

Addressing Social Justice in the Context of Mental Health Nursing and Suicide Risk Reduction and Prevention Best Practice Guidelines

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Background

 In January of 2007, a multidisciplinary panel with expertise in practice, education and research, from hospital, community and academic settings, was convened under the auspices of the Registered Nurses Association of Ontario (RNAO)

Purpose:

To design a Clinical Best Practice Guideline titled, *Assessment and Care of Adults at Risk of Suicidal Ideation and Behaviour.*




Clinical ‘Best Practice’ Guidelines



■ **“Systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific clinical (practice) circumstances.”**

(Field and Lohr, 1990, p. 38)

■ **‘Best Practice’ Guidelines are developed using the best available evidence.**

Social Justice and Nursing

 **Health as a human right with a focus on health outcomes as an object of social justice**

 **Individualistic**  **actions**
directed toward the intersecting impact of historically and socially mediated conditions that impact health and human suffering

(Reimer Kirkham & Browne, 2006)



Cultural Safety

A lens, which was initiated by Māori nurses in Aotearoa/ New Zealand, to call attention to health inequities and the need for relational practice that:

begins with respect and acknowledgement of the unique features of peoples lives that shape/influence health and health care – values, beliefs, attitudes and social features such as age, class, gender, ability, sexual orientation and so on – to social and structural inequity.



Cultural Safety

Moves beyond cultural sensitivity to an analysis of:

- **the historical basis of discrimination;**
- **the underlying causes of social and health inequities; and**
- **the implications of practice in a society characterized by inequities – e.g., the need to recognize and address power imbalances, stigma and discrimination.**



Clinical Practice Guidelines and 'Difference': Our Process

There is a need to consider:

- 'Difference' as it pertains to attitudes, beliefs assumptions, perspectives and relational processes and practices;
- Power relations between 'cultural' groups that marginalize some kinds of knowledge and privilege others; and
- Structural issues, i.e., institutional racism, discrimination and policies and practices that maintain the 'status quo' – e.g., higher suicide rates of Aboriginal peoples in Canada



Cultural Safety as a Moral and Political Discourse: Nursing Practice

- Reflect on our own ‘cultural’ reality as we engage in clinical practice, research, education and policy (including practice guidelines)– we are all “**bearers of culture**” – in relationship, we are living a “bicultural” reality;
- Consider the social, economic, political and historical realities of peoples’ lives – i.e., those aspects of a peoples’ lives that shape health and health care; and
- Consider the ‘power’ dynamics in relationship with others.



Questions we might ask?: Cultural Safety as a lens

- **Who is writing the clinical practice guidelines, i.e., who is at the table and who is missing?**
- **What knowledge is guiding this work? What knowledge is missing?**
- **Who will benefit?**
- **Will anyone be at risk of not having their needs met, i.e., are the policies and practices inclusive?**
- **Who is resistant to multiple ways of knowing and why?**
- **What are the barriers to multiple knowledge sources that are not of the dominant culture paradigm?**



Promising Practices

In consideration of other ways of knowing we need to think about:

“...interventions that have not been systematically developed and tested.”

(Walker and Bruns, 2007)



Recommendation # 4

- **The nurse provides care in keeping with the principles of cultural safety/ cultural competence**



Cultural Safety as a Guiding Principle Across Recommendations

- **The nurse works with the client to minimize feelings of shame, guilt and stigma that may be associated with suicidality, mental illness and addictions;**
- **The nurse works collaboratively with the client to understand his/her perspective and meet his/her needs; and**
- **The nurse uses a problem-solving approach to facilitate the client's understanding of how they perceive his/her own problems and generate solutions.**



A Critical Cultural Lens: Opportunities

- **Raises the conscious awareness and dialogue of clinicians regarding our understanding of suicide risk reduction and prevention;**
- **Creates an ‘inclusiveness’ and respect with those who live with the phenomenon of suicide as we plan care that profoundly influences their lives;**
- **Develops a great exchange of ideas and growth among clinicians and administrators; and**
- **Has the potential to influence health outcomes.**



Clinical Scenario #1

- **'Tom' is a 24 year old South Asian gay man living in one of Canada's poorest neighbourhoods in a vermin-infested hotel. He was referred to the mental health clinic by the provincial psychiatric facility six months ago when he was discharged to his current address. Tom was diagnosed with schizophrenia (and OCD) 5 years ago and although on regular medication (risperidone, i.e., "risperdal"), continues to have intrusive negative thoughts. He is estranged from his family of origin because of his illness. Tom has wanted to return to university but has not been unable to do so to date. He is working two nights a week at a restaurant washing dishes.**
- **Today, Tom appears dishevelled and will not make eye contact – he says he has nothing to live for and his affect is flat. He expresses that he is a "failure" and a "loser" – he expresses the concern that he will never get better. In addition, he notes that he is unable to wash in his hotel because the bathrooms (shared) are too "skungy."**



Nurse's Reflection:

- The nurse understands that her/his own assumptions, beliefs, and values impact how she will respond to Tom, e.g., what she believes about recovery and Tom's abilities.
- S/he wants to ensure that Tom feels safe and comfortable – s/he is aware that his experiences, values, beliefs and social location will influence his health and well-being – e.g., he currently lives in poverty and is unable to go to school (his dream is to return).
- The nurse also knows that power is an important consideration in all nurse-client relationships – for example, the nurse is thinking about how coming into a mental health setting can be difficult for many people given the stigma and discrimination often associated with mental health issues, including suicidal ideation. She is aware that Tom's family considers him a danger and will not allow him home.

Nurse's Response:

- The nurse begins a suicide assessment with Tom by exploring what is happening for him today and attempts to understand what s/he might do to make him comfortable and safe.
- S/he is non-judgmental.
- S/he asks about his connections in the community and about any relationships of support that he might have.
- S/he asks him about his beliefs about health, illness, and healing, for example, the nurse is interested in those beliefs re: suicide, mental health etc. and what he believes is important to his well-being.
- S/he demonstrates an interest in Tom as an individual and as a member of a family and community.

Clinical Scenario #2



- **Mary is a 45 year old Oneida woman living with her husband's community in Northern Ontario (remote). She is the mother of two children – 25 year old Brenda who is married and 22 year old William who is attending university in Montreal. Mary is waiting to be transported to a hospital 600 km. from her home because of serious kidney problem (she has Type II Diabetes) – she may require dialysis. She seems unusually sad when you see her in the health clinic today. Her husband tells you that she seems to have lost her appetite, is not sleeping and has lost interest in visiting her friends.**



Conclusion

- **People bring their unique experiences and culture(s) to the issue of suicide and suicidal ideation and behaviour.**
- **There is a need to consider many different perspectives and sources of knowledge in policy and practice.**
- **Nurses need to engage relationally to provide culturally safe and effective care for clients at suicidal risk – to understand relationship beyond a 1:1 encounter to the contextual features of people's lives that shape health and health care.**



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