Mental Health Nurses and Consumers of Mental Health Services
Shared Challenges

The media have a great deal of influence in how our communities view safety and risk. For nurses, it also plays a considerable part in how our professional role is positioned in relation to medicine, clinical decision making, and accountability. Suzanne Gordon’s (2005) work highlighted how “the public image of nurses continues to suffer from negative media stereotyping in medical shows on television and from shoddy press coverage of the important role RNs play in the delivery of health care” (p. 153). For individuals with mental illness, the media have a major part in portraying them as instigators of violent events. Organized nursing and mental health consumer groups have difficulty influencing the way they are portrayed in society.

As mental health nurses, we are educated to know that those with mental illness are not the threat that our society continues to believe they are. Some facts that we need to remind the public include (Sane Australia, 2013):

- Violence is not a symptom of psychotic illnesses such as bipolar disorder and schizophrenia.
- The majority of people with a mental illness are not violent at all, and research suggests they are more likely to be victims of it.
- Research shows that the vast majority of violence is committed by men ages 18 to 30. This is more likely when someone has been violent in the past and abuses alcohol or drugs. People in this group are far more likely to be violent than someone with a mental illness.
- News and entertainment media often make the link between mental illness and violence seem much stronger than it is.

Events highlighted in the past few months involving firearms in the United States show that it is easy to see how the media continue to define the social realities of violence and mental illness. We, as mental health nurses, regardless of our political beliefs, need to hold true to the evidence surrounding violence and those with mental illness.

Two key factors determine the way nurses and consumers of mental health services relate to the societies in which we live—public safety and risk. Both terms are used widely in legislation regulations and policies and place boundaries around what nurses and consumers can do and where. These definitions are concrete but quite incomplete, because so many practices have not been well studied with respect to their effectiveness in preventing or ameliorating harm (Burt, 1998). The media are influenced by these concepts, and these terms are often used in their communications; they are often viewed as headline grabbers. Public safety is an important and widely used social construct: It is a “complex of government services for the protection of the general public from events that can cause injury, damage, or harm, such as crime, natural disasters, or human disasters” (Library of Congress, n.d., para. 1). It is determined and contextualized by risk processes.

For nurses, public safety is patient safety. Patient safety practices have been defined as “those that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions” (Burt, 1998, p. 219).
The term risk is often used in relation to measuring patient safety; of course, this can be perceived or real. Literature on measures of risk is unclear, and standard terms are used in variable ways. In Last’s (2001) A Dictionary of Epidemiology, a risk factor (a term only evident since the 1930s) is defined as “an aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic which on the basis of epidemiological evidence is known to be associated with health related condition(s) considered important to prevent” (p. 63).

Both patient safety and risk involve the application of processes that are difficult to define and are often done subjectively. The media’s description of violent events and episodes infers that the violence is related to those with mental illness (whether it was or not); words that infer safety and risk are often used. This in turn evokes fear in the readership and reinforces beliefs that mental illness equates to violence. In relation to nursing, whenever we engage in activities that advance our practice or position ourselves as critical commentators on health care issues, we are overlooked or placed in roles of support or advocacy only. For decades, the right of nurses to assess, diagnose, treat, and prescribe medications directly to patients has been vehemently opposed by organized medicine and payment providers under the guise of public/patient safety and risk. When media require a spokesperson on health issues, nurses are still not being contacted for comment (Agency for Healthcare Research and Quality, 2001; Gordon, 2005; Gordon, Buchanan, & Bretherton, 2008).

How then can we change the way in which mental health nurses and consumers are viewed by the media? Imagine if the public viewed nurses as health care providers of a suite of services as equal and as complementary in value, as dentistry is to medicine. Imagine if individuals with mental illness were given the same access to health care services, housing, and support services as those with other non-communicable diseases such as diabetes and heart disease and were not judged or defined by their illness. Consumers will continue to have more constraints placed on them in the name of “risk management” and “public safety” if challenges are not made.

In New Zealand, where I practice, we have a clear government direction for consumers of mental health care to live to their fullest functioning level in the community in the least restrictive environment. This is part of our commitment to recovery. This has allowed consumers with mental illness from all backgrounds and histories to live a better life. Issues of public safety and risk had to be discussed; legislation and policies were changed. This has meant that those with mental illness who have committed crimes when they were unwell do rehabilitate and live back in the community with support. The media have had to be constantly challenged for their portrayal of individuals with mental illness in their reports.

I have an interesting question: Do countries with more stringent or less gun control view the “risk” of those with mental illness differently? I have worked and studied in many countries that differ greatly in relation to their political, social, and health structures, ranging from tight gun control to those that support individuals with mental illness to bear arms and allow access to a large range of sports and semi-automatic weapons.

Regardless of the country in which nurses practice, we have a long way to go to deconstruct the public perception that all individuals with mental illness are violent and potential killers. How can we ever have true community living, recovery, and least restrictive care environments if the public is constantly informed through the media that those with mental illness are violent?

Similarly, New Zealand, Australia, and the United States still struggle with allowing advanced practice nurses to truly practice and provide health care services directly to the public and be funded appropriately. Nurses do make a difference—how can this be emphasized and understood if we are only viewed as the support role to medicine, a role “too risky” to be granted more privileges.

So, even with all the surrounding controversy, why do the media portray nurses and consumers of mental health services in such an unrealistic manner? Media make money from advertising and readership, and such stories may generate interest. It is up to us, then, to capture the media’s attention. This requires lobbying and investing time in media strategies by organized nursing, not just for our own future but for that of mental health consumers. This is about getting to know local editors and schools of journalism by offering to provide sessions on nursing and mental health. This is also about responding via blogs, Twitter, and other social media when misrepresentations occur and by providing examples both locally and internationally where nurses are providing services or where consumers with mental illness are living in an integrated manner in the community. We can gain a great deal if we work professionally with our consumer groups.

REFERENCES

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