Assessment 2

The current assessment comprises four sections. The first part details a case study, exploring how mental health laws and patient rights are reflected in the case through the Mental Health Act 1992. The second part analyzes the Act's impact on the whaiora and whanau experiencing recovery from distress. The third part provides an overview of the ethical principles in mental health settings and their integration into assessment and treatment processes. Finally, the fourth part evaluates how these principles create tensions and ethical dilemmas for mental health nurses in the context of the Mental Health Act 1992.

Case Study Analysis

This analysis focuses on Zara, a 54-year-old European woman residing in New Zealand. In 2010, Zara was convicted of murdering her neighbor and sentenced to life imprisonment with a non-parole period of 10 years. Following her conviction, Zara was transferred from prison to a mental health institution, where she received medication and participated in community reintegration programs.

A key aspect of Zara's case is the intersection of her life sentence for murder and her diagnosis of paranoid schizophrenia, which may have developed before and contributed to the crime. Psychiatric evaluations suggest that her family history of schizophrenia could indicate that her mental disorder predates the murder. Despite being sentenced to life imprisonment in 2011, Zara was admitted to a mental institution under compulsory treatment, aligning with Section 35(2)(b) of the Mental Health Act 1992, which permits the transfer of convicted persons with mental

impairments from prison to a hospital to determine the best course of action (Ministry of Health, 1992).

Zara's rights under the Mental Health Act appear to be upheld. The mental state review from October 2023 records the presence of an interpreter, consistent with Section 6(2) of the Act, which mandates interpreters for individuals unable to understand English due to disabilities such as deafness (Ministry of Health, 1992). This was relevant for Zara, who has profound deafness.

The case materials also indicate that Zara has appropriately utilized "escorted leave," in accordance with Sections 50 and 52 of the Mental Health Act, which state that special patients may only leave the hospital with permission from the Director of Mental Health or the Minister of Health and that the criminal justice process must precede such leave (Ministry of Health, 1992). Although specifics are not provided, it is likely that these procedures were followed, given the severity of Zara's crime. By the time of her 2023 mental state review, Zara was on parole. The future of her parole status remains uncertain, but the "escorted leave" was likely staff-escorted, as required under Part 4 of the Special Patients and Restricted Patients document by the Ministry of Health (Ministry of Health, 1992).

Zara's involvement in community reintegration programs highlights the Act's emphasis on social connectedness, a key principle in supporting recovery (Weziak-Bialowolska et al., 2022). Additionally, Part 4 of the Mental Health Act ensures that special patients receive the same treatment, care, and resources as others on compulsory treatment orders (Ministry of Health, 1992). Zara's case reflects this,

as she has been provided with medication and resources, including WRRP groups. This approach aligns with the Act's preference for community care over inpatient care and the principle of "least restrictive intervention."

Analysis of the Mental Health Act 1992

The Mental Health Act 1992 represents a shift toward embracing human rights and considering cultural factors that may influence the experiences of individuals accessing mental health services, particularly those under compulsory treatment (Ministry of Health, 1992). The Act prioritizes community treatment over inpatient care and advocates for the "least restrictive intervention" possible, as outlined in the 2022 guidelines (Ministry of Health, 2022). This shift positively impacts the experiences of whaiora and whanau recovering from distress.

Several sections of the Act highlight its commitment to human rights, community treatment, and cultural sensitivity. For instance, Section 4(d) of the Act specifies that substance use alone does not justify compulsory assessment and treatment (Ministry of Health, 2022). This provision encourages substance users, who might otherwise fear compulsory treatment and legal repercussions, to seek help at critical stages of their condition (Bunn et al., 2019).

Section 5 of the Act addresses the cultural identity of service recipients. Given the higher prevalence of mental disorders among Māori and Pasifika populations (McGeorge, 2008), culturally responsive practices are crucial. The Act's emphasis on culturally sensitive care supports better utilization of mental health services and improved outcomes for these groups (Kirmayer & Jarvis, 2019; Tucker et al., 2012).

By avoiding a purely Eurocentric approach, the Act attempts to accommodate the diverse needs of New Zealand's population, although the effectiveness of this approach remains debated (Hamley & Grice, 2021).

Section 7(a) requires mental health professionals to involve the patient's family and whānau at every stage of assessment and treatment (Ministry of Health, 2022). Family involvement is crucial for recovery, as it enables a comprehensive support system that enhances the effectiveness of treatment (Piat et al., 2011). This collaborative approach empowers both clinicians and families, fostering accountability and enhancing mental health literacy among all parties involved (Cuperfain et al., 2021; Ong et al., 2021).

While the involvement of family and whānau can be emotionally challenging, particularly during compulsory treatment, Section 71 of the Act mitigates some of this distress by ensuring the patient's right to company and prohibiting unnecessary seclusion (Ministry of Health, 2022). This provision maintains social connections, benefiting both the patient and their family by allowing them to witness progress and feel more positive about the treatment process (Dunn et al., 2023). Sections 72, 73, and 74 further address this by permitting visits and contact methods when the patient is deemed dangerous (Ministry of Health, 2022).

Overall, the Mental Health Act 1992 respects the basic rights of patients, with a strong focus on sociocultural identity and community involvement. It effectively supports whaiora and whānau in their recovery from distress.

Overview of Ethical Principles

Ethical principles in mental health settings are primarily guided by biomedical ethics and the ethics of care (Manderius et al., 2023). Biomedical ethics include autonomy, beneficence, non-maleficence, and justice (Childress & Neauchamp, 2001). Autonomy involves respecting the patient's right to make decisions, though in cases of compulsory treatment, it is often overridden by concerns for safety. Beneficence requires health professionals to act in the best interests of the patient and their family, tailoring care to their needs. Non-maleficence, or the duty to do no harm, is fundamental but can be complicated in situations where restraint or detention is necessary. Justice demands that patients receive fair and equal treatment, with consideration for their cultural identity and special needs.

The ethics of care, more suited to mental health settings, includes attentiveness, responsibility, competence, responsiveness, and solidarity (Yu, 2018). Attentiveness involves being aware of the patient's needs, while responsibility ensures that these needs are met effectively. Competence refers to the ability to deliver care proficiently, and responsiveness involves adjusting care based on patient feedback. Solidarity fosters a supportive relationship between healthcare providers and patients, crucial for effective mental health care.

Evaluation of Ethical Principles

The application of these ethical principles in mental health settings often leads to tensions and dilemmas, particularly when they conflict with the requirements of the Mental Health Act 1992. For example, Section 111 grants nurses the authority to detain individuals, which, while necessary for safety, can undermine the principles of

autonomy and solidarity (Chambers et al., 2014). Similarly, the use of restraint under Section 122(b) conflicts with the principles of autonomy and non-maleficence, as it can cause emotional distress and physical harm (Moyles et al., 2023).

The principle of non-maleficence becomes ambiguous when nurses must choose between restraining or detaining a patient and risking harm by not intervening (Casey, 2015). While restraint and detention may be justified by the principle of beneficence, which prioritizes the long-term well-being of the patient and others, these actions still pose ethical challenges (Akgun & Saglam, 2018).

To address these dilemmas, mental health institutions could establish clear guidelines for restraint, including when and how it should be used, and develop a database where nurses can share their experiences. This would help standardize practices while allowing for flexibility in individual cases, ultimately improving the ethical application of these principles in mental health care.

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