การพยาบาลเพื่อการฟื้นคืนสู่สุขภาวะของบุคคลที่อยู่กับโรคจิตเวช

Recovery-Oriented Nursing for People with Mental Illness

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บทคัดย่อ

ในช่วง 20 ปีที่ผ่านมาระบบบริการในสายงานสุขภาพจิตมีการเปลี่ยนแปลงและพัฒนามาอย่างต่อเนื่อง จากรูปแบบเดิมที่เน้นการให้บริการในรูปแบบทางการแพทย์มาเป็นการบริการเพื่อ “ฟื้นคืนสู่สุขภาวะ” อย่างไรก็ตามแนวคิดเรื่องการฟื้นคืนสู่สุขภาวะยังเป็นเรื่องใหม่สำหรับพยาบาลจิตเวชในประเทศไทย บทความนี้จะวิเคราะห์ให้เห็นถึงพัฒนาการการเปลี่ยนแปลงของระบบการให้บริการเพื่อการฟื้นคืนสู่สุขภาวะของบุคคลที่อยู่กับโรคจิตเวช และแนะนำแนวทางการปฏิบัติการพยาบาลที่สอดคล้องกับหลักการการฟื้นคืนสู่สุขภาวะ โดยพยาบาลควรส่งเสริมให้บุคคลที่อยู่กับโรคจิตมีความหวัง, มีความรับผิดชอบในตนเอง และเป็นส่วนหนึ่งของสังคม เพื่อให้บุคคลนั้นได้พบกับความสำเร็จในการฟื้นคืนสู่สุขภาวะที่แท้จริง

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Abstract

The recovery concepts in mental health services have been continuous by Changed and development over the past 20 years. Today’s concept of recovery is “recovery orientation” which attempts to move away from traditional concept which based on the bio-medical model. However, the concept of recovery oriented services for people with mental illness is still infancy in Thailand. In this article, is focused on the development of recovery concepts and the impacts of varying concepts on the contemporary recovery oriented care for people with mental illness. Also, the recommendations to improve recovery-oriented practices were identified in this article. The professionals can enhance those strategies to promote the clients’ hope, self-management and sense of belonging in community that can assist people with mental illness to achieve meaningful goals on their own recovery journey.

Keywords: Nursing, Recovery-oriented, mental illness

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Background

In two decades, the word of "recovery oriented" was generated in mental health field. This concept attempts to move away from the biological model of mental illness towards personal empowerment. Recovery-oriented practice focused on developing a greater hopefulness, meaning, and purposes in life and a positive sense for people with mental illness, so this concept is less emphasised on eliminating psychiatric symptoms, so the aim of recovery oriented service is to assist people with mental illness to achieve a satisfying life beyond the limitations of mental health problems.

The development of recovery-oriented service

The term of recovery has been debated in the mental health field for several decades. Even though there are different meanings of recovery. There is broad agreement among mental health professionals and service users because recovery can be seen through different viewpoints depend on philosophical approach an individual uses, so professionals can be easily confused with the varying descriptions of recovery concepts. Therefore, in this article the author will identify four philosophical viewpoints informing contemporary recovery concepts: the bio-medical model, the rehabilitation model and the empowerment model.

Bio-medical model

Recovery, as used in the medical model, is based on the biological philosophy. This model assumes that mental illness is a physiological disease, so individuals recover when their psychotic symptoms decrease or disappear[1]. Accordingly, the goal of this model is to do something for patients or eliminate their disturbed behaviours[2]. However, if a professional views individuals with mental illness through the lens of the bio-medical model, patients will be looked at as a matter of physiology, disconnected from social environment. In addition, the bio-medical approach is not concerned with self-acceptance, autonomy and goals, which are necessary elements for meeting the definition of mental health. It is clear that the notion of recovery based on the biological model contradicts the World Health Organization (2014) definition of mental health. WHO defines mental health as an individual's capacity to realize his or her own abilities, so that he or she can deal with normal stress and is able to participate in his or her social community.

Rehabilitation model

The rehabilitation model is based on the disability model, so this concept focuses on functional disabilities. This concept clearly assumes that serious mental illnesses, such as schizophrenia, are incurable, but individuals with the limitations arising from their disabilities can learn to live well[3]. Therefore, the traditions of psychiatric rehabilitation inform behaviour management interventions, such as the program for developing functional skills[4]. Nevertheless, the foundation of the rehabilitation model is bio-medical theory because the concept of incurableness in the rehabilitation model is similar to the notion of chronicity in the medical model. However, the recovery in the rehabilitation model is about more than restoring functional skills, as it includes the important aspect of learning to live successfully with mental illness. It seems that the recovery in rehabilitation model is somewhat similar to the contemporary concept of recovery in mental health care.

Empowerment model

The empowerment model was developed by ex-patients during the 'survivor movement' of the 1970s and the US civil rights movement[5]. These groups

advocated for the rights of people with mental illness. They were not satisfied with the idea of 'continued mental illness' in recovery, which labels individuals as mentally ill[5]. Furthermore, the survivor movement claimed that the neo-Kraepelinian notion of psychiatric diseases, which is based on the biological model, is a result of patients' dependence on mental health care services[5]. The ex-patients published their lived experiences, explaining that they were treated as disabled people, were not involved in their treatments, and therefore felt hopeless and helpless[5]. Furthermore, the patients rejected the need for medical treatment, because they believed that medication is not essential as the first or only option to assist them to recover. It is clear that the empowerment model is the best reflection of the reality of lived experiences in people with mental illness. However, we must know what consumers mean by recovery. Currently, therefore, Australian Health Ministers' Advisory Council (2013) produced "A national framework for recovery-oriented mental health services: Policy and theory". Some sections of this framework were constructed by exploring consumers' views on their own recovery journey, in order to understand the concept of recovery as described by mentally ill people.

The impacts of philosophical perspectives on the recovery-oriented service

From the context provided above, it can be seen that concepts of recovery have changed over time and have moved away from their roots in the survivor movement. Concerning the broad range of perspectives in recovery has impacted mental health nursing practice, as the unclear of the recovery concept in mental health nursing contributes to using of traditional interventions by mental health nurses. Because in the past, the mental health nurses in the past were emerged by physicians to help the patients in asylums so the medical model have embedded in mental health nursing[6]. As a result, the mental health nurses may have a misplaced compassion to focus on treatments and management patients, so some concepts of recovery should be abandoned. The empowerment model is behind the push for greater service-user involvement in mental health services. Psycho-social factors play a vital role in the quality of life that service users can achieve through recovery[4]. All of these aspects influence the development of the contemporary concept of recovery orientation.

Nevertheless, many researchers have argued that the contemporary recovery-oriented approach cannot be employed in real situations[6, 7,] especially in the emergency department where professionals may use involuntary psychiatric treatments. For example, when patients are exhibiting active psychotic symptoms, such as aggressive behavior or the harming of self or others, antipsychotic medication or restraint might be necessary for safety[6]. It seems that these interventions are in opposition to the recovery-oriented concept, and may cause patients to feel dehumanized and stigmatized.

Recovery oriented service in Western countries and Thailand

Currently, Australian Health Ministers' Advisory Council provides a national framework of recovery-oriented mental health services. This policy is generated by lived experiences of individuals with mental illness, their family, friends, peers and non-mental health communities[8]. The current policy and planning expectations have been focusing on the development of human right and responsibility. In contrast, the Thai Department of Mental Health revised the last national mental health policy in 2005. This policy emphasized on the improvement of quality of life for people with mental health disorders, and the development of accessibility to mental health

service, however, the organization does not provide any policy or framework of recovery-oriented services[9].

In addition, Kaewprom, Curtis and Deane studied the perceptions of Thai nurses regarding a recovery from schizophrenia[9]. The results of this study showed that Thai mental health nurses lack of knowledge in recovery-oriented care, so they perceived meaning of recovery as "biomedical model" rather than "personal recovery model". The nurses demonstrated that patients' insight and use of medication were important to help the patients to recover[9]. While, in Australia, the mental health service do not just consider recovery from mental illness as eliminating psychotic symptoms, but they have emphasized on individuals living meaningful life, even with enduring symptoms. Furthermore, in Australia, mental health providers are more likely to emphasize on patients' strengths rather than weakness, so mental health intervention did not focus on improving patients' insight[10].

Department of Health in the North West of England has provided a 'personal health budget' program to people with mental illness, which is a program based on person-centered thinking and patients' needs[11]. The program encourages patients to plan their budgets by themselves. These findings were showed that the most of patients purchase social care, supports, treatment and services that meet individual needs[12]. As a result, the program is useful for attempt to change the balance of power between mental health services and consumers[11, 12]. However, Thailand is a low-income country so the government cannot provide budgets to support community resources for the patients[13].

In the United State, seven community mental health centres provided the illness management and recovery program for people with severe mental illnesses. This program taught illness self-management strategies to consumers. They received in-depth skills training, ongoing monitoring and supervision, and consultation as needed throughout a year. The results of the study showed that the program can promote participants' hope[14]. Hope is central to recovery because hope will create the patients to need changes and to have positive expectations[15]. If people with mental illness believe in the possibility of rebuilding their life, their lives can change. However, in Thailand, a recovery oriented to promote hope programs have not been constructed[16].

However, there is similarity between the delivering recovery-oriented service in Australia and Thailand providing supports for patients to participate in community. Thai mental health service has been considered in supportive environment as the family and the community as well as Australian service has been provided the connections of non-mental health sections to the patients [8, 9] because the patients perceived sense of belonging and acceptance in their community, so they gain more confidence and reduce self-stigma.

Recommendations for improving recovery-oriented practices

In fact, the main concept of recovery orientation was not new to mental health nurses, but the lack of information, training and working in recovery oriented system may create frustrations. Then, joint training and education for nurses on recovery may improve their understanding of recovery-oriented concept. Furthermore, recovery orientation based education or training should be provided for nursing students. By doing this, the students would improve their knowledge, attitudes and practice regarding a recovery-oriented care[17]. Therefore, recovery-oriented practice would move away from eliminating psychotic symptoms into access to a broader range of interventions. The psychiatric nurses

can facilitate people with mental illness to discover their recovery journey by the use of optimistic language to promote hope, self-management and social inclusion.

1. Optimistic language: the use of language when talking to people with mental illness can positively or negatively impact their thought and feelings. Optimistic language can empower patients to capitalize on their abilities and strengths, while negative language will stigmatize patients. For example, professionals should move from traditional language by shifting from the use of 'them' and 'us', to 'we' that lead the consumers' feeling as collaboratively working in the planning of care and engagement. The use of optimistic language can inspires hope and positive expectations; hence the nurses should use words to convey hope towards the patients by talking about positive stories such as strengths, valued role and goals[18].

2. Self-management: nurses should not force treatments to people with mental illness, but they should promote consumers' self-managements by encouraging patients to talk about their decisions and actions in everyday living[19]. Promoting self-management enable patients to understand their problems by themselves, and know how they can deal with them so that can assist patients in feeling empowered and gaining more self-esteem. During this pathway, the nurses can provide part of the resources available for people or utilize to relieve their distress and manage the challenges they encounter[20].

3. Social inclusion: the nurses have to always emphasize patients' roles in their communities. Traditionally, it is assumed that professionals have responsibilities to resolve patients' mental health problems, so they take people with mental illness out of communities and transplant them into mental health setting[20]. The problem is that the patients lose their social identities and are stigmatized by hospitalization[21]. People with mental illness live in their communities with feelings of not being a part of it, because they are labeled with the identity of 'mental patient'[20,21,22]. Therefore, nurses should consider a supportive environment such as families, employment specialists, personal trainers, welfare benefits experts, life coaches and peer workers which are useful resources for people with mental illness. These communities are non-mental health sections, so patients perceived sense of belonging and acceptance in their community, so they gain more confidence and reduce self-stigma.[23]

Conclusion

It can be noted that the empowerment model, which based on people with mental illness lived experienced, is the most important part of the cultural change in recovery oriented concept. Mental health nurses must move away from traditional concepts to recovery oriented approach, which focuses on human hope and quality of life. The nurses need to be concerned with individual recovery journeys, rather than recovery models or interventions. However, professionals who embrace the underpinning philosophy of recovery orientation in their practice will regularly work in ways that inspire hope. Also, the nurses should see people with mental health illness as an individual beyond their patient status. The professionals should always attempt to shift the balance of power between themselves and clients in such a way that enables people to enjoy the full rights of being a human being, and to lead meaningful lives.

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