#### Changing culture: Nurses and the recovery journey

Fay Jackson

- NSW Deputy Mental Health Commissioner
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#### Intergenerational MH Issues



### Open Mind

- Generosity of spirit
- Change the paradigm of who is expert
- Co-design
- Person led
- Peer Workers
- Community nursing

What happens when a person is diagnosed?

- Relief
- Massive grieving
- Suicidality
- Can't work now: "You will never work, you will never be a valuable member of society".
- Loss of relationships
- Loss of education or employment
- Loss of home; may affect entire family



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'This painting is a metaphor for how vulnerable a person feels when they are suffering from mental illness....They need a friend to help and guide them..' Artist – Fay Jackson

## With nurses' help we can and do recover from mental illness

- There is much more to recovery than just medication
- Nurses need the right environment to do what they do well

### The language of mental illness is stigmatising

- Don't focus on diagnosis! Schizophrenic, bipolar disorder, won't engage, lacking insight, difficult behaviour....
- Do focus on the person and on their needs, strengths, abilities and possibilities!
- 1 hour conversations



#### Partnerships and Purpose-with who?

- Not personalities, patches and politics
- What is the purpose of everything you do?
- Spending time saves time.
- Nurses helped my recent recovery!! Janet and Aidan!

### What are serious mental illnesses?



Bipolar Schizophrenia Borderline mood disorder Depression Suicidality <u>Mental Health Commission</u>

#### What are serious mental illnesses?

- I do not agree that these are the only serious mental illnesses.
- I think anxiety can be as bad. Anxiety will lead to your 'compassion fatigue' and decision to leave.
- Maddie



## You need to understand why we don't want to take the meds!

- We die up to 3 decades earlier than other people.
- 77% of us die very prematurely from physical illness.
- We gain large amounts of weight and live with chronic physical illness We lose control of our body



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#### We need nurses to help us recover!

- We do need you in our hospitals.
- But we certainly need more of you in the community in assertive outreach teams.
- Prevention and early intervention are not just about young people.
- In NSW we spend more on in-patient care than we do in the community.

### **Critical Conversations**

- Conversations with the Commission
- Connection to NGOs
- Nurse Practitioners
- Peer Workers: During 2010-2011 in the public system the equivalent of 69 FTEs in total in Australia
- 3 per 1000 staff

Source: The National Mental Health Report 2013

## Critical conversations: peer workers

- Peer workers: during 2010-2011 in the public system the equivalent of 69 FTEs in total in Australia
- 3 per 1000 staff (0.3%)
- Peer workers are good for mental health of patients and nurses
- Yet I have received death threats.

The National Mental Health Report 2013

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## Special needs groups need nurses in the community: what are you interested in?

- Pre-birth for both mums and dads
- Children of people with mental ill-health
- Young people
- Aboriginal and Torres Strait Islander people
- Forgotten Australians
- Returned veterans
- People who identify and lesbian, gay, bisexual, transgender, intersex etc
- Immigrants and asylum seekers
- People who are long-term unemployed
- Older people

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# Commitment to keeping people well in the community.

- We have to shift our effort and finances towards the community
- Assertive outreach teams of specialist nurses, doctors, other clinicians and peer workers
- Partnering with local primary care providers and NGOs delivering psychosocial supports

#### Rumours!

- We are NOT against hospitals. We want them to be more therapeutic for everyone: patients, carers, families, and nurses!
- 27% of my time was in supporting nursing staff
- Nurses in the community feel connected and empowered



## Further to that!

- We are worried about your mental health!
- Concerned about compassion fatigue!
- Good nurses leaving!
- You are the string section!

#### Person-centred care

- What does that look like?
- Different in different communities for different people
- The thing that is affecting my mental health most might be my infected toe nails
- Open dialogue
- Hearing voices community



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#### Where is the hope for better futures?

- No one should be treated or work in an atmosphere where there is little hope of recovery or of leading a meaningful, contributing life
- Nurse practitioners in the community see and believe in recovery
- Nurse practitioners, CNCs in the ED need to be respected and supported in the belief that recovery is absolutely possible

#### Learn about the International Charter on Human Rights!

- Learn about disability rights.
- We are not meeting these in Australia
- We have the lowest rate of employment I people with disability especially mental illness in all OESD Countries!!
- What kind of treatment to do we get?



### Please, nurses, please...

- Help support our physical health
- 25 years less life expectancy
- Much greater burden of disease
- Massive costs both financially and in lost productivity, poor family health etc.

# The difference between nurses with a lived experience and peer workers

- Let peer workers help you deliver the best therapeutic care you can
- Able to communicate
- Releases your time
- Model recovery
- Can confront in a different way

Rural and remote nurses!!

- Life savers
- Community belonging
- Trust
- Whole of health

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#### Trauma-informed care

- We need great nurses to lead, and not colonise the language if it is really not trauma-informed care
- This same is true for recovery-oriented services...
- ... and for person-led/person-centred services

#### Be safety focused, not risk-averse.

- Only 10% of police call-outs relate to mental health
- Murals instead of higher walls
- Connectedness instead of fish bowls
- Other countries and some Australian services already training in deescalation; defensive training does not make people feel safer

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### Can recovery really happen?

- Absolutely!
- The Commission focus groups' attendees.
- Vincent
- IAHS working groups
- My health, my life
- IT IS FRIGHTENING TO BECOME WELL!! BUT WE NEED TO DO IT ANYWAY.

#### Mental health is a whole-of-government issue

- Mental health
- Physical health
- Employment
- Education
- Housing including rental and home ownership
- Transport
- Law and prisons
- Aged care
- Youth
- Families
- Immigration

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#### SYMPTOMS OF DEPRESSION

#### Emotions

Sadness, anxiety, guilt, anger, mood swings, Lack of emotional responsiveness, helplessness, hopelessness.

#### Thoughts

Frequent self-criticism, self-blame, pessimism, impaired memory & concentration, indecisiveness & confusion, tendency to believe others see you in a negative light, thoughts of death & suicide.

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#### SYMPTOMS OF **DEPRESSION** (cont'd)

#### Behaviour

Crying spells, withdrawal from others, worrying, neglect of responsibilities, loss of interest in personal appearance, loss of motivation.

#### **Physical**

Chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, loss of sexual desire, unexplained aches & pains.

#### Peer workers

- · Connectedness and reciprocity
- Fragile and fierce
- Mentors and hope in one person
- Example of working ability
- I am a peer worker

