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Answer key for Nutri quiz Vol 8 Jan –April 15

1. D (Since it is a activated form)
2. A (Since liver is rich in vitamin B₁₂ than other food items in the list ,the milk is very poor source of vitamin B₁₂ its rich in sodium and potassium)
3. D (This rich source is concluded by comparing the colostrum with normal breast milk, since it is rich in antibodies)
4. D (Gluten is a kind of protein that present only in wheat and wheat product)
5. B
6. B (During the process of germination some enzymatic changes happens with the pulses this changes enhance the level of Vitamin B and Vitamin-C)
7. B (Since this both are true but there is no link between Hypertension and Oliguria)
8. A (As per RDA 12mg of zinc is advised to the adults)
9. C (Since blood pressure will not come under anthropometry method)
10. B (Braising is method where both moist heat and dry are combined for preparation, where in the preparation of cutlet boiling and frying need to be done.)

TIDAL WAVES: A NEW MODEL OF MENTAL HEALTH RECOVERY AND RECLAMATION

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Abstract

All people are no more than stories. Stories they tell themselves and others, and story of others will tell about them in the Tidal Model, we help people reclaim the stories of their Break down, their distress and their difficulties, so that, once again, they can own their experience. By talking about themselves, people become more aware of how they are *'_living'* and perhaps, by *'_doing'* whatever needs to be done', they might move beyond their problems, into a new story of their own making.

Key Words: Tidal waves, Ten Commitments, Reclamation

Introduction:

In a general hospital, good care for a patient involves seeing to physical needs, trying to alleviate discomfort and distress, doing tests, and administering treatments. The nurse does most of these things. In a psychiatric hospital, the needs of the patient are somewhat different. The traditional role of care is commonly seen as one of observation, risk management, and drug dispensing. Where appropriate, physical needs are met. Infact, good care for mental health patients involves much more than this. Although it can be seen as primarily the responsibility of the nurse, all staff must play their part within a multi-disciplinary context. This article is an attempt to explain the importance of this kind of care, and give some guidelines on how it can be delivered.

Reclamation

The Art of Possible

Breakdowns rarely happen overnight. In the same way, recovery does not happen suddenly— but develops at the person's own

pace, depending on their Circumstances. We realize that recovery may take a long time. We are like people mopping up after a great flood. We know that it will need a lot of effort, from ourselves and perhaps from other people. Most of all we suspect that nothing will ever be the same again. However, *'_mopping up'* is exactly what needs to be done. We are clearing up and rebuilding the lives that have (almost) been destroyed by the flood¹. This becomes our most important work. Through this work we reclaim our human nature. We do what can be done and no more. If we can do that, we may well recover the lives which we thought we hadlost.

The Tidal Model

The Tidal Model emerged in the late 1990's from the work of Phil and Poppy Buchanan- Barker in New castle. They are now developing the model further, with colleagues in several countries². It is called the **"Tidal Model"** because it draws its core philosophical metaphor from **CHAOS THEORY**, such that the **unpredictable - yet bounded–nature of human behavior**

and experience is compared to the dynamic flow and power of water and the tides of the sea³.

The Tidal Model, as a recovery approach to mental health problems, suggests that our mental well-being depends on our individual life experience, including our sense of self, perceptions, thoughts and actions. At the core of everyone is the unique story of the experience of living, and of life itself. An essential part of this story concerns our interactions with other people. Although we are all different, we are all human beings and depend on one another. When someone has mental health problems they often have extreme life experiences that prevent them from functioning in their current situation. Very often, there is an experienced threat to self, the heart of our life experience. Very often the person through this experience becomes isolated even from friends and family. It is only by drawing close and listening to their story or the account they give of themselves and their experience that we can begin to understand, work without them what might be done to help³. There is also the idea of these in all its vastness and our relative vulnerability within that vastness. It is as if we are all small boats, or coracles, on a journey across the ocean of life. Each coracle is a different size and shape and has different strengths and weaknesses and is of a different age. In this way we are all vulnerable. Sea water is in constant flux, the tides ebb and flow continuously and there are powerful and unpredictable currents with waves crashing on these shores. Nothing is ever still. Depending on where

we find ourselves in the ocean of life, we can succumb to different kinds of disasters such as rape, sexual or physical abuse, which are often experienced as a 'robbery of the self'⁴. Such traumas would also include severe interpersonal difficulties, emotional or physical loss, depression or sustained periods of stress, acute or chronic alcohol/ drug abuse, leading to an experience of complete breakdown or 'shipwreck'. A central task of collaborative care is to help people develop awareness of **how** their own experience of mental health or un-wellness ebbs and flows; **how** distress comes and goes and- most importantly- **what** the person, or others, are doing right now to influence it in positive or negative ways. **How** does our action or inaction help or hinder the person's recovery and ability to get on, positively with their life right now?

Ten COMMITMENTS AND Twenty COMPETENCIES

This way of working is reflected, clinically, through the practice of the **20 Clinical Competencies**⁵.

THE TEN COMMITMENTS: Essential values of the Tidal Model

Ten Commitments are the final arbiter as to whether or not we are working with in a collaborative person-centred recovery approach to care. It also distils the essence of the principles, philosophy and value base of the Tidal Model.

1. **Value the voice** - the person's story is the beginning and end point of the helping encounter. The story that unfolds includes not only the account of their distress, but also their hope for its ultimate resolution.

2. **Respect the language** - every person has a unique way of telling their own life story, representing to others what they know and how they feel about themselves and their situation. Their language – with its unusual grammar, personal metaphors and perspective – is the ideal medium for revealing the way ahead towards recovery.
3. **Develop genuine curiosity** -The person in care is telling, writing and in some ways ‘editing’ or seeking to re-write their own life story in the light of recent events which are causing them distress. But this does not mean their life is an open book. We need to show genuine respect and interest in the story that is being told to us, even when it appears quite bizarre, in order to better understand the storyteller.
4. **Become the apprentice** -the person is the world’s expert on his or her own life story. We can learn a lot from this person and from his or her story, but only if we apply ourselves respectfully to the art of active listening to those who are in distress and in mental pain.
5. **Reveal personal wisdom** –People have a powerful store of wisdom—about themselves, the world and others – and this is articulated through the telling and writing of their own story.
6. **Know that change is constant** – We need to help people become more AWARE of how change is happening, and how they might use their knowledge to steer themselves out of danger and distress, in to a course of relative safety and recovery.
7. **Use the available toolkit** - the person’s story contains numerous examples of what has worked for them in the past or what might work for them here and now to further their recovery.
8. **Craft the next step beyond** - We need to help the person construct an appreciation of what needs to happen or to be done next

to promote their recovery. This is one of the functions of frequent collaborative planning.

9. **Give the gift of time** - There is nothing more valuable than the time staff and the people in care spend together. Quality time is the midwife of change.
10. **Be personally transparent** - The person in care and the helper should be a team working together. If a therapeutic alliance is to prosper, we all must learn to respect and trust one another and to be open, honest, and speak the truth as we see it within a safe, therapeutic environment of care.

TWENTY CLINICAL COMPETENCES

COMPETENCY 1: The ability to respectfully and actively listen to other people’s stories and version of events, giving them your undivided attention.

COMPETENCY 2: The ability to help others write their own story in their own words and to see this as an essential part of the ongoing process of assessment and care.

COMPETENCY 3: The ability to help others express themselves always in their own language.

COMPETENCY 4: The ability to help others express their understanding of their experiences through the use of stories, anecdotes, or metaphors.

COMPETENCY 5: Showing genuine curiosity about people’s stories by asking them for clarification of particular points, and by requesting further examples or details.

COMPETENCY 6: The ability to help others unfold their story at their own rate.

COMPETENCY 7: The ability to develop a practical nursing care plan, which expresses, wherever possible, the stated needs, wants or wishes of the person in care.

COMPETENCY 8: The ability to assist people to identify their specific problems of

living, and what might be done to address or overcome these.

COMPETENCY 9: The ability to help others to identify and develop awareness of their own personal strengths and weaknesses.

COMPETENCY 10: The ability to help others develop a positive self-belief, thereby promoting their ability to take personal responsibility for their own choices and actions.

COMPETENCY 11: The ability to help people to be aware, at all times, of the purpose of all professional assessments and care.

COMPETENCY 12: To ensure that people are provided with (or have easy access to) their own copies of all assessment and care planning documentation.

COMPETENCY 13: The ability to help others become more aware of what works for or against them including any issues of potential risk to themselves or others.

COMPETENCY 14: The ability to help people identify who the key people are that can best help them with specific issues and to give them the kind of support they need.

COMPETENCY 15: The ability to help people identify what kind of change might be a 'step in the right direction' for them to take right now to promote their recovery and good relationships.

COMPETENCY 16: The ability to help others to identify what further steps might need to be taken for them to improve their present situation and mental health.

COMPETENCY 17: Helping people to be aware that dedicated time is being given to them to address their specific needs.

COMPETENCY 18: Helping people recognize the value (and quality) of the time being given to their ongoing assessment and care by others.

COMPETENCY 19: Helping people to develop an increasing awareness of very small changes—in their thoughts, attitudes, feelings or behavior.

COMPETENCY 20: Assisting others to develop an increasing awareness of how they, other people or events have influenced (or are continuing to influence) these changes.

Source: Buchanan-Barker, 2004.

THE ROLE OF MENTAL HEALTH NURSES (MHNs)

Bridging

- When people are admitted to psychiatric in-patient services, they often feel distressed, isolated and confused. Some feel very angry and suspicious especially if they have been admitted against their will on a section of the Mental Health Act.
- Mental pain is eased if people feel understood, listened to and reassured. Thus, the first task is to reach out towards the person in care with compassion and respect, thus creating a therapeutic (or healing)-bridge over troubled water. This bridging is both creative and risky and is a two-way process^{6&7}.

How does it work out in practice Having reclaimed the story of their own break down and distress, the person in care can then begin to map out a new course of recovery for themselves – one small step at a time, and one day at a time, with the help of others. A recovery approach assumes that the best that we as professional care givers can do or offer is to be genuine supporters of the person who suffers. Our task is to provide, as best we can, the conditions under which people can find and access the resources (very broadly defined) they need to undertake a journey towards mental

health and/or spiritual recovery, which is meaning full to them. The following is a summary of the sort of issues that need to be during the person's stay, and is the basis for the documentation. It concerns 3 distinct aspects of the person's thoughts and feelings at any particular time – the domains of self, world and others-, and the possibility of group care¹⁰.

CONCLUSION

The importance of standard medical or psychological approaches to mental health problems is not in doubt. However a recovery approach such as recommended in the Chief Nursing Officer's review 'From Values to Action' (2006) as exemplified in the Tidal Model is a different, more individual, approach to care with an important contribution to make. It should inform all best practice guidance within mental health nursing. Under this approach, we seek to form therapeutic relationships with the people in our care. This privileged role means that we probably know service-users' true experiences, needs and desires better than anyone else. We must make sure that each person's voice is heard, and be proactive in helping appropriate treatment, care and support to take place. Our crucial professional relationship with service-users

Knowing you/ knowing me

Having made contact with the person, we can then offer the support, hope and encouragement they need to get through the initial period. Overtime, we hope to turn this dependent type of relationship into one that is trusting and two-way, what Barker has called "knowing you/ knowing me". This is built on mutual respect and openness. We hear and record the person's whole story as that person sees it and tells it, in his or her own words. We then encourage each person in their day-to-day progress, and help him or her see wisdom in their previous experiences that might apply to their presentsituation^{8&9}.

at the point of their greatest need and distress on a day-by-day basis is the foundation of all good mental healthcare, and may have more healing potential than any purely psychological therapy or chemical or psychological intervention.

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Salute to Aruna Shanbaug

1948 - 2015

Aruna Shanbaug landed herself a job as a junior nurse in the famous King Edward Memorial Hospital. She was a strict disciplinarian, authoritative, highly responsible and efficient, amongst the best nurses of the hospital. She had a promising career ahead and was loved and liked by all. Aruna was in Permanent Vegetative State (PVS) after a terrible attack, which left her condition irreversible and incurable. She was locked up in her own body to wait for a slow, painful death. Doctors pronounced, within a year of the crime, that she had no hope of recovery; this was also when it emerged that she had been raped. But Shanbaug continued to live through the effects of her ordeal, not even aware that she was ageing or that her parents had died and she had been abandoned by her extended family. Her tragic situation entranced and enraged the nation. She spent more than four decades in a vegetative state, being fed mashed food by her former colleagues at the hospital and became the focus of a debate over India's euthanasia laws, died on 18 May 2015 at KEM Hospital, Mumbai, Maharashtra, India

Shanbaug's death triggered a wave of sympathetic messages. -Our deepest condolences on the sad demise of Aruna Shanbaug, It was painful to see her suffering. We salute the humanity shown by KEM nurses.!

