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Alcohol use disorders: a mental health not a moral issue

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Abstract

The prevalence of alcohol use disorders (AUD) and associated alcohol related harm amongst women in the community can compromise their mental and physical health (Foster et al. 2014).

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Alcohol Use Disorders: a mental health not a moral issue; perceptions about nursing a woman with an AUD.



Rebecca Bosworth, Lorna Moxham, Renee Brighton

Women within the Australian community are at great risk. The prevalence of Alcohol-use disorders and associated alcohol-related harm compromises women's mental and physical health (Foster et al 2014). An Alcohol-use disorder, combining abuse and dependence, is defined by the DSM-5 as a psychiatric disorder characterised by a cluster of psychiatric and behavioural symptoms. Consuming alcohol at increased levels leads to alcohol-related harm, which is defined by the National Health and Medical Research Council (2015), as adverse effects of injury and disease secondary to drinking.

Given Australia's drinking culture, AUDs are not an uncommon problem and are a mental health issue of significance. When compared to men though, women are underrepresented in research despite the fact that they are more vulnerable to the effects of alcohol-related harm. Gender differences of how alcohol is metabolised is one contributing factor to increased harm. Women are exposed to toxins for greater periods due to their higher percentage of body fat, this results in higher blood concentrations of alcohol, thus increasing the risk of organ damage (Foster et al 2014). Women exhibit more severe symptoms sooner with NSW Health (2015) suggesting that despite lower consumption of alcohol, a greater biopsychosocial impact occurs for women.

All people with AUDs deserve care, but due to the barriers women experience in engaging with essential quality health care they seek treatment less. Raistrict et al (2015) identified barriers like stigma, discrimination and fear of exposing their substance use disorder. For a woman who seeks help, this may mean she risks losing her children. The prevalence of stigma is of concern, with literature suggesting that health care professionals are less likely to intervene in alcohol related issues (Barr & Lovi 2009).

Research suggests though that when interventions do occur they are often negative. These negative experiences place women's mental health at risk. Vandermause and Woos (2009) explain the anxiety felt, triggered by hurtful interactions and the fear evoked by the need to expose their AUD act as deterrents to seeking help. Everyone is entitled to equal access to healthcare. AUDs are considered a health issue not a moral issue (NSW Health 2007). It is not the place of health care professionals to pass moral judgment.

The reluctance then, of women with AUDs to seek help may be due to the way nurses treat them. Little is known about the perceptions that nurses have of caring for a woman with an AUD. With the aim of wanting to understand this more, the first author, a RN, embarked on an Honours research project 'Exploring what it means to care for a woman with an AUD'. The focus was specifically on beginning nurses. The desire was to explore what BN students thought providing nursing care for a woman with an AUD would be like. The purposive sample of BN students had not had a clinical placement and inclusion criteria was such that they had not been exposed to a women with an AUD. The researcher wanted to gain an understanding from these future RNs before they became enculturated into the profession. Findings from the in-depth semi structured interviews conducted and using an interpretive phenomenological approach, provide insight into how personal perceptions and stereotyping have the potential to impact upon professional behaviours and how health care is delivered. It can assist nurses understand how important the therapeutic use of self is when providing care and to do this effectively nurses need to constantly engage in self-awareness.

References

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