

"THE NURSING PROCESS FOR PSYCHIATRIC NURSES - Felicity Stockwell. Pub: Croom Helm 1985"

This is a summary of the published book, which is still relevant to Mental Health Nurses in the 20th Century. I refer readers to my current "Socially Enabling Mental Health Care" model, elsewhere on this site.

In the 1970's, The Nursing Process, based on the Roper, Logan & Tierney model of nursing was being introduced in some general hospitals and there was a move to include mental health nursing in its implementation. This book was written in response to the very real difficulties of applying a problem solving approach centred on activities of daily living to people experiencing a wide variety of mental illnesses

It explains the Nursing Process and then takes each of the stages:-

1. Assessment
2. Planning
3. Nursing Orders/Prescription
4. Implementation
5. Evaluation ----- and identifies the nursing skills needed at each stage and relates them to caring for the mentally ill.

Because the Nursing Process needs a stated philosophy of nursing to provide the parameters for its implementation, the first part of the book describes what I called '**An Enhancement Model of Mental Health Nursing**' and its underlying philosophy. This I generated from a literature search and my own experience and readily admit that it is open to criticism. As I intended the book to be an accessible tool for workers in the practical situation I omitted setting out the theoretical basis but described the philosophy and the nature of nursing underlying the model as set out below.

PHILOSOPHY, DEFINITION & ACTIVITIES OF MENTAL HEALTH NURSING

A Philosophy of Mental Health Nursing

Mental Health nursing is an enabling and therapeutic process which recognises the uniqueness and worth of people who, when mentally ill, remain worthy of respect and entitled to dignity, and will have some or many aspects of behaviour capable of healthy functioning. It aims at bringing about, by commitment, education and skilled intervention, the realisation of the individual's optimum health and social functioning, while affording comfort, support and protection where needed.

A Definition of of Mental Health Nursing

Mental Health nursing is a complex, skilled, planned activity that aims, through teamwork and co-operation at:- restoring the full healthy functioning of the mentally ill individual; minimising the effects of disabilities arising from illness or institutional care; protecting the individual from harm within himself, from others or from the environment and ensuring maximum physical and psychological comfort.

A Summary of the Activities of Mental Health Nursing

- 1.Observation and recording observations.
- 2.Ensuring the physical needs for air, nutrition, hygiene and safety are met.
- 3.Ensuring the psychological needs for self-esteem, self-respect, individuality, contentment and spirituality are met.*

4. Providing opportunity for the exercise and enhancement of all aspects of behaviour: physical, mental, social and spiritual.
5. Limiting, preventing or compensating for disabilities and dysfunction.
6. Carrying out prescribed treatments.
7. Communication verbally and in writing.

*Because this aspect of nursing care is so important, but difficult to describe and quantify, I devised the term, *unsolicited time*, that could be used as an individualised prescription for these aspects of the care plan. I explain this term by recalling that a person's time and attention are the most fundamental and important factors in eliciting good feelings in a recipient. In nurse-client relationships the nurses' time is devalued in some degree, because they are paid for their time, and their attention is also devalued, because much of their interactions are task initiated. Therefore, it is important that nurses use brief encounters and longer episodes to engage in friendly exchanges that will help to enhance the client's individuality and feelings of worth. In a group situation everybody monitors how much approval is coming their, and everybody else's way, and if they feel ignored or disliked they will produce behaviour designed to attract attention. Sadly, the mechanism is effective, but disapproving attention does not meet the need for approval. However it is better than being ignored or rejected and thus the aggravating behaviour becomes reinforced. If it is accepted that part of the nurses' role is ensuring that clients' psycho-social needs are met as a basic on-going routine, then it is only when that level of input is failing that the prescription for 'unsolicited time' needs to be entered on the care plan. How the prescription is implemented will depend on the circumstances. It may be one nurse paying particular attention to friendly contact during the shift, or it may be that all the members of the team make a conscious record of making friendly contact. Whichever is agreed, it is important that good acting skills ensure the recipient is unaware that the interaction is a nursing prescription, although if the nurse's motivation is sound then it is hard to go wrong.

**As a postscript Socially Enabling Care encompass the concept of Unsolicited time.*