

# Tidal model of mental health care recovery nursing essay

[Health & Medicine](#), [Nursing](#)



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## **PSYCHOLOGY ASSIGNMENT**

**CENTRIA UNIVERSITY OF APPLIED SCIENCES**

**DEGRE PROGRAMME IN NURSING**

**NOVEMBER 2012**

### **INTRODUCTION**

According to Barker 2002, the tidal model of mental health recovery originated from England between 1995-1998 from a meta-analysis of series of studies. These studies focused on the initial period a person requires psychiatry nursing care (Barker et al. 1999) and the discrete characteristic of the power-relationship between mental health nurses and the patients in their plan of care (Barker et al. 2000.). This model supports the idea that crisis associated with mental illness can be viewed through a different theoretical dimension, but asserts the virtue of analyzing such critical situation, basically, as a problem of living that can reduce the quality of life of an individual on various interpersonal, intrapersonal, and spiritual levels (Barker et al. 1999.). Initially, the tidal model was introduced in to acute psychiatry setting (Barker, 1998) and since then has developed into a theory of a treatment or care continuum in different hospital, forensic, community and rehabilitation settings. The tidal model lays detailed emphasis on the client's need for three main forms of care. These include critical, transitional and developmental hypothetical phase of care. The tidal model however may also be employed in addition to other care and treatment administered by other disciplines as its main objective is to analyze and develop the lived-

experience of the client in care (Barker et al. 1999.). Detailed attention and focus is attached to ways of unraveling and clarifying values and reasoning, that client's attaches to his or her problems of daily living (Barker 2000.). In conducive and appropriate situations, this investigation or exploration can shift from intrapersonal dimension through interpersonal conceptions of self and others (Barker 2000.). The Tidal Model utilizes an efficient, respectful and humane in addressing the care by recognizing the patient's situation (Alanen et al. 1991.). It is vital to assist as well as supporting patient and their families to accept the situation, and also view it as a result of the difficulties the patient or clients and people around have faced in their lives(problem of living the client has encountered) rather than as a mysterious illness within the person (Alanen et al. 1991.). The model also includes emphasizing the core value of lived experiences of the client and his or her relatives. The need for mutual understanding between the mental health nurse and client in care is also taken into consideration as well as a holistic, individualistic and contextually binding form of care and treatment is secured (Barker 2008.). In this model, to properly construct the client's experience of selfhood, there is a mutual understanding and discussion and all evaluations and treatments are as a result of cooperation(co-creation) between client in care and those supporting the patient(nurse or family) and this process was initially connoted as 'caring with'(Barker and Whitehill 1997.). The tidal model adopts a philosophical approach in defining and discovery of mental health. It focuses on assisting people to regain the personal story of their mental distress by recuperating their voice. In utilizing the client's own voice, personal stories and metaphors they usually start to

express and reveal things and issues important in their lives (re-living their experiences). This is the initial and major step in the recovery of control over their lives. The responsibility of nursing professional is to assist clients realize and achieve in their lives (Barker 2000.). THE COMMITMENTS GUIDE TO TIDAL MODEL APPROACH TO MENTAL HEALTH CLINICAL PRACTICE.

According to Barker 2008 stipulated 10 commitments guide the Tidal Model approach to mental health clinical practice. Nurses should value the voice of the clients as their voice of experience is the core concept to which can assist in recovery but not the professional medical terminologies (Barker 2002.). This brings hope to the patient and their process of recovery and this may begin at a turning point, or appear gradually as a minute and fragile feeling, and may change with desperation. The nurse or professional should respect the language of the client because the words people use to describe their lived experiences and what they have gone through is very important to their recovery process (Barker 2008.). The best way of the nurse to assist the patient or client in this regard is to be a learner or an apprentice and the patient is the center or reservoir of information as the person is the expert of their own situation (Barker et al. 1999.). Thus the caregiver must assist the client to reveal their possessed or inner wisdom as they truly know themselves better. It is very useful for the mental nurse to generate genuine interest and curiosity about the client's situation by listening, gathering client's resources, and patience and to take everything they into great consideration (well noted for continuous care planning). Giving time and been patient with the clients helps to generate great bonds and establish great trust in nurse-patient relationship (Altschul 1972.). Transparency and

honesty is one major factor which is very useful in the tidal model especially with the use of the person's language in the care and evaluation procedure during the process of recovery (Barker 2008.). ASSUMPTIONS- CONCEPT OF CHANGE AND NARRATION (CLIENTS OWN STORY) There are two main assumptions underlying the Tidal Model (Barker & Buchanan-Barker 2004.). The assumption that change is the only constant that is nothing lasts or remainsthe same forever. Every human experiences involves flux and people are constantly changing and developing (growth). This implies the value of helping people become more aware of how change is happening within and around them in the ' now'(Barker & Buchanan-Barker 2004.). It focuses however on the type of care and support that client requires ' now' in order to take the next step in their journey to recovery. Deegan (1996) and Barker et al. (1999) revealed that the process of entering, enduring and recuperating from critical traumatic life crises is perpetually exhibited in terms of metaphors (Barker & Buchanan-Barker 2004.). Clients encountering life crises are seen as been in deep water and risk drowning or sometimes may have the sense of feeling of like been casted or thrown to the rocks (Barker 2002.). In this kind of situations, clients require a well- coordinated form of psychiatry rescue which is monitored at an appropriate time interval, also by the type recuperating work needed to ensure better recovery. This most often take the form of crisis intervention by the community mostly in ' safe haven' or crisis homes. Focus is switched to the kind of care and support to get the client back on course thus returning to a meaningful and productive life in the community once the rescue is complete mostly done by mental health nurses (Barker & Buchanan-Barker 2004.). Nurses act

translators for the clients to treatment team and others and also the binding agent that holds the entire treatment system together (Stevenson & Fletcher 2002.). Secondly, the concept of narration implies that clients or people are their own narratives (MacIntyre, 1981), that is the mirror for their own reflections and personal or self-theories which reveals the happenings and perceptions about what is goes on within and in their relation to the outer world of experience. The person's perception of self, the world of experience which includes the experience of close relations is totally connected to the life story and the different importance they attach to it (Casey and Long 2002.). Utilizing the person's own language, without translating into in to professional terms or jargons, has contributed to the fruition of the theory. Most essentially, the narrative focus of the Tidal Model is not necessarily to reveal the causative course of the person's current problems of living, but the goal is to apply the experience of the person's journey and its associated meanings. This helps to formulate the next step that is what needs to be implemented to assist the person progress on his/her life journey (Barker & Buchanan-Barker 2004.). REFLECTION During the assignment, I learnt a great deal of the tidal model of mental recovery. The recovery doesn't necessarily mean to return to normalcy but rather for the client to live a fulfilled life despite the mental distress. In this model, mental disorder is viewed as a problem not a mysterious sickness. Despite it wide use in some major countries, it faces stiff opposition in the world of Evidence based practices. The 10 guidelines helps nurses and professionals to give care to mental distressed client by using their own language as a tool of recovery.