This is the published version

Marangu, Elijah 2010, Mercy health mental health nurse practitioner project report, Victorian Department of Health, Melbourne, Vic..

Available from Deakin Research Online

http://hdl.handle.net/10536/DRO/DU:30050789

Reproduced with the kind permission of the copyright owner

Copyright: 2010, Victorian Department of Health
Mercy Health
Mental Health Nurse Practitioner Project Report

Mercy Health
Care first

Elijah Marangu
Project Officer
2010
# Contents

Glossary of Key terms ............................................................................................................................. 2

Acknowledgement .................................................................................................................................. 3

Executive Summary ................................................................................................................................. 4

Introduction and description of health service ...................................................................................... 4

Service gap analysis ............................................................................................................................... 5

Mercy Mental Health Nurse Practitioner Model of Care ........................................................................ 6

Governance structure ............................................................................................................................. 9

References ............................................................................................................................................ 10
Glossary of Key terms

AMHS – Area Mental Health Service
ANMC – Australian Nursing and Midwifery Council
CAP – Consultation and Partnership
CIM – Community Intake Meeting
DHS – Department of Human Services
DSH – Deliberate Self Harm
ED – Emergency Department
NBV – Nurses Board of Victoria
NP – Nurse Practitioner
MHNP – Mental Health Nurse Practitioner
VNPP- Victoria Nurse Practitioner Project
WH – Western Hospital
WMH – Werribee Mercy Hospital
WMPU – Werribee Mercy Psychiatric Unit
Acknowledgement

The author would like to acknowledge the contribution of the following people in the development of the Mental Health Nurse Practitioner model for Mercy Health;

- Dianne Hawthorne, Senior Psychiatric Nurse & Project sponsor, Mercy Mental Health Program
- Dr Dean Stevenson, Director of Clinical Services, Mercy Mental Health Program
- Luke Lindsay, Mental Health Nurse and Team Leader(CATT & Triage), Werribee Mercy Hospital
- Anita Govindan, Psychologist, Consultation and Partnership (CAP), Mercy Mental Health Program
- Victoria Mental Health Nurse Practitioner Collaborative group
- Staff at Mercy Health, Saltwater Clinic

Author:

Elijah Marangu – Mercy Mental Health Nurse Practitioner Project
Executive Summary

The Victorian Nurse Practitioner Project (VNPP) was established by the government of Victoria to provide a policy focus, development and implementation of Nurse Practitioner roles and to assist health services to initially pilot and then establish Nurse Practitioner roles in public health services. Phase 4 funding targets Nurse Practitioner in acute settings and service development.

In May, 2009, the Department of Human Services (DHS) invited health services to apply for funding to explore the potential for a Mental Health Nurse Practitioner (MHNP) within their services. In total, ten Metropolitan and regional centres received funding in phase 4.6 of the Victorian Nurse Practitioner Project. Mercy Health Mental Health Program successfully applied and received $45,000 ( $37,000 for project work and $8,000 for candidate support) funding for a 3 month project to define the role of the NP –MH within Mercy Mental Health Project. The key DHS requirements for projects across the health services were to:

- Identify the role for the NP-MH within the service
- Create models for sustainability including evaluation of the MHNP role

Project brief

The Nurse Practitioner – Mental Health model investigates the options for providing a service to a group of clients who present at Werribee and Western Emergency Departments (ED) and currently receive either limited mental health service or have an undiagnosed mental illness. This group comprises at risk young adults who do not meet the criteria for ongoing treatment in public mental health services at present. At risk young adults are those who fit known demographic variables for risk and have a risk catalyst (eg relationship break up) and a situational response to this (self harm). Mercy Mental Health Program service survey indicates gaps in services to this group using current referral pathway with potentially 40-70% lost to follow-up and a significant increase in risk for suicide.

Introduction and description of health service

Mercy Health

Mercy Health is a Catholic Community benefit organisation founded by the Sisters of Mercy who arrived in Melbourne from Ireland in 1857(Mercy 2010). They initially provided education, social welfare and assistance to the poor. Mercy Health has been active in health service delivery since opening their first hospital in East Melbourne in 1935. Today, Mercy Health offers services to about 300,000 people in a range of services including acute hospital care, aged care, mental health programs, specialist women’s health, early parenting and palliative care across Victoria and into New South Wales.
**Mercy Mental Health Program**

Werribee Mercy was opened to the public in 1994, its catchment area includes Hobson’s Bay and the rapidly growing Wyndham region. In 1997, a purpose built adult acute mental health inpatient unit, Werribee Mercy Psychiatric Unit (WMPU) was opened at WMH, as part of the South West Mental Health Service. Mercy Mental Health (MMH) provides a comprehensive and accessible service to those adults who have severe mental illness living in a defined catchment area in the south-west of Melbourne. Clients are primarily treated in their home environment and there are 25 acute beds and 4 short stay beds for those requiring acute bed-based treatment. The service has approximately 600 hundred clients receiving active treatment at any one time. MMH has two additional programs which work with a different client focus; the Mother Baby Services provide acute bed-based, outpatient and community development services for parents with peri-natal mental health disorders and the Consultation and Partnerships (CAP) team works with GPs to increase their capacity to treat patients with mental health problems. The CAP team also (on referral form local GPs) provides short term treatment for patients who do not fit the criteria for public mental health treatment.

**Service gap analysis**

Mercy Mental Health Program has identified a gap in the type of services provided to young adults presenting with history of Deliberate Self Harm (DSH) or suicidal attempt. A survey was done analysing the assessments done at Western Hospital and Werribee Mercy Emergency Departments in two months preceding publication of this report (December, 2009 and January 2010). The data analysed targeted those presentations fitting the criteria for at risk young adults.

The data is presented in the table below;

<table>
<thead>
<tr>
<th>Assessment</th>
<th>No</th>
<th>Follow-up</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSH &amp; Suicidal (Treated)</td>
<td>186</td>
<td>AMHS Follow-up (Clients referred to CATT, WMPU or Case Management)</td>
<td>109</td>
<td>58.6</td>
</tr>
<tr>
<td>DSH &amp; Suicidal (Not treated)</td>
<td>77</td>
<td>No follow-up (Clients referred to GP, Private Psychiatrist and Psychologist, Counsellors, family support services, NGOs or declined referral)</td>
<td>41.4</td>
<td></td>
</tr>
</tbody>
</table>

Assessments WMH and Western ED of DSH clients Dec 09-Jan10
The service gap analysis performed above showed that services offered to young adults at risk of self harm and suicidal behaviour are inadequate under the current service structure, the initial role for the Mental Health Nurse Practitioner is envisaged to be responsive to needs of the group specified. As these clients are not accepted for further treatment they are not provided with a further more comprehensive assessment – detailed history and a diagnostic work up is not provided. It is possible that a number may well go on to develop a psychosis or other serious mental illness. Early intervention could prevent or minimise such a development.

Mercy Mental Health Nurse Practitioner Model of Care

The Australian Nursing and Midwifery Council (ANMC 2004) define a nurse practitioner as;

“a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations”. The nurse practitioner role is grounded in the nursing profession’s values, knowledge, theories and practice and provides innovative and flexible health care delivery that compliments other healthcare providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is allowed to practice(ANMC 2004).

The standard of practice required for endorsement as a nurse practitioner is guided by the ANMC “National Competency Standards for the Nurse Practitioner”. These build on core competency standards of Registered Nurses and Midwives(Elsom 2005).

The Nurse Practitioner at the Mercy Mental Health Program will work autonomously and use advanced skills in diagnosis, prescribing and treatment of an identified client group within the Nurses Board of Victoria (NBV) guidelines and Mercy Health policies and procedures. The holder of this position will work Monday to Friday and have a case load of 15 clients.

Aims of Mercy Health Nurse Practitioner model of care

a) To engage clients who present with deliberate self harm behaviour in treatment
b) To provide a comprehensive psychiatric assessment
c) To formulate a diagnosis and provide a range of treatments that will
   • reduce the likelihood of further incidents of self harm in this client group
   • create a better understanding in the client of factors that contributed to deliberate self harming behaviour
   • be effective in early intervention in clients who are in an early or prodrome stage of serious mental illness
d) To refer clients to other appropriate internal or external services for ongoing treatment, counselling and support
e) Contact duration; approx 6 weeks
The client group

The patients referred to the Mental Health Nurse Practitioner will be mainly adults who fit the demographic variable for risk, have a risk catalyst (e.g. relationship break-up) and a situational response for this (mainly self harm or suicidal behaviour). These are patients that either did not previously meet criteria for ongoing treatment in public mental health services, or did not get adequate services from mental health services and primary care.

(i) Inclusion Criteria:
- Clients aged between 18 – 35 years
- Clients with history of suicidal behaviour
- Clients who present to the emergency department following an incident of Deliberate Self Harm (DSH) or who are at risk of DSH

(ii) Exclusion Criteria:
- Clients who present with major mental illness and will be referred to public mental health service or private psychiatrist for follow up
- Clients who present with a significant risk of suicide and require acute service support and treatment
- Clients already case managed by Area Mental Health Services (AMHS)
- Clients who are suitable for Orygen treatment
- Clients who are already engaged with appropriate ongoing treatment/counselling

Advanced clinical skills

The aim of introducing the Mental Health Nurse Practitioner position to Mercy Mental Health is to ensure a prompt, appropriate and seamless service delivery to the above client group. The MHNP is expected to have a greater understanding, depth, knowledge and skills in Mental Health Nursing and expanded into areas not previously thought to be within the confines of Mental Health Nursing (Collaborative 2010).

The Mercy Mental Health Nurse Practitioner model is designed to utilise the advanced skills of the MHNP across the continuum of care including:

- Health Promotion
- Assessment
- Diagnosis
- Early intervention
- Treatment (several modalities including counselling strategies and medication)
- Crisis intervention
- Rehabilitation

The Nurse Practitioner will be contributing the core competencies that underpin the role of the Mental Health Nurse Practitioner; clinical practice, leadership, prescribing, counselling, liaison, service planning and policy development, research, education and mentoring to the Mental Health Program. This will broadly add value to the service by adding leadership capacity in a senior clinical and nursing role as well as expanding service provision options.
In the proposed clinical pathway, clients with DSH who either self present, call the Crisis Line or are referred by Emergency Departments will still be screened by Triage. Upon screening, patients can either be referred to primary care, CATT, Community Treatment Program (CTP) or the Mental Health Nurse Practitioner. This is clearly an improvement that is aimed to plug the gap in services for
people with DSH and suicidal behaviour who present to Mental Health services within Mercy Mental Health and the larger Western Metropolitan region.

Implementation of the Mental Health Nurse Practitioner in Mercy Mental Health will reduce the overall incidence of self harm in the targeted client group, develop capacity for more adaptive coping strategies and enhance networking between primary and tertiary care in dealing with the young adults with DSH behaviours.

**Governance structure**

The Mental Health Nurse Practitioner candidate will get clinical support and supervision from the Director of Clinical Services and the Senior Psychiatric Nurse will provide professional support. It is expected that service managers and Consultant Psychiatrists in the CAP and CATT teams will continue to offer support and supervision when the MHNP candidate is rotating in their services for clinical development. Additional support and supervision for the candidate will be provided via the Mental Health Nurse Practitioner Steering Committee as shown in the figure below;

**Figure 3 Proposed Clinical, Professional and operational Governance Structure for NP Candidate**

This proposal sits within the recommendations contained in “Sustainable Models for Nurse Practitioners in Public Mental Health” (DHS 2008) in that it provides a service for clients who present at Emergency Departments and are in crisis. The decision to locate the position in the Consultation and Partnerships is to better enable the candidate to focus on improving clients’ access to treatment within and outside the mental health program, improving suicide and self harm interventions by active follow up and short term treatment provision.
Mercy Mental Health Nurse Practitioner Candidates

At the time of report, Mercy Health has identified and recruited one applicant for the Mental Health Nurse Practitioner Candidate and will recruit a second candidate towards end 2010.

The successful candidates will subject themselves to one of the three pathways to endorsement set by the Nurses Board of Victoria (NBV) (NBV 2008).

References


