Module 1: Mental Illness and The Law

Learning Objective 1: Define Mental Health Nursing (MHN).
- “Mental health is a branch of nursing concerned with the prevention and treatment of mental disorders and their symptoms” (Department of Human Services, 2009)

Learning Objective 2: Discuss historical perspectives of MHN.

Periods in History
- Confinement – Pre 1790s.
- Caring – Pinel (1794), Tuke (1796).
- Classification – Kraepelin, Freud.
- Chemicals – 1950s.
- Community – 1960s.
- Computerized scans – function – 1990s.
- Consumer movement – 2000s.

Learning Objective 3: State minimum requirements of National registration.
- **Credentialing:** Qualifications: post graduate qualification + clinical experience = Mark of quality or achievement. Conferred by ACMHN
- The 14 National Boards have all approved the following 5 standards as pre-requisites for registration:
  1. Continuing Professional Development - CPD pts 20hrs=20pts
  2. Recency of practice - 3 months full time equivalent in 5 eayrs
  3. English language skills - IELTS 7
  4. Professional Indemnity Insurance - employer/private
  5. Criminal History checks – see next slide

Learning Objective 4: Attain knowledge of professional bodies and practice standards for MHN.

Professional bodies and practice standards
- Australian Health Practitioner Regulation Agency (AHPRA).
- Australian Nursing and Midwifery Accreditation Council (ANMAC) – national competency standards and regulation processes.
- Australian College of Mental Health Nurses (ACMHN) 2010 – standards of practice for MHN’s.

AHPRA
- Commenced from 1 July 2010.
- 10 health practitioner boards.
- National Registration and Accreditation Scheme across Australia.
- Set standards and policies that all registered health practitioners must meet.

ACMHN Standards
- 9 standards of MHN practice (ACMHN;2010)
  1. The MHN acknowledges diversity of culture, values and belief systems and ensures his/her practice is non-discriminatory, and promotes dignity and self-determination.
  2. The MHN establishes collaborative partnerships that facilitate and support people with mental health issues to participate in all aspects of their care.
  3. The MHN develops a therapeutic relationship that is respectful of the individual’s choices, experiences and circumstances. This involves building on strengths, holding hope and enhancing resilience to promote recovery.
  4. The MHN collaboratively plans & provides ethically based care consistent with the mental, physical, spiritual, emotional, social and cultural needs of the individual.
5. The MHN values the contributions of other agencies and stakeholders in the collaborative provision of holistic, evidence-based care and in ensuring comprehensive service provision for people with mental health issues.

6. The MHN actively pursues opportunities to reduce stigma and promotes social inclusion and community participation for all people with mental health issues.

7. The MHN demonstrates evidence-based practice and actively promotes practice innovation through lifelong education, research, professional development, clinical supervision, and reflective practice.

8. The MHN’s practice incorporates and reflects common law requirements relevant statutes and the nursing profession’s code of conduct and ethics. The MHN integrates international, national, local, and state policies and guides with professional standards and competencies.

9. The MHN holds specialist qualifications and demonstrates advanced specialist knowledge, skills, and practice, integrating all the standards competently and modeling leadership in the practice setting.

ACMHN: Credentialing

- Credentialing.
  - Qualifications – post graduate qualification + clinical experience = mark of quality or achievement. Confirmed by ACMHN.

Professional Organisation

- ACMHN – Professional body representing MHN’s.
  - Established in 1975.
  - Represents MHN issues.
  - Sets Standards.
  - Policy development
  - Collegial support.
  - Annual conference.
  - Journal.

Learning Objective 5: Define essential qualities and skills of practice for MHN.

General Roles of MHN: Assessment Skills

- Comprehensive psychiatric assessment including MSE & risk assessment.
- Ongoing monitoring of the patient mental state, well-being & treatment needs.
- Operates within the legislation of the MHA 2014 (Vic).

Role MHN: Counseling skills

- Interview & assessment.
- Communication.
- Developing a nurse-client relationship.
- Crisis intervention.
- Stress management.
- Therapy.

Role MHN: Milieu Therapy

- Maintaining a safe environment.
- Providing structure & support.
- Setting limits on challenging behaviour.
- Role modeling.
- Coordinating the therapeutic program.

Role MHN: Biological interventions

- Administering & monitoring medication.
- Assessing, maintaining & optimizing clients physical health.
- Preparing & caring for people undergoing electro-convulsive therapy (ECT).

Role MHN: Health teaching

- Clarifying misconceptions regarding mental illness.
- Combating stigma.
- Developing “mental health literacy” in general public.
• Maintain & promoting mental health.
• Explaining treatment regimes.

Role MHN: Case management
1. Coordinating the treatment plan.
2. Liaising with client, family & treatment team.
3. Advocacy.

Learning Objective 6: Be aware of the role and areas of practice for MHN.

Sub Specialties
• Lifespan – perinatal, child & adolescent, adult, aged.
• Diagnosis – drug & alcohol, postnatal, depression, eating disorder, etc.
• Continuum – early intervention, crisis assessment, continuing care, rehab.
• Setting – forensic, ED liaison, rural, community, inpatient, primary care, GP practices (MHNIP), research, etc.

Psychiatric/Mental Health nursing: Nurse Practitioner
• Nurse Practitioners are clinical and professional leaders.
• Works involves direct service delivery.
• Have advanced training, clinical expertise and skills to best use.
• Work within a model of nursing practice that meets a particular service need(s).
• Practice is supported by evidence-based policies/guidelines agreed by their employer.
• Each Nurse Practitioner model is different.
• The title Nurse Practitioner is protected, preventing the use of the title ‘nurse practitioner’ by anyone who is not endorsed by AHPRA as a Nurse Practitioner (NP)

Learning Objective 7: Discuss communication skills that will facilitate client centred care.

SOLER helps to encourage appropriate engagement and support therapeutic interactions:
- Sit – squarely and at the same level (fostering interest and involvement)
- Open – non-defensive posture
- Lean – slightly toward the client
- Eye contact – comfortable and respectful (aware of cultural beliefs)
- Relaxed – and open body posture

To facilitate therapeutic interactions, employ principles of a basic listening sequence.
• Acknowledge what the client has said to you
• Clarify any areas of uncertainty
• Paraphrase what you understand to be the clients concern
• Empathise where appropriate / use limited self-disclosure for similar experiences
• Summarise your understanding of the client’s experiences

Learning Objective 8: Describe the continuum of mental illness-mental health.

![Continuum of Mental Illness-Mental Health Diagram]
Learning Objective 9: State the characteristics of a mentally healthy individual.

- State of emotional and social well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively or fruitfully, and is able to make a contribution to his or her community

Learning Objective 10: Differentiate between a mental health problem and a mental disorder (illness).

- Mental disorder is a diagnosable illness that significantly interferes with an individual’s cognitive, emotional or social abilities. Mental health laws are established to assure those vulnerable individuals suffering from mental illness are protected. Mental health nursing (MHN) provides core skills and attitudes that assist in delivering holistic nursing care.
- Mental illnesses are chronic disruptions in neural circuits of the brain and are caused by biological factors, functional (environmental) factors or a combination of the two.

Learning Objective 11: Outline a simple structure for categorising mental illness.

2 Major systems


- DSM 5: The DSM sets out the criteria of symptoms, duration, severity or frequency of symptoms and level of impairment the client may experience, before the diagnosis or “label” may be attributed to the client. It has taken a broad approach to dividing the disorders to include externalising and internalising clusters.
  - Externalising clusters can include disorders with predominant impulsive, disruptive conduct and substance use symptoms
  - Internalising clusters are disorders predominant with anxiety, mood, depression and somatic complaints
  - Includes lifespan approach across each category (gender, culture and social/lifestyle practices can be included in assessment.