

The foundation of psychiatric mental health nursing: the therapeutic relationship.

“What do we do when we are with patients?”

The work of the nurse in mental health is to care for people who suffer from mental illness. Historically, this was associated with looking after patients suffering from mental illness in a psychiatric hospital, and in the last decades, mental health nursing has also moved to community settings, with nurses working in out-patient clinics, community and outreach teams, visiting patients at their own homes and in their own environment. In any of these settings, it is inevitable that the nurse is going to spend a considerable amount of time with the patient.

One of the curiosities about psychiatric mental health nursing (and the fascination about the profession when viewed from the general public) is what is it that we do when we are working with patients who suffer from mental illness or are going through psychological difficulties. There is a certain curiosity on how we manage to have a conversation with (e.g.) a young man who hears voices or an old lady who is suspicious that her neighbour is listening to her conversations through the plumbing system or a woman who has to constantly wash her hands or a man who is so anxious that he cannot leave the house or a middle aged man who is so depressed that he is contemplating suicide!

The ultimate skill of the mental health professional lies in communication and ultimately in the relationship with their patient (Driope & Ahern, 2009), as with all members of the multidisciplinary team; including the psychiatrists, the social workers, the occupational therapists and the psychologists. Due to its history and background, psychiatric mental health nursing perhaps remains somehow ambiguous; with the comparison to general nursing complicating the situation. Patients who are mentally ill have different needs than patients who suffer from physical injury, a chronic medical condition or need to be operated. Patients with mental illness suffer from extremely low or high moods, might believe situations which are not based in reality, might have bizarre experiences like hearing voices no others can hear, or having to perform unfounded rituals because if not they get very anxious.

So, what is it that nurses do when they are with patients who suffer from mental illness? This is a profound question in the mental health context, and its answer might present the complexity of the work of the mental health nurse. Nonetheless, most nursing interventions are increasingly based on evidence and research; so PMHNs need to be able to define what their role is and how evidence based practices are infiltrated in our work.

When I am asked that question, I always think of the foundation of psychiatric mental health nursing and turn to my mother (not my actual mother, but the mother of psychiatric mental health nursing); and that is Hildegard Peplau. Peplau believed that nurses could develop a significant relationship with patients, and this relationship could be used in helping the patient to recover, improve and heal (Boling, 2003).

Her theory was influenced by the work of Harry Sullivan and Sigmund Freud and has its basis in Psychodynamic theory. Freud's influence dealt with the concepts of transference and counter-transference and how patient and practitioner need to work collaboratively to achieve the change necessary. Peplau believed that nurses can use this relationship as a medium to connect with the patient's essence and to elicit their core beliefs, which could help the patient towards recovery (Peplau, 1988).

Peplau's theory is based on the assumption that patients always experience some degree of anxiety, which could be associated with being in a strange environment (e.g. hospital or clinic), caused by symptoms of the illness, interaction with the clinical setting, the act of taking and needing treatment or the fear of the unknown. She stated that this anxiety establishes a need in the patient and that nurses play an important role in meeting this need, by identifying these anxieties and uses them as a means to get through and support the patient. She explains that the patient's self-system is motivated to manage this anxiety, and when this anxiety is not managed effectively it creates disequilibrium and conflict in the patient, that might result in poor functioning, disability and unhealthy coping mechanisms (Simpson, 1991). Peplau argued that this creates a role for the nurse. Her theory states that the nurse can build a medium to assist the patient in dealing with this anxiety, which is the therapeutic relationship. The therapeutic relationship can assist the patient to open up and reveal this anxiety. The nurse in turn can use his or her skills, in helping the patient to deal with the anxiety, by using psychosocial interventions, psycho-education, and offering reassurance and advice to help the patient to manage the anxiety (Peplau, 1988).

The main assumption in the theory focuses on personality development (Forchuk, 1991). Peplau emphasised the need for nurses to look and work at their own issues, in order to help others identify their own limitations and difficulties and offer the assistance necessary in dealing with them (Belcher & Fish in George, 1990). This shows the influence of Sullivan and Freud when applying principles of human relations and psychodynamic theories, so nurses could guide and support patients in dealing with their difficulties. Peplau believed in the emotional development of the nurse as a person, and argued that the nurse's personality can have an effect on the kind of care the patient will receive. She emphasised that the nurses' own intrapersonal skills will assist and guide the patients in solving their interpersonal difficulties (Peplau, 1988).

This shows that PMHNING have quite a sound scientific background after all (something which tends to be forgotten). Also, these components have a good theoretical foundation to define the work of the PMHN as therapeutic. However, our work is sometimes far from neatly having a session with a patient in a quiet room and at an allocated hour. The nurse is with the patient in the chaotic situation of an admission in the middle of the night, when the patient is in a delirious state because of his or her psychosis, when the patient is at risk of harming him or herself, when the patient is in the seclusion room, or when the patient is in their own home dealing with social and psychological distress. And it is during these critical and untidy situations, where the role of the PMHN is invaluable, where the nurse is at its forte and when her skills comes into force, to assist the patient in dealing with his or her anxiety, by using the therapeutic relationship, to provide optimum professional care.

These situations might not be constant; however, the PMHN is constantly working with the patient in the formation of the therapeutic relationship, using engagement techniques, communication and psychotherapeutic interventions. With other professionals taking over various roles in the mental health arena, the nurses who work in mental health need to claim and identify what they do within the therapeutic relationship. This is the way to keep the momentum and maintain what is the foundation of psychiatric mental health nursing.

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