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'This is the published version of the following article:
Muir-Cochrane, E.C. and Musker, M. (2015). Security
guards in mental health settings: Starting the
conversation. Australian Nursing and Midwifery Journal,
22(8) pp. 44.

Which has been published in final form at:

http://anmf.org.au/anmj-landing

Focus – Mental health

Mental health consumers' recovery in the emergency department

By Donna Marynowski-Traczyk, Lorna Moxham and Marc Broadbent

The Emergency Department (ED) plays a significant role in the provision of care to people experiencing mental health issues. As the interface between community care and specialist mental health inpatient services the ED is integral to supporting consumers' transition between service sectors.

Within Australia mental healthcare is underpinned by a recovery orientation. This is now firmly embedded within Australian national policy including the National Framework for Recovery-Oriented Mental Health Services 2013 (Australian Health Ministers Advisory Council 2013) and the Roadmap for National Mental Health Reform 2012-2022 (Council of Australian Governments 2012).

Diverse healthcare environments have their own unique culture, practices and language. The disparity in language between mental health services and the clinical ED environment is highlighted by the polarity regarding the meaning of the word recovery as it is understood within these healthcare domains. Recovery has different meanings depending on the lens through which it is viewed. This has significant implications for the delivery of care to people that access the ED for mental health crisis assessment and intervention.

New models of care have been implemented within the ED in response to concerns regarding the appropriateness of the ED in providing care to people experiencing mental illness; however Registered Nurses (RNs), many with no formal mental health training, continue to care for this cohort as part of their daily practice. Understanding how ED RNs conceptualise recovery for mental health consumers within the ED was the focus of PhD research undertaken at the University of Wollongong.

A conceptual separation of physical and mental health can perpetuate the view by generalist nurses that the care of mental health consumers is not their role (Ross & Goldner 2009). However, recovery as understood by people with lived experience of mental illness is not bound to the confines of health services and organisations but is part of their everyday lives. As such, nurses working in the ED who care for mental health consumers are involved in the consumers' personal recovery journey. This research elucidates that this notion is not well understood by ED RNs. Furthermore, it highlights that although language can be a barrier to recovery, it can also be a powerful tool to nurture recovery. Therefore, embracing recovery oriented language within the ED environment is a practical way in which RNs can support consumers' recovery and promote optimal care experiences and outcomes for this vulnerable group.

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Security guards in mental health settings: starting the conversation

By Eimear Muir-Cochrane and Mike Musker

An increase in hospital based violence has seen a rise in the number of security guards placed in Australia's hospitals. The amount of training and preparation between agencies and individual staff is not standardised and may place vulnerable patients at risk. Some security firms have set their minimum standard of training as Certificate Level 2 (a five day training course).

It appears that security guards in hospital environments are here to stay; hence close examination of their role in the health workforce is required to ensure the provision of safe and effective healthcare delivery at all times. An example of the potential risk in using personnel with limited training can be seen in interventions with a patient who is experiencing severe symptoms of psychosis such as paranoia and hallucinations due to mental illness or drug intoxication.

Whereas health professionals can offer expert therapeutic interventions and de-escalation, guards are more likely to contain and restrain as this is the sole function of their role. Very little is known about the effect of security guards in hospitals on the care that patients receive and patient's perceptions about security guards in clinical environments. It's time to have this conversation around the use of security as a component of the provision of healthcare in clinical areas and the actual and potential implications for care.

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