'The Challenges of Being a Mental Health Nurse': conference review

Rachel Waddingham reports from the launch of the Critical Mental Health Nurses' Network

Introduction

Conferences often perplex me. Heavy with anticipation, I pour through the programme hungry for something that will challenge, excite or inspire me.

On a good day, I find something truly delicious – stimulating ideas or possibilities that I hadn't expected.

On some I leave with little more than a bitter taste in my mouth and a desire for antacids.

Whatever dishes I'm served, I think it's safe to say I rarely have enough time to digest them.

A week, month or year later much of what I've experienced fades into a vague sense-memory. The more complex the flavours, the harder it is for me to translate them into a recipe I can follow at home.

Some 100 conferences later and it can feel like I'm still eating beans on toast.

It was against this backdrop that I took part in the first conference of the new Critical Mental Health Nurses' Network, entitled 'Voices, Visions and Other Unusual Experiences – The Challenge of Being a Mental Health Nurse', which was kindly sponsored and hosted by Durham University's Hearing The Voice Project, and held on 9 and 10 April 2015.

Sure enough, the first day followed the same well-worn format that I am both comforted

by and frustrated with – a string of tasters from eloquent presenters with little space for reflection.

Speakers were drawn from a range of backgrounds, including nursing, psychology, psychiatry and – of course – people with lived experience of mental health nurses.

Fiona MaCallum spoke with grace and power, sharing examples of nursing care where validation and human connection were conspicuous by their absence.

I spoke about my own experiences of nursing, both good and bad, highlighting the actions of my former community psychiatric nurse who helped prevent me from getting sectioned and was willing to sit under a tree in my garden when I was too afraid to let her inside my flat.

Gary Sidley, a retired mental health nurse and clinical psychologist, asked whether mental health professionals are the main culprits for creating and perpetuating stigma.

Two experienced nurses from the local area shared their own journeys.

Valentina Short encouraged nurses to reconnect with, and reflect on, what led them into the profession in the first place.

Paul Veitch shared some of the tensions and opportunities he has encountered in enacting his role as an approved clinician under

the Mental Health Act within a forensic setting.

Peter Bullimore, founder of the National Paranoia Network, shared his work developing a network of 'Maastricht Assessment Centres', training staff to explore relationships between voices, paranoia, difficult life experiences and trauma.

Finally Russell Rassaque, a psychiatrist, talked about the 'Peer Supported Open Dialogue' randomised controlled trial that is currently exploring whether the Open Dialogue Approach that is so successful in Finland can be tailored to fit our NHS.

As tasty as these small morsels were, as the event progressed I became acutely aware of the rumbling of a thousand unacknowledged elephants in the room.

Finally, at the end of the day, a welcome voice named one of them by asking how an approved clinician can square their conscience with depriving people of their basic human right to freedom.

I spoke
about
my own
experiences,
both good
and bad

The resultant exchange was both profoundly uncomfortable and completely necessary.

Yet with minutes left on the clock this important question was left hanging in the air alongside its unspoken brethren, dominating post-conference discussions in the pub.

In a single-day event, that is where these conversations would have ended. Luckily, we had something else up our collective sleeves.

In the second day, our aim was to seek out these elephants, welcome them and – if we could – make them a cup of tea.

We wanted to break the conference mould and create a more generative space that hinged on us all listening, thinking, feeling, talking, connecting, reflecting and challenging one another and ourselves.

Skilfully facilitated by Mary Robson, this day revolved around three central themes: being a mental health nurse; care, crisis and coercison; and progressive practice.

We ditched the plenaries and PowerPoint for group discussions stimulated by pithy five-minute impromptu provocations that were honest, challenging and – at times – gut-wrenching.

At the end of each section we returned together to create a honeycomb-like structure in our quest to seek out connections



and points of difference.

As we compared and contrasted, I felt proud to be alongside people willing to explore some truly nettlesome and prickly issues with a degree of openness, respect and curiosity.

Launch of the new Critical Mental Health Nurses' Network

By the end of the day, it was clear that those present keenly felt the need for a network to encourage and support future conversations.

Being a critical mental health nurse is a big ask. It involves thinking critically on your own beliefs, actions and the system that you are part of.

It's about facing the reality of what you choose to do, while also understanding the forces at play that help shape those decisions.

Ultimately, it's about being a nurse that is willing to grapple with difficult and nettlesome issues on a personal, group or systemic level to effect real change.

It's a big ask because we are in a system that doesn't yet fully value critical thinking.

It's a big ask because at the moment nurses are still required to accept the crazy-making combination of care and control.

It's a big ask because nursing is slipping further away from the role of 'being with' and we are in danger of losing its healing relationship-roots.

It's a big ask because no one in the room felt confident in answering the question: 'What is a mental health nurse?'

In my initial presentation
I shared how the nurse that
came closest to helping me was
the biomedically inclined one,
willing to sit under a tree while
discussing what she believed
were my primary delusions.

She was congruent, her words matched her actions and she was able to build a consistent relationship with me.

I also reflected on my experience of a nurse who was more critically inclined. Struggling to reconcile their values with the expectations of the badly managed ward they worked in, this nurse was far from safe to be around.

They were far from congruent, with the words they used with me simply not matching their actions when others were around.

Double-speak, denial and reality shifting are common tools in the



abuser's toolbox.

This nurse was not abusive, and their conflict came from a good place, yet their behaviour echoed those that led to my breakdown in the first place.

I believe we need critical mental health nurses, but we need critical mental health nurses that have the support they need to reconcile all of those 'big asks' I have mentioned.

So, in the final part of the day, all of us who care deeply about the nursing profession began to explore what this Critical Mental Health Nurses' Network could look like.

The conveners – Joel Waddingham, Adam Jhugroo and Jonathan Gadsby – were clear that they hoped this network would fluidly evolve through the actions of those present.

They explained that the year they spent imagining, plotting and debating this initiative was very nearly its death-kiss, risking getting lost in the details before it had space to grow.

Drawing inspiration from the Hearing Voices Network and other grassroots movements, they implored nurses to take an active role in creating the spaces they need to keep these conversations going.

These spaces might include local support groups for nurses, critical reading groups and discussion groups that benefit from the involvement of people with lived experience of psychiatry and other allies.

To help link the different initiatives together, the convening group agreed to maintain the website, gather a series of guest blogs and arrange another event in six months' time.

I left Durham feeling privileged to have been at the start of something that reflects the gathering momentum for real change in mental health service provision.

Returning to my earlier food metaphor, this was an exquisite appetiser that has left me wanting more.

If you would like to find out more about the new Critical Mental Health Nurses' Network, see the website: www. criticalmhnursing.org. MHN

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