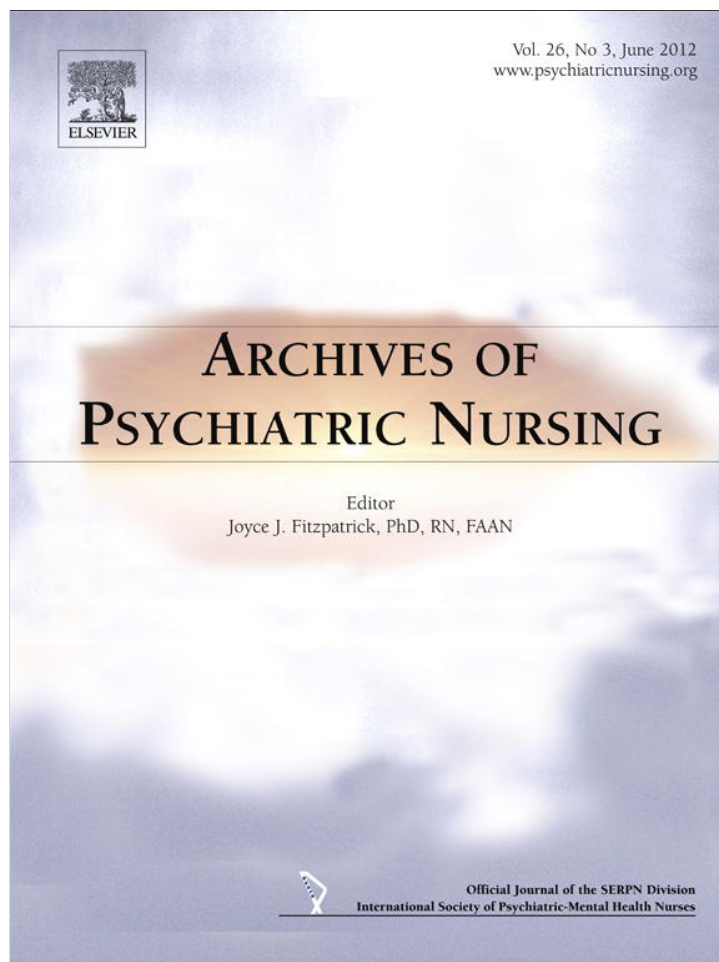


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What is Good Mental Health Nursing? A Survey of Irish Nurses

Richard Lakeman

The practice, theory, and preparation associated with nursing people with mental health issues has changed in profound ways in recent decades. This has in part been reflected by a shift in nurses identifying as being mental health rather than psychiatric nurses. Context, theory, and values shape what it means to be a mental health nurse. Thirty experienced mental health nurses in Ireland completed a survey on what good mental health nursing is and a definition induced from their responses. Mental health nursing is a professional, client-centered, goal-directed activity based on sound evidence, focused on the growth, development, and recovery of people with complex mental health needs. It involves caring, empathic, insightful, and respectful nurses using interpersonal skills to draw upon and develop the personal resources of individuals and to facilitate change in partnership with the individual and in collaboration with friends, family, and the health care team. This appears to encapsulate the best of what it meant to be a psychiatric nurse, but challenges remain regarding how to reconcile or whether to discard coercive practices incompatible with mental health nursing.

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THE NURSING ACADEMIC community has long been preoccupied with questions regarding what nursing is, what unique contribution it makes as an occupation, and what unique body of knowledge it possesses and draws upon. This article addresses the question “What is good mental health nursing?” drawing particularly on the opinions of expert nurses from Ireland, a country wherein “psychiatric” rather than “mental health” nursing continues to be the dominant conception.

Psychiatric nursing as an occupation has been traditionally and inextricably tied to public institutions such as asylums and hospitals rather than a distinctive body of theory, research, or philosophy (Nolan, 1998). This observation is particularly pertinent in Ireland, where hospital-based apprenticeship-type training was only phased out in 2002. Since then, to be eligible to be registered as a “psychiatric nurse” by the Irish Nursing Board (An Bord Altranais), students undertake a specialist 4-year degree program in partnership between a university and sponsoring hospital. Such nurses are

represented by the Psychiatric Nurses Association. The pace of deinstitutionalization and the development of community-based models of psychiatric care have been particularly slow in Ireland relative to other Western countries. St Patrick’s hospital in Dublin has continuously operated as a psychiatric hospital since 1757, and public mental health care in Ireland is largely, administered from or provided by psychiatric hospitals. These factors of regulation of title, identification with hospital-based care, and tradition have ensured that “psychiatric nursing”

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has endured as the appellation for nurses who work with people with mental health problems in Ireland.

Cowman, Farrelly, and Gilheany (2001) undertook a qualitative investigation to clarify the role and function of psychiatric nurses in Ireland. They conclude that an immediate challenge is to determine the knowledge and skills based required for independent therapeutic roles. They assert that psychiatric nursing occupies a pivotal role in all mental health care settings but suggest that "new visions of psychiatric nursing" (p. 752) must be built, alluding to changes in the way mental health services are evolving. The term *mental health nursing* was not mentioned at all, yet in a more recent Delphi study on core elements of mental health nursing in Ireland (MacNeela, Morris, Scott, Treacy, & Hyde, 2010), the term *mental health nursing* was used exclusively. It is difficult to fathom why this abrupt etymological change has occurred, but one can be sure that the key Irish mental health policy document "A vision for change" (Department of Health and Children, 2006) has had some influence. This document asserts "mental health recovery" as "the cornerstone" (p. 15) of mental health service delivery, and "recovery" is mentioned 115 times. Psychiatric nursing is mentioned 20 times largely in the context of staffing numbers for particular kinds of services, but it is clear that this policy clearly directs a change in emphasis from bed numbers and facilities toward values and outcomes. It is repeatedly asserted in this and other documents (Mental Health Commission, 2005) that recovery requires different kinds of relationships between helpers and those seeking help and that such relationships have not always been available. The turn toward mental health nursing, at least in the Irish context, may reflect aspirations for different kinds of professional relationships not always embodied by those who have held traditional titles.

In 2009, the Irish Institute of Mental Health Nursing (IIMHN) was formed by a group of nurses in Ireland to promote excellence in the provision of mental health nursing and mental health delivery. The choice of name and the inclusion of *mental health* in the title of the IIMHN were purposefully and thoughtfully arrived at in the belief that there is a conceptual and practical distinction between mental health and psychiatric nursing. It was reasoned that mental health nursing might be practiced by nurses from a range of backgrounds

not solely by those registered as psychiatric nurses; membership criteria reflect this. The executive was concerned about promoting excellence and distinguishing between good rather than merely good enough mental health nursing. Given the centrality of mental health nursing to the mission of this organization, the executive decided to poll members on views about mental health nursing, and thus, an online survey of members was undertaken in 2010 with the aim of clarifying what mental health nursing is, as conceived by expert and interested members of the IIMHN.

METHODS

Following obtaining approval from the Dublin City University Human Research ethics committee to proceed, an invitation was sent to members via e-mail to participate in an online survey. Those who wished to participate logged on to the members' area of the Web site and responded to a single question: "What is good mental health nursing?" Their demographic information, previously provided on joining, was added to a spreadsheet along with their response on submission.

The data consisting of approximately 4,000 words were then subject to a thematic analysis, the purpose of which was to provide a rich description of the data set but reduced to the highest level of abstraction that encompassed all the expressed ideas about good mental health nursing. The approach was inductive (or driven by the data) and sought largely semantic themes. The coding guidelines suggested by Braun and Clarke (2006) were used to guide analysis with the assistance of NVivo for organizing data and themes.

The entire data set was read several times for familiarization with the data. Then each expressed idea or concept in the data set was coded and subject to the question: "What is this?" providing an initial set of codes. The next phase was to reread the coded data set, seeking higher level themes. When a theme or pattern was identified, this was given a name, and the entire data set was rescanned for other instances, which were recategorized accordingly. Finally, the entire set of themes were reviewed to ensure that they produced a coherent thematic map that represented every idea expressed. The themes were also reviewed against all of the codes to ensure that any outlying codes were represented by a theme.

RESPONDENTS

A total of 30 people participated in the survey. The sample did not differ significantly from the wider membership of the organization at the time ($N = 187$) in age ($M = 47$ years) or years as an RN ($M = 22$ years). Twenty-one women and nine men took part. Most were in senior clinical or teaching posts (nine lecturers, two nursing directors, four clinical managers, and four advanced practitioners). Eleven respondents were students or staff nurses. The sample had a higher level of education than the general membership, with 73% of the sample holding a master's degree or doctorate compared with 49% of the general membership.

FINDINGS

Most respondents provided a relatively rich description of their conception of good mental health nursing. The highest level themes that captured all the content included nursing as a process, the character or virtues of the nurse, the purpose of nursing, the recipient of care, the nature of the therapeutics, and the context in which nursing took place. These higher level themes in response to the question "What is good mental health nursing?" may be summarized as:

A process of care which is provided by good / virtuous nurses with a clear view of their purpose / focus working with particular individuals / groups and populations in a therapeutic manner in particular socio political contexts.

A Process of Care

The most commonly cited elements of a process of care were being professional, client centered, structured or goal directed, and basing interventions on sound evidence. One person described drawing on a toolbox of interventions:

...With these essentials is required an awareness and familiarity with the research regarding what has been found to work best with service users with specific problems of living, while all the time acknowledging the unique individuality of all concerned. This should I believe ideally encompass a toolbox of therapeutic interventions.

Other elements (less often cited) that were features of a process of care were it being safe, involving a repertoire of roles (such as teaching/counseling), collaborating with others, including the judicious use of medical treatments, and the process being documented or recorded. An ongoing

and ordinary presence was described by some people, which distinguished interactions with nurses from others, for example,

Whereas other specialist's carry out their interventions in set "sessions" or therapy settings, the nurse carries out interventions in their everyday innate and intimate interactions.

Virtues of the Mental Health Nurse

Embedded in people's descriptions of good mental health nursing were references to virtues, traits, or qualities deemed to be good, valued, or useful. Those mentioned are listed in Table 1. Most of the people suggested that the good nurse was caring, empathic, insightful/knowledgeable, and respectful.

The kinds of knowledge mental health nurses ought to have did not appear particularly distinctive except for empathic knowledge of the individual developed over time and being in close proximity. Good mental health nurses were presumed to have a sound understanding of psychiatry, mental health theory, and available community resources. One person acknowledged the importance of knowledge regarding physical health, which had been relatively neglected by psychiatric nurses in the past.

The Purpose of Mental Health Nursing

People described the purpose, focus, or various aims or desirable outcomes of good mental health nursing. The most common cited of these were assisting people's growth and development and recovery. Recovery was not typically well defined but appeared to refer to ideas of clinical recovery, as it often went hand in hand with other aims such as early intervention, preventing illness, and preventing relapse. Others suggested a more "personal recovery" orientation stating that the focus ought to be on health promotion, optimizing health, or maximizing potential. Several people suggested

Table 1. The Virtues of the Good Mental Health Nurse

• Accepting	• Critical	• Responsive
• Adaptable	• Empathic	• Self aware
• Caring	• Insightful/knowledgeable	• Sensitive
• Committed	• Non judgmental	• Supportive
• Compassionate	• Honest	• Imaginative
• Courageous	• Reflective	• Tolerant
• Curious	• Respectful	

that the goals of care ought to be aligned with those of service users, even when these conflicted with “their parents, partner or psychiatrist,” for example,

...Developing a therapeutic relationship with the service user, by collaborating in a plan of care and treatment. Identifying what recovery means for the service user, and respecting their values and ambitions. By listening to the service users values, I become a partner in the recovery process... Working as part of multidisciplinary team to promote choice and autonomy for the service user....

The Recipient of Care

Mental health nurses were considered to work in a collaborative way with many people, but their focus was on the well-being of particular groups. The “service user” was not always clearly defined, but some suggested that mental health nurses worked with people who were particularly disadvantaged or presented with complex needs.

The Nature of Being Therapeutic

Most people acknowledged that mental health nursing was or could be therapeutic. The most dominant conception of being therapeutic appeared to be the employment of interpersonal skills to facilitate a process, be it psychological or social, that realizes the aforementioned aims or simply for the service user to cope with or resolve their problems, for example,

It [good mental health nursing] is the use of your personality and communication skills to form and maintain therapeutic relationships with clients, their families and the wider community. An ability to engage our clients in a positive and collaborative manner that allows them to draw on their inner resources alongside treatment received to regain coping skills and to prevent relapse.

Others mentioned particular packages of interventions that nurses could draw upon, including but not limited to psychosocial interventions, cognitive-behavioral therapy, wellness recovery action planning, and vocational training. They were considered able to adapt and deploy interventions as people’s needs changed or emerged.

The Context of Mental Health Nursing

Most people conveyed an appreciation that good mental health nursing occurred in particular social/cultural contexts. Few mentioned “treatment settings,” but rather that nurses are part of a profession and have obligations to conduct research and be

politically engaged to address injustice, lobby for resources, and reduce stigma associated with mental health problems and help seeking. People often mentioned that mental health nursing was largely a team activity, and they ought to complement the skills and attributes of the team and draw on the strengths of others.

Using the most commonly cited examples provided by respondents provided for each theme, it is possible to construct a more detailed statement that may be said to be representative of the expressed viewpoints of respondents:

Mental health nursing is a professional, client centred; goal directed activity based on sound evidence, focused on the growth, development and recovery of people with complex mental health needs. It involves caring, empathic, insightful and respectful nurses using interpersonal skills to draw upon and develop the personal resources of individuals and to facilitate change in partnership with the individual and in collaboration with friends, family and the health care team.

DISCUSSION

The respondents to this survey were a highly experienced and educated group who had been exposed to the radical changes in philosophy, shifting context of practice and education in Ireland over the last two decades. They may be considered experts and leaders in their field, and thus, their viewpoints are particularly valuable. Their responses might also be illustrative of trends in the use of language and framing problems.

Not surprisingly, elements of this definition statement are consistent with other attempts at describing mental health nursing. For example, the Australian College of Mental Health Nurses (ACMHN) recently updated standards of practice and state that a mental health nurse is

...a registered nurse who holds a recognised specialist qualification in mental health. Taking a holistic approach, guided by evidence, the mental health nurse works in collaboration with people who have mental health issues, their family and community, towards *recovery as defined by the individual* [my emphasis added] (Australian College of Mental Health Nurses., 2010, p.5).

The Australian Health Practitioner Regulation Agency does not include any specific endorsement or recognition of psychiatric and mental health nursing as a specialty. The adequacy of undergraduate nursing courses in Australia to prepare nurses to work in mental health settings has been

repeatedly called into question (Happell, 2010, 2009; Happell & Gough, 2007), and the ACMHN has positioned itself as the body to recognize specialist qualifications, thus the requirement for a specialist qualification.

The ACMHN claim that their standards of practice are underpinned by particular “core values.” These values are not listed but are expressed in values statements and include such things as working in “partnership,” valuing personal “expertise,” protecting “human rights,” “cultural safety,” and using an “evidence base.” Crucially, here, the commitment is to a notion of “recovery” defined not in psychiatric terms but by individuals themselves. Although this is expressed in terms of “working toward,” perhaps with an acceptance that it is not always possible, this is a radical departure from the traditions of psychiatric nursing, which have stressed and continue to stress adherence to medical treatments often prescribed by others and sometimes against people’s expressed wishes.

In MacNeela et al’s (2010) Delphi survey of nursing roles, client problems appeared to be typically framed as psychiatric or medical, and there was apparent consensus that encouraging compliance with medical treatment was an important nursing role (amongst many). Despite, the uncritical use of the term *mental health nursing*, this might best be described as an overview of contemporary Irish psychiatric nursing roles. In this present study, framing people’s problems as medical or encouraging compliance with medical treatment was not alluded to by anyone. Not surprisingly, neither was coercive or controlling practices that at least in Ireland continue to be part of psychiatric and psychiatric nursing practice in some settings (Camann, 2010).

Some nursing practices may not be reconciled with mental health recovery as defined by individuals, nor might they exemplify partnership, be considered culturally safe, or give value to personal expertise. Some practices may be legally undertaken by nurses, but this does not confer legitimacy to them as mental health nursing practice. Forcing people to take medication, secluding, or physically restraining people are still relatively common (Ashcraft & Anthony, 2008), as are more subtle coercive practices in Ireland, such as using cigarettes to reinforce behavior (Nash & Romanos, 2010) or enforcing adults to wear night attire during

the day (Langan & McDonald, 2008). These and other highly institutional practices have long been the subject of discussion and critique (see, e.g., Goffman, 1991) and are frequent targets for reduction as they are incompatible with mental health recovery (Lakeman, 2011) and indeed conceptions of mental health nursing. Ireland has not uncritically embraced mental health nursing as a title as appears to have been the case in many parts of the world (Barker & Buchanan-Barker, 2011). This affords an opportunity to preserve the title for what it signifies and being clear about what it is not, rather than allowing it to become a catchall for any kind of practice or activity nurses engage in.

Barker (1999) has also long contended that nursing is concerned about establishing the conditions necessary for the promotion of a person’s unique growth and development. This developmental orientation was evident in the respondents’ comments about the goals of mental health nursing. Barker and Buchanan-Barker (2008, p. 5) make a distinction between psychiatric and mental health nursing:

When nurses help people explore their distress in an attempt to discover ways of remedying or ameliorating it, they are practicing psychiatric nursing. When nurses help the same people explore ways of growing and developing, as persons, exploring how they presently live with and might move beyond, their problems of living, they are practicing mental health nursing.

It is possible that nurses might move between these broad practice orientations as needed, as it seems logical that mental health services are likely to need both at different times and that some setting may call for a different balance of roles.

The concept of mental health nursing clearly arises from psychiatric nursing (often formally mental nursing) and needs to be understood in its historical context. Good mental health nursing is an extension of what would have been considered elements of good psychiatric nursing. Relationship-centered care, as Delaney and Ferguson (2011) note, has been part of the tradition, theorizing, and practice of psychiatric nursing for at least 60 years. That nurses ought to demonstrate virtues such as respect and empathy are hardly new developments. The virtues cited as needed by mental health nurses are those that might have been required by psychiatric nurses; however, strict obedience and perfect loyalty to the doctor, which have been a part

of the nursing ethos since Nightingale (Lakeman, 2000), are not cited. Indeed, mental health nursing involves different allegiances, and these are with the service user.

Most theorizing about nursing skirts around the instrumental nature of the occupation (Lakeman, 2000), that nurses in many places are literally ordered to administer a treatment prescribed by others, and nurses tend to be the occupational group that persuades and not infrequently physically compel people to receive treatments that are sometimes damaging. These instrumental and coercive activities are incongruent with mental health nursing. Indeed, one could go further and state that mental health nursing does not involve coercion, but clearly, it alludes to more than just psychiatric nursing without the coercive elements.

It may be that mental health nursing is a passing fashion to be replaced by some other ascendant term such as *recovery*, although it appears to have, if anything, become more dominant over time. To some extent, it is merely a signifier of where people work, as psychiatric services have been rebranded as mental health services. However, this is not the full story, as it also signifies an identity. For example, mental health nurses work in “consultation liaison” services or indeed a range of settings not branded as mental health services. Other health disciplines have not undertaken this renaming process, and the shift toward mental health nursing may be an indicator of a drive to break with the dependent relationship nursing has clearly had with medicine and to carve a niche of its own. Some such as Happell (2011) argue that the energy invested in attempting to define what mental health nurses do is better invested in demonstrating what difference people make to people, as clearly at least in some places, mental health nurses have branched out into many areas in which they have no historical involvement. (primary care and so forth). However, clarifying the boundaries around mental health nursing (even if these are extended at times) is important in the interests of authenticity and transparency. If mental health nursing is to maintain public trust, it needs to be clear about what is incompatible or inconsistent with mental health nursing and denounce such practices. Barker and Buchanan-Barker’s (2011, p. 337) also suggest that mental health nursing as practiced by most nurses is a myth, and they propose that “...a formal separation from the traditional psychiatric family”

may be required if the profession is to merit the title. Crucially, if the primary allegiance is with the service user, then those identifying as mental health nurses need to tangibly demonstrate this.

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