

# Mental Health Nurses: *Changing the Conversation Can Change the World*

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## Mental health is the “Trump Card” in Healthcare

Mental health is the  
“trump card” within the  
health care system as it  
has been linked to both  
the **development of** and  
**recovery from** a wide  
range of medical  
illnesses

## So What's our Opportunity? Let's Reframe our Conversation

Use the **Ecological Model** of five socially organized subsystems to think about shifting our culture and creating change as mental health nurses

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At the **individual** level, do we have the right knowledge, skills and attitude?

1) Who is “we”?

- Mental health nurse specialists
- Nurse generalists
- Consumer peers
- Community workers

2) Are we competitors, collaborators or enhancers?

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## Lessons learned from other countries



- Stepped care for depression in primary care in Nigeria
- Lay workers deliver problem-solving therapy in Zimbabwe
- Web-based screening effective in the UK
- Mental Health Nurse Incentive Program here in Australia

# Liberia's Goal

150 Mental Health  
Clinicians in 5 years



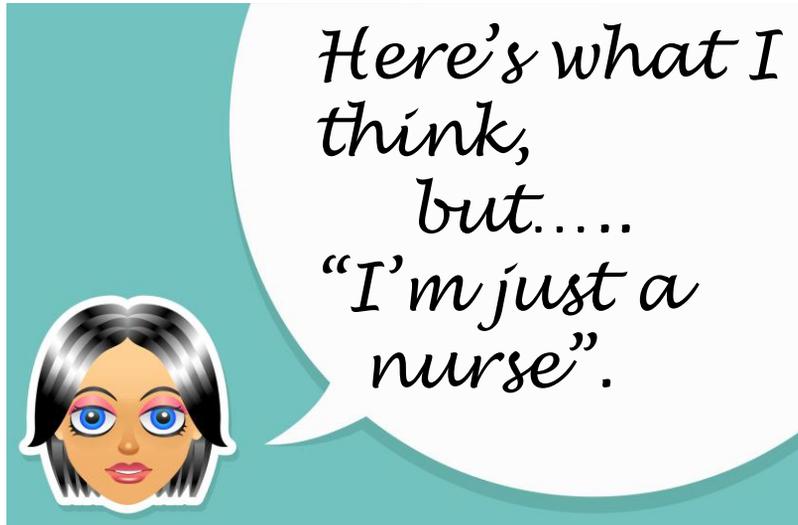
## Global Mental Health

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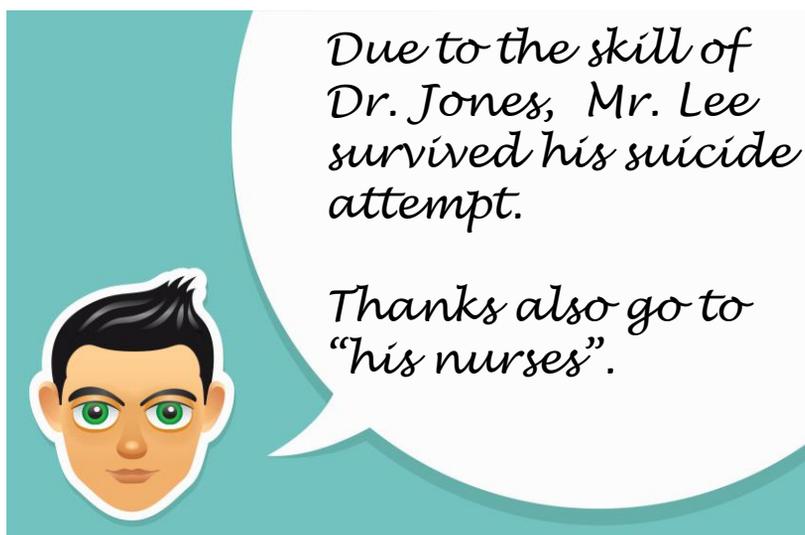
3) What knowledge and skills are necessary for us to lead change?

- Clinical skills
- Management skills
- Negotiating skills
- Political skills
- Entrepreneurial skills

#### 4) Do we have the right attitude?



At the **organizational** level, how are we seen by society and social structures?



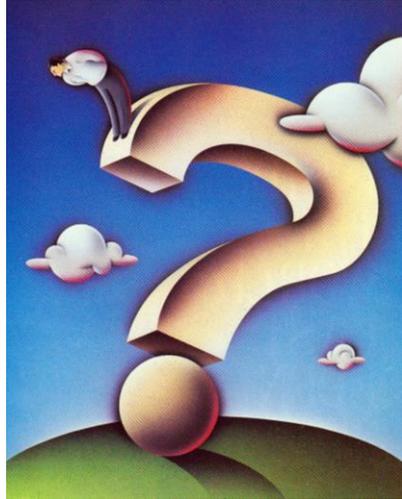


- The researchers examined the YouTube database to find the most viewed videos for "nurses" and "nursing" as of July 2010
- Nurses were depicted in three main ways:
  - As a skilled knower and doer
  - Sexual plaything
  - Witless incompetent

At the **political** level, how are we seen by those settings policies at the local and national levels?



So how do we “change the conversation to change the world”?



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✧ Leverage our **expertise** as mental health nurses to improve lives

Essential qualities and skills

- Motivation and energy
- Credibility
- Accountability
- Critical and strategic thinking
- Negotiation and compromise

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## ✧ Leverage our **power** as mental health nurses to improve lives

“The problem of power is critical to the effective behavior of people in organizations.

Power issues occupy center stage not because individuals are greedy for more, but because some people are incapacitated without it”.

R. Kanter

## What do we know about power?

- Power is a property of a social relationship - not an attribute of an individual or group
- Power has diverse bases or sources that vary from situation to situation
- Power is defined in terms of its results and what change was brought about

## How do we enact our power as Mental Health Nurses?

- We must present as a unified group
- We must realize that the decision-making process is the basis of all change possibility

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## Power is based on 4 key elements

### 1) Centrality

How well are mental health nurses connected with other groups and activities in the organizations in which we work?

### 2) Substitutability

How often can we be replaced?

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## Power is based on 4 key elements

### 3) Coping with uncertainty

How well do mental health nurses cope with organizational problems and uncertainties by anticipating, preventing or handling problems?

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## Power is based on 4 key elements

### 4) Control of critical contingencies

Do mental health nurses have a voice in identifying organizational goals and defining what is critical to the group?

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## This View of Power Suggests Specific Strategies

Increase our connections through networking and collaboration

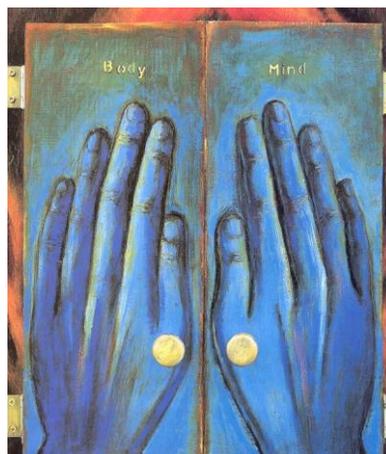


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## This View of Power Suggests Specific Strategies

Become irreplaceable by protecting our nursing functions



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## This View of Power Suggests Specific Strategies

Demonstrate  
nursing assets  
and define  
our area of  
expertise



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## This View of Power Suggests Specific Strategies

Help  
organizations  
cope with  
uncertainty by  
assessing &  
forecasting



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## This View of Power Suggests Specific Strategies

Participate  
in high level  
decision-  
making



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## Avoid the dangers associated with participation

- False participation – non-voting or token “input”
- Unaccountable participation – lack knowledge
- Irrelevant participation – trivial areas of influence
- Elitist participation – coopted by the system and not aligned with nursing



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## Emerging Impacts on Healthcare

- Personalized Medicine



- Population Health



- Technology



- Big data



<http://www.investingreece.gov.gr/default.asp?pid=167&la=1>  
<http://www.healthcareitnews.com/news/data-key-population-health-management>

## Opportunities to Change the Conversation

- Providing true integrated care
- Decreasing stigma
- Better screening and triage
- Developing targeted skill sets: de-escalation, stress management, suicide prevention, SBIRT, MI, CBT

## Where Does Change Start?

- We change the conversation when we begin to enact the new behavior...



## Changing the culture and leading change

- Shift your orientation to the future
- Improve your leadership presence
- Overcome the knowing-doing gap
- End the “blame game,” dismantle “us vs. them,” and create trust by holding yourself and others accountable

## Use the Levers of Change

- Use data and identified need
- Reform/revise education curriculum & competencies
- Accreditation, licensure & certification
- Changes in service/practice
- Advocacy and policy