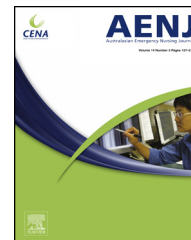




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DISCUSSION PAPER

# A critical discussion of the concept of recovery for mental health consumers in the Emergency Department



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## Summary

*Background:* The Emergency Department has increasingly become the initial point of contact for mental health crisis assessment and intervention, and is the interface between community and inpatient care. Questions regarding the appropriateness of the Emergency Department in providing a suitable environment for people who have a mental health issue abound with commentary regarding the confidence and competence of general Registered Nurses to provide mental health care. Emergency Departments are busy noisy places where rapid assessments and response is the norm and is counterintuitive to contemporary mental health care. The model of care currently considered best practice in mental health is the Recovery-oriented model; a long term individualised approach to collaborative care. The notion of Recovery as understood and practised in contemporary mental health care is almost polarised to that which is embedded in generalist Emergency Registered Nurses' practice.

As Emergency Departments play an integral role in the assessment of people experiencing mental illness, close collaboration and support is required between emergency and mental health specialities to achieve optimal client outcomes in an environment that is nested within the medical model. Furthermore, Emergency Department staff must be supported in acquiring the knowledge and skills required to care for and manage people with a mental health

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issue. This includes cognisance and understanding of the Recovery-oriented model of care which is the model of care considered best practice for this client group. This paper offers a critical discussion of the concept of recovery for mental health consumers in the Emergency Department. © 2013 College of Emergency Nursing Australasia Ltd. Published by Elsevier Ltd. All rights reserved.

## Introduction and background

This paper elucidates the philosophy that guides the recovery-oriented model of care and highlights the differing notions of recovery as they are understood within generalist Emergency Department (ED) Registered Nurses (RN) practice and within contemporary mental health nursing practice. The term recovery is ambiguous with contrasting meanings and the medical position is that recovery involves symptom remission; however, the consumer position is that recovery belongs to people and is described as 'a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness'.<sup>1</sup>

The demand for acute and emergency mental health care exceeds the current supply of available services,<sup>2</sup> and it is well documented within the literature that the ED has increasingly become both the initial point of contact for mental health crisis assessment and the main portal into the mental health system.<sup>3–8</sup> The reasons for the increasing mental health presentations to Australian EDs are multifactorial; however, the mainstreaming of mental health services, which occurred as part of the National Mental Health Strategy implemented in 1993, has significantly impacted the current provision of mental health services.<sup>9,10</sup> Mainstreaming facilitated moving people experiencing mental illness out of stand-alone psychiatric hospitals and into mainstream general health services and hospitals. Changes in policy directives altered how consumers access services and concomitantly the demand placed on the general health services as mental health presentations to the ED increase and the role of the ED continues to be redefined. This means that RNs working within this setting are faced with complex new demands in their daily practice.

A recurrent theme in the literature is general nurses' conceptual separation of client care into physical and psychiatric, and a belief that psychosocial care is the responsibility of the mental health team.<sup>11,12</sup> Furthermore it is recognised that there is an inherent incongruity between the treatment norms that occur within the general health system and the needs of consumers who seek care when they are experiencing mental illness.<sup>13</sup> Nurses in generalist settings have frequently reported that they are inadequately prepared to meet the needs of patients with mental health issues.<sup>14</sup> Given that RNs working in the ED are increasingly caring for consumers experiencing mental illness as part of their daily practice, it is essential they have an understanding of the model which underpins contemporary mental health care and is the guiding principle for the provision of mental health services to consumers. Cognisance and understanding of the Recovery-oriented model of care is central to

ED RNs mental health competence and to the development of their clinical practice in caring for consumers, and will ultimately impact the safety and quality of consumer care and therefore facilitate improved outcomes for consumers.

This paper will outline mental healthcare reform in Australia and will discuss the subsequent service demand changes and relevance to the ED. The logical progression for ED staff who are increasingly caring for mental health consumers is professional development to build their capacity to understand the concept of the Recovery-oriented model. The term Recovery is understood in many different ways and the concept of Recovery for consumers and the Recovery-oriented model of care will be expounded. Given the disparate nature of practice philosophies the challenges that will be faced when integrating a Recovery focused orientation into the culture and practice of the ED will also be discussed, together with the implications of moving towards a more mental health Recovery-oriented driven approach.

## Australian mental health reforms and their impact on the ED

A literature search inclusive of searching academic databases, including CINAHL, Medline, Web of Science, limited to sources published from 1995 to 2012 and written in English was undertaken. Further, grey literature using a well known search engine resulted in the identification of publications from key bodies, regulatory organisations, non-government organisations and policy documents. Additionally snowballing techniques to search secondary sources references was also undertaken. Different combinations of search terms were used and included 'recovery' AND 'mental health' AND 'consumers', 'recovery' AND 'mental health' AND 'recovery-oriented', 'recovery' AND 'recovery-oriented' AND 'services' OR 'experie\*'. These searches revealed numerous publications and several key policy documents that have been influential in promoting mental healthcare reforms and have provided frameworks for the changes in service delivery, including service provision to consumers in the ED, particularly in Australia. Some of these documents are outlined in [Table 1](#).

Due to the ongoing reviews and subsequent reforms that have occurred to mental health service provision and delivery, there have been significant changes to the healthcare landscape and the role of the ED is evolving. Deinstitutionalisation, largely undertaken in Australia in the 1980s as well as the concept of mainstreaming was intended to facilitate the integration of mental health care into the general health sector and as outlined in the Fourth National Mental Health Plan 2009–2014, which is part of the policy to guide mental health reforms, service equity is a key principle. The plan states that "mental health should be provided at a standard at least equal to that provided in other areas of health".<sup>2</sup>

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