Home as a therapeutic space. Some implications of New Zealand’s use of community treatment orders

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Focus of this presentation

- To draw on the concepts and literature of the discipline of geography to explore the implications of home based care for individuals’ experience of ‘home’, especially in the context of community treatment orders.
‘Closer to home’ mental health services

- Deinstitutionalisation saw the location of mental health care move from hospital to community.
- Current mental health policy is to provide care as close to home as possible.
- ‘Close to home’ treatment attempts to prevent the disruption caused by hospitalisation.
- Attempts to work with people’s customary supports and resources.
Compulsory care at home

- “Boarding out” in 19thC Scottish asylums
- Compulsory care at home has been provided for in NZ mental health legislation since 1846
- Prior to 1969, there was no medical role in care at home
- From 1969 home visits from psychiatric nurses
- From 1992 “treatment” entered the discourse of compulsory care at home
Criteria of community treatment orders

- From 1992, legislation referred directly to medical treatment at home
- Section 28 requires that the mental health service provides ‘care and treatment’
- Section 29 requires that the patient attends for treatment
- The 1992 Act requires that the “social circumstances” of the patient are adequate for community care
Increasing use of community treatment orders in New Zealand

Use of Community Treatment Orders, national average 2005-2011 (per 100,000)
(Ministry of Health 2006-12)
The ‘spatial turn’ in nursing

- Recent nursing literature has begun to engage with the discipline of geography to consider the role of ‘space’ in health care.
- Researchers have talked of ‘nursing geography’ and ‘clinical geography’.
- Nursing geography emphasises *health* rather than *medicine*.
- Areas of research have included palliative care, aged care, and community nursing.
Mental health and space

- Mental health nursing has traditionally been defined in terms of space, through its location in the hospital.
- Space is important in inpatient settings, where removal from social space, through seclusion, has been an accepted practice.
- Health policies in the 20th century challenged the primacy of the enclosed space of the hospital as the location of care.
What is home?

- Derivation of ‘home’ suggests collective rather than individual space (hamlet).
- In modern Maori ‘home’ has multiple referents, indicating multiple senses of belonging.
- Nearest Maori equivalent to home as an individual dwelling is *wahi noho*, defined in the Maori dictionary as ‘shearing quarters’, so probably post-European.
- *Kainga*: village, marae, or ancestral home of Hawaiiki.
- *Taiwehenua*: permanent home, land or region.
- For pakeha home may also have multiple referents
Meanings attached to ‘home’

- Personal safety
- Security
- Privacy
- Freedom from intrusion
- Kinship
- Tradition
- Bricks and mortar

Meanings are influenced by age, social class, ethnicity, gender and other factors
Home as a site of conflict

- Home may be idealised in contrast to hospital
- Home may be a site and a source of trauma
- For those under a CTO, there may be reduced agency associated with home
- Home is a gendered space, especially in the context of caregiving
- Families may be subjected to a professional ideology of ‘home’.
- The multiple associations of home may not all be realised in every individual case
Power and space

- Foucault noted that power operated through the surveillance and control of space.
- Policies such as closer to home care, especially in the context of CTOs, have the potential to extend therapeutic surveillance into private space.
- As care providers to people subject to CTOs nurses are implicated in this regime of surveillance.
- Nurses have the potential to act as mediators in humanising clinical practices and supporting individuals’ sense of ‘home’.
- But there is always an element of intrusion in using home as a therapeutic space.
Home as a therapeutic space

• Home based mental health care under compulsion has the potential to appropriate domestic space and convert it to clinical space.
• A clinical presence in the home, even when it is wanted, disrupts the meaning of ‘home’.
• Appropriation of home is not limited to the times in which nurses are present in the home.
Nursing practice and the (re)making of institutional space

- Nurses claimed to actively manipulate, normalize and recreate clinical spaces as part of their everyday therapeutic practice.
- Adjusting social composition
- Introducing ‘normal’ activities
- Providing private spaces
- Seeking private space
- Explaining clinical space
- Spaces for personal escape and wellbeing.
Nurses’ views of providing care at home

- Previous research identified nurses’ concerns to ‘minimize’ their professional role and identity when providing care at home
  - Reduced visibility of professional equipment, such as brief case
  - Informal activities such as sharing a cup of tea
  - ‘Ordinary’ topics of conversation
Clinical activities of home based care

- Assessment
- Interviewing
- Clinical examination
- Psychological therapy
- Administration of medication
- Co-option of personal relationships into clinical discourse

Home becomes a ‘field of knowledge’ in support of the therapeutic enterprise
Implications for nursing

• In education, draw attention to the function of space in creating healing environments
• Awareness of the potential for clinical discourse to disrupt the experience of home
• Question the increasing use of CTOs and advocate for alternatives such as joint crisis plans, advance directives
• Research nursing practices in mediating the use of space.
Selected references


