

Exam preparation:

Week 1 – Seminar 1: Introduction to mental health and illness

Intended learning outcomes:

Define mental health and mental illness and explain differences between the two

Mental health:

- Mental health is our ability to respond to challenges
- Ability to bounce back and stay on course
- Mental health can change and it is shaped by risk factors and protective factors
- Protective factors, self efficacy, supportive family, allows you to maintain a state of positive mental health
- Risk factors, low SES, illness can result in decline of mental health
- State of mind / wellbeing

Mental illness:

- Mental illness is a health problem that significantly affects how a person feels, thinks, behaves and interacts with other people
- Looking at clear symptoms that impact a persons mood, thought, cognition and behaviour
- Not being able to contribute to society
- Can be diagnosed according to standardised criteria
- Terms mental disorder or mental health conditions are also used to refer to these problems

Mental health is the ability to respond to challenges that are thrown at you. There are a number of factors that can decrease and increase your mental health however its how the individual can overcome the challenges which determines their mental health status. Mental illness on the other hand is were the individual already has an illness which can be experienced on a sliding scale from mild to severe. This could include depression or anxiety which affects how they are feeling and how they respond to certain scenarios or situations.

Describe causes of mental illness (psychopathology)

- Trauma suffered as a child
- Early loss of a parent
- Neglect
- Biological factors
- Misuse of substances
- Low SES, housing conditions, isolation
- Family history

Distinguish between clinical and personal recovery and describe enablers and barriers for personal recovery

Personal recovery:

- Includes actions to live a meaningful and productive life regardless of any past or ongoing mental health issues
- Personal recovery will vary for each person however it often involves building peoples hope and optimism for the future, increasing self determination, increase control over their lives, resilience to stressors
- Finding and maintaining hope
- Re-establishing a positive identity
- Building a meaningful like
- Taking responsibility and control

- Recovery is that they will learn how to take on the process of recovery
- Recovery is a journey

Barriers:

- Self doubt
- Lack of motivation
- Lack of understanding

Enablers:

- Family / friends
- Knowledge
- Skills

Clinical recovery:

- Reduction or cessation of symptoms and restoring social functioning

Discuss the structure of the mental health services within Victoria

- We have a private and public system
- Primary care – local GP who can refer you to a psychologist / specialist or a family member may get in contact with the crisis assessment team who will assess the consumer
- They may then refer them to the ED or in patient unit
- Nurses can ring CL services who will be able to assist the consumer

Discuss the implications of having mental illness for the individual, family and community

- Stress
- Concern
- Self harm

Other notes:

Principles of recovery:

- Self determination and hope are the most important factors for overcoming mental health illnesses
- Nurses can help the patient feel like they have hope and can guide them in the right direction however in the end the patient needs to be determined them-selves
- When you work with people who have experienced trauma is it very helpful to identify and focus on the person's strengths and recognise and acknowledge their resilience
- All treatment plans must involve the consumer

Standards of practice – mental health:

Standard 1:

- Mental health nurses acknowledge diversity in culture, values and belief systems and ensures his/her practice is non-discriminatory and promotes dignity and self determination

Standard 2:

- Nurse establishes collaborative partnerships that facilitate and support people with mental health issues to participate in all aspects of care

Standard 3:

- Develops a therapeutic relationship that is respectful of the individual choices, experiences and circumstances, this involves building on strengths, holding hope and enhancing resilience to promote recovery

Standard 4:

- Collaboratively plans and provides ethically based care consistent with the mental, physical, spiritual, emotional, social and cultural needs of the individual

Standard 5:

- Values the contributions of other agencies and stakeholders in collaborative provision of holistic, evidence based care and in ensuring comprehensive service provision for people with mental health issues

Standard 6:

- Actively pursues opportunities to reduce stigma and promotes social inclusion and community participation for all people with mental health issues

Standard 7:

- Demonstrates evidence based practice and actively promotes practice innovation through lifelong education, research, professional development, clinical supervision and reflective practice

Standard 8:

- Incorporates and reflects common law requirements, relevant statutes and the nursing profession's code of conduct and ethics. Integrates international, local and state policies and guidelines with professional standards and competencies

Standard 9:

- Holds specialist qualifications and demonstrates advanced specialist knowledge, skills and practice, integrating all standards competently and modelling leadership in the practice setting

Trauma informed practice:

- Recognises the impact of trauma and the interplay between trauma and mental health
- Key aspect is providing a safe environment for people who have a history of trauma
- Those who have a history of trauma, understanding the relationship of trauma and their experience of mental illness can be an important part of their recovery
- Most prevalent experience and most under reported

Bio-psychosocial model:

- Biological (looking at neurotransmitters of the brain), Psychological (talking about past experiences, behaviours, thought process), Social (context of how you live, SES, cultural background)
- Need to take into consideration all aspects

Week 1 – Seminar 2: Legal and ethical issues

Intended learning outcomes

Reflect upon the four ethical principles covered in HNN120 (autonomy, beneficence, justice & non-maleficence)

Autonomy:

- Ability to make informed decisions about personal matters with freedom

Beneficence:

- Actions that promote the well being of others. Taking actions that serve the best interests of patients and their families

Non-maleficence:

- Do no harm

Justice:

- Everyone gets treated the same

Describe the role and significance of the Mental Health Act (MHA14) 2014

- Before this mental health act was published in 2014, the care and knowledge of mental health was very limited and under-researched
- Health care professionals were not trained and the treatment given was often more harmful
- Consumers were locked up in jail cells and then asylums were created
- Ensures clinicians have access to information in regards to their practice in accordance with the mental health act

- Provides a set of guidelines that all mental health practitioners must adhere to and follow
- Allows for continuity of care and treatment
- Establishes a decisions making model to enable compulsory patients to participate in decisions about their care
- Protects the right of consumers

Outline the statement of patient's rights under the MHA14

- Apply to the mental health act
- Right to apply to mental health tribunal
- Nominate second person
- Second opinion from a health professional
- Communicate lawfully
- Make a complaint
- Seek assistance of community visitors
- To make an advanced statement

Describe Assessment Order, Temporary Treatment Order and Treatment Order

Assessment order:

- The first step is to initiate compulsory mental health care
- Purpose is to determine if the person has a mental illness and if they require treatment
- Must be conducted by a medical mental health practitioner
- Explain the purpose of the order to the consumer
- Assessment criteria – need to immediate treatment, all other avenues must be exhausted
- Once the assessment order has been initiated they need to be assessed within 24-72 hours
- Criteria to be placed on the act includes
 - appears to have a mental illness

Temporary treatment order:

- Expires after 28 days
- An authorised psychiatrist has to examine the consumer
- Consumer needs to be informed of the TTO
- Criteria: Consumer must have a mental health illness, if there is a risk or harm to themselves, if other treatments have been exhausted, they need immediate treatment
- The 28 day period can be extended if needed

Temporary treatment order:

- Mental health tribunal will have to make a decision to either extend treatment or discharge the consumer
- Up to 6 months for an inpatient treatment order for a patient 18 years or older
- Up to 12 months for a community treatment order for 18 years or older (they are discharged and put into a community clinic)
- Up to 3 months for either a community treatment order or an inpatient treatment order for a patient under 18 years

Discuss the role of the nurse in coordinating and maintaining least restrictive care for people with mental illness

- Empathise with the consumers situation so that you may build rapport and develop a care plan in partnership
- Engage the consumer and family members and ensure they have multiple opportunities to express their wishes and be involved in their care plan for discharge
- Establish the persons goals and develop steps and timelines
- Find out what matters to the consumer and what their strengths are

- Exercise their human right to make decisions
- Keep the consumer calm and update them on any changes to their care
- If they are in a state of heightened emotion to try calm them down and de-escalate the situation

Other notes:

Types of restraint:

- Chemical
- Physical (rails and mechanical)
- Emotional
- Seclusion (separating the consumer)

Criteria for getting on the mental health act:

- Mental illness
- Exhaust all other options / treatment
- Has to be a risk to them selves or others
- Need for immediate treatment

Advance statement:

- An advance statement is a document that sets out a person's preferences in relation to treatment in the event that the person becomes a patient.
- If the consumer becomes unwell and they are unable to make decisions for them self, there is a plan in place to treat them. This plan has been designed with the consent of the consumer and their preferences of care.
- The advance statement includes information such as what treatment they find effective, what treatment has been less effective in the past and the persons views.
- This is not legally binding, if they say not to the statement and they change it the doctor needs be given a written report with the reasoning within 10 days

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Mental health tribunal:

- made up of 3 members: legal member, psychiatrist or medical member, community member
- meeting
- tribunal can decide if they must receive mental health treatment
- they access medical files, any information the consumer provides and also have a discussion with the treatment team to help make this decision
- consumer can take a support person,
- a consumer does not have to attend, they can send someone to speak for you or they can call in prior to the tribunal and explain their reasoning

ECT – electro-convulsive therapy:

- electrical current directed to the brain
- consent must be given in writing
- only authorised by mental health tribunals for compulsory consumers who do not have capacity to give informed consent and where there is no less restrictive way for them to be treated
- mental health tribunal must approve this treatment and assess what treatments have been tried and how many sessions has been recommended
- max of 12 sessions within 6 months

Restrictive interventions:

- used for people that are going to harm themselves or other people
- physical restraint and seclusion
- register medical psychiatric can order these interventions
- exhaust all other avenues before using restrictive intervention
- a nurse must be with the patient while they are restrained regardless of duration
- every 15 minutes an RN will check on the patient in seclusion, they are recording RR and patient behaviour, are they at risk of cardiac arrest
- every 4 hours the door must be opened
- must offer food and water

Nominated person:

- person you chose to be an advocate
- it is a written form
- the nominated person must agree to being the advocate
- advocate will be notified if there is a change in treatment