

What is a Mental health nurse?

An Autoethnography (of sorts) into a crucial, unstable and contentious identity.

Stephen McKenna Lawson, RMN

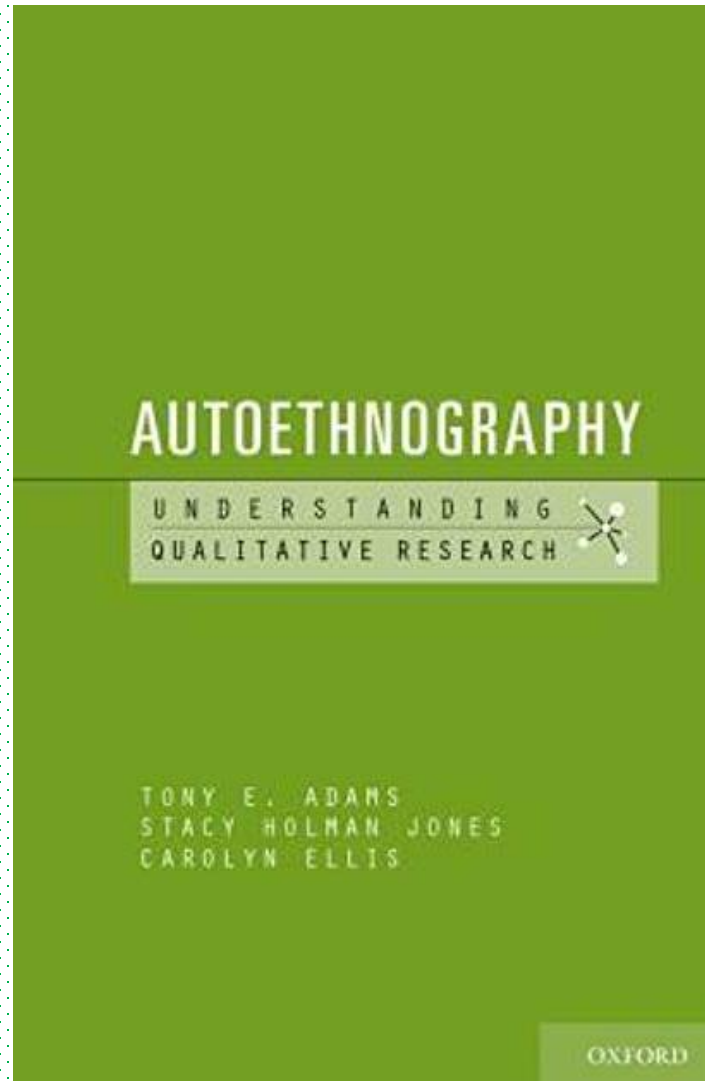
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Structure

-
- Part 1
- Autoethnography
 - My departure/deviation
 - #MHNFuture
- Part 2
- Previous Research and The 6 Ps of MHN Identity
- Part 3
- Analysis, Findings and Suggestions for Further Work
 - Concluding thoughts on a personal note

What is autoethnography?



(auto)

↓
self

(ethno)

↓
culture

(graphy)

↓
recording, writing or study

“When we do autoethnography, we study and write culture from the perspective of the self. When we do autoethnography, we look inward - into our identities, thoughts, feelings and experiences - and outward - into our relationships, communities and cultures.”

Adams, Homan Jones & Ellis, 2015. p.46

Autoethnography as Connection

"[...] the personal approach of autoethnography illustrates the investment researchers have in their research; by being personally, emotionally, aesthetically, and narratively connected to a cultural group or experience, autoethnographers may take more responsibility for and greater care in representing themselves and others."

Adams, Holman Jones and Ellis. 2015. p.18

" [autoethnography] also provides insight into social experiences we cannot observe directly"

Adams, Holman Jones and Ellis. 2015. p.32

Autoethnography in Nursing (1): Opportunity for Change

“Autoethnography’s greatest potential in nursing lies in allowing nurses’ voices to be heard in a new way. This ‘audible authorship’ (Charmaz and Mitchell 1996) offers nurses the opportunity to lay claim to their voices to break barriers of silence and challenge dominant forms of representation.”

A.L Peterson, 'A case for the use of autoethnography in nursing research'.
Journal of Advanced Nursing, 2015. 71(1), 226–233

“Autoethnography [...] is grounded in postmodern and feminist approaches to research, using storytelling as a method for obtaining and interpreting emotional and social data, and presenting findings to the research audience that evoke a desire to effect change [...] The overt inclusion of emotion and emotionality is a unique feature of this approach, rendering it particularly relevant for use in the mental health arena”

Jacquie Dianne Kidd & Mary P Finlayson, 'Mental illness in the nursing workplace: A collective autoethnography', *Contemporary Nurse*, 2010, 36:1-2, 21-33

Autoethnography in Nursing (2): Storytelling

“The forms an autoethnography might take are as diverse as the kinds of texts you read and enjoy, whether you want to create a more traditional research report or monograph or want to use creative forms use as narrative, poetry, performance, spoken word, song film, photography, or dance”

Adams, Holman Jones and Ellis, 2015,p 83.

D. Whybrow, 'Psychiatric Nursing Liaison in a Combat Zone: An Autoethnography',
Journal of Psychiatric and Mental Health Nursing, 2013, 20, pp.896-901

J Gannon, 'Reimagining the 'therapeutic' via an autoethnographic remembering', 23rd IMHNRC, Cardiff 2017
publication not found

An Autoethnography 'Of Sorts'

Some lean into the literary

I lean into the linguistic.

Examining the nouns, verbs and prepositions that MHN's use to express their identity

Idiosyncratic approach

In a sense, this = 'meta-autoethnography':
a personal interpretation of an amalgam of personal reflections

"15 years ago I was inspired within a split second by a passionate mental health nurse I accidentally bumped into, and they did not stop gushing about how exciting their job was. I immediately made the bold decision to change careers, go back to university and study mental health nursing and this is the best decision I have ever made."

I find it difficult to articulate the immense pride I have in being a mental health nurse and at the same time I am humbled and filled with gratitude to all the brave people who have allowed me to be a part of their recovery journeys. The courage and strength of these people has inspired me beyond measure.

The passion of every single mental health nurse I have ever worked with, up to this day I find difficult to comprehend. Every day is different and every day is a learning opportunity. I am lucky to have come full circle and now get to combine my first career, which I loved as a teacher, to my amazing second career as a mental health nurse in practice development. Every day, as I come across an enthusiastic, passionate student mental health nurse my challenge is to ensure that passion never dies. My passion lives on, credit to awesome mentors past and present. Every morning I wake up with a smile on my face excited to go into work. I love being a mental health nurse."

Bertha Matunge, Mental health nurse
#MHNursingFuture



"It's about being authentic, genuine and curious."

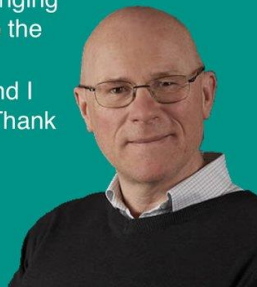
"Good mental health nurses have the thickest of skins, covering the deepest of hearts, fed by the largest of passions. They are positive, fun, optimistic, tough and caring."

They can turn a cup of tea into a life changing experience and they can inject hope into the darkest of moments.

I can't imagine our world without them and I don't want to. Thank you for all you do. Thank you for all you are."

Geoff Brennan, Mental health nurse

#MHNursingFuture



"As a mental health nurse I have focussed on working with people with psychosis and seen incredible service change over that time. We now recognise the importance of intervening early and with a range of psychological interventions that nurses are ideally placed to deliver. These interventions have the potential to substantially improve the life chances of people with psychosis. Mental health nursing is an incredibly rewarding career choice."

Prof. Paul French, Mental health nurse

#MHNursingFuture



"Let's get back to the HEART of nursing and shine a light on the value of mental health nursing for helping people to live life to the full, be strong, be included and to find meaning"

Prof Karen Wright, Mental health nurse

#MHNursingFuture



"Being a mental health nurse is undoubtedly a privilege. Supporting people during their most vulnerable times is something we do every day, but we must not ever become complacent."

Compassion and human connection are fundamental components of our professional practice. Mental health nursing is as much about being and seeing as it is about doing."

Vanessa Garrity, Mental health nurse

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"To be an agent of hope when supporting someone in their journey as they work to optimise their vitality, dignity and opportunities in life, is a deeply privileged role."

Grant King, Mental health nurse

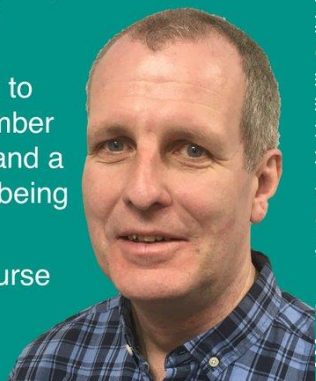
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"As a clinician and lecturer, I always try to keep the patient at the centre of decision making. I am passionate about contributing to the evidence base but try to remember that being compassionate, caring and a good communicator are central to being a good mental health nurse."

Dr. Steven Jones, Mental health nurse

#MHNursingFuture



"It's a privilege to teach mental health nurses, and as a researcher to help create an evidence base for practice and services."

With colleagues in Mental Health Nurse Academics UK, I'm committed to #MHNursingFuture because I know the difference mental health nurses make."

Prof. Ben Hannigan, Mental health nurse

#MHNursingFuture



"Mental health nursing is about recognising that we have the ability to help or hinder, facilitate or impede a person's recovery from mental health difficulties. It is about finding out what recovery means to that individual and learning to walk alongside them so that they can have the meaningful and satisfying life that they deserve. It is about challenging negative attitudes and stigmatising beliefs, our own, our colleagues, people we support and societies. There is no 'them' and 'us' there is only us."

Hope is often identified as the starting point of recovery, and I hope that by being a mental health nurse, despite or in spite of my own mental health diagnosis, I can inspire others to do the same."

Rachel Luby, Mental health nurse

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Weaknesses of MHNFuture as a Sample

As a promotional campaign the descriptions are going to contain only on positive and motivating messages

It only reached, and included, nurses using twitter

The sample appears over-indexed for nurses with 10+ years experiences

The sample appears under-indexed in terms of ethnicity

Do not necessarily translate into flaws in the 'text'.

Full Access

Doomed to fail: the persistent search for a modernist mental health nurse identity

John Hurley msc rmn, Audrey Mears msc rmn, Michael Ramsay msc rmn



Volume 10, Issue 1
January 2009
Pages 53-59

References Related Inform



Playing our Part
The work of graduate and registered mental health nurses

An independent review by the Foundation of Nursing Studies

Previous Research



ARTICLE

Mental health nurse identity: Building upon Crawford et al.

Hurley, J.

International Journal of Nursing Studies, 2009, Vol.46(2), pp.291-293

PEER REVIEWED

Full Access

A qualitative study of mental health nurse identities: Many roles, one profession

John Hurley



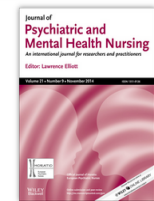
Volume 18, Issue 6
December 2009
Pages 383-390

References Related Information

ORIGINAL ARTICLE Full Access

Merely a stepping stone? Professional identity and career prospects following postgraduate mental health nurse training

N. McCrae PhD, S. Askey-Jones MSc BNurs, C. Laker BA BSc



Volume 21, Issue 9
November 2014
Pages 767-773

References Related Information

Feature Article Full Access

Perceptions from the front line: Professional identity in mental health nursing

Gylo Hercelinskyj, Mary Cruickshank, Peter Brown, Brian Phillips



Volume 23, Issue 1
February 2014
Pages 24-32

References Related Inform

Full Access

How newly qualified mental health nurses perceive their role

D. M. RUNGAPADIACHY phd msc bsc(hons) rmn rgn certed, A. MADILL phd, B. GOUGH phd



Volume 13, Issue 5
October 2006
Pages 533-542

References Related Information

Previous Research

Rungapadiachy et al., 'How Newly Qualified Mental Health Nurses Perceive their role', *Journal of Psychiatric and Mental Health Nursing*, 2006, 13, pp.533-542

- Follow-up interviews of 14 student mental health nurses 6 months post-qualification

McCrae et al., 'Merely a stepping stone? Professional identity and career prospects following postgraduate mental health nurse training', *Journal of Psychiatric and Mental Health Nursing*, 2014, 21, pp.767-773

- Semi-structured qualitative interviews conducted with a sample of 10 mental health nurses who had completed the postgraduate diploma in mental health nursing at King's College London in 2012

John Hurley, 'A Qualitative Study of Mental Health Nurse Identities: Many roles, one profession', *International Journal of Mental Health Nursing*, 2009, 18, pp.383-390

- A phenomenological interview study of 25 mental health nurses working in the UK

They distanced themselves from the wider body of nursing
Orientation was more towards mental health practice

Pragmatism

Transferable skills

Talk-based therapies

Therapeutic relationship skills

Ethos of Recovery

Non-reductionist view of the human being

Person-centred and evidence-based therapeutic interventions

Professional

Practical

Personal

Philosophical

Proximal

Political

'Generic specialists'

MHN Identity

Values

Felt proud

Caring traits

Therapeutic use of self

Inclusive, non-judgmental approach

A service-user focus

Having an 'everyday attitude'

Spending time with the service user

Tension between MHNs and their policy makers risks producing a double-identity and possibly the dissolution of the profession

Professional

Role Nouns	Incidence	Activity Nouns	Incidence
Mental Health Nurse/s	74	Mental Health Nursing	41
Nurse/s	13	Nursing	4
Student Nurse, Student MH Nurse, Student, Naext generation of Nurses, Next generation of MH Nurses, Future Nurse	12	Teaching	2
University Lecturer/Nurse Lecturer/Lecturer	5	Clinical Research/ Research	2
Clinicians	3	Older Persons Nursing	1
Mental Health Professionals	2	Education	1
Mentor/s	2	Clinical Practice	1
Researcher	2	Policy	1
Policy Maker	1	Leadership	1
LD Nursing	1		
CBT Therapist	1	Service Nouns	Incidence
Multi-professional Staff	1	The NHS	4
Advocate	1	Adult Mental Health	2
Healthcare Assistant	1	Dementia	1
Adult Nurse	1	Forensic	1
Nurse Prescriber	1	Inpatient	1
Project Manager	1	Commnuity	1
Nurse Manager	1	Older People	1
Practice Staff	1	Suicide Prevention	1
		CAMHs	1
		Quality assurance of placement	1
		Non-NHS setting	1
		University	1

Personal

Trait/s	Incidence	Trait/s	Incidence	Trait/s	Incidence
Skills/ed	7	Unique	2	Personality	1
Passion/ate	7	Understanding	2	Education	1
Compassion/ate	6	Genuine	2	Energy	1
Hopeful/Agent of Hope	4	Presence/t	2	Courage	1
Non-judgemental	3	Sensitive	1	Strength	1
Human connection	3	Considerate	1	Resilience	1
Self-aware	3	Respectful	1	Insight	1
Curious/ity	3	Warm	1	Extra mile	1
Caring	2	Honest	1	Good people	1
Kindness	2	Enthusiasm	1	People skills	1
Good communicator	2	Open-heart/ed	1	Great in a crisis	1
Commitment	2	Proud	1	Belief in others	1
Optimism	2	Positive	1	Deepest of hearts	1
Ability	2	Fun	1	Thickest of skins	1
Values	2	Tough	1	Emotionally Sophisticated	1
Creative/ity	2	Authentic	1		
Knowledge	2	Leadership	1		
Empathic/Empathy	2	Listener	1		

Personal

Feeling	Incidence	Feeling	Incidence	Feeling	Incidence
Privilege/d	20	Amazing	1	Life choice	1
Pride/Proud	14	Different	1	True vocation	1
Rewarding	11	Incredible	1	Generous opportunity	1
Exciting	5	Personal	1	Never a dull moment	1
My honour/honoured	4	Responsibility	1	Nothing quite like it	1
Joy	3	Frustration	1	Stood me in good stead	1
Lucky	3	Invaluable	1	Infinite sense of unconditional altruism and fulfilment	1
Passionate	3	Gratifying	1		
The best job/ decision	3	Humbling	1		
Unique	2	Inspirational	1		
Grateful	2	Emotional	1		
Fantastic	2	Fortunate	1		
Special	2	Perfect fit	1		

Practical

Verbs			
Tense	Form	Incidence	w/ Auxilliary
Present	Simple	388	49 (12.6%)
	Infinitive (<i>to...</i>)	156	1 (0.6%)
Past	Simple	64	-
Present	Participle (<i>ing</i>)	172*	13* (7.5%)
Past	Participle (<i>ed</i>)	-	117 (100%)**

*many verb phrases containing present participle ending were gerunds

**aux is always present for past participle ending

Practical

Present Participles	Incidence	Present Participles	Incidence	Present Participles	Incidence	Present Participles	Incidence	Present Participles	Incidence
Being	44	Knowing	2	Struggling	1	Contributing	1	Allowing	1
Supporting	7	Using	2	Drawing	1	Wanting	1	Growing	1
Working	7	Holding	2	Living	1	Opening	1	Putting	1
Helping	6	Providing	2	Empowering	1	Going	1	Moving	1
Challenging	5	Going	2	Fostering	1	Covering	1	Keeping	1
Learning	5	Celebrating	2	Showing	1	Teaching	1	Developing	1
Looking	4	Becoming	2	Connecting	1	Preparing	1	Valuing	1
Seeing	4	Doing	2	Advocating	1	Building	1	Promoting	1
Recognizing	3	Guiding	2	Campaigning	1	Critiquing	1	Intervening	1
Improving	3	Finding	2	Loving	1	Asking	1	Depending	1
Experiencing	3	Listening	2	Combating	1	Appreciating	1	Publishing	1
Caring	3	Having	2	Gaining	1	Training	1	Farming	1
		Beginning	2	Telling	1	Trying	1	Understanding	1
		Staying	2	Embracing	1	Expressing	1	Standing	1
				Making	1	Existing	1		

Service User Descriptors	Incidence
People/s	47
Someone	13
Person/s	11
Others	9
Service user/s	7
Individual	6
Those	6
Carers	6
Family/ies	5
You	5
Patient/s	3
Client/s	2
User-movement	1

Proximal

Promlem Descriptors	Incidence	Promlem Descriptors	Incidence	Promlem Descriptors	Incidence	Promlem Descriptors	Incidence
Distress/Distressing experiences/mental distress	10	Difficult times	2	Mental health difficulties	1	Psychotic breakdown	1
Mental health	7	Difficulties	2	Mental health issues	1	ADHD	1
Vulnerable/most vulnerable	7	Psychosis	2	Unique problems	1	Autistic spectrum	1
Dark/Darkest times/of moments	5	Diagnoses	2	At their lowest	1		
Challenges/Challenging problems	4	Hopeless	1	Barriers	1		
Stigma/Stigmatizing beliefs/Negativie attitudes	4	Worthless	1	Struggles	1		
Ups and downs	3	Inequality	1	Discrimination	1		
Mental illness/ill health	3	Anxious	1	Illness	1		
Mental health problems	3	Altered Reality	1	Fight demons	1		
Impact of/human experiences	3	Isolated	1	Lost all hope	1		
Need/In Need/Need it most	3	Dementia	1				

Proximal

Philosophy Indicators	Category
Trauma-informed care (<i>n=2</i>) What has happened to you?' rather than 'what's wrong with you?'	Trauma-informed
State of being To be kind to others in a meaningful way	Phenomenological
There is no 'us' and 'them' there is only us We all have mental health Mental health is as essential as the air we breathe	Solidarity
New knowledge and new practices Contributing to the evidence base Develop the evidence base Create an evidence base Implement evidence-based practice	Evidence-based practice
The entirety of a person, mind, body and spirit Supporting physical and mental wellbeing in a psychologically minded way Promoting both physical and mental wellbeing	Holistic, non-reductionist, anti mind/body dualism
To move from a 'dun-to' to a 'dun-with' culture Embrace, rather than react to, user-movement ideas The person is the centre of our decision-making Putting the person and the people they love and are loved by first rather than the needs of the system Working alongside family members, carers or significant others and valuing them as partners in care	Person-centred thinking, caring, decision making

Philosophical

Recovery and the 'Journey'

Recovery

The road to recovery/wellbeing

The chance to support recovery

Journey of recovery and mutual growth

Celebrating recovery

All stages of life and recovery

Not just about recovery [...] but more so about discovery

A person and a family's recovery journey

Individual recovery in all it's guises

The starting point of recovery

Recovery journey/s

Unique recovery journey

Their journey/a person's journey

Their journey through some of the darkest times to some of the best

Each journey is different

People's stories, struggles and achievements

Live their life the way that before they could only dream about

Looking to the future

Achieve your goals

Along the way

Philosophical

Preceding Service-User Noun

Preposition	Incidence	preceding Verb	Incidence
with	14	help/s/ing	14
for	11	support/supporting	3
of	5	keep	2
alongside	4	understand	2
from	3	recognising	1
by	2	empowering	1
within	2	asking	1
on	1	belief	1
towards	1	share	1
Total	43		
to	6	hear	1
		seeing	1
		allow	1
		improving	1
		impede	1

Philosophical

“The future nurse standards of proficiency”

No mention of outcomes

“Improve service quality”

“World class mental health treatments and care”

“Care which is safe, effective and of high quality”

“The best possible care”



Political

"Most work is disinterested in kindness. Mental health nursing is the pursuit of kindness as a profession. This makes it a political choice. It is also a deeply personal one. To put it as strongly as possible, you can develop the best version of yourself: creative, self-aware, non-judgmental and emotionally sophisticated.

Existing within other people's experiences of distress is hugely challenging, but it teaches you that caring, commitment and compassion are more than values - they are skills.

I have chosen this career because I want to help others in distress, be highly skilled, be a better version of myself. I want to work in a field where my purpose is to be kind to others in a meaningful way."

Stephen McKenna, Student mental health nurse

#MHnursingFuture



From: [REDACTED]@met.pnn.police.uk>

Sent: 24 December 2018 10:40

To: MCKENNA, Stephen [REDACTED]

Subject: Crime Report [REDACTED]

Good Morning Stephen

I hope you are feeling better

I am very sorry to hear you have been assaulted at work and have had to take some time off.

I hope you have a good Christmas and have a speedy recovery.

We are just asking the doctors if [REDACTED] is well enough to be investigated – If he is so unwell he cannot give an account for himself under Police Caution, the case will not be able to go ahead. However, if he is well enough to be interviewed, and you want [REDACTED] prosecuted for assaulting you, we will do about very best to investigate and charge him with assault.

What this means from your end, if [REDACTED] is well enough, could we please take a written statement from you, we will need any other evidence, like statements from any witnesses, be they staff, patients or visitors, any CCTV, and photographs of any injuries and a form stating we can use the medical record of the injury as evidence.

We will also need a signed letter from a doctor stating [REDACTED] is fit to be interviewed.

Kind Regards

[REDACTED]



"There is someone down on earth who needs our help."

"Are they sick?"

"No, worse. They are discouraged"

That was,

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