Mental Health the Nurses Perspective

Florence Network, Bern, 19th April 2017
Prof. Dr. Sabine Hahn, PhD, CNS,
Director Division of Nursing,
Division Head of Applied Research & Development in Nursing

- Bern University of Applied Sciences, Health Division, Division Head of Applied Research & Development in Nursing, Switzerland, Prof. Sabine Hahn
Background and Content

Social change and changing family structures
Different lifestyles, Diversity
Individualized (isolation)
Aging, chronic disease
Migration
Social inequality
Technologisation
Interprofessional

(Hahn et al. 2013; Hahn & Richter, 2014)
We talk about
Mental Illness

- Pathological changes or impairments of
  - Thinking,
  - Feeling
  - Behavior
  - Processing of experiences
  - Affects relations to everyday coping, performance and quality of life.
    - Social dimension
    - Financial dimension
- Development of mental disorders,
  - biological factors (e.g., genetic pre-stress, metabolic changes)
  - stressful life experiences (e.g., death of a near-by person, new life circumstances)

Mental illness and the concept of normality are always related to the current social, cultural and / or economic conditions.
Mental Health Nursing

- Biggest subgroup of nurses
- The rate of nurses working in mental health care varies from 163 in Finland to 4 per 100,000 population in Bosnia and Herzegovina and 3 in Greece.
- The median rate of nurses per 100,000 population is 21.7
- There is a lack of specialised mental health nurses.

Education in Switzerland and many other countries is a “generalist education”

Aging, Mental Illness, Chronic Disease
**Aging Society and Prevalence of Mental Illness**

In 27 EU countries, Switzerland, Iceland and Norway 38% of the population suffered from a mental illness during the year 2010 (12 months prevalence) (Wittchen et al. 2011 in BAG 2016)

<table>
<thead>
<tr>
<th>Diagnostic groups ICD-10</th>
<th>in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>F0 Organic disorders</td>
<td>7.7</td>
</tr>
<tr>
<td>F1 Mental and behavioural disorders due to psychoactive substance use</td>
<td>3.8</td>
</tr>
<tr>
<td>F2 Schizophrenia, schizotypal and delusional disorders</td>
<td>1.2</td>
</tr>
<tr>
<td>F3 Mood [affective] disorders</td>
<td>17.0</td>
</tr>
<tr>
<td>F4 Neurotic, stress-related and somatoform disorders</td>
<td>4.2</td>
</tr>
<tr>
<td>F5 Behavioural syndromes associated with physiological disturbances and physical factors</td>
<td>0.3</td>
</tr>
<tr>
<td>F6 Disorders of adult personality and behaviour</td>
<td>1.3</td>
</tr>
<tr>
<td>F7 Mental retardation</td>
<td>1.0</td>
</tr>
<tr>
<td>F8 Disorders of psychological development</td>
<td>0.5</td>
</tr>
<tr>
<td>F9 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Chronic Disease

People living with mental illness suffer from

- Comorbidities
  - 30 to 40% have more than one mental illness
  - 45% have an additional (chronic) physical disorders

Patient diagnosed with cancer, HIV / AIDS, diabetes, after heart attack or stroke have an increased risk of developing depression

(Wittchen et al. 2011 in BAG 2016)
THERE COULD BE NO TRUE PHYSICAL HEALTH WITHOUT MENTAL HEALTH

(Chisholm, 1954; Her Majesty’s Government Department of Health Department, 2011).
Nurses need psychiatric nursing knowledge

- With the high prevalence of people suffering from mental illness, it is essential for all nurses to be well grounded in psychiatric nursing principles (including psychogeriatric care) and practice within their basic nursing education.

“Nurses have a lack of knowledge regarding the therapeutic options for service users and can only poorly inform the service user. Often they do not even know the therapeutic possibilities of the supply region.” Service User

Inadequate
- knowledge about individual mental health nursing care
- communication and information strategy
- involvement of relatives
- user involvement
- staff level and time for service user

(Hahn et al. 2012)
Home Care and Community Nursing

The health care system shifts in direction ambulatory and community care and integrated services.

- Specialization for homecare
- New business models
- Advanced Practice.

With focus to the restricted resources mental health services need to develop strategies to become more competitive if they are to attract and retain skilled nurses and avoid future shortages.

(Hahn et al. 2013)
Social Changes and Changing Family Structures, Lifestyles, Diversity
Life and Events

childhood – adolescents – adulthood - older adults
Different Lifestyles – Individualization - Diversity

Social norms
Tradition
Values
Life styles

Living as long as possible at home in old age or with illness
Social Development and Care

Quality of Life

▶ “An individual perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectation, standards and concerns”.

Definition of Quality of Life WHO-QOL, 1994

Integrated Care Model

▶ „The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.“

WHO, 2008

Identification of, and attention to, age-specific factors and vulnerabilities is critical to the success of any nursing care, therapeutic or prevention program.
Changing the paradigm:
Service user involvement in practice development, research and education depending upon the age, life situation and course of the illness. It is...

▶ constructive and enables users to learn how to deal with the disease
▶ allowing the user to develop goals and to integrate them into the recovery process
▶ improving autonomy
▶ a democratic task
▶ a demanding task
▶ time consuming

(Gurtner et al. 2016)
Migration
Worldwide Migration

- 232 million international migrants
- six out of every ten international migrants reside in the developed regions

Table 1. International migrant stock (millions)

<table>
<thead>
<tr>
<th>Region</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>154.2</td>
<td>174.5</td>
<td>220.7</td>
<td>231.5</td>
</tr>
<tr>
<td>Developed regions</td>
<td>82.3</td>
<td>103.4</td>
<td>129.7</td>
<td>135.6</td>
</tr>
<tr>
<td>Developing regions</td>
<td>71.9</td>
<td>71.1</td>
<td>91</td>
<td>95.9</td>
</tr>
<tr>
<td>Africa</td>
<td>15.6</td>
<td>15.6</td>
<td>17.1</td>
<td>18.6</td>
</tr>
<tr>
<td>Asia</td>
<td>49.9</td>
<td>50.4</td>
<td>67.8</td>
<td>70.8</td>
</tr>
<tr>
<td>Europe</td>
<td>49</td>
<td>56.2</td>
<td>69.2</td>
<td>72.4</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>7.1</td>
<td>6.5</td>
<td>8.1</td>
<td>8.5</td>
</tr>
<tr>
<td>Northern America</td>
<td>27.8</td>
<td>40.4</td>
<td>51.2</td>
<td>53.1</td>
</tr>
<tr>
<td>Oceania</td>
<td>4.7</td>
<td>5.4</td>
<td>7.3</td>
<td>7.9</td>
</tr>
</tbody>
</table>

Nurses on the Move

Most of countries are dependent on foreign nurses

(Kingma, 2010)
Nurses need

- Mental health nursing needs
  - an understanding of culture and tradition
  - knowledge of the language spoken
  - knowledge of the nursing cultural and culture of care
- Mental health nurses promote the perspective that mental, emotional, and behavioral disorders are treatable within the context of a person-centered, recovery orientation.

Best Mental Health Nursing Practice includes

(Hahn et al. 2012; 2013)
Nurses Knowledge

“The important thing is to learn to live with illness, learn to accept the disease, to talk about it and not be ashamed. The aim is to integrate the disease.” Service User

Knowledge of

- Nursing process, including assessment, diagnosis, outcomes identification, planning, implementation, and evaluation.
- Disease in the life context
- Age and gender, Gerontology and Geronto-psychiatry
- Evidence-based psychiatric mental health nursing
- Health literacy and patient education
- Milieu therapy
- Therapeutic relation/counseling
- Recovery orientation and disease in the context of life, social support
- Communication and Motivational Interviewing
- Pharmacological-biological-integrative therapies, and psychotherapy

(Hahn et al. 2012; 2013)
Nurses Knowledge

- Collaboration with other professionals, agencies, organizations and the public
- Delegation
- Leadership
- Economic in the health care system

(Hahn et al. 2012; 2013)

Commitment to the recognition and advancement of the nursing profession involves knowledgeable contributions to policy development and implementation.
Social Inequality
Adequate treatment

- 10 to 16 years lower life expectancy compared to mentally healthy persons
- Economic problems
  - The economic costs in 2011 for Switzerland with 8.5 Mio Inhabitants was 13 billion CHF
- Aggression and Restriction

\"About 30% of the population suffers from mental disorders\nOnly about 30% to 50% of these people receive adequate treatment\n
(Wittchen et all 2011, BAG 2016)
Social Inequality and Stigma

- to accessing mental health services
- to promote awareness of lifestyle choices that support mental health and wellness
- to increase quality of mental health care and available nursing workforce
- To promote safety of care and workplaces
Stand up to Stigma
Safety at work and in treatment

PERoPA – the nurse managers’ perspective

Perceptions of and behaviours towards patient and visitor aggression in healthcare organizations. An international online survey and interview study

Study Information in English.


Hintergrund

Technologization
Digital Society

- Technical aids and digital communication are generally used in health care and especially in ambulatory and community care
  - Support in everyday life
  - Promote independence
  - Control and Safety
  - Promote social contacts and communication
  - Relief and comfort

(Hahn et al. 2013)
Digital Society and Nursing Knowledge

- Knowledge about
  - informational and educational technologies
  - telehealth modalities
  - expertise to design and manage distance education and telehealth care systems


(Hahn et al. 2013)
Inter-professional
Collaboration and Cooperation

• "It is scarcely possible for one person to provide answers to the physical, mental, social and spiritual needs of a patient."

“Professionals should therefore work together in interprofessional teams and over the border of the different services and health sectors”

(in Sottas, Brügger & Jaquier, 2014, page 37)
Thank you for your attention!

Sabine Hahn, sabine.hahn@bfh.ch

References

