Mental health nursing and social control

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Peter Morrall discusses his new book, in which he argues that instead of seeking to become a profession, mental health nursing should learn how to work with psychiatry again.

The mental health industry’ is in chaos. Practitioners and managers are drowning in a deluge of policy initiatives, legislation, and recommendations from reports and inquiries. In the last few decades, staff in mental health services have had to accommodate the independent sector, disentangle purchasers from providers and separate health care from social care. They have also had to introduce care plans for patients discharged from hospital, offer noncustodial forms of care and treatment to mentally disordered offenders, been told to reduce morbidity and suicide rates among people who are mentally ill, give priority to those placed on supervision registers and implement new mental health legislation.

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Psychiatric mental health nurses also work in rehabilitation settings where people are recovering from a crisis episode and the aim is social inclusion and a return to living independently in society. Psychiatric mental health nurses also work in forensic psychiatry with people who are detained as they have committed a crime or are particularly dangerous. Advanced practice registered nurses (APRN) have a Master's degree in psychiatric-mental health nursing and assume the role of either clinical nurse specialist or nurse practitioner. Psychiatric-mental health nursing (PMHN) is considered a specialty in nursing. Specialty practice is part of the course work in a Master's degree program.