

## Mental Health Nursing Example

**2. IN SUPPORT OF YOUR APPLICATION** – please read the excellence profile in the guidance document and give us examples from your nursing practice of how your expertise matches the areas below.

### **How have you made a difference?**

- changing how things are currently done
- making things better for individuals, families and communities
- and/or helping others to make a significant impact.

My role for the past 14 years has been that of Team Manager with the Crisis Assessment & Treatment Service (CATS Team), which is a crisis resolution and home treatment team covering all of XXX.

This service was developed due to several pressures within our mental health service in XXX. Our old Victorian era acute wards were running over capacity all of the time; users and carers were unhappy that in crisis situations there were no alternatives to admission to hospital; morale in the acute wards was at an all-time low. I was attracted to the idea of developing a crisis service as I was working at the time as a Community Mental Health Nurse and felt frustrated that I had little to offer people beyond the limitations of my role and saw first-hand my own patients needing hospital admission simply because we couldn't support them and their families through their crises.

I strongly advocated to my line managers that we needed to consider doing something different and was offered the opportunity to develop a crisis service. Unfortunately, there were very few extra resources available which meant that developing a new service from scratch was virtually impossible.

Having described the "gold standard crisis service" and had initial cost for this rejected I worked on a plan to build up the service incrementally over a period of years. We started with myself and two part time (hand-picked) RMNs providing crisis assessment and limited home treatment over Friday evenings and Saturdays and Sundays using temporary funding which was "begged and borrowed (though not stolen)" from various sources.

I found that this model worked relatively well and over the past 14 years I have been working to continue to develop the service to its current format. We now have a service which operates 365 days per year, covers the whole of our region and for the past 18 months has been operating 24 hours per day. We now operate as the main gatekeepers for all admissions to our acute ward which no longer runs routinely over capacity. The bed numbers and admission rates have reduced and in no small part thanks to the work of the CATS Team, NHS XXX were able to build a new psychiatric hospital leading to the closure of the old Victorian institution.

From humble beginnings there are now 22 nurses and Health Care Support Workers in the team. We have a designated and dedicated Consultant Psychiatrist and staff grade doctor as well as offering training to junior medical staff.

## Mental Health Nursing Example

We are currently working on developing our General Hospital Liaison Service from within CATS and are working with Police Scotland to create a Police Liaison/Triage component in the team. The CATS Team is now a regular placement for student nurses in training and is now very much an established and important part of the range of mental health services in XXX.

The availability of the CATS Team means that the vast majority of people who would otherwise have been admitted to a psychiatric unit during periods of relapse are now offered the opportunity to manage their crises out-with a hospital setting, at home with their families and communities.

**(no more than 3500 characters which is around 500 words)**

### How have you demonstrated your tenacity and resilience?

- finding your way across boundaries, around obstacles, through bureaucracy
- successfully challenging attitudes
- finding new doors to open each time one closes.

As described above, when I first developed the idea of a crisis service in XXX there were many obstacles to be overcome. Resources were (and remain) limited; the research base for such specialist teams was ambiguous and almost non-existent for rural areas; the Health Board were generally unconvinced that such a service was necessary; the Consultant Psychiatrist group were largely (with one or two exceptions) opposed to the idea; CMHT colleagues were suspicious. Luckily there were some allies in the shape of my Director of Nursing, my line manager and users' and carers' groups.

I spent almost a year, meeting with people in the above groups developing and refining the plan and proposal, explaining the concept of crisis assessment & management and reassuring those individuals who had anxieties about potential for increased risk. I tried to convey the message that it is impossible and damaging to eliminate all risk from society. In mental health care we often try to avoid allowing our patients to experience risk, we worry that risk is bad, and yet enabling people to take measured, calculated risk can be empowering and fulfilling. The greatest hazard in life is to risk nothing and if we risk nothing, we do nothing, have nothing and ultimately, are nothing.

I have tried to approach the development and continuing development of the CATS team with an attitude of persuasion and collaboration. The many obstacles that we have overcome and the people who were less sure that this is the right way forward don't come round by people like me forcing the issue or arguing that they are wrong. I have found it much more productive over the years to acknowledge concerns and try to develop solutions or to gain enough trust to try things out to build up the evidence. I have learned that sometimes giving some ground to make progress in a different way is sometimes necessary. I have staunchly defended my position that to be an effective manager in a crisis service, I also have to display a high level of clinical expertise and have resisted the pressure to become full time operational manager. As well as being the manager of the service, I still am expected to roll my sleeves up and get on with the clinical part of the job. I relish this and I think it also gives me credibility within my own team of highly experienced and demanding staff.

Over the past 14 years the challenges and pressures on the team have continued and I believe

## Mental Health Nursing Example

that I have continued to lead and develop the team to meet the ever changing health care agenda. The team are faced with many stressful and difficult situations on a daily basis and I think it's important to be as supportive as I can, using my experience to lead and guide team members and allow them to know that they are supported in the work they do.

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### How have you brought people with you?

- using your enthusiasm and persuasive nature
- creating a ground swell of support and recognition that has "carried the day"
- getting others to commit and get things done.

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As described previously, I like to use my powers of persuasion to help people understand the goal which I am trying to achieve.

I am a very experienced clinician and I hope and believe that this gives me some credibility when it comes to persuading people of a course of action. I like to think that I am a compassionate person and enjoy speaking with and listening to others. I thoroughly enjoy problem solving and am keen to help out others if I can.

I try to listen very carefully to what people are telling me and to try and understand the hidden messages that people will often try to convey. I have a keen (some would say, wicked) sense of humour and, while I always take my job extremely seriously, I try not to take myself too seriously. I think this comes across well to people and I try to treat and speak with everyone, regardless of their status in life, with respect.

I believe that for people to work well in a challenging environment, such as a crisis service, that they must know that they are empowered to make decisions which are supported by me and that if things go wrong then we face these issues together. I try to operate a blame free environment and am extremely flexible with working times to ensure that I get the best out of people all of the time. I have high standards, but expect this of myself as well as the team. Our team ethos is built around four principles: Be there for people; Make a difference; Choose your attitude; Have fun.

I never forget that we are there first and foremost to serve the public, even if this means some conflict between the organisation and ourselves, we will always advocate for our patients. We do not believe in maintaining the status quo. People come to our service in distress and we must work collaboratively with them to help them make changes in their lives. I accept that all of us, no matter how professional, have issues in our lives that affect us at work. I ask people to choose their attitudes to remind them that this should never affect good patient care. I strongly believe that if you enjoy coming to work, you will do a good job. I have these principles in mind when recruiting my team and I have been extremely fortunate over the years to have recruited many first class practitioners to my team.

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## Mental Health Nursing Example

### How have you demonstrated your ability to reflect?

- listening deeply, seeking to understand what really matters
- approaching life reflectively, always learning and kind to self
- quick to attribute success to others and not seek credit for things.

I have a wee phrase that I like to use: “Every day is a school day”

I am extremely fortunate to work with people with mental health problems and believe that I learn something new every day, whether this be from patients, their carers, other staff members, health care support workers, student nurses or the lady in the canteen. Everyone has some information or knowledge or behaviours that make them unique.

I am suspicious of individuals who deem themselves to be experts or who feel they have nothing more to learn.

I am a very reflective practitioner and use this in my own 1:1 sessions with my line manager or in clinical discussions.

I encourage reflection and formulation in all aspects of the CATS Team clinical practice and encourage everyone to voice their opinions. I encourage staff members to approach me to discuss anything they have concerns about and adopt a “my door is never closed” policy.

I have been advised that I need to be more kind to myself, which is perhaps fair, but I am unwilling to do this at the expense of others. I believe that the success of the CATS Team so far can be attributed to the hard work, dedication and determination of so many other people. When things go well in the team, that is a shared triumph and I see myself as only one part of that team. I find it extremely difficult to complete this application form as it asks me to “blow my own trumpet” too much – not something I enjoy doing.

My response to my manager when she said she wanted to put me forward for this opportunity was one of astonishment, as I feel the things I have managed to achieve as a mental health nurse are all part of my job. It comes as a surprise when others tell you what they think of your work and your contribution and I am immensely grateful both for the faith shown in me and for the opportunity offered, even if it does make me feel slightly embarrassed by it.

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## Mental Health Nursing Example

3. WHAT IS YOUR VISION for the role of Queen's Nurses in Scotland's communities and why would you like to be selected for this year's cohort?

I feel that nurses are largely taken for granted. I believe that often we in the profession dismiss our efforts as less important than those contributions of others. I would relish the opportunity that being a Queen's Nurse would give me in helping to promote our profession.

I am particularly passionate about the role of the mental health nurse in the community. I would want to use the opportunity to connect with other QNs who are experts in their fields and would want to continue to use the experience of QNIS to connect with other nurses including nurses in training and those considering a career in nursing to offer encouragement and inspiration about the profession and everything that it means. I want to help raise the profile of nursing both within the profession and beyond. I would like to have the opportunity to connect to community groups to talk about (mental health) nursing. I live and work in a very rural part of Scotland and would like to take the QNIS ethos to some of the more remote/rural parts of our region to talk about what mental health and wellbeing is and to talk more about how mental health nursing has developed over the years.

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