

Irish Institute of Mental Health Nursing



A Vision for Mental Health Nursing Submission from the Irish Institute of Mental Health Nursing

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Submission Format:

Written submissions using the following format will only be considered:

1. What is your understanding of working **in a recovery orientated** way?

Working in a recovery orientated way means working:

- in a positive, collaborative and hope inspiring manner, informed by the belief that recovery is possible
- views persons as individuals, not focus on a diagnosis
- through negotiation re care, treatment, context
- with people's strengths rather than their deficits
- in a person centred and respectful way, acknowledging, valuing and accepting people's own meaning and understanding of their distress
- without preconceived ideas about the nature of human distress and the range of human experiences
- beyond the boundaries of traditional settings and mindsets
- focusing on peer support, self responsibility
- assisting the person to create for her/himself and significant others a meaningful life plan
- client empowerment leading to self-responsibility of own recovery
- inclusion into mainstream employment
- nurses being open to adopt a recovery oriented environment
- informed by evidence, by policy, and by the service user/family
- with the recognition of the expert by experience concept
- with sensitivity and competence in interpersonal relationships
- in a flexible, non-linear way
- in therapeutic risk sharing and shared decision making
- in promoting opportunity/inclusion and acknowledging and affirming self determination

2. What are the **values and principles** that should underpin psychiatric/mental health nursing practice?

- A non-judgemental approach
- Dignity and respect for human rights
- Rights, equality, freedom, responsibility, ethical beliefs and principles
- Openness in accepting own and others' often conflicting ideas and experiences
- Tolerance of differences whilst challenging inhumane practices
- Hope, optimism and a belief in the person's ability to recover and succeed.
- Positive attitudes towards people's emotional and human distress
- A general interest and curiosity in helping and supporting people
- Apply principles of hope, empowerment, empathy, non-discrimination, equality, combating stigma, advocacy, therapeutic relationships, sharing life stories and narratives (where appropriate), social inclusion
- Positive working relationships supported by good communication skills
- Upholding rights of the patient based on legislation, policies and patient dignity
- Respecting the person as the 'expert' in and of his or her experiences
- Clinical supervision
- Continuing updating of staff education
- Accepting the unique and privileged position which nurses hold
- Collaboration and partnership in all aspects of care between people who use and people who provide services
- To deliver high quality treatment and care which is known to be effective and acceptable
- Accountability
- Promotion of wellness

3. What nursing skills and competencies require development **to improve experiences and outcomes** as identified in *A Vision for Change*

- (i) For service users?
- (ii) For carers?
- (iii) For you as a nurse?
 - To be tolerant and accept differences
 - To work at the service user's pace
 - To be able to work with uncertainty
 - To be able to work alongside the other person
 - To be able to negotiate and collaborate on equal terms

- To be able to take positive risks
- To be able to work with and relate to people outside of the narrow confines of psychiatry as a branch of medicine
- To be able to work creatively, imaginatively and flexibly with patients and their ideas and wishes for the future
- To be competent to lead MDT Recovery Reviews
- Taking a step back from the paternalistic role, thereby allowing and encouraging patients taking responsibility for their actions
- Promoting autonomy, self determination and choice
- Working with patients rather working over
- Embrace and endorse the language of recovery
- Inclusion, support and education
- To be able to adopt a hope inspiring approach
- Recognition and utilisation of family expertise
- Provision of emotional and practical support, knowledge and information on recovery journey for carers, either individually or through support groups
- Ability to reduce level of expressed emotions

4. How can RPNs be supported to work in a **recovery orientated** way?

- Create 'recovery champions' across the services, who can facilitate and support RPNs in developing a recovery oriented approach to their work and the to the overall setting
- Provide opportunities for critically reflection, through local support groups, journal clubs, in service training, further education, clinical supervision
- Provide structures and systems, which allow RPNs the support, flexibility and scope to work in a recovery oriented way
- Integrate experts by experience and experts by training in providing recovery oriented education and services
- Review and overhaul the undergraduate and postgraduate RPN curricula
- Support RPNs who are willing to make a stand to move towards a recovery oriented practice
- Support RPNs who decline to cooperate with coercive and inhumane practices
- Clarify ABA code of conduct regarding working in the patient's best interest
- Involve experts by experience in the assessment of RPN's competency



- Increase service user input in all areas of practice and education
- Access to education on recovery and working in a recovery focused way
- Emphasis in nursing curriculum on skills needed to be effective social and political activists

5. What needs to be put in place to ensure that RPNs incorporate **evidence based approach** into practice and service delivery?

- Funding for service user focused research that produces evidence other than the traditional RCT on pharmacological interventions
- Technology and systems within the HSE so staff can easily access evidence (e.g. IT/Libraries)
- Identify champions within practice where their approach is informed by contemporary evidence and not just evidence that support biological psychiatry
- Development of practice guidelines that are informed by multiple sources and types of evidence
- Provision of time for ANP to lead audits and research within practice
- Evidence based training
- Attending conferences
- Open dialogue seminars, audits, focus groups, journal clubs, in service education
- Being given opportunities to implement change
- Protected time to keep abreast of evidenced based practice
- Leadership which facilitates change, a culture which welcomes innovation

6. How should the role of the RPN be developed to improve the **range and quality of services available** to

- (i) service users?
- Fundamentals change in education away from biomedical psychiatry
 - Focus on therapeutic skills
 - More flexible practices
 - More nurse led services
 - More autonomy and responsibility in decision making
 - Mandatory clinical supervision and competency assessment
 - Education and practice development around client responsibility
 - Instilling hope, being non-judgmental, inclusion in care planning, autonomy, collaboration, awareness, social inclusion, self

- management approaches, self advocacy
- Engage with service user groups
- Nurses need to become social and political activists in bringing about the necessary change
- Supporting carers around education and support in relation to carers' wants and needs, opportunities to express their views, support groups, recovery plans, early warning signs, crisis planning, advanced directives, involvement, and accessibility to services

(ii) carers?

As above

7. How can RPNs best **promote social inclusion** (common to all settings)?

- RPNs need to challenge own negative beliefs about service users abilities and capabilities.
- Provide more meaningful activities in all setting which are relevant to peoples' lives and respectful of people's enormous capabilities and potential
- Work with people's desires and aspirations
- Take an active role in promoting peer support,
- Link with educational, social and recreational activities in the community
- Become more involved in the challenging of stigma within society and mental health nursing
- Become social activist and advocates
- Speak out against the lack of alternatives to medication within the services
- Reduce stigma campaigns, increased public awareness, education, community support groups, normalizing approach, employment and volunteering opportunities, self advocacy, advocating awareness, encourage and promote a wellness rather than illness orientation
- Emphasis on equality and rights of the individuals and families

8. How can **effective leadership** be developed and supported for psychiatric/ mental health nursing?

- Appoint people with track records in change and effective

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leadership

- People need to be given authority and autonomy to support the development of mental health nursing
- Foster nurses who show leadership potential and develop succession planning within mental health nursing
- Ensure that nurses with vision and leadership ability are the ones that are representing mental health nursing on committees at all levels
- Access to support and supervision
- Further and urgent development of ANP posts and positions beyond the narrow 'therapy' orientation, and towards a more broad based and values and principle based orientation

Additional comments

It is important to highlight that not all good psychiatric care is necessarily primarily concerned with recovery. Having the capacity to intervene in emergency or crisis situations, assuming responsibility and safely containing strong emotions and minimizing the damage caused as a consequence of the crisis is a legitimate role of psychiatric services but one which is not primarily focused on recovery. However, similar values ought to inform the application of such interventions and they should be employed for only as long as necessary. If it is accepted that human experience is indeed complex then it must also be accepted that people are at times ambivalent about being helped or receiving help. Good psychiatric care therefore also involves having the tenacity to remain with people even when they are ambivalent about the need for help.

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