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Millions of people around the world face the challenges that living with a mental health issue can bring. In fact, the World Health Organization (WHO) suggests that half of the leading causes of disability in the world today are related to mental health. This is unlikely to change while global mental health resources remain low, and the necessary improvements in early detection and intervention are not addressed by governments locally and nationally.

Adding to the challenges that living with mental health issues brings is the ongoing issue of stigma. The stigma of mental illness is based on a misguided societal perception that mental illness is a blemish of individual character, and is a worldwide problem experienced in all segments of society. Stigma hurts, punishes and diminishes people. Unfortunately, stigma continues to grow around the globe, and is perhaps the main obstacle to better mental health care and quality of life for consumers and their families.

Our goal for this textbook, *Contemporary Psychiatric–Mental Health Nursing: Partnerships in Care*, is to provide the user with a contemporary, evidence-based, culturally competent, authoritative and comprehensive resource. Importantly and most notably, the textbook was co-authored by people with a lived experience of mental illness. Indeed, we set out quite purposefully to ensure a consumer voice was prominent in each chapter of the text. Thus the co-produced resource is designed to enhance your ability to become a therapeutic, non-judgmental, competent and confident psychiatric–mental health nurse. We encourage you to think seriously about what constitutes mental health and mental illness. We would urge you to appreciate the humanity of people who experience mental illness, and to undertake your nursing practice with unconditional positive regard. We think it likely that this will challenge your assumptions about mental illness and those who live their lives with it; we hope it does!

**UNDERLYING THEMES**

Throughout this book, we value cultural competence in increasingly diverse societies, collaborative-centered care, the relevance of lived experience to shaping recovery and treatment choices, and the need to improve quality and access to mental health care. We believe that mental health nursing must concern itself with the quality of human life, and its relationship to optimal psychobiological health, feelings of self-worth, personal integrity, self-fulfilment, and collaborative care. Thus, we emphasise the importance of empathy and empowerment in the therapeutic relationship.

Understanding people who are searching for personal recovery through interaction in complex times demands the most authoritative and contemporary knowledge and clinical competence. It is through the power of knowledge and clinical competence that psychiatric–mental health nurses work with people as they progress through the journey of personal recovery. Psychiatric–mental health nursing is concerned with sustaining and enhancing the mental health of both the individual and the group, while its practice locale is often found in the community.

In acknowledging the importance and value of lived experience, each chapter offers the voice of the person who lives with a mental health issue. These voices, which are often silent, are vital in knowledge production, and know best how they need to recover. As such, the themes, ideas, knowledge, tools and organisation of this textbook are designed for nursing students who are committed to making a difference in view of contemporary trends. Specifically, this text expects students to recognise the value of lived experience.

Nursing is both a science and an art, and because of advances in neuroscience and the enhancements in the study of the human genome, a solid grounding in psychobiology is threaded throughout the book. Brain imaging and concise yet comprehensive information on the expanding array of psychopharmacological treatment is yet another strong emphasis. *Contemporary Psychiatric–Mental Health Nursing: Partnerships in Care* is explicitly linked to contemporary practices in our field.

**ORGANISATION**

The book engages with the people you will encounter in your practice and with whom you will work collaboratively. It describes what it means to be a mental health nurse, the professional
and personal attributes that enable artful therapeutic practice, and the importance of basing the therapeutic relationship on theoretical understandings, appropriate clinical techniques and the needs and wants of the person who lives with a mental illness.

This text also provides comprehensive coverage of interdisciplinary mental health theories, the biological basis of mental illness, the science of psychopharmacology, the methods by which people attempt to handle stress, and the importance of developing cultural competence. Topics traditionally associated with mental health nursing, such as therapeutic communication, assessment, ethics, advocacy, rights, legal and forensic issues, and therapeutic environments for care are also discussed. Caring for people with a specific DSM mental diagnosis is described by outlining the defining characteristics of each diagnosis, the biopsychosocial theories necessary to understand them, and, importantly, how to apply the nursing process to work with people who live with these illnesses. The authors have also turned their attention to vulnerable populations that require comfort and care from psychiatric–mental health nurses. These populations include people at risk for self-harming behaviour, sexual abuse and family violence, and specific age groups. The textbook provides authoritative coverage of nursing intervention strategies and desired outcomes, including a wide range of modalities from therapeutic groups to family-focused strategies, crisis intervention, and cognitive behavioral interventions; to psychopharmacology, recovery and psychiatric rehabilitation, and complementary, alternative and integrative healing practices; and anger management and violence in psychiatric settings.

AUSTRALIAN EDITION
As lead and chapter authors who have all practised, taught and researched as psychiatric–mental health nurses in the Australian context, we felt it important that Australian nursing students were offered an opportunity to be exposed to contemporary Australian mental health nursing knowledge. Most importantly, though, we felt it important for future health professionals to hear from people with a lived experience. Not only do we believe this is absolutely the right thing to do, it is also the major point of difference about this textbook.

THE TEXTBOOK AS A MAP, A COMPASS AND AN INSPIRATION
Psychiatric–mental health nursing is poised at a crossroads, and every nurse can make a difference. We are challenged to bring complex thinking to a complex world if we are to reduce stigma and actualise our contribution to global mental health—the vision to which this text is dedicated. This book has been crafted to provide you with the best possible evidence generated in research to help you achieve your goal of excellence in practice. It offers a fully integrated perspective, which most importantly includes the voice of people with mental illness. It encourages you to become personally and professionally willing to muster the courage and hope necessary to forge proactive steps in our future, and to make a commitment to work globally in a contemporary landscape and mindscape.

We have the opportunity to forge a new synthesis of professional wisdom in the face of tough mind–body–spirit problems and needs, and the stigmatisation of mental illness. We need to face critical transitions with intelligence, stamina, wit, creativity, skill and moral courage. Global mental health can become a shared, emergent vision constructed in a way that is respectful of the rich diversity of the citizens of our contemporary world. We have created this book to provide you with a map, a compass and an inspiration to succeed in your current work. We hope that it encourages you to become a participant and leader in facing the broader challenges ahead of us.
KEY TERMS alert you to the vocabulary used in the chapter. The page numbers indicate where the term is defined.

LEARNING OUTCOMES indicate what important information or skills you will have gained after studying the chapter.

LIVED EXPERIENCE reflects the ‘lived-experience’ voice of the consumer, which discusses mental health issues that health consumers have encountered.

DEVELOPING CULTURAL COMPETENCE boxes are an important link to the cultural forces that influence the experience and expression of mental disorders and pose critical thinking questions.

EVIDENCE-BASED PRACTICE boxes show how research evidence shapes the plan of care for a particular client. Critical thinking questions follow each vignette.
WHAT EVERY NURSE SHOULD KNOW

### Suicidal ideation in primary care

Imagine you are a nurse working in a primary care setting, such as a general practice surgery. It is not unusual in primary care settings to see people with suicidal ideation or at high risk for suicide. It is also not unusual for primary care providers to fail to recognise those at high risk for suicide. Suicide risk is increased in both physical and mental illness, especially when both are present. It is important to remember that there is also a strong association between depression, risk for suicide and chronic medical illness. The possibility of suicide risk should be considered in all people with chronic illness, including those with solely physical symptoms.

Although there are more effective medications available to primary care practitioners to treat depression, suicide rates have remained unacceptably high and may be under-reported if unexplained deaths are considered. In instances where uncertainty surrounds a person’s death, a psychological autopsy may be performed. A psychological autopsy is an assessment tool that reviews the circumstances and events that preceded an individual’s completed suicide. Reviews of psychological autopsies and other similar methods have revealed that a high percentage of suicide victims have a comorbid mental disorder (such as mood disorders and/or substance use disorders) and, furthermore, that they were under-treated, despite contact with mental health or other health care services. Recognising this association, screening for it, and providing treatment is a primary care imperative and may prevent unnecessary tragedies.

### Practice example

A young man who was hospitalised at a mental health assessment unit complained to other consumers and staff members that he had been ‘denied’, and he became increasingly frustrated and anxious when it became apparent that he wasn’t being understood. Rather than simply warning him off as confused, his primary nurse recognised that ‘denied’ most likely had a private meaning. With some help, he was able to explain that he was upset about having been moved to a different room. The room was, he said, so dark and dingy that it looked like a cage. Animals live in cages that are called ‘dens’. In his view he had been o-dens-ated—put into a cage.

### Collaborative care

Collaborative care boxes emphasise the value of including the family in psychiatric–mental health care. This feature provides key topics to discuss with families, allowing them to understand the characteristics of the disorder.

### Mental health in the media

Mental health in the media features depict how mental illness in the media affects our attitudes and behaviour. They also highlight the successes and difficulties faced by those in the media.

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**Practice example**

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HOW I WILL USE MY MENTAL HEALTH SKILLS IN PRACTICE AND WHY I CHOSE TO WORK IN MENTAL HEALTH present the personal stories of those who work in mental health nursing.

**HOW I WILL USE MY MENTAL-HEALTH SKILLS IN PRACTICE**

**Madison’s story**

I was 17 years old when I began working as a nurse’s aide in a small long-term care facility. I was just starting university to become a nurse, and wanted experience working in the field. There were not very many people being cared for in the facility, because it was a private enterprise with the goal of making it as homelike as possible. I became close to all of the residents while learning to take care of them.

One woman, Louise, was extra special. She was only 50 years old, but had such debilitating and deforming arthritis that she could not care for herself and was no longer able to work as a psychiatric–mental health nurse. She was bright and personable, and I admired her strength of character in dealing with a chronic illness. Louise’s roommate, Ida, was a bitter and negative woman, who rarely said anything neutral about her world or the people in it. A positive statement from Ida was unheard of. Ida’s grandmother came in to visit her, and she was so excited to show off her boyfriend’s gift—a pretty pearl ring in a gold band. Ida only comment was: “Pearls mean sorrow.” Ida’s granddaughter was devastated and left in tears. Ida’s response to her roommate was: “See? Pearls do mean sorrow.” Louise then reassured Ida that, even though her granddaughter was becoming close to her boyfriend, no one could take Ida’s place. Ida, Louise told her, would always be Grandmother, and nothing could change that.

When I asked Louise later, in private, what was the connection between Ida being mean-spirited and Louise reassuring Ida, Louise’s reply opened my eyes to the value of psychological sophistication. Louise said, “When people feel threatened about being hurt by someone, they will put the energy into hurting that person first. Ida wasn’t being mean, she was being hurt.” Being able to help someone cope with feelings, with what I now know are psychiatric–mental health nursing interactions, helped me choose the area for my nursing career.

**WHY I CHOSE TO WORK IN MENTAL HEALTH**

**Kim Ryan**

I first began my nursing career as a general registered nurse, and then under took psychiatric nurse training. Back then it wasn’t uncommon for nurses to hold double or triple certificates—in general, midwifery and psychiatry.

During my general nurse training, I didn’t really learn about mental health—as a result, when I first started psychiatric nursing I had little understanding of mental illness or the way in which people exhibited mental illness. What I discovered was that it's not that easy to divide a person into ‘the mind’ or ‘the body’—so much that happens in the mind affects the body and vice versa.

Deinstitutionalisation had also just started: the big psychiatric hospitals were being opened up, and people who had lived in institutions, in some cases for many years, were being transferred back into the community. I quickly realised that most of society didn’t understand mental illness. I was humbled by the very difficult lives that many of the people I encountered had experienced. They were misunderstood, they were stigmatised, they were removed from their family, and the medications they were taking could have debilitating side-effects. However, they were (and still are) some of the most resilient people I have ever had the privilege to meet. I guess that is why I stayed in mental health, rather than moving on to another nursing specialty.

Mental health nursing is a wonderful career, you meet some great characters, you laugh and you cry, but, best of all, you can make a difference to people’s lives.

Are there any aspects of Kim’s story that you relate to? What is important to you about the work that you do? When you are at the other end of your nursing career and you look back, what would you like to have achieved, what would you like to have stood for?

**SELF-AWARENESS** boxes engage the reader in a process of introspection and self-questioning that is essential to the therapeutic use of self.

**SELF-AWARENESS**

Reflecting on feedback from consumers and carers

Input—both positive and negative—from consumers, carers, classmates, tutors, staff, family and friends can help you to become aware of your ‘blind spots’, the characteristics about yourself that you ignore, deny or defend. Protecting oneself through self-deception interferes with both relating and communicating. To become more self-aware, do the following:

- think about a recent interaction with a consumer and how they responded to you
- identify the positive/negative elements in the interaction
- try to determine what the consumer was telling you about yourself in this interaction (i.e. What characteristic(s) do you have that enables people to openly express their thoughts and feelings? What characteristic(s) do you have that prevents people from openly expressing their thoughts and feelings?)
- discuss the interaction and your interpretation of it with a supervisor
- ask for feedback on your behaviour from others—family members, classmates, staff, friends.

**DIAGNOSTIC FEATURES** provide diagnostic criteria for mental health disorders, followed by descriptive text.

**DIAGNOSTIC FEATURES**

Cognitive disorders

**Delirium**: Delirium is a disturbance of consciousness with a reduced ability to focus, sustain or shift attention. There is a change in cognition, and the disturbance develops over hours to days, and tends to fluctuate during the day. Medical conditions can also contribute to these difficulties.

**Dementia of the Alzheimer’s type (DAT)**: DAT involves multiple cognitive deficits, with memory impairment and aphasia, apraxia, agnosia and/or a disturbance in organising. This causes impairment and decreased functioning in important areas. It starts gradually and is progressive, and problems are not due to other sources.
COMMUNICATION boxes offer sample dialogues between nurses and clients. In addition, they provide the rationale for at least two different but helpful alternatives. This feature is designed to provide students with a beginning repertoire of useful communication interventions when interacting with mental health clients.

COMMUNICATION

A person with clang associations

NURSE RESPONSE 1: "Tell me what you have been doing this morning that you believe is a problem." REASON: This opens the dialogue so that the person experiencing clang associations can answer with a "yes" or "no" response, modeling how the communication can be started, and labels the situation as a problem.

NURSE RESPONSE 2: "Come on, let's get you set up!" REASON: This response reinforces the appropriateness of the person coming to the nurse with a problem and concurrently shows the person how to resolve the problem.

NURSING CARE PLANS are included in the chapters dealing with specific disorders. They represent a different way to view care for clients diagnosed with specific mental disorders according to the DSM-5.

NURSING CARE PLAN: AN ADULT SURVIVOR OF CHILDHOOD SEXUAL ABUSE

Identifying information

Jill is a 35-year-old woman who has had several appointments for minor medical concerns—such as childcare responsibilities or fear of getting a cold. She is an employee in the main administration building of a major hospital. She has a 13-year-old daughter and two sets of symptoms—psychotic and affective. Jill's affect appears dysphoric, irritable and constricted in range. At times she is filled with rage, saying, I am mad ... Mad at the world in general, and at having to deal with all of this. She states that during her entire life she has spent much of her energy on her job, her work, her house, her family, her children. Jill has no experience of leisure or recreation. She views herself as unable to function in an autonomous, self-directed and self-reliant fashion, and sees the world as unfathomable, bewildering and other-centered. Unable to help on her own resources or depend on the support of others, Jill finds a sense of bitter futility and hopelessness.

History

No prior psychiatric history.

Jill is the third child of five in an intact family. She describes her mother as strict . . . she wouldn't threaten by saying "back until your dad comes home!". When asked about her father, Jill states, He wasn't around. He was working . . . he was always distant. She describes the family communication as dysfunctional; only certain people talked to certain other people. For example, none of us kids could talk directly to our Dad. We always had to get through Mom.

Jill describes herself as a "tomboy"; the week while the children are at school, and says, "she's my chance to get out of the house each week." In the past, she was often in the hospital for treatment each week, but now she rarely enjoys doing so. Since having children, Jill has increasingly involved parenting, home duties and the community. She states that she has never had close friends and her only friend is her husband, but she also feels isolated by him. She has a very close relationship with her children.

Jill has no current or past medical problems. She states that she is in good health except for feeling "down a lot of the time."

Current mental status

Jill is oriented to person, place and time. Her affect appears dysphoric, irritable and constricted in range. At times she is filled with rage, saying, I am mad ... Mad at the world in general, and at having to deal with all of this. She states that during her entire life she has spent much of her energy on her job, her work, her house, her family, her children. Jill has no experience of leisure or recreation. She views herself as unable to function in an autonomous, self-directed and self-reliant fashion, and sees the world as unfathomable, bewildering and other-centered. Unable to help on her own resources or depend on the support of others, Jill finds a sense of bitter futility and hopelessness.

NURSING CARE PLAN: AN ADULT SURVIVOR OF CHILDHOOD SEXUAL ABUSE

Improving practice and avoiding burnout

It is based on assessment and formulations for each individual person enables time to focus on the positive, non-problematic aspects of the person's life. Recognise that no one is perfect. The people to whom you provide care deserve the best you can provide; it may not always be perfect care, and it isn't 24-hours-a-day, 7-days-a-week care. Take sanctioned breaks rather than guilt-provoking escapes from the work situation. Talk over your problems to get advice and support when you need it. Clinical supervision is important for mental health nurses. Expose, examine and share your feelings about burning out. This lets you get things off your chest, and gives you the chance to get constructive feedback from others and perhaps a new perspective as well. Understand your own motivations in pursuing a mental health nursing career, and recognise your own expectations for working with consumers. Deal with the issues of the people you are caring for, not your own. Listen to and attend to your own internal stress signals. Pursue happiness and satisfaction in your personal life, through things you enjoy and being around positive people. Work with a peer support worker to get a different recovery perspective.

YOUR ASSESSMENT APPROACH

Signs of a working relationship

The following criteria may be useful in determining whether a one-to-one relationship is moving into the working, or middle, phase:

For nurse

- Sense of making contact with the person
- Sense that the person is responding well to the relationship
- Sense that the nurse can facilitate growth in the person, regardless of the severity of dysfunction
- Sense of commitment to addressing the person's problems

For consumer

- Verbal and verbal evidence of liking the nurse
- Sense of relaxation with the nurse
- Sense of relaxation with the nurse
- Non superficial (in nature and depth) problems addressed
A suite of resources is provided to assist with delivery of the text, as well as to support teaching and learning.

**SOLUTIONS MANUAL**
The Solutions Manual provides educators with detailed, accuracy-verified solutions to all of the in-chapter and end-of-chapter problems in the book.

**TEST BANK**
The Test Bank provides a wealth of accuracy-verified testing material. Updated for the new edition, each chapter offers a wide variety of true/false, short answer and multiple-choice questions, arranged by learning objective and tagged by NMBA standards. Questions can be integrated into Blackboard or Moodle.

**POWERPOINT LECTURE SLIDES**
A comprehensive set of PowerPoint slides can be used by educators for class presentations or by students for lecture preview or review. They include key figures and tables, as well as a summary of key concepts and examples from the text.