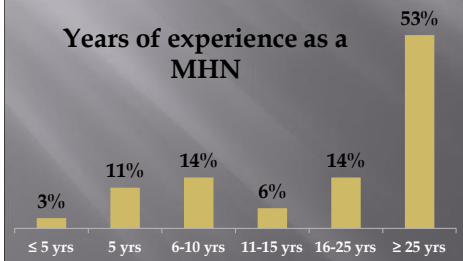
MHNs – Age, Gender & Experience



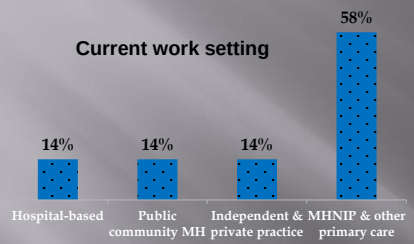


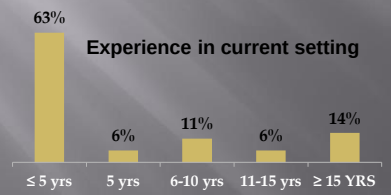


Of the 36 MHNs interviewed:

- ***78% were female***
- ***84% were over 40***
- ***73% had over 10 years experience***

MHNs – Current work setting





86% of participants were working in a community setting

58% were engaged in the MHNIP or other primary care setting

The length of experience in the current work setting was mostly less than 10 years reflecting the recent initiation of the MHNIP and other primary care employment opportunities

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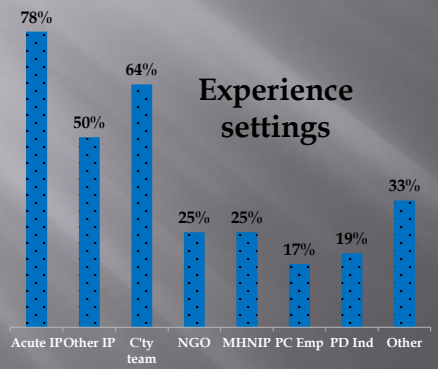
MHNs – Breadth of previous experience



- Experience settings in which participants were engaged varied
- In-patient and community mental health settings were dominant

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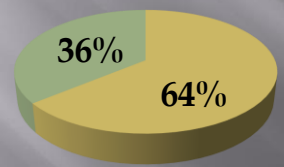
MHNs - qualifications

Primary qualification for MH Nursing



The majority of MHNs in this study obtained their primary qualification for MHN in hospital based programs

The MHNs with a BN degree all had obtained post-graduate qualifications in MHN except for one who had a 'MHN direct entry' degree

All participants had obtained post basic qualifications in diverse areas at varying levels of qualification.

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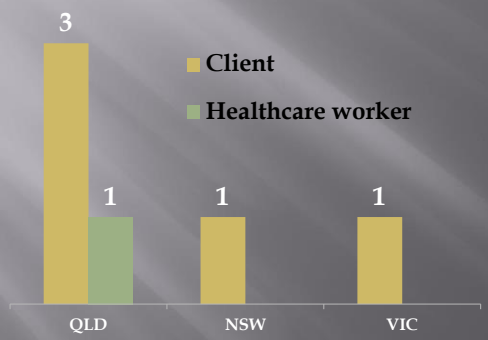
Other participants



Interviews with 5 clients face-to-face

Written data from 1 health care colleague (General Practitioner)

Expressing 'difference'

"A nurse's place is whatever else is not taken. If you look at the ward environment, your place as a nurse there is to fill in all the gaps.

You're not the doctor, you're not the social worker, you're not the patient support officer, you're not the psychologist, but you have to do all those tasks when that person isn't there. So you get experience at all these different roles.

You have to fill in because, if you're the person that's there when all these other people aren't, you have to adapt."

(MHN participant 24)

Declaring difference

"As mental health nurses we are flexible, needs-oriented, client centred, strengths-focused and solution-focused as well. We are looking for meaningful, life changing outcomes rather than restricted ones according to what some expert or administrator has said we need to achieve."

(MHN participant 20)

"Nurses bring an individual approach to a patient, whereas I don't think psychiatry does; it brings prescription. Nurses can provide that alternate treatment, beyond the drugs. They need a whole variety of approaches."

(MHN participant 11)

Declaring difference

"We're fully engaged with the lived experience of the patient and also the living and the physicality – what it means to live."

(MHN participant 6)

"I think mental health nurses are best equipped to reach the edges of bio-psychosocial models of care simply because their foundational education emphasises all three of those fairly distinctly"

(MHN participant 14)

Being different

"A client came in for an appointment and she said she was sick of therapy and thinking about her thoughts, so we walked around the corner and just had a coffee. She sent me a text the next day to say that was just what she needed."

(MHN participant 5)

"Sometimes I struggle that I might not be doing some whizz-bang, you-beaut therapy, but in actual fact I'm doing something that is really useful and that the patient finds useful and I know that it's working. Being with them!"

(MHN participant 5)

A different narrative: The words of one participant espousing a philosophy of recovery-focused mental health nursing …

"Mental health nurses sowing the seeds of hope where there is a perception of hopelessness, nurturing them to their potential.

That is the art for recovery facilitation for the emotionally troubled"

(MHN participant 33)

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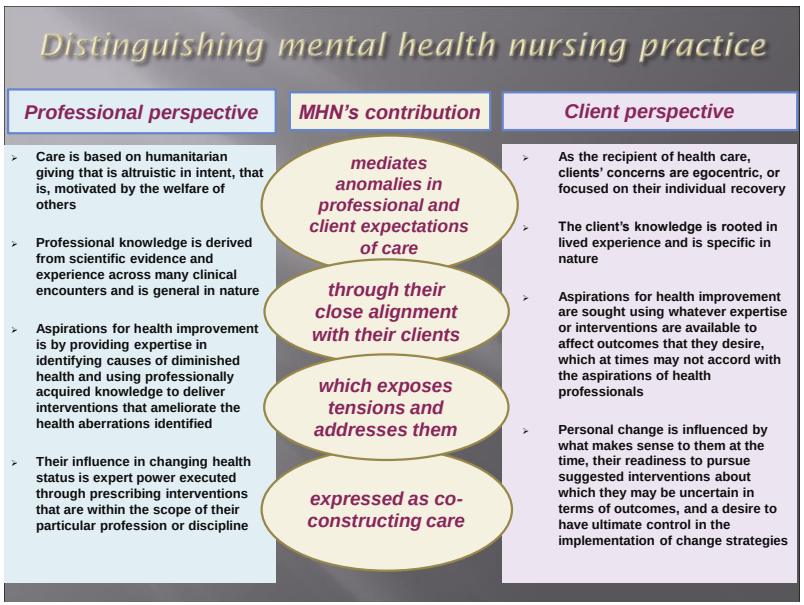
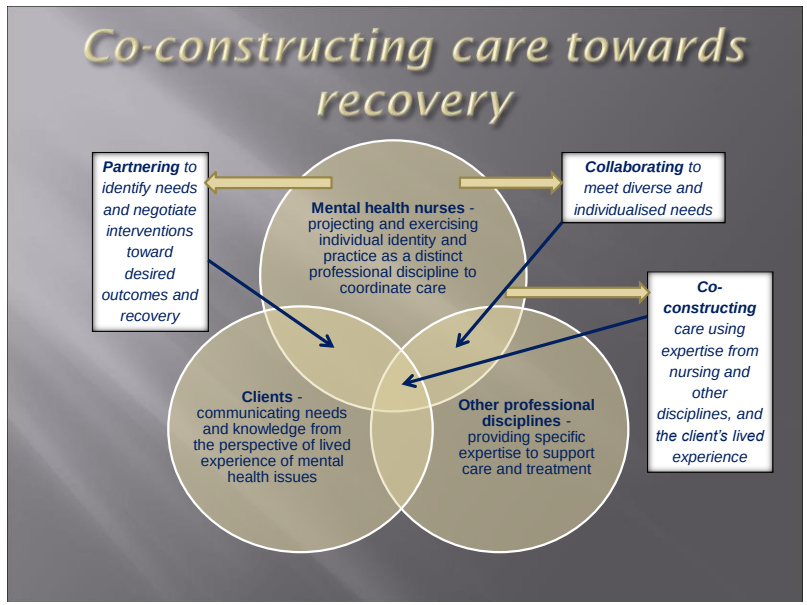
ARTFUL practice blended	with SCIENTIFICALLY based practice
HUMANISTIC *Artistic practice involves interpreting nuances within the therapeutic relationship using intuition and client-reported evidence as a guide …* *Uses humanistic responses …*	**PROFESSIONAL** *… in concert with scientific practice using nurse-observed and research derived knowledge to guide and inform a range of possible interventions.…* *… and professionally based ethics.*
CO-CONSTRUCTED *Care is co-constructed with the client …*	**CONTRACTUAL** *… in a therapeutic relationship that is negotiated and mutually agreed or contracted.*
COLLABORATIVE *Collaboration with the client and others is effected in order to meet specific and diverse needs as expressed by the client …*	**PURPOSEFUL** *… with a therapeutic intent that is purposeful and targeted to desired outcomes with the client.*
EMPOWERING *Empowerment towards recovery , as defined by the client, and independence for the client is the aim …*	**POWER-SHARING** *… facilitated by an ethos that acknowledges the power differential between the mental health nurse and the client, deliberately building this relationship to respect and include the expertise of the client, recognising that power is often assumed through acquired expertise.*


Distinguishing mental health nursing practice
Professional perspective
MHN's contribution
Client perspective
Care is based on humanitarian giving that is altruistic in intent, that is, motivated by the welfare of others
Professional knowledge is derived from scientific evidence and experience across many clinical encounters and is general in nature
Aspirations for health improvement is by providing expertise in identifying causes of diminished health and using professionally acquired knowledge to deliver interventions that ameliorate the health aberrations identified
Their influence in changing health status is expert power executed through prescribing interventions that are within the scope of their particular profession or discipline
mediates anomalies in professional and client expectations of care
through their close alignment with their clients
which exposes tensions and addresses them
expressed as co-constructing care
As the recipient of health care, clients' concerns are egocentric, or focused on their individual recovery
The client's knowledge is rooted in lived experience and is specific in nature
Aspirations for health improvement are sought using whatever expertise or interventions are available to affect outcomes that they desire, which at times may not accord with the aspirations of health professionals
Personal change is influenced by what makes sense to them at the time, their readiness to pursue suggested interventions about which they may be uncertain in terms of outcomes, and a desire to have ultimate control in the implementation of change strategies


Co-constructing care towards recovery
Partnering to identify needs and negotiate interventions toward desired outcomes and recovery
Collaborating to meet diverse and individualised needs
Co-constructing care using expertise from nursing and other disciplines, and the client's lived experience
Mental health nurses - projecting and exercising individual identity and practice as a distinct professional discipline to coordinate care
Clients - communicating needs and knowledge from the perspective of lived experience of mental health issues
Other professional disciplines - providing specific expertise to support care and treatment

A theoretical construct

Being in the here and now, side by side,

- Existence or essence of mental health nursing as a distinct entity
- Presence – seeing what is relevant 'today' in the real world of the client …
- … on their territory, physically, psychologically, socially and spiritually …

co-constructing care:

… providing care that respects, honours and responds to the expertise that the mental health nurse and the client bring to the relationship

A substantive grounded theory of recovery-focused mental health nursing

Using creative interventions beyond a traditionally established evidence-base, and modelling equilibrium in its professional power relationship with clients and others that is rooted in experience and a world view that is distinctly nursing. It is special!

Facilitating recovery

"Yes, absolutely, it's their journey, their story, they are the ones that can put it together and not everybody is ready to do that. But when they are, I think to be able to facilitate that is incredibly empowering to them"

(MHN participant 15)

Respect for the client's autonomy

"It's very much our regard for them as a human being and they choose the pathway, they choose the way they want to go. We walk alongside them … it is all done hand-in-hand"

(MHN participant 23)

"I can help each person identify their goals through reflection and clarification of what they've said, but ultimately they need to decide what's important to them, whether at the very start or some time later, and we will work in line with that and at their pace"

(MHN participant 20)

Respect for the client's dignity

"I value the person. I value their right to good care, and I value their right to make their decisions and to be empowered to make their own decisions and to be accepted for where they are at.

I also value the contribution of science and research and what that offers in order to empower them to make wise choices"

(MHN participant 17)

Therapeutic intimacy

"I think the intimacy of what we do - we touch, we handle, we go into both emotional and physical places in a caring way.

We don't do it to intrude or understand them like a specimen under a microscope. We do it to care and soothe and look after someone.

The same way as if I'm, you know, washing a patient that I might be assessing at the same time, but I will wash and clean and soothe, hopefully, at the same time. That was how I was taught to be a nurse. "

(MHN participant 18)

Intimate and complex

The following account refers to some of the complexities involved in this way of relating:

"As mental health nurse and client, we come together in a shared therapeutic space full of potential.

There is mystery in that space as well as relational ingredients … but at the start of the work we don't know how they will play out.

Mental health nursing is all encompassing; it allows me to reach into my full potential, to challenge myself, and in so doing, to show clients and others more of their potential, to work with their strengths and empower them.

Also, I consciously reveal some of my own foibles and vulnerabilities at selected times, and in the process allow clients to learn to accept their own vulnerabilities, integrating both parts in a way that increases inner strength and resources, as well as self-love and meaning" .

(MHN participant 20)


Attributes of recovery-focused mental health nursing
Present
Personal
Participant partnering
NATURE
Using the distinctive nature of mental health nursing in the service of others
Professional
Phenomenological
Pragmatic
Power-sharing
Co-constructing care towards recovery
Psycho-therapeutic
Proud
Profound
CONSEQUENCES
Pulling together collaboratively developed interventions for positive outcomes
SCOPE
Working to the edge of practice boundaries with the client


Reform agenda and nursing theory for client- centred and recovery- focused care is not new

Florence Nightingale – embedded an ethos of client-centredness and self determination

Nursing … has been limited to signify little more than the administration of medicines and poultices.

It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet – all at least expense of vital power to the patient.

The art of nursing, as now practised, seems to be expressly constituted to unmake what God had made disease to be, viz., a reparative process.

(Nightingale, 1946, p 6).

Hildegarde Peplau

Love is the only sane and satisfactory answer to the problem of human existence.

(Erich Fromm)

Her thinking about mental health nursing was influenced by the emerging concepts about psychiatry at the time.

Erich Fromm stimulated her interest in social science rather than natural science.

Social psychiatrist Harry Stack Sullivan encouraged her emphasis on psychoanalytic and social approaches to therapy.

Concepts central to psycho-dynamic nursing - Peplau

- Espoused the concept of the mutuality of the nurse/client relationship
- Urged nurses to develop methods for 'seeking to know, in contrast to knowing' (Peplau 1953b, p. 1345)
- Emphasised the need to address power dynamics in professional interpersonal relations and how personal power, and its counterpart, powerlessness, are important aspects of the recovery process (Peplau 1953a, p. 1222)
- Proposed that a distinct nursing function is 'identifying problematic situations, appreciating and liberating positive forces in patients' personalities' (Peplau 1951, p. 723)
- Referred to the perception of the world that the client brings to the relationship:

"When the psychiatric nurse can understand this and can see it in relation to the unique context of the patient's life history, then she can begin to plan her intervention" which should be *"paced at the patient's rate of movement"* (Peplau 1954, p. 327)

Phil Barker

Developed a theoretical construct of mental health nursing which he called 'the Tidal Model'. This model embraces a recovery approach to care and addresses issues of:

- empowerment and power-sharing;
- the critical role of interpersonal aspects of care;
- notions of interdisciplinary teamwork;
- Holism; and
- acknowledgement of and response to, by mental health nurses, the lived experience of clients in their care.

Barker emphasises holism, the centrality of interpersonal relations, the key role of a client's determination and participation in their own care, and a focus on problems of living and not just illness.

(Barker 2001a, 2001b, 2001c, 2003)

Australian national agenda for mental health - advancing the notion of 'recovery'

2008 – National Mental Health Policy

Advocates a system that promotes recovery

2009 – Fourth National Mental Health Plan

Includes, as on one of 5 priorities, 'social inclusion and recovery'

(Australian Health Ministers' Conference 2009a, 2009b)

Australian national agenda for mental health - challenging the power agenda and culture

2011 - National framework for 'recovery' approaches to care

Acknowledges the need for those with lived experience of mental health issues to have influence and control over their experiences and a system that 'puts people with a lived experience at the heart of everything we do' (Australian Health Ministers' Advisory Council 2013a, 2013b)

2011 – Australian national mental health workforce strategy

Aims to 'develop and support a well-led, high performing and sustainable mental health workforce delivering quality, recovery-focused mental health services' (Mental Health Workforce Advisory Committee 2011)

Australian national agenda for mental health - a focus on collaboration

2010 – Australian College of Mental Health Nurses

National Standards define a mental health nurse as taking a 'holistic and recovery approach, guided by evidence' and 'works in collaboration with people who have mental health issues, their family and community, towards recovery as defined by the individual'

(Australian College of Mental Health Nurses Inc 2010)

ACMHN Draft National Framework for post-graduate mental health nursing education

CORE VALUES	
Core Value 1: Consumer self- determination Core Value 2: Partnership in achieving aspirational goals Core Value 3: Mindfulness of the whole person Core Value 4: Capacity for growth	RECOVERY
Core Value 5: Advocacy: Social and individual Core Value 6: Therapeutic (helpful and salient) relationships: Side by side and 'being with' Core Value 7: Safety and wellbeing of recipients and providers	PARTNERSHIP
Core Value 8: 'Evidence informed' practice Core Value 9: Diversity in approaches Core Value 10: Collaboration to meet diverse, individualized needs	PROFESSIONAL
Core Value 11: Creativity in a context of constraints Core Value 12: Critical reflection and lifelong learning	REFLECTIVE PRACTICE


Lead Change
Empower People
Leadership
Shared Vision
Inspire People


Dare to lead!


You are special
YES YOU
the one reading this


Shift culture, lead change
become a Nurse
YOUR COUNTRY NEEDS YOU

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Thank you!
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