Schizophrenia and resilience: what does it mean?

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Abstract
A doctoral research examined the meaning of resilience for someone who is living with schizophrenia. What it didn't examine was what makes people with schizophrenia resilient.

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BY ARLENE PARRY, DR IAN MUNRO AND KAREN HARDER

Does the postgraduate critical care curriculum at Monash University adequately prepare students to manage patients with a mental illness in the critical care environment?

Anecdotal evidence suggests nurses working in critical care are more focused on the physiological aspects of care and often place little importance on a client’s underlying mental health condition. If a patient has an underlying mental illness, it is often overlooked and associated nursing interventions are not included in the delivery of care.

Literature shows there is a lack of holistic nursing, inclusive of a client’s mental health condition, while being cared for in the critical care environment. Due to multifactorial issues associated with nursing clients with a mental illness in the critical care environment, little has been done across the years to address the issue. There are deficits in the knowledge, skills and attitudes of nurses when caring for clients with mental illness in this clinical setting.

Two compulsory units in the undergraduate nursing curriculum at Monash University teach mental health nursing. However, researchers at the university’s School of Nursing and Midwifery are interested to know if the current postgraduate critical care curriculum sufficiently prepares students to care for clients in the critical care environment who present with a co-morbid mental illness.

While there is very little literature related to this specific area, the results of a small pilot study currently being undertaken will contribute to the evidence on the subject and provide baseline data to inform further research. The research team is aiming to identify educational gaps in the postgraduate critical care curriculum in relation to mental health nursing care. Also to identify if current curriculum is informing students how to manage clients with a mental illness. This innovative study will contribute to existing evidence and inform curriculum change at a university level.

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Recovery model of care within the PICU

BY DR LOUISE WARD AND DR KARLEEN GWINNER

Nurses are the primary care providers of consumers admitted to the High Dependency Ward (HDU) or Psychiatric Intensive Care Unit (PICU). They are the largest professional group providing care to the acutely unwell, managing crisis and complex clinical psychiatric scenarios. It is timely to review the skills and expertise of this nursing specialty for further definition and acknowledgement.

The NHS in the United Kingdom has released a draft Psychiatric Intensive Care Consultation paper (2012) raising the profile on this clinical area, examining and defining PICU models of care and discussing current practices. Education and training requirements are highlighted and a clear vision for future workforce development within the PICU is outlined.

Australian nurses working within these environments require the same level of attention. A current research project has commenced in partnership with Gold Coast and Logan Mental Health Services and Griffith University to investigate the PICU environment and this specialty area of care. The study aims to explore the concept of A Recovery Model of Care within the PICU environment defining the specific nursing skill and current practices that provide optimal consumer care to the acutely unwell.

Two nursing reference groups have been held and the research data is now in the process of concept analysis of recovery in PICU. Two further reference groups will be facilitated in the coming months to report on the findings and discuss advancing the study.

At completion of stage one a framework for specific nursing intervention and the evidence of best practice for recovery principles within the PICU will be developed, highlighting the skills and expertise required to provide optimal care to the consumer within a patient driven recovery framework. Stage two will focus on ways to deliver and sustain this framework for nurses and consumers within the PICU.

REFERENCE

Dr Louise Ward and Dr Karleen Gwinner
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Schizophrenia and resilience: what does it mean?

BY SUSAN LIERSCH, LORNA MOXHAM, PETER CAPUTI AND DR JANETTE CURTIS

A doctoral research examined the meaning of resilience for someone who is living with schizophrenia. What it didn’t examine was what makes people with schizophrenia resilient.

Lived experience is becoming increasingly recognised as a very real and legitimate research of people who live with a certain phenomenon. Lived experience research often gives marginalised and disempowered people a voice and for this reason contributes in a unique and valuable way to knowledge.

For this research, people who are living in the community and who also have a diagnosis of schizophrenia were invited to participate in a study nested within a phenomenological methodology. In-depth individual interviews were used as the vehicle to gather information regarding what participants felt resilience means to them.

The results revealed resilience is often invoked through the size and number of challenges that face people living with schizophrenia. Interestingly, things normally regarded to be supportive ‘factors’ or ‘resources’ that health professionals strive to put in place, also have challenging aspects. For example medication to manage symptoms, which was viewed by participants as essential, was also viewed as extremely challenging because of the need to overcome and live with the side effects. It is through an individual striving to balance both support and challenges that resilience emerges.

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