Innovation in mental health nursing education

By Louise Byrne and Brenda Happell

CQUniversity's strength in mental health nursing has been enhanced by what is thought to be the first full time academic employed specifically to work from a lived experience of significant mental health difficulties, mental health service use and recovery.

Louise Byrne started with CQU in 2009 to contribute her unique perspective to the mental health nursing component in the undergraduate nursing program and the specialist unit: *Recovery for mental health practice*. Louise was then employed to teach in the recovery unit at both postgraduate and undergraduate levels. She is now employed to both teach and coordinate these units.

Louise's first lived experience role commenced at age 18. Employed as a youth worker in Indigenous youth centres, she worked with 'at risk' kids, drawing on her own experiences of homelessness and 'risky' behaviours to relate to them.

Louise also used her background in filmmaking, drama and music to allow kids to explore their issues through creative mediums. She has completed several social justice documentaries over the years. Louise was admitted into a Masters' Degree without an undergraduate qualification due to her industry experience and innovative use of both live and pre-recorded media.

Louise has had other roles as a lived experience (aka consumer) consultant, lived experience project officer and researcher, and Intentional Peer Support trained, peer support worker. Her experiences in this role led to her PhD study exploring lived experience roles in mental health settings.

While teaching and influencing the attitudes of nursing students is an important part of the role, Louise is enthusiastic about the research and community service part of her academic role. She wants to contribute to a broader vision that includes short courses for people experiencing mental health problems and their significant others, and short courses in recovery for mental health professionals. Louise also aims to help address the identified lack of training for lived experience practitioners, by creating registered training to facilitate engagement in a wide variety of lived experience roles from a platform of theoretical and practical confidence.

Louise wants to see a cohesive vision from the university and the Centre for Mental Health Nursing Innovation that will continue to set the standard for leadership in this area with lived experience-led recovery training in every mental health degree.

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Louise Byrne (pictured) is Lecturer and a Course Coordinator for the Undergraduate and Postgraduate 'Recovery approach in Mental Health' courses

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Hold my hand and walk with me: empathy on the mental health in-patient unit

By Dr Adam Gerace, Deb O' Kane and Eimear Muir-Cochrane

Empathy – the ability to take another's perspective and experience emotional and sympathetic reactions to their situation – is a core process in building therapeutic relationships between nurses and the individuals they care for.

The question of how empathy operates when there is some disagreement or discord (conflict) between staff and persons in mental health care was the focus of our recent research.

Mental health nurses working in acute units (n=13) and people who had experienced an inpatient hospitalisation (n=7) were invited to discuss a time when they had been involved in conflict. Interviews with participants focused on emotional responses, such as sympathy, compassion and distress; perceptions of empathy, such as when a person who had experienced a hospitalisation felt their nurse had attempted to take their perspective; and the ways in which empathy contributed to positive outcomes.

Situations discussed by participants were varied, including disagreements about medication, mealtimes, and ward activities; absconding; and times when persons receiving care felt they were given insufficient information.

Nurses employed a number of strategies to comprehend the point of view

of persons in mental health care during these times. Nurses used their own personal experiences or imaginatively 'switched' places with the person in mental health care. However, they suggested this needed to be done generally or carefully so as not to lose sight of their own perspective and their role as nurse versus the often distressing emotional experiences of those for whom they care. It was important for nurses to have self-awareness about how patients' behaviours made them feel and to acknowledge those negative feelings. Further, nurses felt the need to recognise that such feelings were normal, but were not the responsibility of the people for whom they were caring.

Individuals with a previous hospital admission felt empathy was demonstrated during hospitalisation by their nurse "being there". They said it took time to discuss upsetting issues, and nurses needed to give them time to feel safe to share their experiences. One consumer considered empathy was about "sharing that pain for gain…helping me move forward like, 'I'm a nurse, how can I help you?'"

Participants with a previous hospital admission acknowledged differences in perspective would likely exist between themselves and the nurse however it was about the nurse trying to appreciate their perspective, not necessarily take it on. When done effectively, this helped them gain some perspective on their situation.

All participants found the best way to ensure a helpful relationship existed in times of conflict was to establish a therapeutic relationship from the onset. Engaging with each other watching TV, chatting about books, sport, and the news was used to build trust and rapport and understand where the hospitalised individual was coming from. Participants who had been in mental health care found this alleviated some concern that they were seen only as "an illness".

The study highlighted similarities in the views of nurses and persons who had experienced a mental health hospitalisation about empathy. Findings underscore that nurses should be self-aware when involved in emotionally-charged situations, and debriefing after conflict allows both parties to be able to voice their perspective. Nurses felt empathy could be maintained and emotional burnout avoided through clinical supervision and mentoring at all levels of nursing experience. Further, nurses emphasised the need for training in high-level communication skills and specialised therapies.

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Awareness building of sexual health concerns

By Chris Quinn

It is commonly reported across a variety of clinical fields that nurses avoid the inclusion of sexual health in the care they provide with similar reasons for this avoidance being reported.

These reasons include: feeling a lack of comfort with the topic; that someone else with better experience and knowledge will deal with the issue; and that discussing sexual health topics might be regarded as a boundary or gender issue by the patient or by other clinicians.

Unfortunately the end result of avoidance is that the sexual health concern for the patient is disregarded from those of us providing care. These issues were also highlighted in the initial findings of my research exploring whether mental health nurses include sexual health topics in their role.

The avoidance and difficulties towards the inclusion of sexual health care has been well recognised for many years. Models have been developed to provide structural support for nurses to discuss sexual health concerns with patients. One such model was trialed with the mental health nurses in my research. I hoped the model would provide a simple solution to the problem of avoidance. However nurses found the model was too structured for their use. Despite this, their practice rapidly changed and over four weeks their clinical practice moved from one of avoidance to that of inclusion. Two years post this initial stage of the research the nurses continue to value the importance of including the sexual health concerns of patients in their practice, regarding this as an important aspect in the provision of holistic care.

The findings of the research informed the development of The 5-As framework for including sexual concerns in men-