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Research Article

The Role of Nursing in Community Mental Health

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Abstract

Community mental health is the integrated approach to mental health that uses social resources to ensure that people with mental health problems have the right to accessible care and are supported in their own environment to work on their recovery. The European Community Mental Health Service providers network (EuCoMS, www.eucoms.net) describes community mental health from 6 perspectives. In this paper, we describe these perspectives and discuss the implications for nursing.

Ethics perspective: The focus on human rights is a fundamental principle in community mental health care, based upon the United Nations' Convention of the Rights of Persons with Disabilities (UN CRPD, 2008). In nursing this implies an approach based on ethics and human rights.

Public health perspective: Community mental health services work for the health of all citizens in their catchment area. In nursing this implies a structural contact with social stakeholders, primary care and a focus on destigmatization.

Recovery perspective: Recovery is the client's journey, and the task of mental health professional is to support and not to hinder this journey. In nursing this implies a focus on the strengths, goals, wishes and talents of the patient.

Effectiveness perspective: Evidence based medicine and the recovery attitude are not of different camps and can be compared to oil and vinegar: two approaches that can be combined very well and together make a tasty vinaigrette. In nursing this implies ongoing training to deploy effective interventions.

Community network perspective: A community mental health service is a network within a broader network of self-help, family, friends and other informal resources and generic community services. In nursing this requires interdisciplinary and intersectoral collaboration.

Peer expertise perspective: Clients and service users are equal partners in the design, delivery, steering and evaluation of a service. 'Nothing about us without us'. In nursing this implies collaboration with peer experts and readiness to be open about your own lived experience.

Introduction

Community mental health is the integrated approach to mental health that uses social resources to ensure that people with mental health problems have the right to accessible care and are supported in their own environment to work on their recovery. Community mental health as we know it today was a response to the closure of psychiatric hospitals and the transfer of care to outpatient settings. Two phases can be distinguished here. The first, from 1950-1980, was a silent revolution, characterized by the setting up of multidisciplinary teams [1].The second phase began in 1980 with the publication of the study into assertive community treatment [2]. More attention was paid to human rights, participation in social life and a multidisciplinary and multisectoral approach. The recovery vision subsequently triggered a paradigm shift in the vision of health and the role of the professional. The patient became a partner in the organization of care [3]. In Europe there has been a network of European Community Mental Health Service providers since 2015 (EuCoMS, www.eucoms.net) [4]. In a consensus document, this network describes community mental health from 6 perspectives (EUCOMS, 2017). In this chapter we will describe these perspectives and discuss the implications for nursing. Nursing is a profession which focuses on the consequences of a disorder and thereby the functioning of the service user. The role of the nurse is necessarily tailored to meet the needs of the user and integrate all available experts in order to support the user's journey to improve their quality of life.

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Six perspectives

The perspectives are:

- Ethics
- Public Health
- Recovery
- Effective treatment
- Community network of care
- Experience Expertise

Ethics

The ethical perspective has been on the agenda for decades. A visible start of this was the publication of the book Asylums by Goffman in 1961, which asked whether psychiatric institutions offer protection or have become organizations that have placed people who are already struggling in an even more debilitating environment. The process of de-institutionalization and socialization is thus underpinned by the ethical perspective that mental health organizations are there to protect human rights and not to violate them. Nurses work closely with users and should critically assess if human rights are (in danger of) being violated. This can be a difficult position as human rights can steer a situation in very different ways. The right to health care when this is deemed to be best respected by an admission to a ward can bring

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a person's right to work in danger. The nurse has a role in ensuring that these rights are taken into consideration and weighed carefully. All decisions carry risks as well as opportunities. The use of coercion in Mental Health Care is common and controversial. It is applied without substantiation of effectiveness [5,6]. The ethical perspective is about more than relinquishing coercion and imprisonment of people. In 2006, the United Nations formulated the Convention of the Rights of Persons with Disabilities (CRPD; UN General Assembly, 2007). This convention describes the right of people with mental health problems to participate in the full social life, and in this context names among others the right to education, health, work, housing and social protection. However, access to work is limited [7] and life expectancy is 10-25 years shorter, with no prospect of improvement Table 1.

Table 1: Ethics: Implications for nursing.

Theme	Implications for nursing
Coercion	
1. Coercive treatment	• Approach coercion as iatrogenic damage and therefore always weigh up the damage done with and without coercion • Evaluating the use of coercion as a failure to timely identify a hazard • Evaluate and monitor the deployment of coercion at organization and team level • Consider the use of best practices, a multidisciplinary approach and use all available resources to come to other options
2. Seclusion	• Phase out seclusion cells focusing on human alternatives in collaboration with peer experts
Ethicaldilemmas	• Reflect on ethical dilemmas around (experienced) coercion using the Moral Case Deliberation [19]
CRPD	
1. Workand training	Actively deploying Individual Placement and Support aimed at paid work and with young people starting and completing a course [5] Explore a user's strengths and wishes using their family and friends as a resource to help find these out
2. Life expectancy	Actively promoting a smoke-free Mental Health Care and offering stop programs [10] Organize metabolic screening as an integral part of care for people with psychotic disorders [6]

Public Health

Public Health is the art and science of protecting and improving the health of the population at population level. This level can be a local neighborhood, the region of a central municipality or one or more provinces. For mental health care organizations, this means that they are there for all citizens in the geographical area (catchment area) in which they operate, regardless of the number of citizens who are in their care. This makes the task wider than the treatment. The promotion of mental health of the entire region is a task for mental health care. This requires a network approach. A team can translate this principle into practice by writing a team document (www.ccaf.nl). In it, a team explores the demography and resources of the region in which it operates to contribute to an integrated approach to promoting mental health in the region. The size of the region is determined by the composition of the population and the available resources. An important public health measure is the active reduction of stigma. However, many deployed campaigns proved to be ineffective in practice. Corrigan describes the 'TLC3 formula': 5 characteristics that a campaign must meet if it is to be successful in reducing stigma: Targeted: focused on specific group, for example employers

Local: Local programs are most effective

Contact: Organizing contact between people with and without a mental illness is the key to success

Credibility: Contacts must be credible, with the clients in the lead

Continuous: Contacts must be recurring.

Table 2: Implication for healthcare organization.

Theme	Implications for nursing
Mental Health Care organization work area	Structural contact with social stakeholders Concluding agreements with stakeholders such as general practitioner organizations, housing associations, educational institutions, police and the justice department. These contacts should be maintained as a way to share knowledge (in both directions) and create integrated care and support.
Mental Health Care Team region	Written team document, which describes the team and the region in which the team operates. Direct exchange with general practitioners: Mental Health Care professionals and general practitioners have each other's mobile phone number.
De-stigmatization	Contribute to local de-stigma campaigns. This can, for example, take the form of festivals, theater and forum meetings. The abovementioned contacts with social stakeholders ensure equality and reduce stigma: people with mental health illness should have the same rights and responsibilities as all citizens. When a mental health care organization collaborates with other services in an organizational and individual level they are ensuring inclusion to other services for their users.

Recovery

The recovery movement is an emancipation and civil rights movement, which originated in the 1990s, in which citizens with mental health problems wrote stories about how their recovery went these stories were often considered to be only a little recovery-promoting or even downright undermining recovery. Recovery is often described as a journey, which revolves around the strengths, talents and goals of the patient. The nurse is often the professional who has the most contact with a user and is therefore in a unique position to discuss and strengthen someone's talents, especially in times when the user has reduced faith in themselves. The recovery vision places the strengths, goals, wishes and talents of the patient at the center of the organization of care. A recovery-promoting mental healthcare requires that the recovery vision is made accessible to the practice of professionals in mental healthcare. This requires the development of an organizational vision with dialogue meetings and training. Training modules are available (https://www.Mental Health Care-nhn.nl/fit-academy) and these can be combined with online training (http://www.Mental Health Careecademy.nl). In the EUCOMS consensus document, 10 points have been identified for mental health professionals to contribute to recovery (EUCOMS, 2017). Ways to be A Good Guide in the Recovery of a Client:

1. Support recovery of health, functioning and identity. These can be regarded as the three domains of recovery. They are related, yet can be distinguished. There is no hierarchy. A recovery oriented treatment involves these three domains and is working with the clients on the domains where the client wants to succeed.
2. Offer hope for recovery. Offering hope is the key intervention. Without hope, a client will not start the recovery journey.
3. Ask ourselves in everything we do: do we help or do we hinder

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Any intervention we do can potentially be counterproductive, as it may not match with the stage of recovery a person is in.

4. Focus on what's strong, not on what's wrong It is important to explore the strengths, talents, ambitions and resources.

5. Decide *with* not *about* the service user. The professional and client make the decisions together. This process starts with the diagnosis that can be described as understanding together what is going on.

6. Acknowledge that the expertise of the service user is as important as our own expertise. A dialogue with a client is a meeting of two experts. The expertise of the professional consists of knowledge, experience and ability to have a dialogue. The expertise of the client is the experience, the goals and knowing what helped in the past and who or what are the resources.

7. Collaborate with our stakeholders The larger part of recovery occurs outside of mental health services: at work, at school, with family, in the community. Therefore, community mental health services collaborate with social stakeholders.

8. Acknowledge the service user's right to take risks. Denying the right to take risks undermines the possibility of recovery. The client advocacy movement emphasises 'the dignity of risk'.

9. Collaborate with the family and network as a resource and partner. It is in most cases better to make the recovery journey together with others, family, partner, friends etc. This is the foundation for several approaches like the Resource group in Sweden [6] and Open Dialogue in Finland and the UK [7-10].

10. Share and integrate knowledge

A recovery oriented treatment requires the integration of objective, subjective and normative knowledge Table 3.

Table 3: A recovery oriented treatment requires the integration of objective, subjective and normative knowledge.

Theme	Implications for nursing
Organization: vision for recovery as a basic attitude for all healthcare	- Training and dialogue meetings for all employees. Peer experts should play a role in this. - Acting from a recovery vision from first contact: personal diagnostics at intake with questions about strengths, talents and goals - treatment makes use of someone's strengths and is never an ultimate aim but a means of helping a user achieve a recovery goal
Team: monitor recovery support work	Decrease Recovery Oriented Practices Index (ROPI), a tool to monitor the extent of recovery-oriented work [9]

Effective Treatment

Community mental health requires a combination of complementary pharmacological, psychological, somatic and social interventions. This involves an approach within one's own context, and this requires the willingness to use successful interventions in a flexible manner to do justice to a specific situation and the availability of resources. Together with the client, where possible with their support group, a treatment plan is written from their own context. Evidence-based working can go well with the recovery vision. This requires an integration of two principles.

Effective care is determined by the following nine factors [11]:

- Be well defined

- View the patient's goals

- Supporting social goals

- Being supported by scientific evidence
- Lasting results
- Minimal unwanted effects
- Reasonable costs
- Be adaptable within different contexts and subgroups
- Easy to implement Table 4.

Table 4: Implication for healthcare organization.

Theme	Implications for nursing
Deploy Effective Interventions	Ongoing blended training for all employees Assemble the treatment team around the care needs of the client Unlocking the expertise in the organization for all patients, regardless of which team is providing treatment. Unlocking the expertise in the network in the region, for example by offering training to GPs and other network partners

Community Network

Community mental health is about the combination of one's own strengths and talents, that of the informal network, that of generic social provisions. The place of Mental Health Care, from general practitioner to specialist Mental Health Care, is always one within this network. In some episodes with mental health problems, some citizens need the professional help of Mental Health Care and/or social services. Often, however, the strengths of their own informal network are sufficient. E-health offers an easily accessible option to strengthen these networks, also for people with serious mental illnesses [12]. It is a core task of mental health care to deploy these own forces and those of the informal network and, where necessary, to strengthen or organize them. This was already described by Trainor in 1984 in the framework of support model [13]. In the practice of community mental health, a multidisciplinary and multisectoral network that organizes and coordinates care with a broad spectrum of flexible interventions to help citizens in their own environment to recover with support from their own social network. Different domains can be distinguished within the network. Within the Dutch context, these are seen as both separate teams and functions of teams. Separate teams have the power of specialization and the risk of resource fragmentation. With integrated teams that is exactly the opposite. In practice, a balance must always be found between integration and specialization. In the table with the implications for the care organization, different domains are mentioned in which a network approach can provide an integrated approach. This can be organized as distinct domains of an integrated team or as domains for separate teams Table 5.

Peer Expertise

Peer expertise plays an important role in the recovery journey of a client [14,15]. Peer experts are the living proof that recovery is possible and can help other professionals to use their own experience in a professional manner. Peer expertise is therefore a distinct domain and strength of all professionals in Mental Health Care, in addition to knowledge and experience in practicing the profession. From this vision, the organization of care becomes a process of co-creation with the people who are in care. This co-creation takes place on three levels. Co-creation of Mental Health Care means that clients, experiential experts and other professionals work together as equal

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Table 5: Implicationsfor nursing.

Domain	Description
General practitioner	Family doctor is part of the network of for people with severe mental illness. Knowledge is shared between the mental health team and the GP structurally and in individual care
Social interventions	Organize Individual Placement and Support (IPS) in conjunction with employers and social service Housing First organize housing associations in conjunction with protected housing providers Apply interventions in the social domain Support users and their personal networks to strengthen and grow towards recovery
Outreach acute	Organizing public mental with integrated multidisciplinary intensive home treatment. In situations where acute outreach is a relatively new way of delivering care, there should be attention paid to informing those around the user as to the reasons and safeguards in place.
Outreach as a recurring phenomenon	Flexible ACT teams can deliver customized care while maintaining continuity through flexible up and down scaling. Care for the hard to engage is a core task of specialist mental healthcare
Collaboration With Informal Network	The Resource Group is a well-structured method to work closely with the informal network [12]
Integration with addiction	Double diagnosis: addiction problems and other psychiatric disorders integrated treatment by a multidisciplinary care team [2].
Acute admission	The psychiatric hospital communicates structurally with the ambulatory teams. Community team members are very involved in the intramural treatment whereby they ensure that the recovery goals are not lost during a time of increased vulnerability
Residential care and protected living	The organization focuses on the triad of client-family caregiver and is intended for people whose recovery process has stagnated. Aims of care delivered in these settings is regaining skills of daily life, rediscovering interests and goals and starting work towards them.

partners to design, deliver and evaluate healthcare. It is the recognition of the importance of experiential expertise as a foundation for restorative care.

Individual level

Co-creation at the individual level means that the patient is a partner in making all decisions regarding treatment, treatment goals and determining a treatment plan. Making choices together is leading and the patient has the last word, so that people can speak better about making supported choices [16].

Team level

The experience expert as a colleague in the team has two functions: supporting the patient in working on recovery and supporting colleagues in learning how to deal with their own experience professionally [17]. This requires investing in this experiential expertise through education, training and peer review. For the other professionals, it may be an invitation to use their own experience as a means to support recovery processes. The self-disclosure is therefore an extension of the palette of possibilities of all professionals.

Policy level

At the policy level, patients and their informal network are an important source of knowledge and experience to improve our healthcare organization. In the position of manager or management and management consultant, experience experts help shape healthcare. A logical continuation is that the position of director or director is also filled by an experienced expert. Recovery from a serious mental illness does not automatically require the commitment of the client and his personal network. As the client movement puts it: Recovery is hard work (http://recoveryinnovations.com/) Where the strength of a citizen and that of the network fall short, other services such as Mental Health Care are needed. The focus of Mental Health Care is the treatment of mental disorders. However, recovery is not the exclusive domain of Mental Health Care. Various other services and providers in the social network play a sometimes decisive role. These are summarized in the table below [18,19]. The interplay of Mental Health Care with these services and providers requires a flexible care system where Mental Health Care works closely with several partners: network psychiatry Table 7.

Table 6: Implication for healthcare organization.

Level	Form
Individual	- Writing a treatment plan together according to the principles of making choices together. The patient has 24/7 access to his own file and can read and write in it.
Team	Peer expert as a team member - Deployment peer expert as a professional in the team. The peer expert has a role in individual contact within a treatment plan and also a role as coach within the team aimed at improving recovery oriented care. - Use life experience of other professionals.
Policy	Client panels as an audit tool Peer expert as manager or director Experience expert as an advisor

Conclusion

This paper chapter describes that nursing in community mental health care requires a broad social approach that prevents mental disorders from leading to serious limitations in social functioning. This is a task that the Mental Health Care cannot perform alone. It does, however, require that nurses are part of a network organization. Internally, this means close collaboration between the ambulatory and hospital teams, sharing of expertise and the deployment of peer experts. Externally it means good cooperation with social partners based on shared values concerning human rights, public health, recovery, effective treatments, a network approach and peer expertise.

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Table 7: Network psychiatry: the various services and providers in the social network that contribute to the recovery of citizens with serious mental disorders.

Service categories	Description	Consumer outcome	Partners of Mental Health Care, client and informal network
Therapy	Reduce symptoms and suffering	Symptom reduction	General Practioner
Crisis intervention	Checking and solving critical and dangerous problems	Personal safety	Law enforcement
Rehabilitation / recovery	Developing skills and support for the life goals of the patient	Role functioning as partner, employee, student, club member, etc.	Personal network Municipal home care Subsidized programs focused on work
Fullfillment	Engaging in fulfilling and satisfying activities	Self-development	Social and municipal services. NGO's
Case management	Obtain the services that the patient needs and wants	Services obtained	Social work of the municipality in collaboration with Housing associations
Legal protection	Stand up for your own civil rights	Equal opportunities	Municipality Legal profession Law enforcement
Basic support	Places and things needed to live and survive	Personal survival guaranteed	Housing associations UWV Home care from the municipal district teams Social service Meals on Wheels
Self help	Voice and choice in your own life	Empowerment	Patient Advocacy Groups
Wellbeing	Promote a healthy lifestyle	Better health status	General practitioner Medical specialist Physiotherapist Sports clubs Smoking cessation training

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