Understanding Mental Health Practice for Adult Nursing Students

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Chapter 1 The importance of mental health care

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NMC Future Nurse: Standards of Proficiency for Registered Nurses

This chapter will address the following platforms and proficiencies:

Platform 1: Being an accountable professional

At the point of registration, the registered nurse will be able to:

1.8 demonstrate the knowledge, skills and ability to think critically when applying evidence and drawing on experience to make evidence-informed decisions in all situations.

1.12 demonstrate the skills and abilities required to support people at all stages of life who are emotionally or physically vulnerable.

1.14 provide and promote non-discriminatory, person-centred and sensitive care at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments.

Platform 2: Promoting health and preventing ill health

At the point of registration, the registered nurse will be able to:

2.4 identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances.

2.5 promote and improve mental, physical, behavioural and other health related outcomes by understanding and explaining the principles, practice and evidence-base for health screening programmes.

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Platform 3: Assessing needs and planning care

At the point of registration, the registered nurse will be able to:

3.13 demonstrate an understanding of co-morbidities and the demands of meeting people's complex nursing and social care needs when prioritising care plans.

Platform 4: Providing and evaluating care

At the point of registration, the registered nurse will be able to:

4.4 demonstrate the knowledge and skills required to support people with commonly encountered mental health, behavioural, cognitive and learning challenges, and act as a role model for others in providing high quality nursing interventions to meet people's needs.

Platform 7: Coordinating care

At the point of registration, the registered nurse will be able to:

7.5 understand and recognise the need to respond to the challenges of providing safe, effective and person-centred nursing care for people who have co-morbidities and complex care needs.

7.8 understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal independence and avoid unnecessary interventions and disruptions to their lives.

Chapter aims

After reading this chapter, you will be able to:

- understand perspectives of mental health, the changing context of mental health care and the implications for nursing education;
- highlight some of the assumptions that may be made about the needs and wishes of people who have a mental health issue;
- understand how important mental health is to our overall wellbeing and how the mind and body are not easily separated.

Introduction

In this book, we aim to help you as an adult nursing student to understand the impact of mental ill health on those for whom you routinely provide care. Assisting people to achieve a state of overall wellbeing is undoubtedly an important goal of nursing care.

However, adult nursing students often tell us that they feel ill equipped to provide support to people who are experiencing mental distress, and that they have a perceived lack of knowledge and skills.

Case study: Naomi

We will begin with Naomi, who has just started the BSc(Hons) in adult nursing after completing A levels in biology, English literature and maths. Her mother and sister are both adult nurses. For as long as she can remember, Naomi had always wanted to look after sick people and has had a particular interest in working with people who have respiratory issues. On starting her programme, she was very surprised to have a lecture from a mental health nursing academic who spoke about the importance of mental health and gave her group an overview of 'common mental disorders'. She was informed that under the new Nursing and Midwifery Council (NMC) Education Standards Framework, the scope of all future nurse practice will encompass assessment, care and intervention for people experiencing not only physical health conditions but also for those with mental health, cognitive and behavioural challenges. This gave Naomi pause for thought; she had not considered mental health issues as she had assumed that that was the responsibility of mental health nurses. She wondered if she would be able to do this and how she would be able to cope. She then remembered how many of her friends came to her to discuss their feelings or emotions and how comfortable she felt chatting about these issues. She also remembered how good she felt when she had helped someone to feel happier about themselves. Perhaps it might not be so difficult after all?

In our attempts to assist people to overcome adversity, which might be affecting the mental health of people we care for, we must understand the nature of mental distress. This is the starting point of the nursing care process – we need to understand the patient's experience and needs before we can intervene and provide care. You might think that the mental health issues are the responsibility of mental health nurses who specialise in the care and treatment of people who experience mental distress. However, the nursing profession as a whole is moving towards delivering more holistic care and there are expectations that adult nurses will be able to respond to the mental health needs of their patients, in the same way that mental health nurses will be able to respond to the physical health care needs of their service users.

Most people would agree that good mental health is important in our lives and that there should be health care services which support people's mental health and wellbeing. However, in the UK mental health has historically been the domain of specialist mental health services which have often been separated and disconnected from physical health care services (Attoe et al., 2018). We could be forgiven, therefore, for thinking that there exists a similar disconnect and separation of our minds from our bodies.

In this chapter, we will look at perspectives of mental health, the changing context of mental health care and the implications for nursing education and highlight some of the assumptions that may be made about the needs and wishes of people who have a mental health issue. We will illustrate how important mental health is to our overall wellbeing and show how the mind and body are not easily separated.

Service user voice

I felt there was a lack of attention given to my mental health needs whilst being treated in hospital for a physical health concern, particularly with regard to the administration and monitoring of my medication.

Changing health care services and nurse education

With the separation of health care services has come the separation of training to provide mental and physical health care. Nursing students in the UK have for many years had to choose from the outset a specific programme leading to a qualification in their chosen specialist field or pathway. The current NMC (2018a) *Standards Framework for Nursing and Midwifery Education*, however, goes some way to ensuring that all nursing students have access to all learning to take *into account the changes that are taking place in society and health care, and the implications these have for registered nurses of the future in terms of their role, knowledge and skill requirements* (NMC 2018a, page 3). For example, mental health nurses of the future will need to have enhanced knowledge of anatomy and physiology and skills assessing and caring for people with physical health problems. Similarly, adult nursing students will need to be able to assess and respond therapeutically to people who experience mental distress or who have diagnosed mental health conditions. However, while it is possible that nursing skills to support people experiencing mental distress may be developed, and the corresponding knowledge can be acquired across all fields, it may take longer for nurses to cultivate appropriate values, and to shed some of the assumptions about the needs of people with perceived mental health needs.

In many ways, the health care system within which you are practising is changing and this is connected to a different way of seeing the interplay between our minds and our bodies. Health care has traditionally seen that how we think and feel has no or little impact on the trajectory of physical illness and disease and that one can be 'treated' without the other (Attoe et al., 2018). But, just for a moment, imagine that you were diagnosed with a serious physical illness. Surely you would have some thoughts and feelings on the subject? And if those thoughts and feelings were profound this may have an impact in terms of our mental health. How we think and feel cannot easily be

separated from what we do and how we behave. As Fransella and Dalton (2000, page 2) state; Each one of us is ***acting*** upon the world rather than ***reacting***. That is, we actively try to make sense of our world. As we shall see in this chapter, the importance of our mental health for our physical health has perhaps been understated.

What is mental health?

Let's start by thinking about what the concept of *mental health* implies. We have noted in recent years that the terms *mental health* and *mental ill health* have been used interchangeably. For example, someone may say that a colleague is on sick leave because of their mental health. If we examine this more closely it seems not to make any sense – why would being *mentally healthy* lead to a person being on sick leave? Of course, what is meant is that the person is not mentally well, and it is very important to understand that the two terms (mental health and mental ill health) should not be used interchangeably in this way. Mental health is a positive state of mind; mental ill health is not. You may also note that we have not used the term mental illness – this is a contested term and seems to imply that a person is suffering from some form of disease. We must also consider that people may experience significant mental distress without being formally diagnosed with a mental 'illness'.

Activity 1.1 Reflection

What do you believe to be the essential features of mental health? Do you consider yourself to be mentally healthy?

An outline answer is given at the end of the chapter.

So, what do we mean by health, and what do we mean by mental health? As long ago as 1946 the World Health Organization (WHO) argued that illness was *not merely the absence of disease or infirmity*. More recently, in 2018, the WHO defined mental health as: *a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*. It is important to realise that one does not *have* mental health – one has a *sense* of one's own mental health. The WHO definition recognises this when it states that mental health is when someone *realises* their abilities, and so forth. It is not, therefore, something which can be assigned by others but a personal and 'subjective' experience. We are mentally healthy when we believe it; when we sense it; when we see ourselves behaving in mentally healthy ways.

Service user voice

Mental health means to me, very simply, being able to get on with life as other people would.

Biopsychosocial perspectives

The idea that health and wellbeing encompass more than an absence of illness was proposed by Engel in 1977 in his biopsychosocial model of illness. Here, Engel argued that there is a need to identify how psychological and social experiences combine with biological factors to affect the course of illnesses. For example, how might the way that we think about ourselves and others think of us (such as in terms of discrimination, stigma and a lack of social inclusion) affect our health and wellbeing? Engel argued that there is a need to include a broader view of the *person,* as well as the illness, to develop a more comprehensive understanding of their health problems. These definitions of health and mental health take a broad view, seeing it not simply as biological dysfunction, but also a reflection of our ability to function, cope within and contribute to society. It is also very important for us to understand that not all people who experience mental distress have a diagnosed mental health condition and they may never seek or receive medical help for their personal challenges. Likewise, not everyone who has a long-term condition or health issue may experience mental distress. Today, we are increasingly beginning to understand the impact of childhood trauma or adverse childhood experiences on the development of mental health challenges, such as addiction, and the decisions that a person makes in their lives; see, for example, the works of Gabor Maté (in further reading, below).

In short, nursing care and our response to illness and the promotion of health are likely to encompass many different and varied aspects of the person's life and we must consider the *whole* person. We will look in more detail about what the whole person means in the next section.

Service user voice

I see my overall wellbeing as being able to function; not necessarily being able to hold down a full-time job but maybe being able to go out on my own; getting some independence back; both in terms of finances and activities of daily living. It's about being able to function to a personal standard I'm happy with.

The whole person

Activity 1.2 Reflection

Consider your recent clinical practice placement experiences. List the ways in which physical health care services seek to provide care to the 'whole' person. Can you spot any gaps in the services that they provide to their patients?

An outline answer is given at the end of the chapter.

Despite the broad WHO definitions of health, many have argued that we in the Western world have lost focus on the care and treatment of the *whole person* and there are calls for the delivery of care which integrates not only the mind and body but also physical and mental health services (Kunitz, 2002; Jonas and Rosenbaum, 2021). For many non-Western cultures, such as Islamic and Eastern religions, a holistic approach to life is an important concept (Rassool, 2000) and holism has been an essential component of the worldview of many ancient cultures, such as Australian Aborigines, Native Americans, Greeks and Chinese. However, for us in the Western world, there has been a separation of mind and body, with ill health seen to be an issue separate from the subjective experience of the sufferer. In the field of mental health, this thinking has led to the development of psychiatry as a medical discipline and the power and influence to control the response to perceived mental 'illnesses'. This involved the 'patient' passively accepting expert interventions and being subjected to coercive social controls.

Service user voice

I remember being compared to 'other bipolars' by a clinician in terms of symptoms, with little regard for who I was as a person.

Service user voice

My experience of psychiatry is one where my physical needs were disregarded. It's because they can't see further than your diagnosis … They are powerful; they just ask, 'how are you?' and then medication.

However, there have been many challenges to this way of thinking. As mentioned above, Engel sought a 'biopsychosocial' model as a means of integrating the mind and body whilst recognising the social context of illness. Ludwig von Bertalanffy, who was to have an influence on Engel, recognised the complexity of biological and social systems, and more recently, James Lovelock in *Homage to Gaia* (2001) viewed the Earth as a complex, single and interconnected organism. There is also a political dimension to this. Medical sociologists, such as Ivan Illich (1975), have argued that an interpretation of ill health in purely medical terms attributes blame for an individual's illness or disease to factors located within the lifestyle choices they have made, rather than as a consequence of social and environmental factors brought about by industrialised societies.

The problem is that, in the provision of health care in England, there has often been a separation between mental and physical health care services and this has meant that strategies to improve physical health may not have sufficiently taken into consideration the interconnectedness between mental health and our overall health and wellbeing. Many have argued that there can be *no health without mental health* (Martin et al., 2007)

and highlight that health services are often under-equipped to provide care for people with mental health issues and that the quality of care for people who have both mental and physical health conditions could be improved. They further point out that mental health awareness needs to be integrated into all aspects of the planning and delivery of primary and secondary general (physical) health care. A significant outcome of this way of thinking has been that people with long-term mental health problems, for example, often have had poor access to specialist health services where diagnostic overshadowing may lead to a misinterpretation of physical symptoms as psychiatric phenomena.

Service user voice

I was on a gastroenterology ward observing a young female (with a mental health condition) being treated differently to an elderly man; overhearing such comments from staff as 'Here she is again, it's all in her head'.

Mental health policy

In 2011, the then Conservative–Liberal Democrat Coalition Government published their strategy for mental health, which sought to improve outcomes not only for people who have existing mental health problems but also to *improve the mental health and wellbeing of the population and keep people well* (Her Majesty's Government/Department of Health (HMG/DH), 2011, page 5). In this way, this mental health strategy for England was as much about improving service delivery, staff development and the experience of care as it was about mental health promotion of individuals and whole communities:

> *If we are to build a healthier, more productive and fairer society in which we recognise difference, we have to build resilience, promote mental health and wellbeing, and challenge health inequalities. We need to prevent mental ill health, intervene early when it occurs, and improve the quality of life of people with mental health problems and their families* (HMG/DH, 2011, pages 6–7).

As implied by the title, *No Health without Mental Health* (HMG/DH, 2011) gave equal weight to mental and physical health, recognising that having a mental health problem increases the risk of long-term conditions (such as diabetes, respiratory and cardiovascular diseases) and early mortality. Likewise, people who have chronic physical ill health and painful debilitating conditions often have an increased risk of developing mental health problems (Margereson and Trenoweth, 2010). The guiding values of the strategy are explicitly recovery-focused and person-centred, emphasising control in helping people to identify personal outcomes, both physical and mental, that enable them to achieve a meaningful and satisfying life (HMG/DH, 2011).

More recently, *The Five Year Forward View for Mental Health* (The Mental Health Taskforce, 2016) recognises that physical and mental health are interconnected. The authors drew attention to the early mortality of people with chronic and ongoing mental health problems, with such people dying between 15 and 20 years sooner than the general population. Likewise, people with long-term physical health problems are more likely to develop mental health problems, which has implications for their recovery in terms of poorer outcomes. Medical science has, of course, been very successful in treating physical illness and disease. However, much of the success of medical care and treatment, of course, comes from advances in understanding the aetiology of diseases and from treating parts or systems of the body. While this helps us, perhaps, to treat a physical health condition, it does not help us to understand the lived, subjective or personal experiences of the individual who may be experiencing such diseases. This matters as there is much evidence that social, psychological, emotional and even psychiatric factors are implicated in the aetiology and trajectory of physical illnesses and associated symptomatology. There is also much evidence to suggest that good mental health promotes recovery from illness. This suggests a bi-directional model between mental and physical health and well-delivered holistic care, in which people who feel connected with and involved in their own treatment have better clinical and subjective outcomes (Hassed, 2004). The Mental Health Taskforce (2016, page 6) states:

> *There is good evidence that dedicated mental health provision as part of an integrated service can substantially reduce these poor outcomes. For example, in the case of Type 2 diabetes, £1.8 billion of additional costs can be attributed to poor mental health. Yet fewer than 15 per cent of people with diabetes have access to psychological support. Pilot schemes show providing such support improves health and cuts costs by 25 per cent.*

There is also a concern that the biomedical approach may create passivity amongst 'patients' who are seen, and may in turn see themselves, as 'ill' and in need of care, and as such:

> *Working from biomedical models encourages client behaviour related to boredom, lack of choice, disempowerment, fear, confusion, lack of self-esteem and confidence, to be perceived by nurses as symptoms of mental illness* (Rydon, 2005, page 86).

The recovery approach and personal perceptions of recovery

The growth of the mental health service user movement in the UK over the last 20 years has been dramatic, perhaps in response to the way in which mental health care services and psychiatry have often disconnected people experiencing mental health challenges from their holistic and personal experiences (Perkins and Morgan, 2017). Whereas there were only six independent user groups available for consultation during

the drafting of the 1983 Mental Health Act, today service users are an integral part of mental health service planning and delivery at all levels. This increase in the influence of the mental health service user perspective has challenged many professional practices and, more importantly, the values that underpin these and has resulted in explicit consideration being given to the values necessary for appropriate nursing practice.

Today, the *recovery approach* is seen as a guiding force behind the mental health service user movement, and in creating a need for change in the nature of the relationship between service users and practitioners. In many ways, as it has been developed by service users themselves, the increasing influence of the *recovery approach* is an example of the success of service user involvement. Definitions of recovery here seek to recognise the impact of an individual's diagnosis and the subsequent journey of finding meaning in what has happened to them and discovering new sources of meaning and value.

The *recovery approach* stresses the holistic and biopsychosocial approaches whilst emphasising individual and personal pathways of recovery (Trenoweth et al., 2017). It does not seek to replace medicalised understanding of mental distress, such as those of psychiatry, but it places emphasis on the entire experience of the individual rather than a narrow frame of reference defined by a perceived 'illness'. The *recovery approach* also takes a different starting point to medical approaches in that initial consideration is given to how individuals may be assisted to achieve a life which is personally fulfilling to them, recognising their strengths, assets and abilities, rather than focusing on disabilities, deficits and symptoms.

Another, similar approach is the *Power Threat Meaning (PTM) Framework* (Johnstone and Boyle, 2018). Like the recovery approach, the *PTM Framework* seeks to understand the person's experience from their own perspective. It is a co-produced, negotiated understanding of mental distress, helping people to understand the sources of influence and personal meaning grounded within a social and interpersonal context. The framework helps people to share their personal narratives or stories of their experiences, as suggested by the questions below:

- Power: what are/have been the significant influences on you?
- Threat: how does this/has this affected you?
- Meaning: what sense can you make out of your experiences?
- Threat response: how have you been coping? What personal strengths have you drawn on? Who has been helpful to you?

The role of the professional nurse

The *recovery approach* represents, then, a set of values which has implications for guiding nursing practice and the way in which we work with and support people who experience mental health challenges.

Activity 1.3 Reflection

What do mental health service users want?

Consider the ways in which nurses might ensure their responsiveness to service users' needs in a modern and complex health care environment in order to bring about significant improvement in the health and wellbeing of those with mental health problems.

An outline answer is given at the end of the chapter.

Mental health service users have often pointed to the need to be treated in a 'human' way and with compassion (Khan et al., 2021). They identify the need to be listened to and to be understood (Shattell et al., 2006), and to receive a smile of acknowledgement; and to be given patient and empathic responses to their questions or requests. As such, nurses are needed to stand alongside sometimes frightened and vulnerable people to provide support and assistance to face, challenge and overcome the devastating effects of the issues which they are facing in their lives.

The role of professional nurses, regardless of setting, must be inextricably linked with meeting the individual needs of their patients, clients and service users. Rydon (2005) studied service users' views of the attitudes, skills and knowledge they felt mental health nurses needed. Service users expressed a wish for mental health nurses to convey positive attitudes in the sense of being professional, conveying hope, connecting with and working alongside, knowing and respecting the person and being interested in people's lives beyond their mental health issues.

Service user voice

Some nurses were polite, engaging with me. Sitting on the edge of the bed, just having a chat. Just basic human contact and empathy. This was important to me.

Rydon (2005) also identified a number of interpersonal and practical skills essential for the role (including exploring problems, using counselling skills, supporting the independence of the person whenever possible, and using organisational and teaching skills). Service users expect nurses to be demonstrably knowledgeable, in sharing their clinical knowledge and ensuring users are better informed about rights, and to possess personal resilience and emotional stability. Service users recognised the power imbalance between themselves and nurses and felt that, at times and under certain circumstances, this power could and should be used judiciously and in a positive way, for example, in protecting the person from themselves.

An important aspect of the *recovery approach* is that it stresses that to have needs is not abnormal (Slade, 2009; Trenoweth et al., 2017). The way forward in responding to

the needs and wishes of service users is to recognise that service users want to be able to trust health care services, and have a decent place to live, money in their pocket, decent employment, friends, support, hope for a future, diversion from boredom; they want to be seen as a complete person rather than as a cluster of psychiatric symptoms and want comprehensive physical health care and assistance to alleviate psychological distress (Mortimer, 2006; Cutcliffe and Koehn, 2007).

Given the importance of the personal nature of an individual's experience of their own health, the measure of success of nursing care would be incomplete without an evaluation of its helpfulness from the service user perspective. Indeed, the best evidence of how helpful a nursing intervention might be is through the service user's response to, and satisfaction with, treatment and care offered. The service user is, after all, the expert on their own personal and unique experience.

Relationship formation

A central role for nursing practice is the development of the therapeutic and professional working relationship with those who seek our care and support (Cameron et al., 2005; Sheerin, 2019). Indeed, it is argued that the central work of nursing rests on the skilled use of the therapeutic self to promote recovery and to develop relationships with people who have diverse needs and, importantly, to be able to sustain such relationships over time (Peplau, 1952). Here, an emergent theme in the literature is the perceived need to *be* with people (Barker and Buchanan-Barker, 2011).

Of course, the formation of a trusting and therapeutic relationship and the creation of a positive clinical alliance are often seen to be essential precursors of effective nursing interventions. Indeed, service users who experience a therapeutic relationship appear to demonstrate a more significant improvement in their mental health and as such, the potential contribution to recovery is considerable (Hewitt and Coffey, 2005).

Furthermore, people who have significantly improved from mental health challenges have frequently reported that they were greatly helped by someone who believed in them; who gave them hope; and who treated them as individuals and not as symptoms of a disease (Cutcliffe and Koehn, 2007). Indeed, central to the process of relationship formation is the ability to develop respect for the others by getting to know, attempting to understand (Trenoweth, 2003), and empathise with, the service user (Cameron et al., 2005). Here, a fundamental requirement for the nursing profession is to be able to base its care on a sound understanding of, and respect for, diversity amongst people in their care (Üzar-Özçetin, Tee and Trenoweth, 2021).

Implications for adult nurses

So, today, mental health care involves concentrating on assisting people with improving the overall quality of their *life* and this may well involve helping people to

manage the challenges they experience in their lives and to control their symptoms of a mental condition. In helping people to improve their quality of life, nursing care will need to be able to assist people, in a committed and compassionate way, to meet their mental and physical health and social care needs. Such interventions must be helpful in assisting service users to overcome their current difficulties but, crucially, must also be acceptable to them. Detailed information regarding treatment must be shared with service users and an explicit involvement in all aspects of care must be the norm. Individual care will need to be holistic (including an emphasis on responding to physical health care needs), bespoke and flexible, and provided to people from diverse backgrounds. So, as an adult nurse it is important for you to be aware of, and sensitive to, the concept of social justice, equal access to health care services and how they might tackle social exclusion and promote social inclusion. Above all, the adult nurse needs to support people experiencing mental distress in a human way and this is about the values that we hold as nurses and our personal qualities as human beings.

Chapter summary

In this chapter, we have looked at the importance of mental health care and the implications for adult nursing students. This includes being able to form and maintain helping relationships with people who may be experiencing mental distress and/or those who have a history of mental health issues. We have considered the changing nature of health care services, which now seek to embrace the whole person. Nurse education, too, has changed, so that the nurses of the future will be able to provide both physical and mental health care to people in a wide range of diverse settings, including forming therapeutic relationships and being responsive to the needs and wants of those experiencing mental distress and those who have a history of mental health challenges.

Activities: Brief outline answers

Activity 1.1 Reflection (page 11)

An important point to consider here is that people often confuse mental health with mental ill health, and it is not uncommon to hear people say that someone is suffering from mental health when more accurately it is mental ill health which is the challenge. The definitions of health presented here imply that mental health is a subjective assessment which encompasses our whole being – body, mind and spirit.

Activity 1.2 Reflection (page 12)

If you are working on a medical or surgical ward, there is every chance that you will have contact with different professionals who provide a wide range of physical health care (such as dietitians, physiotherapists, occupational therapists, and so on). Less common are those staff who are employed to work with patients who are experiencing mental distress. It would be a good idea to chat to staff to understand how they try to seek to provide care to the whole person.

Activity 1.3 Reflection (page 17)

Service users consistently tell us that they would like to be treated in a human way – by people who take their concerns seriously and understand their physical and mental health needs. The challenge, of course, in busy health care environments is to ensure that the whole person is looked after – this requires a combination of appropriate staffing levels, a culture which understands and respects the importance of caring for both the mind and the body and clinical leadership to make sure that the agenda of caring for the whole person is not lost.

Further reading

Frankl, V. (1946; 2004) *Man's Search for Meaning*. London: Rider.

A classic biography from Viktor Frankl, reflecting on his experience in a Nazi concentration camp, and how hope can survive under the most extreme circumstances. Life-affirming, inspirational and ultimately uplifting, despite its dark subject matter.

Maté, G. (2018) *In the Realm of the Hungry Ghosts*. London: Vermillion.

In this book, Maté seeks to explore the origins of addiction and the circumstances that promote human despair.

Wright, K. and McKeown, M. (2018) *Essentials of Mental Health Nursing*. London: SAGE.

An essential textbook for mental health nurses but also for adult nurses to develop their knowledge and skills.

Useful websites

There are many websites that seek to promote an understanding of mental health issues, including:

www.mind.org.uk/

www.sane.org.uk/

www.rethink.org/

www.mentalhealth.org.uk/

www.nhs.uk/oneyou/every-mind-matters/