

FALLOUT FROM THE BIOLOGICAL MODEL: IMPLICATIONS FOR PSYCHIATRIC MENTAL HEALTH NURSES

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In the biological, disease-oriented model of psychiatric illness, psychotropic medications are the frontline treatment. These medications have enabled many consumers of psychiatric mental health care to obtain relief from severe and disabling symptoms. Allegiance to the model continues as both consumers and psychiatric mental health professionals anxiously await approval of newer medications promising even greater benefits.

This allegiance has not been without consequences, however; indeed it has been suggested that medications have become the basis for a loss of professional identity among psychiatric mental health nurses (Olsen, 2000). Significant role conflict, role blurring, and role overlap for psychiatric mental health nurses exists (Barker, 2006; Cunningham & Slevin, 2005; Magnusson, Högberg, Lützén, & Severinsson, 2004; McCabe, 2000; Simpson, 2005; Skidmore, Warne, & Stark, 2004). In short stay, acute care environments, as biologically oriented treatments have become increasingly important, the role of the nurse has often turned into one of supervising and monitoring medical care (O'Brien, 2001).

There was a time when nurses were thought important to the care of psychiatric patients. Better biological treatments for severe disturbances of mood and thought processes were expected to expand the possibility of psychotherapeutic interventions (Peplau, 1952). However, as medications became more and more deeply entrenched in our collective thinking, less and less time was allotted for these therapies.

Yet, psychiatric mental health nurses still consider the therapeutic nurse-patient relationship as the foundation of their care (Cleary, 2003; Magnusson, Högberg, Lützén, & Severinsson, 2004; Stockmann, 2005). Psychiatric mental health nursing textbooks present the nurse-patient relationship as pivotal to the practice of psychiatric nursing in acute care practice settings. However, this is often not the case (Thomas, Shattell, & Martin, 2002). We are ignoring the reality before our eyes. When we uphold a function we cannot possibly fulfill, we set ourselves up for moral depravity and burnout. If the only way to help is through encouraging patients to comply with the treatments of another professional, what does this do to the role of psychiatric mental health nurses? Have we given up the right to practice psychiatric mental health nursing by bowing to the biological interventions of psychiatry?

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