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Research paper

Emergency Department Registered Nurses' conceptualisation of recovery for people experiencing mental illness

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ABSTRACT

Background: The Emergency Department (ED) is an integral link to both mental health inpatient and community services and people experiencing mental health crisis often access mental healthcare through EDs. As such EDs have a significant role in enabling optimal transition of mental health consumers between services. The notion of recovery as it is understood by people who experience mental illness, and the delivery of recovery oriented mental healthcare services, are now embedded in mental health service provision in Australia and documented in policy. However, disparity exists in the meaning of recovery with the term meaning different things depending on the lens through which the concept is viewed. This research aimed to understand how Registered Nurses (RNs) working in the ED conceptualise recovery for people experiencing mental illness.

Methods: Using a phenomenographic approach, individual semi structured interviews were undertaken with 14 RNs working in Australian EDs. A seven stage cycle of data analysis resulted in the identification of six categories of description.

Results: The categories were – recovery not occurring; seeking help from the ED; getting through the acute mental health crisis; referral to other areas of mental healthcare; implementing strategies for ongoing care, and living in the community.

Conclusions: Findings conclude that ED RNs have limited cognisance of the meaning of recovery as it is understood by people with lived experience of mental illness. Their conceptualisation of recovery for mental health consumers predominantly remains bound to the dominant medical notion of recovery.

Introduction

Mental health reforms within Australia have changed the healthcare landscape. A corollary of the reforms has been a significant change in the location of mental healthcare service provision and the way in which these services are accessed [1]. A central tenet of the reforms was the mainstreaming of what have historically been separate and independent mental healthcare services into the general healthcare system [2]. People who are experiencing mental health crisis and/or distress, and who are seeking access to specialist mental health services, must now do so mainly through general hospital Emergency Departments (EDs) [3].

The mental health of Australians is a significant issue as nearly half of the population will experience a mental illness at some point during their lives [4]. The overarching aim of the provision of healthcare is to help people recover. Herein lies the issue. Incongruity exists as to what recovery means. People who are in mental health crisis, and present to the ED, experience care provision delivered within a medical model that informs a traditional, medical notion of the clinical meaning of recovery. This presents a tension as to how recovery focussed care is experienced by people with mental illness.

Recovery focused care is at the fore of consumer expectations [5]. It is the central tenet in contemporary mental health service delivery, implicit within mental health policy [6], and documented in the Roadmap for National Mental Health Reform [7]. Within Australia's National Framework for Recovery-Oriented Mental Health Services, personal recovery is explained as "being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues" [6]. Personal recovery is not about cure or a return to a pre-illness state, and is much more than symptom management. Recovery is a holistic, deeply personal and individual experience of engaging in a meaningful life. Deegan 1997 articulates this as facing

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the challenges of living every day with a mental illness, which may involve the presence of symptoms. Recovery is a journey and not a destination or cure [8].

In contrast, clinical recovery is understood as objective and observable [9] and maintains a narrow focus on symptomology. The two perspectives developed from different histories and have distinct goals [10]. Thus, recovery can mean different things depending on whether one views mental illness through a clinical/medical lens or from the unique personal view of the consumer. The coexistence of the disparate meanings has implications for mental health consumers who access health services in times of crisis.

Generalist Registered Nurses (RNs) working in the ED provide care for people with mental illness as part of their daily practice but often have no formal mental health training [11]. This lack of mental health knowledge and attendant skills is a barrier to provide optimal care to this population [12].

In 2014–2015 there were approximately 260,000 occasions of service with a mental health-related principal diagnosis, and over 80 percent of these were classified as semi-urgent or urgent [13]. Initiatives introduced throughout Australia seek to improve the support and services available for the increasing number of people presenting to EDs with mental health issues. They include dedicated mental health clinicians in the ED, such as mental health clinical nurse specialists, mental health clinical nurse consultants (CNC) and mental health nurse practitioners (MHNP) [14]. However, it is generalist RNs in the ED who predominantly provide care to people experiencing mental illness [5]. As a consumer's recovery journey may be challenged by the coexistence of the different notions of recovery within the ED healthcare environment, the aim of this study was to understand how RNs working in the ED conceptualise recovery for people who are experiencing mental illness.

Methods

Study design

A phenomenographic approach was used with the basic premise being that phenomena are experienced in a limited number of ways [15]. The focus is describing the variation that exists with Marton stating:

> Phenomenography is a research method adapted for mapping the qualitatively different ways in which people experience, conceptualise, perceive, and understand various aspects of, and phenomena in, the world around them [16].

Phenomenography therefore, endeavours to capture the critical differences in the conceptions of a particular phenomenon. The focus of this study was not on recovery itself but on the relationship between ED RNs and the notion of recovery. The categories of description do not represent every way that recovery can be understood, rather, they elucidate the critical variation that exists in the participants' understanding of recovery for consumers in this research. Phenomenography does not assert that the categories of description are exhaustive. The aim is to ensure complete elucidation of the collective experience of the population under investigation.

Participants

Fourteen participants were interviewed revealing generalist ED RNs' conceptions of recovery for people experiencing a mental illness in the ED. Potential participants who had undergone formal mental health training were excluded. The sample size was informed by the methodology and the manageability of large amounts of data produced in phenomenographic research [17]. As Phenomenography seeks to achieve as much variation as possible in the experience of the phenomena [18], the participants in the study were selected to facilitate this goal and to increase the chances of maximum variation. Participants were employed in a wide range of clinical positions within EDs located throughout Australia, and had varying levels of experience (see Table 1).

Table 1
Years of experience as an ED RN.

Years of experience as an Emergency Department Registered Nurse	Number of participants
2–5	**1**
6–10	**4**
11–15	**5**
16–20	**2**
20 +	**2**

Ethical considerations

Ethical approval was granted by the appropriate Human Research Ethics Committee (UOW: HE12/111) prior to data collection. All participants gave informed consent and anonymity was preserved.

Data collection

Individual interviews were utilised as they enabled the researcher to probe the experience of the participant extensively. Furthermore, they allowed for the constant clarification of meaning and extensive descriptions of the variation in meaning to be obtained [19]. When required, interviews were conducted via telephone. An advantage of this method is that it facilitated wide geographical access [20], which was a barrier to overcome in this study and was required to ensure a diverse group of participants.

A framework was implemented to guide and maintain the focus of the interview. The framework consisted of the following: an introductory statement, a primary open-ended question and a list of possible key prompts and follow up questions. After beginning each interview with a standardised contextualising statement, the participants were asked a primary question, *What is your understanding of recovery as it applies to consumers with a mental illness in the Emergency Department?*

The number and type of follow-up questions and prompts depended on how specifically and comprehensively the participant answered the main question and were only extracted from what the participant had already introduced to the interview [18]. Open-ended questions enabled full elucidation of experiences and understanding of recovery for consumers [21]. Furthermore, open-ended questions enabled opportunities to choose the dimensions of the answers. This is important in phenomenographic research as it enables aspects of the questions that are relevant to the participants to be revealed [16] . Interviews were recorded and had a duration of between twenty-four and fifty-eight minutes.

Data analysis

Data analysis was iterative and consisted of a seven-stage cycle including familiarisation, condensation, comparison, grouping, articulating, labelling and contrasting [22]. Data was reduced to six categories of description, a process adhering to criteria in phenomenographic research for ensuring quality. Each category revealed a distinct aspect of the phenomenon, and are a description of participant's collective understanding. Categories are therefore not attributable to individuals who participated.

One researcher undertook the analytic process; however, the analysis was closely reviewed by independent researchers. To facil-