Learning from media coverage of recent service failings in mental health care: A response from mental health nurse educators

Following media coverage of recent significant service failing in mental health care, this editorial discusses those media portrayals of poor practice as a vehicle to reimagining aspects of mental health nurse education to target the causes of this poor practice and the associated behaviours.

There is sadness and concern within the mental health nurse academic community about the cases of alleged abuse recently broadcasted in the media in the United Kingdom (UK), though such incidents are not isolated to the UK, and are indeed global (World Health Organisation (WHO), 2021a). The WHO (2021b) reports that the majority of formal psychiatric care continues to be delivered in hospitals, within which there are persistent human rights abuses and coercive practices. Over the years, media outlets have highlighted the dehumanising behaviour and abuse of people in the psychiatric system such as the Oscar-winning film - One flew over the cuckoo's nest in 1975. More recently two documentaries (BBC, 2022; Channel 4, 2022) and a Guardian newspaper article (Guardian 14-10-22) demonstrate that many lessons remain unlearned.

Secret filming revealed hospital cultures involving staff insulting and mocking patients owing to their appearance and what they said, with evidence of patients dragged across hospital floors into seclusion. Seclusion was also inappropriately used in terms of policy and guidelines. Despite being peaceful, patients were isolated in seclusion for over a month without the means to phone family members who provided comfort. Pain was also purposefully inflicted through excessive use of physical restraint, resulting in injuries requiring medical attention. Essentially, patients appeared rendered to lesser human beings who warranted punishment. Although these troubling practices occurred in UK inpatient settings, evidence suggests that, in actuality, they are emblematic of international concerns (Mahdanian et al., 2022).

Whilst particular risks in certain psychiatric presentations are addressed, notably suicide and violence (WHO, 2021b), these appear determined through the lens of staff, not patients. Hence iatrogenic risk can be overlooked. Notably, the dangers posed to patients by the treatment provided, for example, the aforementioned disproportionate physical restraint, alongside adopting seclusion as punishment, are both referred to as forms of political torture by the United Nations Human Rights Council (2017).

It was evident that the alleged abuse demonstrates some scourge of humanity wrapped in a veil of a profession that purports to uphold virtues of trust and compassion. Whilst we looked upon these images unfolding from the media outputs there was a sense of disbelief in the scenarios presented. Surely these are not mental health nurses for by definition we are a caring workforce? However, as shown by psychology studies, a different conclusion could be that all humans have some potency for wrongdoing. What differs perhaps is the power to be seen as caring, a pastoral power described by Foucault (1982), in that mental health nurses are represented as sacrificing themselves for the good of all, and wrongdoing is inconceivable, be that planned or unplanned.

Whilst conscious that media representations will always try to present the most sensationalist angle, inhumane practice suggests that the person impacted has the persona of someone not worthy of compassionate care, leading to questions about what is wrong with me, rather than the care provided. The perception of how people with mental health problems are portrayed in the media may well reflect global society's meta standpoint on this vulnerable population. Whilst sensibilities around language use change, there is an ethos that permeates; namely viewing people with mental health problems as subhuman, degenerates, repeat offenders. These ideas have echoes in the past, we are aware for example of nursing complicity in Nazi programmes of sterilisation and extermination in ordinary hospitals pre-dating the concentration camps; which brings into focus the wider issue of nursing culpability. and the political suppression and detainment of protesters in 'psychiatric hospitals' (prisons) during the Stalin years. Essentially, it appears, people in need of compassion within

psychiatric hospitals, can perhaps with greater ease, be treated differently from other people within wider society.

As authors, we acknowledge that the educational measures included in this paper cannot singularly deal with the international systemic issues that they address. However, education does have the power to identify ideas and practices that are both global and wrong. Hence, in our view, education can help the next generation of mental health nurses to be mindful of how to tackle apparent, and arguably prevailing, difficulties within mental health care.

The depictions of poor practice raise the question are we purposefully idealistic to ensure a suitable reflection of our identity. We propose challenging this idealism on the first day of nursing education. Equally, when incidents occur to the magnitude seen in the media, universities should also consider their role in education. A key component of being a mental health nurse is holding hope, and as mental health nurse academics, we need to hold hope for the next generation of mental health nurses and think about how nurse education can be developed to make apparent abuses like the ones shown less likely.

There are potentially several essential categories to the educational work that needs to be made, two being system-focused education and deeper teaching in morals and ethics.

The former is the development of modules in which students are confronted with system failures/ systemic issues in behaviour, culture, leadership, and outcomes but then facilitated to learn and develop constructive, proactive responses to these as practitioners. For example, students could be introduced to the process of whistleblowing, given assignments on real-life striking-off orders or inquests, or reviewed incident reports, to learn about incident management, the processes they have recourse to as professionals and how to enact in practice. There is a huge opportunity for simulation-based education to play a role here, for example with

students asked to challenge inappropriate behaviour in fictional but life-like scenarios, or to raise a safeguarding concern. Such simulation models could be high-fidelity and co-designed with patients, and the learning outcomes be based on public safety, standards, and the domain of confidence.

Beyond this, greater instruction is needed in the philosophy of ethics. Currently, there is concern that nursing rests lazily on its value base, with the recitation of generic values and professional codes being enough to satisfy at interviews and for assessment. Values are not simply buzzwords. Ethical practice is a *practice*, that must embed the values of justice to survive adversity. Simulation-based learning could be used again to expose students to controlled scenarios where they are faced with a dilemma to which there is no perfect solution, but which requires a moral choice of them. Education also needs to uphold values beyond classrooms seen as the hidden curriculum, whereby opportunities exist to engage in civic action that challenges oppression to learn about social justice with a hopefulness that however small, students play a part in improving the world they inhabit.

The WHO (2021b) also identifies that nurse education must not stop at registration. Nurse education must continue throughout a nurse's career. Nurses must adopt a culture of learning that does not proportion blame onto individuals but recognises the complex and dynamic environment in which we all work. Learning from incidents, near misses, and unexpected occurrences is a priority to ensure that the profession continually improves care delivery. This is in the spirit of enriching patient lives, not as the proverbial stick to hit clinicians with as part of a blame culture. Local intelligence can be used to recognise issues and target resources in understanding and addressing issues that are not in line with the expected level of compassionate care. The media coverage also identified the need for inpatient services to attract and retain experienced staff. Often in inpatient care, the least experienced staff look after the most unwell patients, with more experienced staff moving to community/specialist posts.

Despite inpatients units being the places where patients are most unwell, they are also the places where there is the most acute lack of staff; as reported by Samari et al (2019) there were 7.7 nurses per 100,000 patients in psychiatric settings, implying severe shortage of psychiatric care providers. We are aware of the political climate with nursing globally, involving nurse shortages, that have been deteriorating for years, and how due to vacancies in all practice settings nurses will often quickly move to community settings where the hours worked are more conducive to achieving a better home/work-life balance (WHO, 2022). The main themes of an Iranian qualitative study (Rahmani et al., 2021) trying to understand why there was a lack of interest in inpatient psychiatric nursing, appears to resonate with other international studies involving inadequate professional skills for psychiatric care practice, the negative public attitude towards psychiatric nurses, and concerns over patients. The problems with a shortage of staff have been further compounded in recent times because, during the COVID pandemic, the number of mental health nurses declined, as staff struggled to cope with poor mental health outcomes (anxiety, stress, depression, PTSD, insomnia) and insufficient support (Varghese et al., 2021).

Hospitals are perceived by some as the backwater of provision. Shift patterns, lack of meaningful clinical supervision, and the dominance of a biomedical framework can be off-putting to mental health nurses looking to include the social and psychological aspects of care. Community settings therefore might seem more attractive to nurses wishing to offer better therapeutic support to patients.

Following recent media portrayls of extremely poor practice on mental health in-patient units, this paper has made suggestions about changes in mental health nurse education, critically considering the aspirational intentions underpinning that education. Perhaps, one day, better education and reflective values can end the perpetual cycle of incidents of poor practice, with subsequent media sories.

References

British Broadcasting Corporation (BBC) (2022). *Panorama: Undercover Hospital Patients at Risk*. Retrieved from https://youtu.be/mDGyexA2joI (accessed 09-01-23)

Channel 4 (2022). *Hospital Undercover: Are Our Wards Safe?* Retrieved from https://www.channel4.com/programmes/hospital-undercover-are-they-safe-dispatches (accessed 09-01-23)

Foucault, M. (1982). The subject and power. *Critical Inquiry*, 8, 777–795.

Guardian (2022). https://www.theguardian.com/society/2022/oct/14/uk-care-home-where-workers-abused-resident-may-face-criminal-action-ann-king (accessed 18-11-22)

Nuffield Trust (2022). *The NHS workforce in numbers*. Retrieved from https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers (accessed 18-11-22)

Mahdanian, A. A., Laporta, M., Drew Bold, N., Funk, M & Puras, D. (2022). Human rights in mental healthcare; A review of current global situation. *International Review of Psychiatry* (ahead-of-print), 1–13.

Rahmani, N., Mohammadi, E. & Fallahi-Khoshknab, M. (2021). Nurses' experiences of the causes of their lack of interest in working in psychiatric wards: a qualitative study. BMC Nurs 20, 246, https://doi.org/10.1186/s12912-021-00766-1

Samari, E., Seow, E., Chua, B.Y., Ong, H.L., Lau, Y.W., Mahendran, R. (2019). Attitudes towards psychiatry amongst medical and nursing students in Singapore. BMC Med Educ. 19(1):91. https://doi.org/10.1186/s12909-019-1518-x.

United Nations Human Rights Council (2017). *Human Rights Council Thirty-fourth session*. Retrieved from https://tinyurl.com/y7sboeat (accessed 09-01-23)

Varghese, A., George, G., Kondaguli, S.V., Naser, A.Y., Khakha, D.C., Chatterji, R. (2021). Decline in the mental health of nurses across the globe during COVID-19: A systematic

review and meta-analysis. J Glob Health. 2021 Apr 10;11:05009. doi: 10.7189/jogh.11.05009.

World Health Organisation (2021a). *New WHO guidance seeks to put an end to human rights violations in mental health care*. Retrieved from https://www.who.int/news/item/10-06-2021-new-who-guidance-seeks-to-put-an-end-to-human-rights-violations-in-mental-health-care (accessed 09-01-23)

World Health Organisation (2021b). Comprehensive Mental Health Action Plan 2013-2030. Retrieved from https://www.who.int/publications/i/item/9789240031029 (accessed 09-01-23)

World Health Organisation (2022). *World Mental Health Report.* Retrieved from https://www.who.int/teams/mental-health-and-substance-use/world-mental-health-report (accessed 09-01-23)