

# [Core values in mental health nursing nursing essay](https://assignbuster.com/core-values-in-mental-health-nursing-nursing-essay/)

The Department of Health (DOH 2006) recognises that mental health nurses are the largest profession working within the field of mental health today. In the Chief Nursing Officer’s (CNO 2006), review it recommends that, it is essential for mental health nurses to incorporate the broad principles of core values when carrying out care (DOH 2006). This essay will focus on the key principles of core values of equality and diversity, evidence based practice and the recovery approach. The significance of these within the field of mental health nursing will be discussed. Finally it will explain how these core values impact on people who experience symptoms of psychosis.

According to The Nursing and Midwifery council (NMC 2008) the core principles when carrying out care are to treat people as in individuals and respect their privacy and dignity; not to discriminate in any way against those who are receiving care; to collaborate with others is essential to protect; and promote the health and well-being of those receiving care, their families, carers and people in the wider community. It is imperative to provide a high standard of practice and care at all times. Acting with integrity and being open and honest is vital to uphold the reputation of the nursing profession.

The DOH (2006) recognises equality in health care is imperative to ensure that each person has an equal opportunity to have their needs met. People should be treated the same no matter what their race, gender, disability, age or sexual orientation is (Equality Act 2010). The CNO (2006) says that being equal is not necessarily being the same it is vital that nurses understand the meaning of “ Difference and “ Diversity” both these promote equality.

The DOH (2010) has set a new framework called “ New Horizons” to enable nurses to consider the vulnerable groups of people they care for and aim to provide a high quality of care. One group considered vulnerable is people who experience symptoms of psychosis.

Schizophrenia lies within the category of psychosis (Tsuang et al 2000). Stigma surrounds the term schizophrenia and these misconceptions have lead to much confusion and misunderstanding. Media highlights images of frightening behaviour and violence that leads to stereotyping people with schizophrenia (Byrne 2000). The world Health Organisation (2010) identified schizophrenia as the top ten most debilitating disorders affecting humans. The Disability Discrimination Act (DDA 1995), recognises that a disability is a physical or mental impairment and people with a diagnosis of schizophrenia are covered by the legislation. According to Sayce (2001), the dilemma for these people is whether they wear the label of their diagnosis, or hide it, and lose their civil rights.

The DOH (2010) identifies that stigma and discrimination-surrounding mental illness can be extremely difficult for these people to maintain friendships, seek employment, education and be involved in their community. People with mental health problems are one of the most socially excluded groups. Therefore, it is imperative that nurses work collaboratively to enable them to overcome the difficulties they face.

Working collaboratively with people when implementing evidence based interventions is vital. Evidence Based practice (EBP) is the integration of best available research evidence with clinical expertise and patients values (Sackett et al 2000). Nelson (2010) recognises that there are five steps that involve the process of EBP. These are asking questions to identify the patient’s needs; critique the quality of evidence; apply the evidence in practice; then evaluate the outcomes that are relevant to meeting the client’s needs. According to McKenna et al (2000) EBP does not stop at the implementation stage as to use evidence to under pin practice and not evaluate the effectiveness is short sighted.

There are various sources of evidence some of these are traditional findings these are not research based. They are passed down from one generation of nurses to another and can be considered to do more harm than good. It is felt that the interventions are being carried out because they have always been done that way (McKenna et al 1999). The other types are experience, intuition, service users and their families, audit, protocols and guidelines, research studies, authorities and experts, systematic reviews and randomised control trials (Brooker & Waugh 2007). Many professions consider randomised control trials (RCT) to be the highest standard of evidence, stressing scientific validity over other evidence (Essock et al 2003). King et al (2005) argues that some patients refuse to enter into randomized trials. Therefore this leads to a bias outcome as the patients absence may weaken the findings and restrict the validity of the results. According to Bower et al (2001), there is very limited researched evidence concerning patients finding self help packages acceptable, compared with the conventional therapy treatments and medication.

Neuroleptic medication is effective; however there is still an important role for the use of psychological interventions for people with psychosis (Fowler et al, 1999). According to pinto et al (1999), Cognitive behavioural therapy has an enhanced effect when delivered along side the use of anti psychotic medication. Cognitive Behavioural Therapy (CBT) is a treatment that has been well tested in people with schizophrenia and is of proven efficiency and cost effective (National Institute for Clinical Excellence, 2002). The goal of cognitive behavioural therapy is not force the patient to agree that they have symptoms of a mental illness but to reduce the severity of distress regardless of whether the accept their diagnosis (Turkington et al, 2008). Williams (2002) argues that even though CBT is effective it is in high demand therefore accessing this resource is often limited. Senskey et al (2000), reports that CBT leads to a continual clinical improvement in schizophrenia. However findings from the Cochrane meta-analysis (cormac et al, 2002) found no evidence of an effect in the longer term. Incorporating the principles of equality and diversity and evidence base practice will enhance the road to recovery for people (NMC 2008).

The word recovery has different meanings to people; whilst the word recovery is commonly used in mental health services the true understanding of the word remains limited (National Institute for Mental Health in England 2005, (NIMHE). According to Biley (2010) recovery is a word weighed down with too much expectation and is a desire for something different from that currently available in services. It is term which has caused confusion amongst researchers as they try to differentiate the true meaning of the word.

The Department of Health (2006c) recognises that it is imperative for nurses to incorporate principles of recovery within every aspects of care. This means working collaboratively and holistically with patients towards aims and goals that are meaningful to them, and being positive about change. It is also essential to promote social inclusion for people who use mental health services, along with their carers and other relevant people. According to the NMC (2008) Mental health nurses need to be working within the recovery focus approach working alongside people to support them to live a meaningful and satisfying life as defined by them in absence or presence of their symptoms.

Recovery is a deeply personal process that is distinctive to the person. There are five key concepts that the model of recovery should encompass these are hope, personal responsibility, education, self advocacy and support. It is vital to maximise on the person’s strengths this will endeavour to shift the emphasis on the nurse being the expert (Copeland 2000). Repper &Perkins (2003), suggest that nurses need to listen to patients, who are the expertise in their mental health problems instead of focusing too much on trying to promote insight into patients. Shepherd et al (2007) recognises that recovery does not necessarily mean cure alternatively it is a journey of a person living with mental health problems to build a life for themselves beyond illness. According to Rogers et al (2007) some professionals feel a deep sense of responsibility for the welfare of their patients. Many are uncomfortable in encouraging patients to take substantial risks to reach their self determine goals. This will inevitably conflict with the recovery’s emphasis on hope and empowerment.

There are variations of tools used within the recovery model. Examples of some of these are the Wellness Recovery Action Plan (WRAP) (Copeland 2009) and the Tidal Model (Barker 2001). The WRAP has been developed by a group of people who experience mental health problems. It enables people to identify what keeps them well and use their own wellness tools to relieve difficult feelings to maintain their wellness. It is written by the individual and incorporates an action plan in the event of crisis. Key people can then be identified who can advocate for them when they do not have the capacity to do so. Support time and recovery workers were introduced as part of the government initiative The National Service Framework (NSF 1999) to support people in their recovery empowering them to lead a quality of life.

The Tidal model (Barker 2001) was the first research based model of mental health recovery originally developed by nurses with the support of people who had or were accessing mental health services. The tidal model believes that it should start from the person’s lowest point. It focuses on people who are at their most distressed so they can begin slowly to learn to manage this and identify what support they need from others. The tidal model emphasises on enabling people to tell their stories as this is where there problems first appear and is where any growth and recovery will be found.

In conclusion it is imperative that nurses incorporate the core values when delivering care to people with a psychosis or other mental health problem to ensure they provide a holistic high quality of care. This essay has focused on the key principles of the core values within mental health nursing. It has critically discussed how the core values impact on people who experience symptoms of psychosis.