Fundamental Aspects of Mental Health Nursing

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This book is dedicated to Albert Goddard,
an unsung hero of the service user movement

Introduction

Mental health nurses care for people with mental health problems in the community or sometimes in a hospital setting. They help patients lead as 'normal' a life as possible, striving to enable the optimum potential of those they work with.

The mindset of mental health nursing has shifted from that of a psychiatric nurse, whose primary function was to carry out 'doctors orders' and deliver the prescribed treatment to the patient, towards an evidence-based, health orientated leader of care, practicing in a diverse range of settings.

This book sets out to provide the reader with an insight into some of the fundamental elements of good quality mental health nursing in an accessible format. The themes will cover some of the physical, psychological, social and spiritual elements of quality mental health, and the part nurses play in their promotion.

Mental health nursing, sometimes referred to as psychiatric nursing, is a branch of the nursing profession that cares for people of all ages suffering from mental distress. Mental health nurses occupy the largest proportion of any other profession working in mental health services today (CNO, 2006), and utilize a wide range of skills, therapies and resources to help and support people in their daily lives. Assisting people resolve their own problems is a fundamental part of mental health nursing, and the types of problem people suffer from vary enormously. Mental health nurses make a vital contribution to providing care to service users of all age groups and in all settings.

The prevalence and frequency of mental health problems in the UK is statistically well documented, although as with all statistics they should be treated with caution. Depending on the research organisation, some figures suggest that it could be expected that 1 in 6 people will suffer some form of mental distress during their lifetime (Singleton et al, 2000). Traditionally, this distress may require the help of a professional if it becomes severe or threatens the safety of the person or other people, however, most mental health problems do not fall into this category.

Contemporary services aim to provide support that is easily accessible and meets the individual's needs. This localised service revolves around the GP surgery in what is described as Primary Care, or where absolutely necessary within a hospital setting.

The developments leading to this community focus for care were prompted by the closure of the institutions in the late 1980s. This saw in a new era for mental health nursing and a change of focus from providing continuing and long-term care in places removed from mainstream society,

into more home based patient centred care.

The development of self-help, complementary medicine and computer-based therapy, has been reflected positively through the populations' increased understanding and empowered status. The progress towards informed decisions, however, is hampered by the range and choice of service offered by private, public and voluntary sectors. Although the incidence of poor mental health cuts across social divides, it is particularly evident for those described as 'socially excluded'. Their failure to engage voluntarily with the system does not suggest being overwhelmed by choice, rather it may reflect the difficultly they have in accessing services.

For some people the choice of receiving services is removed if they are detained under the Mental Health Act. About 1% of the population experience a disorder of perception (often referred to as schizophrenia at some point in their lives (Mental Health Foundation, 1999), and about 1% of the population experience manic depression at some point in their lives (Mental Health Foundation, 1999). Singleton et al (2000) suggested that 1 in 200 people have experienced a psychotic illness in the last year. For many people the experience of symptoms traditionally associated with mental illness will be a single event, and this does not necessarily indicate the need for a diagnosis. A first episode may well relate to a range of contributory external factors which if addressed will promote a complete and permanent recovery.

Recurrent symptoms may indicate the need for engagement with mental health services, and it is with this population that the majority of mental health nursing takes place.

In recent years mental health nursing has been shaped by a number of documents which feature in this book, but perhaps one of the most influential is the *National Service Framework for Mental Health* (DH, 1999a). It addresses the mental health needs of working age adults up to 65 and sets out national standards, national service models, local action, and national underpinning programmes for implementation. It is explicit that the majority of mental health problems are best dealt with in primary care, and presents Primary Care Trusts and primary care providers with some significant challenges:

- Providing primary care to the socially excluded, for example those with drug and mental health problems
- Development of professional skills and knowledge to deal effectively with mental health problems
- Providing information about available resources (social, welfare and voluntary resources)
- Addressing the physical healthcare needs of users

- Coordinating systems to enable communication between all stakeholders involved in the care of a user, leading to maximised outcomes for the individual with consistent advice
- Implementation of care pathways and protocols to enhance clinical outcomes
- Measurement of user experiences and performance against national target
- Meeting carers' needs
- Suicide risk management

Mental health nurses need to be prepared to play their part in these successful outcomes, and it is through education, training and collaboration with other disciplines that will determine the success of these aspirations.

Mental Health Nurse Education

To qualify as a mental health nurse, you need to complete a three-year university course which has been approved by the Nursing and Midwifery Council (NMC) and specialises in mental health. Most courses are equally split between theory (50%) and practice (50%).

Nursing diploma and degree courses are available within most universities in the UK. The degree and diploma pathways both provide the same amount of practical experience, but degree courses are perhaps more suited to those who enjoy the academic challenge of exploring the theoretical side of mental health nursing in greater depth. Additionally, some universities offer an NMC approved Advanced Diploma in Nursing. This qualification and the entry requirements for it lie between diploma and degree level.

All pre-registration nursing courses are based upon a set of recommendations and regulations as specified in: *Fitness for Practice* (NMC [formerly the UKCC], 1999), *Making a Difference* (DH, 1999), and documents such as the *National Service Framework for Mental Health* (DH 1999, 2004) and *Standards for Proficiency* (NMC, 2006). This set of benchmarks ensures the consistency in the quality of nurse training and education. This is supported by Wilshaw (2004), who proposed that mental health nurses now fulfill a wider range of responsibilities than ever before, that nursing is more important than ever, and that student nurses are — at least in principle — better prepared than ever.

There are no national minimum entry requirements because each university has its own criteria, however to get onto an approved course you need to meet some general requirements set by the NMC, which include:

- Providing evidence of your literacy and numeracy, good health and good character, and recent successful study experience
- Meeting the minimum age requirement for nurse training (17.5 years old in England, 17 in Scotland, and 18 in Northern Ireland and Wales)
- Agreeing to have a criminal records bureau check (a criminal conviction does not automatically exclude you from working within the NHS).

Previous education requirements are generally around five GCSEs or equivalent at grade C or above, including in English language or literature and a science subject for a Diploma programme, and five GCSEs and two A-levels or equivalent for a Degree programme.

Universities across the country have made great efforts to what they describe a 'widening the entry gate' to enable a person with potential who has not come by traditional educational routes has a fair chance of accessing the programme. Previous experience, paid or unpaid, of working with people who use mental health services will always be of benefit to the prospective applicant

Alternatives, such as an Access to Higher Education course, may be accepted by some institutions.Some universities offer a "Cadet" scheme for 16 to 19 years olds who can prepare for a career in nursing by doing a two-year Cadet Scheme. The scheme includes clinical placements and working towards a qualification such as an NVQ Level 3 in Health, or Health and Social Care.

Another entry route is enabled by working in a caring role, for example as a healthcare assistant or support worker, where the NHS Trust or employer may sponsor the person to gain the necessary entry requirements and in some cases second that person to undertake their nurse training by topping up the bursary to ensure that their previous salary is maintained.

Overseas trained nurses may need to complete the NMC approved Overseas Nurses Programme (ONP) in order to begin professional practice in the UK.

Generally, criteria can and do vary, and it is advisable that any applicant ensures they meet the requirements of the local area to which they apply.

The Diploma of Higher Education in Nursing and BSc(Hons) Nursing courses offered by universities are full-time three-year programmes that have a Common Foundation element in the first year, which gives students a taste and flavour of all branches of nursing and prepares them in terms of safe practice and professional expectations. These courses have some common aspirations, which can be briefly described as:

- To produce knowledgeable, professionally able students who are equipped to meet the changing needs of the health service

- To provide educational opportunities, which support careers in each of the nursing pathways
- To fulfil the statutory and professional requirements for pre-registration qualifications in nursing
- To provide opportunities to acquire a relevant knowledge base in nursing and appropriate practice skills
- To produce knowledgeable students, skilled in IT and use of health information, who are able to critique, and analyse theory related to nursing and nursing practice
- To facilitate the opportunity for students to utilise nursing theory and research in professional practice.

Practical work experience with patients is supported by a trained Mentor who is able to guide the student in becoming a safe and effective practitioner. Students need to demonstrate the capability and competence both in the classroom and in the practice setting, and every university has a set of criteria that the student must achieve to progress within the course and eventually register with the NMC.

Responsibilities of the Mental Health Nurse

Mental health nurses are at the front line in providing care and support in both hospitals and the community. Since the late 1980s there has been a significant shift from hospital to the community as the setting for mental health care. Nurses now work in people's homes, in small residential units, and in local health centres. Nurses work as part of a multidisciplinary team which incorporates psychiatrists, social workers, psychologists, GPs, occupational therapists and others to co-ordinate care.

At the heart of mental health nursing care is the one-to-one personal relationship that nurses develop with their patients. This is achieved through a combination of good communication skills, knowledge of the person and their presenting symptoms together with an ability to observe behaviour, and try to work out the underlying emotions and feelings (affect), and thinking (cognitions) that have produced that behaviour. There is a range of well documented range of activities that are associated with developing a therapeutic rapport and a plan of care interventions which meet that patient's specific needs. Typical work activities include:

- Listening to patients and interpreting their needs and concerns
- Assessing and talking to patients offering explanation and reassurance about treatment they are receiving

- Caring for patients who are acutely unwell or have a long standing or enduring mental health problem
- Building relationships with patients to encourage trust
- Ensuring the correct administration of medication, including injections, and monitoring the results of treatment
- Responding to distressed patients and attempting to understand the source of their distress in a non-threatening manner
- Advocating for a patient who may temporarily not be able to adequately represent their own best interests
- Participating in group and/or one-to-one therapy sessions, both as an individual and with other health professionals;
- Encouraging patients to take part in art, drama or occupational therapy where appropriate
- Organising social events aimed at developing patients' social skills
- Devising plans of care that anticipate risks, and promote the safety, health and well being of the patient
- Maintaining patient records and evaluating care plans
- Applying the 'de-escalation' approach to help people manage their emotions and behaviour
- Ensuring that the legal requirements appropriate to a particular setting or group of patients are observed.

As a mental health nurse you are likely to be dealing with people from a broad range of social, economic and cultural backgrounds, and the understanding of these factors is a critical element in building a therapeutic relationship. One difference between nurses and other mental health workers is that nurses are able to forge a long standing relationships, often spending much longer periods of time working with patients and thereby developing the trust essential to effective mental health care.

Ward and Community Work

Registered mental health nurses tend to work either in a community environment or ward environment. This simple division can be generally be identified as either Primary of Secondary Care. The Department of Health defines primary health care as all those health services provided outside hospital by family health services, and include the four practitioner services of GPs, dentists, community pharmacists and opticians. In addition, primary care incorporates community health services which include, midwives, health visitors and some nurses, chiropodists and physiotherapists.

Primary care services provide the medical care a patient receives upon first contact with the healthcare system, before referral elsewhere within the system. Conversely Secondary health care refers to specialist services that may be either community- or hospital-based but are reliant upon the screening and subsequent referral from one of their primary care colleagues.

Community Work

Community Mental Health Teams generally comprise of community mental health nurses, a psychiatrist, social workers, and community workers working in partnership with other disciplines, agencies and carers to provide home based services for clients and their families. Where possible, realistic alternatives to hospital are sought, and for those who have been admitted into hospital care, these teams work with the person to ease their discharge process and plan a package of care for when they return home.

Community Mental Health Teams mostly work with people between the ages of 18 to 65 with mental health difficulties. Their role may involve:

- Co-ordinating the care of patients
- Liaising with patients, relatives and fellow professionals in the community treatment team and attending regular meetings to review and monitor patients' care plans
- Visiting patients in their home to monitor progress
- Assessing patients' behaviour and psychological needs
- Identifying if and when a patient is at risk of harming themselves or others.

These activities support a range of general aims which set out to:

- Reduce the number of re-admissions to hospital by earlier intervention and identification of problems
- Reduce the number of people in hospital by having staff with the necessary skills working within the community
- Develop services which are responsive and support the person to reach their optimum potential in the home environment
- Work closely with the voluntary and independent services, ensuring that the appropriate interventions are offered
- Support a close working relationship between relevant professionals resulting in a quicker comprehensive assessment of needs and the package of care.

The generic nature of Community Mental Health Teams has led to some aspects of their role being devolved to specialist teams. The interventions

involved in crisis work, for example, is often taken up by a crisis resolution service, whereas work with people in recovery is undertaken by Assertive Outreach Teams (Dooher, 2006). Older people have specialist teams too, and young peoples services are delivered by Child and Adolescent Mental Health Services (CAMHS).

Working in a Ward Environment

When working in a ward environment, the primary nurse (staff nurse) is generally responsible for the assessment of care needs using a nursing process (assessment planning implementation and evaluation) format to develop programmes of care for a small inpatient case load. The nurse will regularly take charge of the ward and provide supervision, mentorship and leadership for staff other staff a student nurses. Staff Nurses work closely with ward manager and senior staff in using evidence-based practice in delivery of care. Some of the key tasks and responsibilities include:

- Assessing individual care needs, developing care plans, delivering nursing care and evaluating outcomes
- Being an effective listener observer and communicator
- Maintaining patient confidentiality at all times
- Adhering to all organisational, policies, procedures and guidelines
- Ensuring good working relationships with patients, carers, relatives, other professionals and the public
- Demonstrating an understanding to the use of clinical supervision to reflect upon and modify practice
- Ensuring that practice remains within legal, ethical and professional parameters and is open to scrutiny from peers.

Clinically, ward-based staff nurses should respond to the needs of people in an honest, non-judgemental and open manner, which respects the rights of individuals and groups, whilst actively engaging with patients in the provision of holistic, needs-led care that takes account of the physical, psychological, emotional, social and spiritual needs of individuals and groups.

As with all nursing posts, the ward-based nurse should demonstrate a commitment to equal opportunities for all people, and understand the impact of social and cultural diversity on patients' and carers' experiences of mental illness and mental health services. They need to respond to the needs of people sensitively with regard to age, culture, race, gender, ethnicity, religion and disability, especially regarding patients' privacy and dignity. In addition, understanding the rights of patients and carers and assisting them in exercising those rights.

Undertaking daily care in support of a written plan of care, reporting on care delivery and documenting it is a key factor in the transmission of information between staff, demonstrating the ability to work collaboratively, and having good self-awareness. This will enhance the nurses' ability to develop therapeutic relationships, incorporating limit and boundary setting, and implementing evidence-based practice using a range of assessment and measuring tools and risk management.

Good observational skills, and good verbal and non-verbal communication skills, are part of the key skill set needed to facilitate patients' use of effective treatment through negotiation skills, provision of information, assessment, management and systematic monitoring of side effects.

Key Challenges

There are a number of key challenges that mental health nurse face. Barker (2005) suggests that, compared to the prominent positions adopted by psychiatric medicine, psychology, social work and even the voluntary sector groups like Mind or Rethink, mental health nursing is pitifully represented in the media if not absent altogether. He goes on to observe that mental health nursing is like a sleeping giant, awaiting some magical event to rouse it from its slumbers.

One of the main challenges to mental health nursing is the objective improving outcomes for service users (DH, 2006). In her review of the profession, the Chief Nursing Officer recommended that the development and sustenance of positive therapeutic relationships with service users, their families and/or carers should form the basis of all care.

Mental health needs to move away from a medical model where it is the diagnosis that dictates the treatment experience of the service user, and embrace what is described as a holistic approach. A holistic approach to health differs from the conventional medical approach in that it takes into account the whole patient rather than just focusing on the symptom or the part that has the problem, and recognizes that the emotional, psychological, spiritual, social, cultural and physical elements of each person comprise a system, and therefore attempts to treat the whole person in his or her context.

This means that mental health nurses need to develop their skill and knowledge set to provide evidence-based psychological therapies, better assessment and health promotion activities that form the basis of care plans to meet the complex demands of individual patients.

Mental health nursing may also be under threat from the development of inter-professional education (IPE). On the surface, IPE is a positive development

and an uncritical assumption that occasions when two or more professions learn with, from and about each other, to improve collaboration, and the quality of care, is a positive thing. If we scratch the veneer beneath it, however, we can acknowledge the positives, but also see that the lust for greater IPE may be driven by economic issues (for example economies of scale dictate that it is cheaper to teach a group of 200 than a group of 35), and the gradual erosion of the mental health nurses role. IPE is now a firm part of mainstream education at the pre-qualifying stage for many students in the health and social care professions. Freeth et al (2005), and although the benefits of understanding each other's roles and responsibilities will improve patient care, there is an inevitability that the specialist elements of separate professional roles are being challenged. This is particularly evident when we overlay the proposed role changes and increased responsibilities for mental health nurses contained within the largely discredited Mental Health Bill. The natural development of IPE is that as we see it grow we se collaborative learning and experience pathways develop and the convergence of the roles and responsibilities for Social Workers, Occupational Therapists, doctors, psychologists and mental health nurses. The outcome may be a generic worker who is able to prescribe medicine, hold people against their will, nurse them and provide a range of psychological therapies.

Whilst it is acknowledged that mental health nurses have a skill base that is already multifaceted, these new additions will see a reduced need for multidisciplinary working because all the elements of the team will be contained within a single individual. If mental health nurses are to use their specialist skills and personal strengths to uphold the uniqueness of their profession and help people come to terms with their problems, then they must focus on the most important factor within their toolbox; the therapeutic relationship, the ability to listen and draw information out, helping people find means of coping with their problems, and coordinating a patient's care.

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