Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry 2019; 11(4):547-560
doi: 10.18863/pgy.411672

Tidal Model in Mental Health and Psychiatric Nursing Practices

Ruh Sağlığı ve Psikiyatri Hemşireliği Uygulamalarında Gelgit Modeli

Beyhan Bag [1]

Abstract

The Tidal model is an explanation for the care services offered in mental health and psychiatric nursing to the paradigm shift in illness-health axis. Using the Recovery approach in model construction, the attitude towards the mentally challenged individual is redefined independently of the diagnosis and treatment processes by changing it in the presented care. The purpose of this article is to introduce the model and discuss its portability to the fields of mental health and psychiatric nursing practice.

Keywords*:* Psychiatric nursing, the Tidal model, recovery model.

Öz

Gelgit modeli, ruh sağlığı ve psikiyatri hemşireliğinde sunulan tedavi ve bakım hizmetlerini hastalık - sağlık ekseninde yaşanan paradigma değişikliğine bir açıklama niteliğindedir. Model yapısında Recovery (iyileşme) yaklaşımını kullanarak ruhsal sorunlu bireye yönelik tutumu sunulan bakımda değiştirerek tanı ve tedavi süreçlerinden bağımsız olarak yeniden tanımlar. Bu makalede amaç modelin tanıtılması ve ruh sağlığı ve psikiyatri hemşireliği uygulama alanlarına taşınabilirliğinin tartışılmasıdır.

Anahtar sözcükler: Psikiyatri hemşireliği, gelgit modeli, recovery modeli.

[1] Karl-Follen Strasse 5, Giessen, Germany

✉ Beyhan Bag, Karl-Follen Strasse 5, Giessen, Germany
beyhanbag@yahoo.com

Submission date: 01.04.2018 | Accepted: 05.11.2018 | Online published: 31.08.2019

MENTAL health and psychiatric services are classified into three main topics as protective, therapeutic and rehabilitative services. Although the services given to patients are classified separately, they are in process of constant interaction, developing and completing one another. The main target of all these processes is protecting from and preventing mental disorders and diseases by making people happy and in harmony with his/her society. (Songur 2017). The position of mental health and psychiatric nursing is mainly concerned with services given to patients to provide aid via continuous interaction and can be summarily represented as the beginning, the formation of a relationship, overcoming routine of daily life and creating a supportive therapeutic environment.

Jensen and Ark (2008) have stated that milieu therapy models of the past, such as in Peplau and Orem, have developed and used the modal approach including the interaction and group processes, and gradually began to draw attention to mental health and psychiatric nursing. Consecutively, the paradigm change in the definition of health-disease, which was predominant in the previous concept, is replaced the aetiology of the disease by focusing on the strive for being and staying healthy. This trend, acting as a strengthening factor, has become the centre of discussion as Salutogenesis approach: person can be less ill or more healthy, which was developed by sociologist Aaron Antonovsky (Bag 2017). With this perspective change in the definition of health and disease towards individual-centred and resource-oriented thinking leads to the observation of the entire system as well as the story of the individual. Individual history is much more important and there may be resources that will contribute to the recovery in the past experience that could be contributing to the improvement of knowledge and experience in all aspects. For this reason, this is the recovery model, which is currently used more often (Dammann 2014). Numerous authors have defined the practices that lead to the healing and recovery based on the concept of recovery, the methods and studies used in these practices (Amering and Schmolke 2012). For example, according to Knuf (2004) recovery means satisfaction, feeling good and positive approach to disease among specific targets. The mentioned approach shows what is required to achieve such targets and what can be done. When applying these, the person with a mental disorder participates in the process and their point of view is considered. The focal point in the approach is the individual not the disease.

The tidal model developed by Barker (1998, 2011) is the recovery approach for mental health patients and psychiatric nursing. Baker defines the model as philosophic approach leading to mental health (Barker 1998, 2011). According to him, when individual expresses mental problems, he/she experiences them as a story. Thus, they express the meaning of their experiences in sentences and metaphors used in their stories. According to the approach, this is the first step to help them take control of their lives (Onken et al. 2007). The tidal model expands some of the traditional assumptions about the centrality of personal relationships in nursing practice and redefines some of them. The model provides an application framework for identifying the nursing requirement of the patient and for individual care (Barker 2001a). In this article it was aimed to define the tidal model developed for mental health and psychiatric nursing. Another goal is to discuss the ongoing consideration of the model in practice oriented towards the acquirement of professional identity for psychiatric treatment and care in an improvement-oriented practice.

History of the Model

The Tidal model is developed by Prof. Dr. Philip J. Barker in at the University of Newcastle, UK in psychiatry and neurology department. Another important contribution in developing the model came from the social work specialist Poppy Buchanan-Barker (Barker 2001a). The beginning of tidal model consideration is based on two model Projects, which have been applied in psychiatric emergency services in England Newcastle between 1997 and 1999. The main target of the projects was to begin the recovery trip with investigation of the experience and the needs of a person with mental disorder in need of nursing, to find answer to the question "how the individual can adapt?" in order to be helpful in his recovery (Schulz ve Zuaboni 2012, Çam 2016). In the studies, the patients and their relatives, all the team members and the nurses were asked about their opinions, as the researchers wanted to specify the responsibility areas related to nursing (Barker and Buchanan-Barker 2005). As a result of the study, many ways of working with the individuals with mental disorders were determined by evaluating the expressions of all the experiences and perceptions considered to be beneficial for individuals with mental disorders. In 2000, the model was revised and applied to all adult psychiatric programs including eight service and community mental health teams. In the scope of the program, the approach, which has been developed in action search method in application areas has been evaluated by different occupational groups in the team (Barker 2001a). And then extra project models were created in Australia, England, Ireland, Japan, New Zealand, Scotland and Wales. These have a wide spectrum of clinical mental health services in rural areas, such as a psychiatric emergency service in a private hospital in Tokyo, a semi-psychiatric hospital in Cardiff in Wales, and in Adelaide in Australia (Barker and Buchanan-Barker 2010).

The Tidal word used as the name of the model has been chosen to reflect the ever-changing, but sometimes identical nature of human experience and to emphasize the language used by individuals dealing with mental disorders. The tidal model represents a multi-dimensional approach to serve quality of psychiatric and mental health services. Since the birth of the model and its implementation in the north of England, interest and exasperation have spread rapidly at national and international levels and many pilot implementation areas have begun (Stevenson and Fletcher 2002).

Tidal Model

The approach has its root in chaos theory, which emphasizes that experiences are characterized by continuous change and pre-predictions (Barker 2001b). In chaos theory, it is a matter of discussion what many concepts such as health and illness mean for individuals. It is claimed that healthy systems are complex and chaotic (Orhan 2013). For this reason, water is the metaphor of tidal model. Human behaviour and interpersonal relationships are compared with the seiche, flow and power of water. The transformation of water into the sea metaphor is emphasized by the maturity and sensitivity of the individual's life experiences (mental disorders are imagined as individuals traveling on the ocean with small boats). The target of applying the treatment and care in relationship is to increase awareness of how individuals' perceptions of their experiences of psychological problems change as a tidal flow. Briefly, it is the approach which is related to individual dealing with income – outcome as important problems in positive or

negative ways. As the name of the model has intense metaphorical relationship with the content, it is obvious that the translation of the original name (the Tidal Model) into Turkish will contribute to the understanding of the model. For this reason, the Tidal Model is used as a Tidal model in the whole text.

Individual Areas Defined in Model

The Tidal Model focuses directly on the individual rather than dealing with possible disorders or diseases in the individual. (Barker 1997, 2001b). Here the goal is to sum the current situation up identifying the disease and health relationship in the person. Analysis of the experience of the individual's environment, himself and his friends goes beyond the curiosity of the nurse about the patient. Information about the individual with mental disorder constitutes an important step of care plan. The model described here identifies three dimensions about an individual: as environment, personality and others. In environment dimension the focus point is the need for understanding of the individual. This includes also the need for confirmation of the experienced illness, trauma and anxiety by other individuals. A special evaluation of his/her own expressions has been developed according to the way in which the individual has experienced significant and important events (Total Care Evaluation). The recording of this narrative structured together with a psychiatric nurse, the perception of the individual of his/her needs in the health and disease framework is also evaluated. Individuality area is the private side of the individual: it is like an emotional backyard. In this field, the individual can see the actions that arise with the development of the narrative in the environmental dimension (Barker and Buchanan-Barker 2005). Dimension emphasizes the emotional and physical security needs of the individual and is the central point for planning nursing attempts. Because without physical and emotional security the individual is also less likely to have awareness of responsibility for change and development in care. Therefore, in the Tidal model, a safety plan is developed to determine the support necessary to ensure individual's safety and to eliminate the possibility of self-harm or harm to the individual for any reason by taking direct action. In the dimension of others, it is the awareness that the individual lives in a social and material environment and of the services he/she may need to have a simple life. This area emphasizes the need for medical, psychological and social attempts that are vital in daily life such as housing, occupation and leisure (Barker 2001b, Barker and Buchanan-Barker 2005). The needs of the individual can be changed instantaneously and effectively in all three areas. In summary, the Tidal Model emphasizes what you must do to meet the individual's needs immediately, and to continue to carefully monitor the size or the necessity of these needs. By taking into consideration the assumption that the individual areas defined in the model are tightly interconnected, the Tidal Model emphasizes that the suggestions of professional assistance need to work smoothly between the three areas, trying to ensure care plan development without problems for the individual (Barker 2001b).

Holistic Evaluation in Model and Security Plan

Holistic evaluation ensures the evaluation of development in individual experience and explains the relationship between the past and the present. In this way, problems relat-

ed to the journey of the individual to this point will be made concrete by creating a map to regain his/her personal story by recording all the important and necessary elements.

The targets of holistic evaluation are; to give the individual an opportunity to define, discuss and examine the experiences of illness and health, to develop individual care according to the requirements of the individual, to develop a cooperative relationship between the nurse and the individual in need of care, emphasizing "working together" and investigating the needs and problems of the individual, to develop a relationship towards strengthening that helps the individual make deliberate decisions and make choices and to identify who the individual is (Barker 2001b, Barker and Buchanan-Barker 2005).

During the holistic evaluation by the nurse, the statements that will lead towards the cooperation with other elements during the gathering of information about the individual are also formed. Resulting text which will be formed after evaluations includes evaluation of emotional context based on the past, showing emotional and functional changes in time, effect on relationships and current emotions, making individual sense of the problems and determining short-term needed treatment and care indicators (Barker and Buchanan-Barker 2005).

The tidal model does not criticize or ignore the use of medical, psychological or social approaches, however, they play supporting role. For example, an individual with a diagnosis of depression is encouraged to understand what depression is, is explained the cause of the drugs he is taking, and shown the reason for hospitalization with the Tidal model. Therefore, some important points need to be taken into consideration in the evaluation of the individual (Barker and Buchanan-Barker 2011).

Main points in holistic evaluation are:

a. The individual's own statements are written into the evaluation; for example, "Problems started when I lost my job".
b. All documents are demanded to be signed by individual and one copy is given to him/her. If the individual does not want one copy or refuses to sign the document, it must be emphasized that he can look up his thoughts sometimes. The individual can be reminded to see his own notes at any time.
c. If the individual acts reluctant to make the evaluation, the reasons for this should be discussed with him/her. It is important to note that there is no restriction on using documents, handbooks, guidelines freely in the assessment: whatever is needed to complete the assessment. In addition to this, the nurse can return to the individual by emphasizing that he can see all the elements related to the evaluation, and stating that his opinions, demands and desires will be considered when care program is formed. This will contribute to the process of trust and relationship development and will have a positive effect on the individual's treatment and care compliance. In case that the individual persistently refuses the evaluation despite all attempts, an evaluation is made using different sources of information gathering if the individual is willing to participate in individual care.
d. If the individual with mental disorders expresses the opinions considered “illusion”, it must not be forgotten that this belief and opinion is real for him and has importance in his own life. It must be taken into consideration that these must not be the focus point of reality conflict between the individual and the

nurse. Otherwise psychiatric nurse must investigate the experience with specific believes. (Barker and Buchanan-Barker 2005).

Although the perceived need for holistic assessment is written about the most in the field of mental health care, there are very few examples of how this could be achieved in practice (Barker and Buchanan-Barker 2005). The holistic assessment presents a flexible template that is theoretically supported to connect the individual's problems with real life (Addendum 1 and 2).

After many evaluations, the target is not to find the right solution and solve the problem, but rather to support the patient to reach the source of the problem for the solution. The individual with mental disorder is an expert in his or her own life. The task of the psychiatric nurse and team members is to guide the patient in taking the necessary steps to recovery and the prevention of problems before or during its occurrence. This ensures that the formulated targets are guaranteed to be individual (Schulz and Zuaboni 2012).

Assessment of suicide risk should be handled in the areas of others and neglect, self-harm, suicide attempt and risk should be defined. The nursing care plan focuses on minimizing the risk of injury to the individual and others. Security constitutes an important part of an individual's contribution to the care plan (Schulz and Zuaboni 2012). If the individual does not feel safe, the success of other initiatives is almost none. Regular control of the plan is required (Addendum 2).

Tidal Model and Recovery Model Approach

The Tidal Model" as recovery approach for mental problems that sets forward the attitude of being physically good are related with individual experience including personality, perception, ideas and acts. Everyone has their own and unique life history, experiences formed from the interaction between others (Barker 2001c, Barker and Buchanan-Barker 2011).

When a mental disorder occurs, individuals are unable to continue their daily lives in their environment and their communication with other individuals deteriorates. This process prevents them from being functional and causes them to experience sadness and distress. The Tidal model here assumes that it is important for individuals to be understood by others. According to the model, the first step of helping them is to understand them by listening to the narrative/life of individuals with mental disorders. This approach is full of implications of how mentally disordered individuals need treatment and care. The individual is encouraged to tell his story, according to this approach to recovery. The nurse should respect the individual's narrative and use as much information as possible in planning the nursing interaction. Here it is important that the patient and nurse work together. There is possibility to cause harm to the patient as each interaction with the patient is meaningful. In this interaction, the nurse-patient communication model of Peplau is used (Barker 2001c, Barker and Buchanan-Barker 2011). By means of good communication with the individual, the nurse achieves that the patient is starting to have improvement in the therapeutic environment.

Tidal Model and Empowerment

The social scientist Nobert Herriger defines empowerment as the processes of gaining more power for individuals (Müller 2004). For example, "dealing with problems in daily

life". The purpose of empowerment is to increase the competence of individuals by identifying and enabling individual resources they can use to restore their autonomy in their lives and to make this acquisition permanent (Müller 2004). The concept of empowerment comes from a political view that assumes the transfer or sharing of power with disadvantaged groups. One of the first empowerment theorists, social psychologist Julian Rappaport (1987), described the empowerment as a force of believing in the power of individuals who increased their faith and social participation in the mid-1980s. Two important points of empowerment are highlighted here. The first is the social status of the individual affected by mental illness or disorder, which is associated with reintroducing the life of the individual or being supported in social life (Richter et al. 2010). Baker (2000, 2001c) states that the experience of mental illness is an internal weakness and implies that the individual's functionality is limited by life problems and identification.

In case mental problems are continuous and repeat, the individual can be seen as a disabled person by his/her relatives and society. Thus psychiatric care and treatment processes are seen as the cause of weakness in the individual. Because the individual with mental disorder is restricted by the law, such as compulsory hospitalization and kept under constant observation when hospitalized, he is initially considered "incompatible with society" by the team responsible with treatment and care (Bock 2012). The tidal model is directly concerned with the inability of the individual to disclose his or her own narrative as the most widely used weakening approach in psychiatric patients. The three dimensions (personality, environment, and others) in the approach avoid the transformation of the individual into the patient phenomenon. The model adopts the principles of strengthening interactions derived from research, exposes the individual's experience and stages of the life-narrative centre and strengthens the person in the process (Baker 2000, 2001c).

Care Process in Tidal Model

The model that emerged in the late 1990s from the work of Phil and Poppy Buchanan Barker in Newcastle, was further developed with teams formed in several different countries. By this name, the unpredictable nature of human behaviour and experience is compared with the dynamic flow and power of nature, water and sea tides (Jackson and Stevenson 2000). On the other hand, the model can be defined as an idea movement for the finding of mental health. It helps to understand the past by bringing back the voice of the individual. The way he used it in his narrative, metaphors etc defines something about the meaning of his or her life. In this approach, life is defined as the first step of regaining control over it.

Prominent features of Tidal Model (Stevenson and Fletcher 2002) are to work with individual (if there is with family) in care planning, to empower the individual psychologically with taking disease experience and narrative to the centre of care planning and to solve the problems by using focus for individual requirement, powerful side, group and individual session and develop mental health.

Required nursing care takes place where the individual is located. Patients are evaluated for treatment and care after hospitalization. In this evaluation, the tidal model care services should be simplified as much as possible in order to enable the individual to return to the daily life of the ocean of experience and/or living. In the model the

focus is on finding the solution to the emergency problem by using individual and interpersonal sources described in holistic evaluation. This is supported, if necessary, by the development of a security plan that determines what needs to be done to ensure the individual's physical and emotional safety, and eliminates the risk of any harm to him/her selves or others (Barker 2001b, Barker and Buchanan-Barker 2005).

When the individual exits from the emergency care process and is taken into the normal developmental nursing care process, the Tidal model suggests medium and long-term targets in the planning stage for the individual to develop ways of coping with life problems. The planned treatment and care means providing long-term support to most individuals. The mentioned long-term support of the patients is transferred to the daily life of the individual with participation of the team members. If the individual needs temporary care, moves between the active components of individuals (such as holistic evaluation and security plan in model) active and efficient teamwork is necessary to ensure that people are properly supported.

In the tidal model, the individual with mental disorder is at the centre of nursing care. The nursing care and treatment plan are prepared by taking into consideration the holistic care plan associated with the environmental dimension in the model. The safety plan includes various risk evaluation associated with the self-dimension. This is what the individual should do to increase emotional and physical security to some degree. For both purposes related to the nursing care plan, the team is coordinated with a group work supported by the female members including the others dimension of the model. Addendum 3 shows an example of how the nursing process works in the model (Barker and Buchanan-Barker 2005).

Putting Model into the Practice

Barker (2001c) says that nursing is mostly focused on cooperation. Indeed, the nurse in the therapeutic intervention and the clarification of the importance of mental health and psychiatric nurses in the provision of treatment and care services is not insignificant as part of interdisciplinary cooperation. Initially, it would not be wrong to say that nursing has remained faithful to the concept of care through interpersonal relationships since Peplau (Schuz and Zuaboni 2012). For example, Taylor (1994) showed that nurses assist the revovery processes by allowing the individuals to express their experiences of disease through the narrative or interview (Latvala 1999).

The tidal model suggests that nurses should establish good communication with individuals in need of treatment and care, and to find what health and disease experience means for the individual. Although the increasing use of technical services (internet, etc.) and detailed care in health care services have strengthened, there is an increasing rate of interpersonal communication: individual with mental disorder wishes to communicate directly with person giving treatment and care (Brandon 2000).

After the first introduction of the model with mental health and psychiatric nursing in 1997, it continues its development and defines the treatment and care initiative during the crisis, in the transition periods and contributes to the patient's development as well as the recovery process. Although they are quite different from each other, the boundaries between them are quite clear. Continuity in treatment and care eliminates the distinction between nursing services provided to the patient in the hospital and the community. Because in this approach, the idea of offering nursing services to the indi-

vidual within the scope of this approach has been removed. Meeting the needs of the individual is in the centre of importance for nursing care (Barker 2001b). In other words, the model assumes that the treatment and care for the needs of the individual with mental disorder will be provided not by community mental health services nor by the nursing services provided in psychiatric services (such as short/long-term care and treatment and crisis interventions). On the contrary, the boundaries between institutions should be made liquid in the Tidal approach. Because the individual's assistance needs are constantly changing. Therefore, the model assumes the necessity of a flexible approach to individuals in need of help, if the treatment and care offered in psychiatric institutions should be integrated according to the ever-changing needs of the individual (Reynolds and Scott 1999).

It is important to ensure that the patient participates in the nursing evaluation and initiatives as much as possible. Any nursing intervention should be planned with the patient, not for the patient. Thus, the mental health and psychiatric nurse carry the individual to the blank position only to find the solution to the problems of the individual. Here, the duty of the nurse is to accompany and support the individual from the experience to the problems of the individual and the process of developing solutions through the deductions from these experiences (Schulz and Zuaboni 2012).

It is important that the therapeutic relationship between the tidal model and the mutual trust is presented to the individual and that the individual can benefit from these services at the optimal level. The therapeutic relationship is established in the patient's evaluation process. Here, information exchange is implemented for the initiatives planned in the nursing process. The target of the evaluation is to establish the beginning of the study and to support individual efforts in the recovery process. For this reason, any kind of interference in adversity is avoided (Barker and Buchanan-Barker 2005). In Barker's Tidal model, the patient is evaluated holistically (Holistic Assessment). In all interviews for holistic assessment, the individual is given the opportunity to ask his/her own grades (if he/she desires) and to make sure that the notes that the related nurse takes are his statements (Figure 3) (Barker and Buchanan-Barker 2011). When the data collection form related to the needs of the individual is filled in completely, it becomes a maintenance plan. The patient's care inevitably requires balance and harmony between the patient and the nurse. Psychological empowerment, which is the basis of the model, means that “what needs to be done” is largely determined by “individual science, namely the patient. Accordingly, this model is based on a systematic and solution-oriented approach that aims to explore and present personal resources, with a strong emphasis on personal problem solving (Schulz and Zuaboni 2012).

Mental disorders negatively affect the individual's decision-making ability. If the symptoms of the psychiatric disease persist for a long time or if they occur at regular intervals, the patient becomes disabled in the eyes of the individual’s family and the community. The psychiatric treatment and care offered to him/her is aimed at limiting the personal and interpersonal damage caused by the vital problems. Psychiatric care and treatment-related processes can cause more harm by disabling the individual. These may be restrictions arising from compulsory admission to a psychiatric institution, but only for observation. The most common form of restriction arising from treatment and care participants is that they neglect to learn their past life problems when describing the patient's history. Therefore, the application of the model to the centre in treatment

and care plan is an important indicator of its usefulness in mental health and psychiatry practice. Savaş and Cam (2016) made a quasi-experimental study in order to measure the effect of tidal model-based psychiatric nursing approach on treatment motivation in alcohol-dependent patients. As a result of the study, it was determined that alcohol addicts were an effective model for positive reinterpretation, coping, use of social support and planning.

While most therapeutic structures try to change the appearance of the individual, the Tidal model follows a more modest target. The model is not interested in mental disorder and/or disease by focusing on the patient (Barker and Buchanan-Barker 2008). The target is to understand the individual's current state of illness and health. When the nurse expresses her interest in the patient, he/she wants to understand what is happening by including the individual's world and experiences and own observations. This stage is also called the beginning of the treatment and care of the patient. In each of these dimensions, the nurse uses a therapeutic approach by examining the individual's specific experience according to the individual's expression of it (da Silva 1994, Holdsworth 1995).

Conclusion

Nursing has long been related to care concepts related to human relationships. The tidal model will be able to investigate the need for nurses to be close to the patient they are responsible for the treatment and care, and to explore their experiences related to disease and health. Patient interviews were increasingly technically demanding (computer, etc.) and unrealistic. However, the patient-nurse relationship has gained meaning again as individuals with mental disorders want to have relations with the individuals responsible for their treatment and care (Barker and Buchanan-Barker 2008). From this point of view, it cannot be denied that the importance of approaches emphasizing interpersonal communication such as tidal model in mental health and psychiatric nursing practices is increasing day by day. As model takes individual to the centre, to participate in the solving of their problems, the individual takes responsibility for the decisions. The decision is made to give the individual the choice to influence the path towards mental health recovery as a long-term process. Hope reinforces the recovery model, since the individual is part of the improvement model due to its features such as assuming the patients' experience an important element (Barker and Buchanan-Barker 2008). The tidal model makes a fundamental change in nursing care and sets the nurse in an important place in the treatment. Nursing care in psychiatry is independent of the diagnosis and treatment plan and has its own priorities. These priorities do not contradict with their professional ideals as Barker (2011) says. In the model of mental health and psychiatric nursing, the patient-nurse communication is clearly at the centercentre is understandable and applicable.

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Authors Contributions: Author attest that she has made an important scientific contribution to the study and has assisted with the drafting or revising of the manuscript.
Peer-review: Externally peer-reviewed.
Conflict of Interest: No conflict of interest was declared by the authors.
Financial Disclosure: The authors declared that this study has received no financial support.

Addendum 1. Holistic Assessment

It will be filled with own statement of service user (Barker and Buchanan-Barker 2005)

Name:	**Date**
Approved by:	**Number:**

CAUSES OF ADMISSION

Beginning Questions:

What is the reason for your coming here? What is the problem? When did you first notice? How do you feel about the problem you noticed? How did it change over time .....

How did it affect your life? (How did you change?) ……

How did it affect your relationship with family and friends?.....

Occupation (paid or unpaid employee) …….

How do you pass your time?.....

What do you think this means? (What is the importance of such development for you, what does it mean for you individually?) ……

HOW DO YOU DESCRIBE YOURSELF AS INDIVIDUAL?

Beginning Questions:

What kind of person are you? Who are the most important people for you (family, friends and colleagues, etc.)?.....

What is the most important thing for you (life, hobbies, work, goals and ambitions, home, goods, money, etc.)?.....

What are your spiritual or religious beliefs or values? (What is the meaning and purpose of life?) …….....

WHERE DO WE GO FROM HERE?

Beginning Questions:

What do you think should change in your life? What would you like to change now?.....

How do you know some thigs are better or recovered?.....

How can life without the problem be different? What do you want to do when you're good? What is the most noticeable for the others? .....

Can you think of anything that might help you get better? (Anything from your past life experience, what makes you try your best for you? Is there anyone you want to contact?)…….

What can we do to help you? As long as you're here, what do you expect we can do for you? (Most useful? At least helpful?) Can we make a plan together? .....

CARE PLAN ON REACHED CONSENSUS

Next meeting date and time:

Signature of the employee made the meeting:	**Date:**
Signature of service receiver:	**Date:**

Original copy will be kept by patient / service user . One copy will be filed in care records.

Addendum 2. Personal Security Plan

Service user must write his/her own statements about hospitalization process in department (Barker and Buchanan-Barker 2005, Schuz and Zuaboni 2012)		
Main worries at the moment:…. What can I do to make me in safer or feel safer?..... What can others do to make me feel safer:……		
Interim (72 hours) in-patient care plan		
Legal Status	Observation Level	Discharge Status
Document received by:	Name: Signature: Date:	
Service Receiver:	Signature: Date:	
Observation Date of Care Plan (must be in 72 hours):	Date:	

Original copy will be kept by patient / service user. One copy will be filed in care records.

Addendum 3. Nursing Period Model according to Tidal Model
(Barker and Buchanan-Barker 2005, Schuz and Zuaboni 2012)

Life and experience areas about self
Individual around his own environment Received to Department: • Orientation Plan; What are the necessities of the individual? 30 minutes prior to their coming to the department • First Meeting (Doctor, Nurse and Person) Risk Assessment I Glasgow risk screen (Doctor and Nurse) Oriented Suicide Meeting (Doctor and Nurse) BVC-CH[1](Team) NGASR[2] (Nurse, doctor) Risk Assessment II Daily life activities and detailed nursing anamnesis • Taking Responsibility (communication level) I-IV ((Doctor and Nurse) • Observation Assessment [3] (nurse) • Individual Security Plan (Team) According to results in first meeting, risk assessment II
Life and experience areas in the environment
• Holistic Assessment (nurse) From Third Day • Making Development Plan Together (Team Members and person) • Face to face meetings (With nurse responsible for person) • Weekly event meeting (team members and person)
Life and experience areas about others
• Assessment of the lived environment Planning the assistance behaviours according to holistic assessment and coordinating • Developing Assistance Plans (team and person) • Observation Meeting (team and person) Assessment of the development about treatment (once a week) (team and person) • Pre-Informing the developments if it is necessary • Individual durability test (nurse) Preliminary or after preparation for mutual meeting • Discharge from hospital: Meeting and preparing Report
• Team Work – early beginning as soon as possible Scout Group: To discuss the meaning of having a mental disorder; make the person aware about his own diversity and uniqueness Information Group: The group in which more individual issues are talked about Solution Group: The group in which experience and possible solutions are discussed to be overcome

[1] BVC-CH: Broset Check List Swiss Version (Broset Violence Check Liste)
[2] NGASR Nurses Global Assessment of Suicide Risk
[3] If there is not any progress previous step is returned.