

Inside the mind of...James Turner

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Mental Health Nursing meets the associate professor of mental health nursing at Sheffield Hallam University



What is the biggest challenge you are facing at the moment?

I think the staffing and staff shortages across the services are a challenge. Not just for universities but for NHS and private providers. As we have seen recruitment for mental health nursing increase so we have a need for more students as well as staff to teach them and for student placements. It is pleasing to see that mental health nursing is still an attractive field to join.

But there are dilemmas. When I was a charge nurse my ward would usually take up to six students, but if I were carrying several vacancies I would not have enough assessors and supervisors to accommodate them all, but the students would enhance the service. So, I am left with a choice: to take the students and manage the learning experience, or not, leading to problems with the circuit and the loss of their valuable input into my therapeutic milieu. It's not an easy decision to make.

As nurse programmes across the UK are usually 50% placement and 50% university learning, many universities are understandably having some placement complexities. Normally we all have a relatively stable placement circuit, but post-COVID there is a need to maintain focus and continue to support them to maintain the fidelity of the student learning experience. We have a team of staff who work to maintain placements as well as increase capacity but it's certainly a challenge.

There is also a need to support and supervise the staff in service who are working with so many vacancies. It must be difficult for staff to maintain focus and continuity. We need to have good supervisory relationships or make sure

we can provide good quality contextual continuing professional development.

As well as staffing there are many other factors in the mix at the moment. An increased awareness of mental health and its vicissitudes leads to demands on services, especially with young people post-COVID. The reorganisation of services over the past few years has also created some challenges, often when we set up new services, we take staff from other areas, so this creates an experience drain in the area they came from.

Digital interventions have been a challenge, but also very useful to help reach people. We saw during the pandemic how functional it was to go online, both as a university and as a service, to maintain fidelity of care and continuity of a student experience.

I am a challenge as well. I have had several bereavements in my life, some most recently, so it is taking me some time to experience my emotions and organise myself. It's been tricky, but the people around me have been superb, flexing with me and enabling me to feel. It is a measure of work if you can feel able to be open and honest about how you are feeling, and I have genuinely felt this. I hope that you can all find this in your endeavours as it has certainly helped me.

What is the biggest opportunity?

I would say the sense of collaboration across the countries in relation to continuing professional development and research. I get a real sense of a movement towards a clarification of the mental health nurses' therapeutic role and so this gives us an opportunity to develop skills

programmes that can continue to enhance the knowledge skills and attitudes of staff working in the field.

What advice would you give to new mental health nurses?

I started my career full of optimism and have managed to maintain this (tempered with a good dollop of realism). I have always been a positive person, seeking out opportunities, having a strong work ethic, being challenging, accepting of challenge, and trying to be a decent human being in my interactions with others. I am not everyone's cup of tea but I hope I have made a difference.

It is difference that is the gestalt of mental health nursing, a service populated by clones of me would be exhausting, but one where someone is a bit quieter, another a bit noisier, someone a bit more thoughtful, one who is a bit less decisive, that is what makes a team.

So I would say be you but be prepared to develop and change. Also always be present, in the classroom, on placement, where it matters.

Choose your attitude to learning. It's not all plain sailing, life never is, but if you maintain a positive outlook and a questioning stance then that's a good foundation. I recall coming on shift one day and someone saying "It's been a nightmare", and I could have thought "Oh dear, it's not going to go well". But my thought was: "Right, let's see what we can do to make this better." So I chose my attitude.

Make sure you get support at work. I have had some difficult times, because the nature of our work at times is difficult. So reach out if you need to, make sure

your preceptorship works for you, make sure you get regular, organised clinical supervision.

Make sure that when you are in a position to offer clinical supervision to others you do so. Not just in your team but outside the team, as this creates a stronger scaffolding in a service if we can bring ideas from outside.

Remember that we are experts in the therapeutic relationship. We spend hours with people, stepping into the space others often step away from. So we need to be skilled in this space. Think about continuing development into a therapeutic modality. I don't mind which to be fair, if you lean towards psychodynamic go there, if you are more cognitive then go there, if you're solution or compassionate go there, if you're integrated go there. Just have a bit of a plan to enhance the therapeutic encounter.

I am a firm believer that every contact matters, we can make a difference in this space. It sometimes takes time, but we are better at this the more we read, the more we train, and if we maintain fidelity over clinical supervision practice.

What advice would you give to your younger self?

My younger self was a bit of a pain at times – full of energy, optimistic, at times arrogant, hopefully self-reflective and thoughtful as well. But that was the journey I was on. I met some wonderful people on my journey though, who gave me honest and open feedback, who challenged me, who genuinely cared for me, as I genuinely cared for them. So, I would say be yourself but listen to feedback, it's not criticism just a nudge from someone more experienced to help you on your way. Push where it moves, don't try to move an immovable force, seek allies, and make collective changes instead.

“I am not everyone's cup of tea but I hope I have made a difference”

If you could wind back the clock to the start of your career, would you do anything differently?

No, I don't think so. I think it was the right thing for me to become a mental health nurse, even though I had no idea I was going to be one, or no initial plan to be one.

It just popped into a conversation one day – I was sitting with my head in my hands asking “What am I going to do with my life?” and my girlfriend said: “Go and become a psychiatric nurse, you'll be good at it.” Nearly 40 years later, I hope I have been.

What does the future hold for you?

That's a difficult question to ask as I am in the twilight of my career yet still feel I have so much to offer.

I quite like the idea of being a wise old psychiatric nurse as I really believe in the importance of ‘organisation with a memory’ and so would think and hope that the years of experience I have would not go to waste in just pottering around a garden when I retire!

So, staying involved as a visiting professor is appealing, as is continuing my work with the networks I have built. I am a cognitive analytic therapist and supervisor and so will continue to practice therapeutically for as long as I can.

What is your ambition/working goal?

I am still hoping for a chair in mental health nursing but in the meantime, and if this doesn't come off, I will just continue to try to make a difference for the next few years. I am looking forward to working more closely with one of our trusts in nursing research capacity building, will carry on teaching, and continue to do applied research.

Is there something you'd be happy doing every single day for the rest of your career?

I love teaching and am committed to clinical supervision and therapeutic interventions so I would be happy to do this, either in practice or research. I



am also committed to the five ways to wellbeing, because it keeps me steady, so I try to manage these every day.

I look after my body, try not to eat too much (I fail!) and exercise. I try to do my ‘daily bread’ as I call it, which is a nine-mile bike ride up the hills and back every day. This gives me some fresh air and thinking time.

I value dialogue and if I need support, I seek it and offer support to others.

I love learning and am a lifelong learner so am happy to pick up a book, or read a student's assignment/thesis, as I always learn something. I also read stuff around self-help and therapeutic interventions, this helps me and the people I can help.

I love creativity, the arts, music, and some of my research has been in the therapeutic use of metaphor so I would like to spend a bit more time on this.

I think I am quite giving. I give of my time, have a clinic, litter pick, coach rugby teams, do charity work, and try to be a good husband, father, son, sibling, friend and colleague.

What would you do if you were made prime minister?

Bring in proportional representation.

What's the biggest professional decision you've had to make?

I think it was moving from practice to university. I had spent 20 years in practice working in and managing services so moving was a significant step away from the people I had been with for so long.

It was a bit of an upheaval but the right decision. I think it has been helped though by having always maintained strong links with practice, and a caseload, as this has kept me grounded. ■