Mental Health Nursing in Norway

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My educational course

• Bachelor degree in nursing (3 years). Finished in 2005.
• Worked in mental health care for children and adolescence since January 2008
• 1 year additional education in interdisciplinary mental health 2009/2010
Mental health nursing

• Is a speciality within nursing.
• Involves primary care services to clinical population.
• Assess and treat individuals and families using therapeutic skills
• Administration and observation of medication
• Therapeutic skills critical to successful mental health nursing
Diversity of mental health nurse jobs

- **Primary care**
  - Adult mental health care out-patient / ambulatory
  - Child and family mental health centres
  - Child protection services and institutions
- **Secondary care**
  - Adult out-patient / in-patient
  - Child and families out-patient / in-patient
  - Habilitation
  - Addiction
  - Somatic liaison service
My work

- Interdisciplinary teams including doctor (psychiatrist), psychologist and other members with at least 3 year higher education
- Develop treatment plans in cooperation with team members and the families
- Counselling and environmental work with children, parents and families
- Systemic work and cooperation with other involved services (specially primary health care and social services)
- Coordinating (weekly planning for patients, structuring environmental work, weekly meetings)
- Medical supervision and observation of side effects
- Supervising and counselling students and colleagues
Methods

• Therapeutic alliance
• Therapeutic connection (relation)
• Observation
• Therapeutic play
• Cognitive behavioural therapy (Coping Cat)
• Narrative methods ("The river of life" and Family collage)
• Dialogical conversation method (DCM)
• Daily documentation
Coping Cat
"The river of life"
The difficult dialogue

• Dialogical conversation method (DCM)
  – Methodically structured, specific and thorough
  – Sensitive subjects about violence, abuse and neglect
• Different starting points
  – Child has previously told about experiences, we need more information
  – Suspects that child encounters abuse / neglect
• Clinician must show safety
• Dare to ask demanding questions
• Endure child’s emotional expressions
Important areas of DCM

• The therapeutic dialogue conversation has the following phases:
  – Preparation
  – The conversation
  – Closure

• Specific formulations for each phase
  – Open questions
  – Active listening
  – Endure silence
  – Support child
  – Show confidence and structure

• Physical context
Difficult dialogue demonstration

- Demonstration
Summary

• Mental health nursing in Norway
• Education
• Work fields
• Example – secondary child services
• Typical methods
• Questions