Mental Health Nursing And Shaping A Brighter Future

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Abstract

This research explores the growing significance of nurse leadership in addressing mental health challenges in Canada. It highlights the concerning statistics on mental health prevalence and economic burden. The paper then discusses how nurses can make a positive impact through leadership in various areas including nursing practice, technology adoption, ensuring continuity of care, collaborating with patients to reduce stigma, and championing recovery-oriented care. The crucial role of psychiatric-mental health nursing and its evolving landscape are explored, including the importance of incorporating recovery-oriented practices, quality care standards, and minimizing seclusion and restraint. Emphasis is placed on fostering safety for both nurses and patients. The paper concludes by underlining the importance of integrating these advancements into nursing education and ongoing professional development, while advocating for the designation of Nurse Practitioner-Mental Health.

Keywords Mental health nursing, nurse leadership, continuity of care, patient collaboration.

Introduction:

Nursing Leadership: Improving Mental Health and Substance Abuse

One of the biggest problems facing the healthcare system is mental health, or the lack of it. The problem's magnitude is astounding. About 50% of Canadians will have or have had a mental disorder by the age of 40, according to the Canadian Mental Health Association (CMHA). Suicide is one of the main causes of death from youth to middle age, accounting for 24% of all fatalities among those aged 15 to 24 and 16% among those aged 25 to 44. Nearly half of people who believe they have experienced anxiety or depression never sought therapy or visited a doctor (CMHA 2017). However, according to a research conducted by the Mental Health Commission of Canada (MHCC), $42.3 billion was spent in 2011 on care, treatment, and support services for individuals who did seek assistance. According to the Commission's further estimate, these expenses would surpass $2.3 trillion in under 30 years (MHCC 2013). The economic repercussions are likewise substantial. In 2012, the Conference Board of Canada released a report estimating that the diminished employment due to mental diseases was hurting the country's economy $20.7 billion annually. According to CBC (2012), this expense is expected to increase at a yearly pace of about 1.95% and reach $29.1 billion by 2030.

A challenging scenario is further exacerbated by problems including the toll that mental illness has on sufferers, their carers, and communities; unfavorable media portrayal; and access to care, especially for young people and children. Is there a way that nurse leaders can make a difference in this situation? Exist any locations where nurses may make a special difference? We spoke with five nurse leaders who are currently working in this field when the editorial team at the Canadian Journal of Nursing Leadership was debating issues such as these. Each leader named a sector in which they believe there are many opportunities for nurses to exercise leadership, including nursing practice, technology and innovation, continuity of care, and collaborations with patients and stigma.

Contemporary Standards in Psychiatric-Mental Health Nursing

Through the national certification program of the Canadian Nurses Association, psychiatric and mental health nursing has

gained significant recognition as a specialist practice in Canada. The Canadian Federation of Mental Health Nurses (CFMHN) creates and disseminates Standards of Psychiatric-Mental Health Nursing to guide and inform expert practice. The introduction to the Standards, which is currently in its fourth edition (McInnis-Perry et al. 2014), highlights the necessity for psychiatric-mental health nursing to continue being "contemporary, relevant, and responsive" (p. 3).

Psychiatric-mental health nursing is evolving, and staying up to date involves a variety of activities such as incorporating recovery-oriented practices into nursing care, implementing quality care standards, understanding and incorporating approaches that optimize personal, team, and environmental safety, preventing the use of seclusion and restraint, facilitating seamless patient transitions through the health and social care systems, adopting co-design principles, and advocating for the ongoing de-stigmatization of mental illness.
These requirements show how complicated and difficult the practice of psychiatric-mental health nursing is nowadays! Therefore, a more thorough description of each is necessary.

Practices Focused on Recovery

Since around 2000, there has been a global movement to define recovery as a goal and an approach to mental healthcare. According to McLoughlin et al. (2013), recovery is defined as the capacity to live a meaningful life while working toward one's full potential and includes healing, transformation, and a shared decision-making process between the client and the healthcare provider (Caldwell et al. 2010). The patient's plan of care advances and facilitates recovery as a goal and a method of care. On the other hand, the Office of the Auditor General of Ontario (2016) discovered poor completion rates for care plans, admission assessments, and discharge planning during an audit of the province's four specialty mental health hospitals. These findings led to the formulation of several important recommendations. In recovery-oriented therapy, eliciting and recording the "Patient Story" has become a recommended practice that is increasingly supported in both paper-based and electronic medical records. However, just 36% of medical records at one specialist mental health hospital had a completed Patient Story. More recently, co-design has been emphasized as a mental health best practice.

In order to co-design services, the phrase refers to a partnership or collaboration with patients or service users (Larkin et al. 2015). The co-design method embodies the "patients first" philosophy that funders and stakeholders, such as Accreditation Canada, are emphasizing more and more. For mental health nurses, understanding and putting into practice co-design is becoming more and more important since it works well with recovery-oriented practice. It is imperative to give nurses with opportunities to acquire knowledge about Recovery and co-design. A 2013 study conducted by McLoughlin et al. urged employers to educate clinicians about Recovery and assess the extent to which Recovery-oriented practices were implemented. Setting such steps as a top priority would significantly progress the realization of recovery-oriented care.

The Rise of Quality Standards and Standardized Treatments

Understanding and adhering to quality standards of care, such as those newly enforced in Ontario by Health Quality Ontario and the Ministry of Health and Long-Term Care, is just as crucial in today's mental health nursing field as recovery-oriented care. According to Health Quality Ontario (2017), the first set of standards was introduced in 2016–2017 and covers depression, schizophrenia, and dementia. To standardize and improve care for those complex conditions, the results of these quality standards will be monitored and reported. There are now plans to set more quality standards for mental health services. Another trend that is emerging as manualized therapies for conditions like post-traumatic stress disorder and borderline personality disorder gain traction is the standardization of care and treatment in the field of mental health. These evidence-based, recommended methods of care show very beneficial results for patients while making it possible to forecast the duration of stay as well as the amount of time spent by the physician. As a result, they are a crucial instrument for lowering patient wait times and improving access to care.

In mental health nursing, seclusion and/or mechanical restraint (S/R) are well acknowledged to cause significant trauma to patients, particularly when used for extended periods of time. Although it is debatable, it has been proposed that the use of S/R indicates a failure of care; additionally, since nurses are the ones who initiate S/R the most frequently, they should take the lead in initiatives to stop or lessen these practices. The adage "what gets measured gets managed"

applies here in Ontario, where a group of four psychiatric specialty hospitals provide metrics about the use of restraint or seclusion to the public in an effort to encourage accountability and eventually reach zero utilization (Ontario Shores 2017). It is crucial that mental health nurses today receive support in learning about and incorporating into their practice research-informed approaches like Trauma-Informed Care, Safewards, and Relationship-Based Care, given the complexity and highly relationship-based care that characterize mental health nursing. Research has demonstrated that these frameworks improve patient and nurse outcomes and quality of care.

Safety in the nursing of mental health

In today's practice environments, promoting safety for nurses and other members of the healthcare team is equally important. Concentrated work from the senior management group down to the caregivers inside the organization is needed to create safe workplaces. In order to establish a comprehensive strategy to safety, it is crucial to involve other departments and services in addition to the Joint Occupational Health Committee and other legal obligations. In addition to dealing with teams and patients, security professionals are involved in handling codes and personal safety device alerts. An expert committee on violence prevention provides information and suggestions on current issues and trends. After a major incident, staff workers can receive prompt debriefings by utilizing Employee Assistance Programs. Safety is also promoted by the senior management team's routine evaluation of safety-related KPIs and corresponding actions. Professional practice is an essential collaborator in delivering or supervising safety training at the time of hire, yearly, and as required. Furthermore, the foundation for educating staff members about the aforementioned patient care frameworks is professional practice, clinical educators, and clinical nurse specialists. It is the role of clinicians themselves to promote safety.

It has been demonstrated that putting those frameworks' patient care philosophies into practice increases patient safety by equipping medical professionals with the skills and knowledge needed to deliver patient-centered care that, for instance, can prevent triggers and/or successfully defuse a patient's mounting anxiety or distress. Another tactic the medical team can employ to prevent tensions from spiraling

out of control is to review and eliminate "norms or rules" that govern the care units. These include policies regarding lights out, when food is available or where it can be consumed, and the availability of computers and phones. Using a "one size fits all" approach to patient care hinders attempts to deliver efficient patient-centered care and prevents physicians from using their clinical judgment.

Nurses' Crucial Role

Though they are distinct ideas, transfer, transition, and continuity of care are frequently misunderstood. In this synopsis, these ideas will be defined, discussed in relation to recent research and public opinion, and it will be argued that better health outcomes depend on more robust continuity of care. Additionally, nurses play a significant position in this process, especially in the context of mental health services. While transition aims to ensure continuity of care through a planned healthcare process that addresses individualized therapeutic and developmental needs, transfer is the termination of care in one program and the re-establishment of care in another program or service (Paul et al. 2013). (Blum et al. 1993). According to Reid et al. (2002), continuity of care in Canada is determined by two factors: (a) the patient's experience with treatment across time, and (b) the patient's reception of care. It occurs when patients see healthcare transfers as seamless, well-coordinated, and tailored to their individual requirements (Accreditation Canada 2013; Jeffs et al. 2013). Because of effective communication, preparedness and interpersonal skills, and care coordination, continuity of care needs to be cohesive and connected (Reid et al. 2002).

Inadequately planned transitions put patients at extra risk for injury or delay medical care, which adds needless expense to the healthcare system (Accreditation Canada 2013). Conversely, in the field of mental health, enhanced continuity of care has been linked to better functioning, lower medical expenses, lower death rates, more patient satisfaction, and higher quality of life (Adair et al. 2005; Puntis et al. 2015). In Canada, ensuring successful transitions between mental health services has been identified as a national and provincial priority. The importance of enhancing continuity of care, particularly for young people who outgrow child mental health services, was recently highlighted by the Health Ministers of Canada, who also made it a priority action area in Ontario's

Mental Health and Addiction Strategy (MOHLTC 2010) and Policy Framework for Child and Youth Mental Health (MCYS 2006). (Canadian Intergovernmental Conference Secretariat 2016).

A higher percentage of patients will likely experience continuity of mental healthcare if more efficient care models are created, interprofessional collaboration is increased across child, adult, and community mental health services, and patients and their families are involved in developing care pathways. Throughout Canada's healthcare system, nurses and nurse leaders are in a unique position to facilitate better transitions and guarantee continuity of care. Nursing leaders have probably participated in tracers, quality of care, and quality improvement initiatives in their organization to make sure patients are not getting lost in our healthcare system, given that care transitions are a required operating procedure for Accreditation Canada (2013). Additionally, nurse leaders and researchers play a critical role in creating, enhancing, and prioritizing quality and process indicators to evaluate the efficacy of current transition protocols and interventions in collaboration with our interprofessional colleagues and patients (Cleverley et al. 2016; Jeffs et al. 2013). In my opinion, nurses are not

not only crucial participants in this process, but nurses can also show leadership qualities in the healthcare industry.

conclusion:

This succinct synopsis aims to illustrate the intricacy and developing implications for modern mental health and psychiatric nursing. It is imperative that these developments be integrated into undergraduate and graduate school curricula, and that employers provide ongoing assistance to nurses in modifying their practices. In the next years, it is hoped that the designation of Nurse Practitioner-Mental Health will also take shape. The core of recovery-oriented mental health nursing practice is hope, and nurses frequently maintain this optimism for their patients until they achieve recovery. Psychiatric-mental health nursing is an important and fulfilling profession since it involves helping patients find hope and recovery and is a dynamic, complex discipline.

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