In the past, individuals with mental illness often spent the majority of their lives focusing on how to get better. Of course, this is an important outcome if they are in an unhealthy mental state. The danger in this thinking, however, is that those with mental illness may have begun to only think of themselves in terms of the illness. Hopes, dreams, and outcomes in their life began to dim and may have entirely lost as they took on mental health treatment. Adding to this problem is that some mental health clinicians had the same mindset. This thinking helped intensify loss of the person and what they wanted to achieve in their life.

However, this old thinking was questioned when Anthony (1993) instituted the idea of recovery as a “guiding vision of the mental health system” in the lives of individuals who are diagnosed with a mental illness (p. 11). In recovery, the person and those important to him or her not only understand symptoms of the illness and available treatment options but also begin to develop future life goals (Anthony, 1993). However, the health care system has struggled to truly embrace the concept of recovery. Ideas of informed choice have been questioned, and the clinician is often seen as the expert who makes the decisions for the patient because the patient is often viewed as incapable of understanding the complicated nature of his or her illness (Elwyn, Edwards, Kinnersley, & Grol, 2000). Even the term patient indicates that someone is long suffering, tolerant of the illness, and needs the expert to make the appropriate health care decisions for the individual.

Today, the idea of recovery is part of a more complex process because every person is unique, fluid, and dynamic. Cultural influences and shared decision making have to be included within recovery processes. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2011) has created a document that outlines the practice and research for future directions in developing shared decision making within the health care system. This document discusses the role of the person, those significant to the person, clinicians, and the system in promoting shared decision making. Culture has to be considered, as it is part of every person’s being, and the values, norms and beliefs affect how each person approaches life and health decisions (SAMHSA, 2011). Failure to include cultural viewpoints diminishes the value and growth of the person.

Decision making is grounded in the cultural belief system of individuals and promotes a holistic pattern of health care (SAMHSA, 2011). Who best to promote this integrated set of processes? Psychiatric-mental health nurses (PMHNs) can be instrumental in the promotion of recovery processes that address the concept of recovery, cultural perspectives, and shared decision making. PMHNs use a biopsychosocial holistic approach to care with individuals who are on a spectrum of health, wellness, and
illness. In fact, the scope of practice includes an across-the-cultural-life-span approach. Guiding principles for the promotion of individuals’ recovery processes need to include:

- Development and maintenance of a therapeutic partnership between the person, those important to him or her, the PMHN, and other health care providers.
- Realization that a person diagnosed with mental illness is a person first who has hopes and goals for the future.
- Endorsement of the idea that there are many approaches to the development of the recovery process within the lives of individuals.
- Promotion of advocacy for the person’s right to discuss and make decisions regarding care and redefine his or her life based on life goals.
- Inclusion of negotiation and mediation techniques for the person’s discussion of treatment options with the PMHN and other health care providers.
- Realization that the person with mental illness is an expert about symptoms and how the illness has affected his or her life.
- Promotion of the use of cultural frameworks that are relevant to the person and those significant to the person (Anthony, 1993; Elwyn et al., 2000; SAMHSA, 2011).

Thus, it is the role of the PMHN to not only understand the complexity of recovery processes but also promote and advocate the use of expertise that facilitates the development and maintenance of individuals’ recovery processes within and across practice settings. In fact, the integration of recovery, cultural viewpoints, and shared decision making within PMH practice settings is a priority for the continued development of quality outcomes for those individuals with mental illness for whom PMHNs provide care.

REFERENCES

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