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The true value of a mental health nurse

Lessons I learned by becoming a mental health service user

Abstract

This is a personal reflection on the experience of becoming a mental health service user, ten years into my career as a mental health nurse. My experiences as a mental health service user caused me to re-evaluate of the true value of a mental health nurse. Qualities such as compassion and advocacy are more important to service users than standardised generic interventions. This article examines the importance of hope and the therapeutic relationship, stressing the true value and impact of a mental health nurse. Finally, a brief critique of the concept of recovery is offered. It is an encouragement and motivation to mental health professionals to be the nurse that service users want and need.

Introduction

I am simultaneously a mental health nurse, mental health lecturer and mental health service user. Occupying these often conflicting roles, gives me a unique perspective on nursing care and education within the UK. Ten years into my career as a mental health nurse, I experienced a dramatic role reversal. I became a mental health service user, accessing mental health services a short distance from where I was employed as a mental health nurse. Experiencing these dual roles, led me to reflect on my own nursing practice and the values I held.

Compassion

As a nurse in clinical practice, I sometimes felt my value and worth was based on tick boxes and measurable outcomes. This would place me somewhere on an arbitrary staff leader board of performance-based targets. When I became a service user I realised the futility of these measures, and how inconsequential they were to me as a patient. To focus on tasks and quantifiable data completely misses the mark when it comes to service user experience, and the quality of mental health nursing interventions that are being delivered. What mattered to me was what was happened within these targeted and prescribed 'contacts.' Not simply that they occurred.

As a service user, I have been the recipient of standardised interventions disguised as mental health care. Generic crisis plans have been forced upon me, ignoring my unique set of circumstances. Care planning has been reduced to generic nonspecific interventions that could be applied to anyone. As a service user this makes me feel unseen and unheard. It makes me feel insignificant and undeserving of meaningful, or personalised, care and interventions.

When the focus is on quantifiable data or form filling, we are at risk of eroding compassion out of the profession. There is no one size fits all when it comes to mental health care. Service users are not static beings, we are living, moving, complex individuals, all with our unique set of circumstances and challenges. We deserve individualised compassionate care. What the staff league tables fail to measure are unforgettable moments where a service user feels seen and heard.

Where our lives are enriched and transformed by the skill and compassion of the mental health nurse in front of us. Those moments of compassion and empathy are unforgettable for a service user. And that is the true value of a mental health nurse.

I have those cherished moments, and I will never forget how they made me feel. I may not remember the name or face of a nurse, but I will, and I do, remember how they made me feel. For example, the nurse who made the extra effort to bring me toast when I arrived on the ward outside of standard mealtimes. After my arduous journey to admission, this kind, thoughtful, yet simple gesture spoke volumes. I was safe.

The nurse whose facial expressions and kind words made me feel worthy of care and compassion. They made me feel validated and seen. For me, these moments were never connected to the completion of a task. They were connected to a compassionate, human connection between two people. This is the true value of a mental health nurse.

Hope

The most valuable and poignant lesson I learned from becoming a mental health patient is the importance of hope and the therapeutic relationship. My theoretical knowledge did not do it justice until I was the mental health patient experiencing pure hopelessness. To have no hope is almost unbearable. We need hope to live. In a moment of vivid hopelessness, I sat with a mental health nurse who listened to my story. They heard my inarticulate, disjointed mumblings. There were no generic care plans, or crisis plan demanding completion within the next eight hours. We were two

human beings – one expressing deep distress, and the other accepting and containing this deep distress. Compassion-filled eyes locked with my shame-filled eyes. But only for a moment, until humiliation and confusion took over, lowering my gaze. They were patient, and waited, and said my name. They waded skilfully through psychosis, disordered thinking, and hopelessness. They said my name. They told me they would hold onto hope whilst I could not. That although I could not see it, these feelings would not be permanent.

This was not some empty motivational speech. It was an acutely uncomfortable challenge to my hopelessness and distress. Using advanced interpersonal skills vital to the role of a mental health nurse, it was littered with tough questions. It encouraged me to consider my thought processes and evaluate my current situation. They held my hope in their hands when I could not. In doing this they allowed me to rest. Not long later I reclaimed my own hope, and I am eternally thankful that someone held it for me whilst I could not.

Hope is everything. It is arguable one of the most important things we need to live. The gift of holding this for others is immeasurably valuable. This is the true value of a mental health nurse.

Compliance and engagement

As a mental health service user, I attended appointments and took prescribed medications. I accepted my fate within the medical model and adhered to the expectations placed upon me within the psychiatric hierarchy. Often through fear. The looming trepidation of further increases in medication. The ongoing dread of

admission, or medication against my will. Whilst ironically equally fearing discharge from services due to non-engagement. A stamp of 'non-compliance with services' on my notes, that will never be completely erased. This is compliance fuelled by fear and coercion.

In contrast, collaboration is fuelled by trust. What could genuinely be classed as a therapeutic alliance, can be summed up by mutual trust and respect. Working as a nurse before my own mental illness, I theoretically knew and valued this. But I did not truly understand the disempowerment that comes with being a mental health patient. I am an equal partner in my care and treatment. I have a say. I have choice. This matters. True engagement is fuelled by equality and respect. To achieve this despite the constraints of service design and hierarchical psychiatric practices, demonstrates the true value of a mental health nurse.

Diagnosis

Psychiatry is flawed. Diagnosis is non-scientific and subjective at best, and at worst stigmatising and dehumanising. Labels can be thrown around like confetti. I have collected many over the years. This alone challenges the accuracy of psychiatric diagnostic procedures. My voice in these diagnostic discussions has been mainly silenced. I read about surprise diagnoses in clinic letters written about me, yet almost exclusively without me. However, for me, I believe there is a place for such classification. Despite how diagnoses have been made in the past, I want a diagnosis. I seek an explanation of the tangled blend of my thoughts, feelings, and emotions.

Diagnosis can give validation, hope, clarity, and order. However, it can also bring stigma, and deep feelings of being discorded, defective and weak. I have experienced them all. Until I reached the either desperately wanted, or feared, status of requiring a care coordinator. And they do what nurses do best. In clinic appointments they are my advocate and my voice. My diagnosis and medication are reviewed by a skilled professional who knows me. This makes it meaningful and collaborative.

I am more than a diagnosis or group of symptoms. I am more than a care cluster, a risk assessment or a care plan. This is my life. And it matters. A mental health professional who knows you, understands what a psychiatric diagnosis can never. This is the true value of a mental health nurse.

Recovery

Being a service user has given me a radically different perspective on recovery. What has become a buzz word, or ad nauseum in mental health services, has lost intended meaning. From noble grass roots survivor movements, it has been corrupted by neoliberal mental health services. It has morphed into a 'back to work' agenda and reduced long term health and social care.

Before I became a service user, I would never question the recovery movement, how could one question personal development, fulfilment, and hope? Then I became a service user, forced into someone else's concept of recovery. I was recovering if I was compliant with mental health services, contributing to society, both economically and socially, and fitting into societal expectations of 'normal.'

Aside from the political agenda of recovery, mental health services have fabricated an idealised version of recovery, one which I ashamedly subscribed to as a mental health nurse. I talked the standard recovery rhetoric, attempting to inspire my service users. However, then I became a mental health service user. Now I am acutely aware that recovery is not glamorous. It is not an idyllic destination where life is perfect, and any trace of mental illness removed. This romanticised version of recovery could not be further from the truth. Recovery is chaotic and incredibly complex. It takes more strength than I ever imagined. There is nothing glamorous about this kind of strength. This is the kind of determination and grit found in buried tears and unseen internal battles. To survive mental illness takes more bravery and courage than I ever realised.

For me, recovery is not the removal of diagnosis or discharge from mental health services. It is not the absence of psychiatric medications.

It is the courage to live as well as possible with my ongoing struggles. It is the daily fight to navigate motherhood and mental illness. Recovery is accepting my limitations working around them. My life is not on hold. I am living the best way I can with mental illness.

This brings me to the thorny question of 'have I recovered?' No. What I have experienced over the last seven years can never be completely erased. I can never go back to the person I was before mental illness.

The long-term mental health conditions that I live with are a significant part of my life.

Therefore, no, I am not recovered.

I am different.

I have endured and I have adapted.

And most importantly I have survived.

The mental health nurse who realises this about all service users, is the mental health nurse we want and need. This is the true value of a mental health nurse.

Be that nurse.

