Mental Health

A person-centred approach

Mental Health: A person-centred approach aligns leading mental health research with the human connections that can and should be made in mental health care. It seeks to deepen readers' understanding of themselves, the work they do, and how this intersects with the lives and crises of people with mental health illness.

This book adopts a storytelling approach, which encourages engagement with the lives and needs of consumers and carers in mental health. It has a nursing focus but considers the broader health context and a range of practice settings.

Each chapter features learning objectives, reflective and critical thinking questions, extension activities and further reading. Chapters also include stories of those with direct experience recovering from mental illness, using mental health services or giving mental health support.

Mental Health: A person-centred approach is a comprehensive resource which utilises fresh thinking to support the development of safe, high-quality, person-centred care in both the Australian and New Zealand context.

Nicholas Procter is the University of South Australia's Inaugural Chair: Mental Health Nursing, and convener of the Mental Health and Substance Abuse Research Group, located within the Sansom Institute for Health Research.

Helen P. Hamer is a senior lecturer and nurse consultant in the School of Nursing and the Centre for Mental Health Research at the University of Auckland.

Denise McGarry is a lecturer in mental health in the School of Nursing, Midwifery and Indigenous Health at Charles Sturt University. She is a credentialled mental health nurse and a fellow of the Australian College of Mental Health Nurses.

Rhonda L. Wilson is a mental health nurse lecturer at the University of New England, in New South Wales. She is immediate-past Deputy Chair of the Research Committee for the Australian College of Mental Health Nurses.

Terry Froggatt teaches and coordinates undergraduate subjects and postgraduate courses at the University of Wollongong, in New South Wales. He is a credentialled mental health Nurse, a fellow and board member of the Australian College of Mental Health Nurses.

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Edited by
Nicholas Procter, Helen P. Hamer, Denise McGarry,
Rhonda L. Wilson and Terry Froggatt

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Foreword: Carer

Earlier this year I was waiting to turn right at the traffic lights when I suddenly became aware of a young man standing at the pedestrian crossing on the opposite side of the road. I looked again at the handsome face. The blonde hair cut in a style I remember so well. He was wearing blue jeans and a denim jacket. My heart skipped a beat. Once again, the universe had found a way to bring him back to me for a few moments. My son, Nicholas. My son who, in November 2000, had died in the psychiatric ward of a public hospital in Adelaide. He was 26 years old.

I'd visited Nicholas in hospital shortly before he died. We went for a walk in the grounds of the hospital that day, and I noticed one of the other patients, an elderly woman, was following us. We sat down on a bench and the woman came and stood close by. After a while Nicholas got up and walked over to the woman. He put his hand on her arm very gently and in a quiet voice I heard him say, 'My mother and I are having some time together, would you mind very much moving further away?' The woman nodded and without speaking moved away a little. We started to talk but we were interrupted again; this time the woman had started to sing. Looking over at Nicholas she sang to him. The words of the song were: 'A certain smile, a certain place can lead an unsuspecting heart on a merry chase.' It was an unlikely serenade but he listened attentively to her until she finished singing, then he turned back to me, and we continued our conversation.

At that moment I knew that despite the illness, his essential kindness hadn't left him. That despite the illness, the essence of Nicholas had not changed. I knew, too, that he'd let her know that she mattered. Was valued. He did it by listening to her story. A story that she had sung to him with the words of an old love story.

In this book you will meet courageous men and women who live with mental illness, and also the people who love and care for them. You will come to know their experiences through reading their stories. It has taken trust for them to share their stories; a trust in you, that as you read them it will be with an open as well as an inquiring mind.

Are stories important? My children when they were little seemed to think so. 'Tell me a story,' was a favourite way for them to push back the night, to delay the lights being put out, or to chase away a bad dream with a happy-ever-after ending.

As a young wife and mother of newly born twins and a little one-year-old daughter, Sarah, one of my favourite times was when an invitation would come from my kindly neighbour, Vivian, to 'put the kettle on'. I'd bundle the children into the big old pram and set off to her house across the road.

Sarah had been born with a major heart abnormality and was often in need of urgent medical attention. I was often anxious in those days, and the chance to talk it over with my neighbour, to 'tell her my story' was a great release. 'Tell me about it,' Vivian would say and sitting in the sunny family room, drinking cups of tea, I'd tell her about the worries of the day.

Often, it concerned me not being able to coax Sarah to eat or even drink very much. The medication that was prescribed to help regulate her little heart also had the unfortunate side-effect of being an appetite suppressant.

'Is her colour too pale? Do her little fingers look blue to you?' I'd want to know. Sometimes, all I needed was simply reassurance that all was well. At other times we would decided that maybe it was best to call in the local doctor to have a look at Sarah. But always it was that listening ear – as well as wise counsel that my friend gave me – that was important to me.

The founders of Alcoholics Anonymous believed stories were important. The remarkable program of recovery from addiction devised by them includes the regular attendance of members at meetings, where they are encouraged to tell their stories and to listen to the stories of others. Along with the 12 steps or suggestions it is in the listening and in the telling of stories that Bill Wilson and Dr Bob believed a transformation could occur.

'Is it real or is it pretend?' my children would ask me sometimes as I'd start the bedtime story. The day that Nicholas arrived at my apartment and, looking wildly around, produced a notepad and pen and wrote 'Don't talk. We are being monitored by agents…' I knew that the pretend story he was writing was very real to him. I tried to reassure him that he was safe, but the words I wrote on the notepad that he gave me didn't help him. I knew that he was very ill, that something was terribly wrong. Eventually, I phoned a friend and together we managed to get Nicholas into my car and drive to the hospital. He was admitted immediately. A few hours later I was told that he'd been transferred to a psychiatric ward and that the diagnosis was drug-induced psychosis.

Nicholas was 22 years old when this first admission occurred. He'd been studying at university and had an ambition to become a writer. But after this time his life changed; there were more hospital admissions and he was diagnosed with mental illness and drug dependency – comorbidity.

Over the following four years there were some periods of relative well-being. Nicholas spent a number of times at a Buddhist retreat in New South Wales and learned the practice of meditation. He travelled to India and Nepal. He fell in love and told me that one day they would have an amazing child together. He tried to get back to studying again.

But drugs came back into his life, and this time the anti-psychotic medication he'd been prescribed was not effective. Nicholas rang me to tell me that he'd decided to go into hospital as a voluntary patient, to be introduced to a drug his doctor advised might help him. 'Clonazepam does have risks of major side-effects and would need to be carefully monitored', I was advised by his doctor. 'It's worth a try, Mum', he told me as I drove with him to the hospital. He was admitted and commenced the process of coming off one anti-psychotic medication and being introduced to another.

Some time later Nicholas rang me from the hospital. 'I've decided to quit drugs, Mum, and I'm going to start a methadone treatment tomorrow.' He went on to explain that it

was all arranged. The hospital would organise a taxi to take him to the nearby clinic, and then after he'd been given the methadone a taxi would be called to return him back to the hospital. He'd decided to turn his life around. A new medication for the mental illness and a new treatment to come off heroin. He rang me the night before he died and we talked about the new treatments. We ended the call as we always did: 'I love you, Mum', he told me. 'And I love you too, Nicholas…'

Three days after starting the methadone treatment combination with Clonazepam Nicholas was found dead on the floor near his hospital bed. The autopsy result was death due to mixed drug toxicity. A coroner's report two years later resulted in a verdict of 'accidental death by drug toxicity', with strong recommendations of changes to procedures by hospital administration in relation to treatment of drug withdrawal combined with certain anti-psychotic drugs.

A week after Nicholas died I had a call from the hospital's social worker, who offered to deliver his possessions that were left at the hospital. They were given to me in a green plastic bin-liner. His doona with a large blood stain. Although I'd read in the autopsy report of the internal haemmorhage he'd had moments before he died, I had not understood that reality until I saw the blood-stained doona. His Doc Martens. Blue jeans. A denim jacket. A tee shirt with 'Champion' written across the front. A portable chess set. A transistor radio. A writing pad and biro. The book he'd been reading, with a piece of paper folded as a bookmark, Gore Vidal's *Judgement of Paris*. There was also a black wallet I'd given him a few years earlier. Neatly tucked into one of the folds was a receipt. It was dated two days before he died. It was a receipt for a layby; a $5 deposit on a black leather jacket at St Vincent de Paul's Opportunity Shop. The shop was near the clinic where Nicholas had gone to receive the methadone treatment.

In those last days he'd been creating a new life for himself –

A new medication to take away the psychosis
A way out of dependency on drugs
And a new-to-him black leather jacket to wear.

He'd been creating a happy-ever-after ending to his story.

To all the students reading this book, I wish you every success with your studies. It's my belief that mental illness is one of the great challenges of our time. To find a cure for schizophrenia. A medication without major side-effects. To care for people with mental illness in times of crisis with insight and compassion … these are my hopes for you.

Margaret O'Donnell
Adelaide
June 2013

Foreword: Consumer

The best nurse I ever had walked beside me and never got in my way. She would appear unobtrusively by my side and gently encourage me to get off my bed and go for walks with her. She hardly said a thing to me, but I could feel her calmness and acceptance through all the static of my distress. Other nurses got in my way; they tore off my blankets, threatened me, berated me for being inappropriate or for not facing the world, or gave me strange looks when I expressed my pain.

In their training and professional development, nurses learn many things – much of it is irrelevant to the experience of the person using the service. I do not remember any of the nurses I encountered for their professional skills. But I do remember them for their human qualities. Above all, I remember the nurses who were kind and compassionate.

Compassion is hard to teach and impossible to enforce, but it is the single most important attribute any mental health professional needs to develop. Compassion means being able to stand in the shoes of the other and be with the person in her or his distress. It allows the helper to stand on the ledge between deflecting the other person's pain and losing herself or himself in it. Compassion takes a strong sense of self, patience and an acceptance of difference.

Unfortunately, compassion cannot thrive in services that control people and pathologise their experience. A recovery-based service promotes people's autonomy and respects their subjectivity; this is the best setting for compassion to grow. Wherever we work in the mental health system we have a responsibility to foster compassion, not only in our one-to-one relationships with the people who use the service and our colleagues, but in creating a service environment that encourages empowering and respectful relationships at all levels.

Mental Health: A person-centred approach is a recovery-based text for undergraduate nurses in Australia and New Zealand. This book is a compass on your journey to becoming a mental health nurse whose compassion service users will remember.

Mary O'Hagan

Contents

About the authors

Editors

Nicholas Procter PhD MBA Grad Dip Adult Ed BA CertAdvClinNsg RN, CMHN. Nicholas is the University of South Australia's Inaugural Chair: Mental Health Nursing, and convener of the Mental Health and Substance Abuse Research Group, located within the Sansom Institute for Health Research. He is also convener of the University of South Australia's Human Rights and Security Research and Innovation Cluster, and adjunct professor at the University of Tasmania.

Helen P. Hamer is a senior lecturer and nurse consultant in the School of Nursing and the Centre for Mental Health Research at the University of Auckland.

Denise McGarry is a credentialled mental health nurse and a fellow of the Australian College of Mental Health Nurses. She teaches in the School of Nursing, Midwifery and Indigenous Health at Charles Sturt University, as a lecturer in mental health. In this capacity Denise enjoys working with nursing and paramedic students.

Rhonda L. Wilson RN BNSc MN(Hons). Rhonda is a mental health nurse lecturer at the University of New England, in New South Wales. She is immediate-past Deputy Chair of the Research Committee for the Australian College of Mental Health Nurses. Rhonda broadcasts a regular series, *Bush Remedies: You and your mental health*, on ABC Radio's New England North West.

Terry Froggatt PhD MSc BHA FAIM RN MHN FACMHN JP. Terry teaches and coordinates undergraduate subjects and postgraduate courses at the University of Wollongong, in New South Wales. He is a credentialled mental health Nurse, a fellow and board member of the Australian College of Mental Health Nurses and a coordinator of the Australian Government's Mental Health Professionals Network.

Contributors

Asma Babakarkhil BBus BA. Asma and her family emigrated from Afghanistan to Australia in the late 1980s. Asma has eight years of experience working as a professional interpreter in Pashto and Dari languages. In 2010 she worked in the Ministry of Women's Affairs in the Department of Statistics and Research, Kabul Afghanistan.

Amy Baker PhD BHSc(Hons)(OccTh) BAppSc(OccTh). Amy is a research fellow in the School of Nursing and Midwifery at the University of South Australia. She has undertaken research and projects in a diverse range of fields, including autism, palliative care, horticultural therapy and healing environments, community mental health care and environmental health of immigrants and refugees. Her interest in the field of mental

health derives in part from providing support to a loved one who experiences mental illness. Amy's special interests include consumer and carer participation, innovative and creative approaches to engagement and human flourishing.

Jane Barrington is a registered nurse who works as a professional teaching fellow in the school of nursing at the University of Auckland. She coordinates a postgraduate program for nurses in their first year of mental health nursing practice.

Kerri Butler is *tangata whai ite ora* and has worked in the field of mental health in varying consumer and quality roles. She is from the Ngapuhi iwi in the Hokianga as well as having Ngati Porou affiliations from the east coast of New Zealand.

Monika Ferguson BPsych(Hons). Monika is a research assistant for the Mental Health and Substance Abuse Research Group, located within the Sansom Institute for Health Research at the University of South Australia.

Sandria C. Butler is Town Planner in Wagga Wagga, New South Wales.

Kirsty Grocke BN Grad Dip MHN. Kirsty is Lecturer and Course Coordinator in the Graduate Diploma in Mental Health at the University of South Australia. She is also a mental health nurse working in the acute and crisis mental health services in the Adelaide public mental health sector.

Reina Harris BA LLB. Reina has worked in various operational management and policy positions with a focus on indigenous development. She is employed as a consumer leader at Affinity Services, providing advice and leadership to the Auckland District Mental Health Board. Reina describes her consumer experience or pathway to wellness as *Te po ki te ao marama*, 'moving from darkness to light'.

Debra Hocking is a lecturer at the University of Wollongong in New South Wales, and coordinates postgraduate Indigenous health subjects. A Palawa (Tasmanian Aboriginal) who descends from the Mouheneenner people from south-east Tasmania, Debra is a Stolen Generations survivor.

Jacquie Kidd PhD MN RN. Jacquie is a mental health nurse of Māori (Nga Puhi) descent. She is a co-director of the Centre for Mental Health Research at the University of Auckland.

Debra Lampshire is a professional teaching fellow and an experience-based expert in the School of Nursing and the Centre for Mental Health Research at the University of Auckland. She is the chairperson of the New Zealand branch and executive board member of the International Organization Promoting Psychotherapy and Psychological (ISPS) treatments for persons with psychosis.

Susan Liersch-Sumskis RN MHN BN(Hons) PhD Churchill Fellow. Susan is a lecturer in mental health nursing at the University of Wollongong in New South Wales. She is also in private mental health nursing practice under the Medicare Nurse Incentive Program, and is actively involved in professional roles within the Australian College of Mental Health Nurses.

Joe MacDonald works in community development, mental health and social justice, as Rainbow Community Liaison and Trainer for Affinity Services in Auckland.

Anthony J. O'Brien RN BA MPhil(Hons) FNZCMHN. Anthony is a senior lecturer at the School of Nursing, University of Auckland and Nurse Specialist, Liaison Psychiatry, at Auckland District Health Board. He is also a researcher with the Centre for Mental Health Research, University of Auckland

Serena Riley is an undergraduate student in the Bachelor of Nursing program at the University of New England in Armidale, New South Wales. She is a young woman with personal experience of mental illness, and her experience as a consumer and in recovery have provided her with a lived experience background that enriches her understanding of the mental health needs of people in similar circumstances to her. Serena's road to recovery has been challenging but she has been able to reflect on her experiences and is now in a position to be able to share them for the purpose of helping others to learn about mental illness, and how to care sensitively for people with mental illness. Serena has travelled extensively, undertaking humanitarian work in many countries including India, South Africa, Uganda and Greece. She hopes to use her nursing education to continue to undertake humanitarian work in the future.

Anne Storey RN BHS (Nurs) MN. Anne completed her registered nursing course in Melbourne in 1982. After completing a hospital-based midwifery and mental health nursing course with Charles Sturt University in Sydney, she undertook the Master of Nursing program at the University of Technology, Sydney and is currently working towards a Master in Nursing (Nurse Practitioner). Anne works in a primary care role as a credentialled mental health nurse with asylum seekers

Sue Thomson works in planning, education and advisory services for Dementia Care for the Northern Region of New Zealand, and is based at the Northern Regional Alliance in Auckland.

Consumer contributors

Michael Barton PhD MEd (Counselling and Guidance) BEd. Michael is Director of Teaching and Learning at a New South Wales independent school.

Angie Bulic is a graduate intern paramedic in regional New South Wales.

Edwina Casey RN. Edwina completed her nursing degree at the University of New England in 2012. Throughout that time, she found her mental health placement one of the most eye-opening clinical placements she had been on. Not only did Edwina find mental health a completely different aspect of nursing, but she found it a demanding, yet a very rewarding area of nursing to be a part of – an area that many nurses and other health professionals underestimate. Edwina is in her new graduate year and is working in Hobart, Tasmania, in a cardiothoracic ward. Edwina encourages nursing students to make the most of their mental health unit and clinical placement, and to rise up to the challenge to promote a greater awareness of mental health in rural and remote areas in Australia.

Sally Drummond is a registered nurse and credentialled mental health nurse at Charles Sturt University, in New South Wales.

Kristen Ella is an Aboriginal woman whose family originated from the Yuin nation, in southern New South Wales. She is the Aboriginal Mental Health Clinician on the Aboriginal Infant Maternal Health Service team, based on the central coast of New South Wales.

James Robert Hindman MBA MBusMan BN. James is acting Clinical Nurse Consultant for Mental Health Emergency Care – Rural Access Program at Western NSW Local Health District. He also lectures to second-year paramedic students at Charles Sturt University.

Cindi McCormick is a Mental Health Drug and Alcohol Local Health District transitional support nurse educator.

Sandra Murphy is a Gadigal woman of the Eora nation.

Leigh Murray is co-Chair, National District Health Board, Family Whānau Advisors and Family Advisor for mental health services in Auckland District Health Board.

Barbara O'Neill is a Gadigal woman of the Eora Nation.

John C. Wade DipNurs GradDipEd. John is a registered nurse and also lectures and tutors at various New South Wales universities, and has facilitated nursing students on clinical placement. John is Secretary of Illawarra Local Aboriginal Land Council and has held positions on the board of the Illawarrra Aboriginal Medical Service, including as chairperson.

Stephanie Webster is a consumer educator who has delivered mental health education from a lived experience perspective since 2006.

Limor Weingarten is a registered nurse and clinical nurse educator working in a public residential and rehabilitation service for people experiencing serious mental illness in Sydney. Her passion is to enhance the status, knowledge and skills of nurses working in mental health, and to improve the quality of life of residents in the hospital environment.

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