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**BJMHN Overview**

**TITLE - Positive Psychology: An Overview for use in Mental Health Nursing**

Author: Jan Macfarlane

**Abstract**

This article considers the upcoming series of Continuing Professional Development papers that explore the meaning of positive psychology and the importance of applying the latest research findings, in particular, for the wellbeing of the mental health workforce. It takes a personal perspective on how the topic has become one of independent research in higher education. It outlines a range of research based positive psychology interventions and indicates how these will be covered from a theoretical and practical perspective. It provides a soundboard for team leaders to consider how to bring in the principles to develop effective team working and further recognise the importance of maintaining staff wellbeing.

**What is Positive Psychology?**

“ Oh I’m H-A-P-P-Y, I know I am, yes I’m H-A-P-P-Y. “ The title of this well-known song seems to be the backing track to so many articles in the media today on the pursuit of happiness and how we all deserve it. I agree that we all deserve to have the opportunities to improve our mental state but fall far short of the expectation that relentless happiness should be the expected goal. As we know working in mental health, the people who experience prolonged ‘happy states’ also experience often disabling effects that go along with it. Positive psychology is not about acquiring the state of perennial happiness. It is, however, about scientifically studying phenomena that helps researchers understand what is good about human beings and not the more commonplace assessment of what is wrong with them.
Personal History

My interest in positive psychology began way back in my career, so far back I did not even realise it was an interest. As a registered general nurse and mental health nurse in the late 70’s and 80’s the intention of care then was very much based on the medical model (Engel 1977) and getting people better and trying to ‘fix them’. People were seen very much as patients that required our input and treatment but little or unequal attention was given to their strengths, skills and talents they had during referral, assessment, intervention, monitoring and possible eventual discharge. Low-key empowerment and self-care existed but a traditional viewpoint of caring using problem-based objectives outweighed the assessment of individual qualities.

The approach of seeing students in a similar way also became evident in my next career path as a health and social care lecturer in further and higher education. In that the majority of students were measured by their grades only as markers of their success. Their personal characteristics were indicated on references but it was mainly academic achievement that provided the way to greater choice and acceptance. I accepted this was the processing that works for education currently but wondered if there could be a complementary assessment that celebrates the individual in a more holistic way which includes them so that they are truly aware of their abilities and help them become more self-aware of their own potential to develop further.

My current post as a university lecturer led me to experience the topic that is Positive Psychology by reading a poster advertising a group that was asking for interested others to attend. This was an offer that I was not going to refuse although at this point I was still not
sure what it was all about. The meeting proved to be a life changing two hours. I met people who had similar thoughts to me, others who had strongly developed their understanding and were debating issues I had never considered in life through sharing their research. So here I am, half way through a PhD that is the focus of this set of articles on embedding transferable positive psychology interventions and principles in the higher education arena to inform how students learn and consequently improve their engagement in the classroom, clinical practice and also to flourish as human beings. All well and good you may be thinking but what are Positive Psychology Interventions?

**What are Positive Psychology Interventions?**

Positive Psychology Intervention (PPI’s) are validated techniques developed to include well-being enhancing activities (Parks et al. 2015). There are a wide range available, yet for the purpose of this research the focus was on those that have been shown to be reliable and effective through research based evidence. The beauty of them is that they are simple self-help strategies, free and easy to carry out yet the effort required to do so cannot be underestimated as with all behaviour change such activities may not be natural and not carried out frequently enough to maintain the changes. Examples of interventions discussed may be consciously saying something positive to someone as opposed to something negative; writing a daily gratitude journal or carrying out an activity of self-compassion. However, it is clear that carrying out a range of the activities that are the best fit are invaluable for use in our everyday lives.

For us positive psychology interventions naturally lift the mood in the short term and if continued are effective in improving long-term physical and psychological health by
encouraging positivity (Diener and Chan 2011), using one’s own strengths with knowledge and increased self-awareness (Niemiec 2018), engaging in mindfulness (Langer 2009), increasing gratitude (Emmons and McCullough 2003), encouraging random acts of kindness (Buchanan and Bardi 2010), nurturing positive social connections (Weinstein and Ryan 2010), realising one’s own worth and increasing overall resilience (Fredrickson 2009). These effects transcend to all, whether people have a relatively healthy state of mind or to those people who have mental health issues. They are a safe way to handle our thoughts and emotions to reduce anxiety, anger, self-doubt and improve our range of coping strategies.

**Why Mental Health Nurses?**

Working in mental health care is not for the faint hearted due to its long hours, diminished resources in terms of beds and staff, emotional demands and often in an organisation that is undergoing bewildering and challenging reorganisations to offset the overspent budgets. Coupled with the nursing demography of increased retirements, less applications to work in care since Brexit, pay that has not kept pace with inflation and eight years of austerity measures has visibly affected the workforce (Quinn, 2017). The resilience of staff has been sorely tested in ways that might not have been expected which makes a strong case that positive organisational behaviour needs to focus on the welfare of the individual to demonstrate their value as well as benefitting the organisation in terms of reduced sickness and turnover and still maintain the delivery of high care standards. This is an agreed central core value to most care workers but it is becoming increasingly rare to find care staff who are completely satisfied with their work (Investors in People 2015).
It is not too naïve to believe that most people want to be happy at work and do a good job and although dissatisfaction may be due to external factors from management decisions and co-workers the power to control thoughts, actions and behaviours lies with the individual. Therefore, being encouraged to further develop healthy behaviours empowers staff and improves their efficacy in dealing with resulting job demands as they learn to draw upon them. The art to finding these ‘sweet spots’ are by using the positive psychology interventions more consistently and adapting them to suit the individual.

There has been a plethora of research carried out relating to the use of positive psychology with clients (Sin and Lyubomirsky 2009; Akhtar and Boniwell 2010). However, it is my view that staff working in mental health are a group that are often overlooked as being deserving of this type of support. Therefore it is my intention to introduce it here so some of the skills and resources available can be considered and utilised to help staff ‘feel good’ and maybe replace other more harmful ways of coping. The aim of experiencing PPI activities is that they help to create other opportunities for positivity and maybe instil curiosity to read more literature on the areas that are of particular interest to help us become more content in our daily lives and cope better with experiences in the future.

**Relevance for Managers and Leaders**

Successful managers and leaders would be wise to recognise and reward staff strengths and skills through increased quality of verbal and written communication more often to help feed into a positive organisational climate. Deploying some of the positive psychological interventions identified in this series of articles may give some quick-win ways to empower
staff in an easy and cost-effective way. Transformative and appreciative leadership approaches come through active participation and the actions that have the most impact are those that are created in collaboration with others. It is worth mentioning that although the organisation can harness the benefits from a healthy team of workers, caution should be taken in realising that the belief and principle of staff well-being is an end in itself.

**Overview of Series**

Up to date, I have carried out two pilot research based summer school workshops with Assistant Health and Social Care practitioners (Macfarlane 2017) from which a further six week course for Nursing Associates was developed and delivered twice. The current stage is designing and facilitating a Train the Trainer model so that staff can take ownership in rolling out the programme. The initial trial has been successfully completed by an MSc student under my mentorship and support throughout. This was invaluable in harnessing a fresh approach from a learner’s viewpoint and accepting a critical analysis of the content and activities to further improve the delivery.

The course is designed as a series of discrete modules that link together to form a comprehensive understanding of Positive Psychology. This set of CPD papers will cover the same content so that the reader will be able to take advantage of the theory and practical applications at their own pace. The knowledge base is suitable for individuals meeting it for the first time but also allows deeper exploration by reading around the supplementary differentiation content that can be returned to as many times as the learner requires in the form of articles, activities and reflective comment. Further links will be signposted to allow
individual learning needs to be met and to perhaps incite ideas surrounding further research into this fascinating area.

1. **What is ‘Happiness?’ – how can it be developed?**

This first module highlights the underpinning theoretical work of Martin Seligman (2002), known as the ‘Father of Positive Psychology’, and the importance of applying reliable and valid attitude measurement tools to contextual research. There will be an historical outline of positive psychology spanning the last 2,000 years – it is not as ‘new’ as we might think. This is followed by a more contemporary lens on the topic as the growing field of research shares its findings on taking the potential to the actual in making new skills on self-talk and self-image via neuroplasticity. The practical element will help us to understand what happiness means to the individual and how it can be developed with evidence based user-friendly effective exercises.

2. **Identifying Personal Character Strengths**

This second paper in the series looks at increasing the awareness of the pre-existing capacities we have for thinking, feeling and behaving that when further enhanced can make us ‘happier’ after just one week (Niemiec 2014). As a business case this is one to bring back skilful application in the work place and its transferability to home, education and recreation. People often have a bias to easily spot weaknesses but are not always as easily
able to identify their strengths. A signposted, free, online activity will help the reader identify their own top five strengths and continue to develop strong neural pathways that make their use energising and enjoyable.

3. **Mindfulness**

Meditation at work has been incorporated by several large organisations such as Apple and yet not widely in the NHS. This third paper looks at the topic of mindfulness, it will debunk some its myths and illustrate why we should care about practicing it for our own mental health. Despite the scepticism that surrounds it mindfulness has shown that anyone can cultivate a mindfulness practice and everyone should. Mindfulness helps us to slow down and connect with the present, to go from ‘doing’ to ‘being’ by checking in with our physical state. This helps us re-focus and reset. ‘Happiness’ is not determined by what is happening around you but rather what is happening in you with members of the mental health team due to the nature of the job as constantly moving from one job to the next with erratic break times, dealing with emergency situations or ‘listening’ to others’ issues with precious little opportunity to debrief from the emotional drain that goes with the nature of the job. Practical exercises will illustrate how to be kind to yourself by taking much needed time out to help increase the buffer from harsh self-judgement. It will show how it can be used every day to bring us back to a place of calm when practiced regularly. It will indicate useful sites and apps with free audio downloads.
4. **Gratitude**

Gratitude is not easy to classify yet is perceived as a desirable characteristic to demonstrate with research currently exploring how it influences daily wellbeing as a positive emotional state by reducing stress related illnesses and improving relationships. This fourth module looks at the importance of it for mental health workers to help them remain empathetic as understanding the rewards of taking time to experience and receive gratitude as a reward. It reinforces positive behaviour that is likely to be carried out again to the benefit of all. Evidence that is emerging, showing this intervention gives the greatest positive benefit in the shortest amount of time, will be looked at in more detail with a spotlight on the changes in neuroplasticity that accompany it and the heart-warming point that its effects last for several months (Emmons 2007). The practical element will allow readers to reflect on what they are truly grateful and why through a range of timely self-assessment exercises. It also offers further development in how to further develop this intervention with links to Robert Emmons who is a leading expert in this field.

5. **Social Connectivity, Kindness and Self-Compassion**

The penultimate module is a full one, initially looking at social connection as the most vital thing for our ‘happiness’ as human beings are wired to connect for survival, socialising and sharing ideas (Seligman and Steen 2011). This is paramount in the field of mental health where issues in social communication are often damaged or disadvantaged through illness and misinterpretation. Improving healthy social connections increases recovery rates and
helps cement effective relationships throughout our lives. Identifying which individuals are healthy connections for us and nurturing them will be a practical theme as will the expectation of realistic reciprocity. This helps us consider why we might be too hard on ourselves and yet feel uncomfortable if we ‘show off’. There is an opportunity to look at themes that trigger self-criticism and investigate the work of leading researcher Kristin Neff (2003) on how we can be kinder to ourselves. Increased self-compassion helps us to be kinder and more compassionate to others. The final third of this section questions why some things can increase or decrease this kindness and how focussing on carrying out simple different acts of kindness to a range of people can have an up-lifting effect.

6. **Resilience and evaluation**

The final module centres on resilience and an evaluation of the series. Resilience occurs at different levels in all of us as negative emotions are part of life and it how we deal and recover from shocks in them main and adapt and grow from our experiences that is crucial, although it is clear some are more resilient than others. The skill of perseverance shows this is crucial in achieving success in life, along with a mindset of curiosity, optimism, self-control and gratitude to name a few. The theoretical backdrop of this module links to Rick Hanson (2009) and Angela Duckworth (2016), whose specialised research in this area deserves further investigation. The practical element offered allows the reader to self-analyse their coping habits and plan to integrate a more philosophical viewpoint to bouncing back from adversity.
In reviewing the course we will carry out a brief review all of the topics and update accordingly. It is important to bear in mind that the range of topics covered is only a small amount of the possible interventions that could have been chosen. There are about a hundred plus thus far but only fifty-one have been studied scientifically so far and the ones in this course were selected for their impetus in the field of mental health care. There is also the understanding that not all the interventions are 100% effective for everyone all the time but those that do manage to use them regularly will benefit from the experience. With this in mind the reader can complete a self-assessment tool that will help them identify the activities of best fit to them, those that are perceived as being the most natural, enjoyable and worthwhile. These will the most effective “sweet-spots” in finding a more positive path to wellbeing.

7. **Next Steps and further developments**

The final paper will look at further new developments in the field of positive psychology related to mental health care and include a completed study with data analysis on the use of positive psychology interventions with health care workers. There will be links to a workbook that accompanies the course on-line with the Train the Trainer model being developed.

**Conclusions**

The future of mental health nurses will forged by today’s practitioners. In this article I have explained how engaging with positive psychology is crucial if they are to develop a well-
rounded understanding of new evidence based psychological theory that can be applied to themselves and further develop its transferability to work, home, education and leisure. There is a lack of research in this area in applying its principles to the workforce and this needs to change. Providing effective care in the current changing political and socio-economic landscape is challenging to say the least and unless staff are positively encouraged to look at alternatives in maintaining wellbeing there will continue to be high attrition rates and increasing discontent. So to care for our clients we must be mindful to prioritise mental health care for the formal carers. This series will cover a vast range of ideas and reflective points that will not fully cover the gaps but will go a long way in increasing the personal toolkit for practitioners to begin their journey to increasing resilience.

**Keywords**

- Positive Psychology
- Positive Psychology Interventions
- Mental Health Nurses
- Leaders
- Resilience

**Key points**

1. Positive psychology is the scientific study of exploring people’s strengths

2. Increasing awareness of this topic in mental health nurses will allow them to apply it to their own lives

3. There are a range of simple and effective positive psychology interventions that used regularly will increase the individuals well being
4. Realising the potential to use these interventions at work will promote stronger cohesion and more effective teams in terms of valuing each other.

**Reflective Questions**

*Reflection 1*

There are numerous reasons for mental health nurses wanting to improve their wellbeing. Reasons might be to feel better at work, to improve confidence, to increase coping strategies. Write down what your main motivations might be?

*Reflection 2*

Some of the mental health nurses currently considering using positive psychology interventions will not actually act on them. Write down what you think might be the main blocks for you, or if you intend to act on them what might prevent you from carrying on and what steps can you take to minimise this?

*Reflection 3*

It is often effective to share your thoughts and actions with peers and colleagues. Find out their ideas by asking them to read these articles and consider how you can support each other when trying out these new techniques.

*Reflection 4*
Are there any areas that you feel particularly attracted to or areas that do no interest you? Write down why that might be and also note any changes of mind after learning more about them.

Reflection 5

If this is a new area to you or an area you are familiar with commit to trying out an intervention from each of the series for a six week period and note if they then feel natural to you, are they enjoyable and will you carry on using them.

Acknowledgements: I am grateful to Professor Jerome Carson for commenting on an earlier version of this manuscript. I am also indebted to all the Trainee Nurse Associates who participated in my Positive Psychology Workshops and to my nursing colleagues for all their support.
References


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