



DISCUSSION PAPER

MENTAL HEALTH NURSES' REFLECTIONS on THEIR ROLE

November 2006



Government of South Australia
Department of Health

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The opportunity for the Mental Health Nursing profession to reflect upon their own profession in a formal way would not have been possible without the foresight and vision created by Adjunct Professor Debra Thoms who at the time of the projects inception was the Chief Nursing Officer for South Australia.

Acknowledgement is given to the many mental health nurses who willingly gave their time to provide input into identifying the various roles and functions associated with Mental Health Nursing.

Furthermore, we gratefully acknowledge the work of Wendy Scott, RMHN, Project Officer in leading this project.

TABLE OF CONTENTS

| | |
|--|-----|
| ACKNOWLEDGEMENT | III |
| EXECUTIVE SUMMARY | V |
| INTRODUCTION | 1 |
| BACKGROUND | 2 |
| <i>Demographics</i> | 2 |
| <i>The Evolution of the Profession of Mental Health Nurses in South Australia.</i> | 2 |
| REVIEW OF LITERATURE | 3 |
| METHODOLOGY | 5 |
| DISCUSSION OF THE FINDINGS | 6 |
| <i>Response Rate</i> | 6 |
| <i>Key Findings from Consultation Questionnaire</i> | 11 |
| RECOMMENDATIONS | 12 |
| <i>Areas of Improvement Identified</i> | 18 |
| CONCLUSION..... | 19 |
| APPENDICES | |
| APPENDIX 1..... | 21 |
| <i>Questionnaire to Support Development of a Mental Health Nursing Framework</i> | |
| APPENDIX 2..... | 21 |
| <i>Consultation Questionnaire Findings</i> | |
| APPENDIX 3..... | 31 |
| <i>Contributors/Sites visited</i> | |
| APPENDIX 4..... | 32 |
| <i>Mental Health Nurse Framework Workshop Attendees</i> | |
| APPENDIX 5..... | 33 |
| <i>Workshop Evaluation</i> | |

EXECUTIVE SUMMARY

In December 2005 the development of this project, Mental Health Nurses' Reflections on their Role unfolded focusing on three core aspects. The first aspect being the core role of a Mental Health Nurse that sets them apart from other professions working within the mental health care setting. The second is to provide a commonality in the understanding of what it is that makes the field of mental health nursing unique and the final aspect is to offer a direction for improvement of the profession as perceived by the profession.

The impetus for this project evolved from the Department of Health, Mental Health Nurse Advisory Group (MHNAG) recognising the need for clarification of the professional role of Mental Health Nurses within Mental Health workplace settings. Over the past few years concerns have been expressed about the move towards multi-classification of professional positions and in particular Mental Health Nursing positions. It was also proposed to be a springboard for the development of a Mental Health Nursing Framework for South Australia.

The results indicated that Mental Health Nursing is one of the only professions in the field of Mental Health that when individuals work within their scope of practice has both the role and the capacity to provide care encompassing the areas of Mental, Physical and Spiritual Health, utilising Pharmacological, Therapeutic and Social interventions.

The uniqueness of a Registered Mental Health Nurse was articulated as the belief that other professions when working within their scope of practice are able to provide some of these interventions but not all. Thereby establishing that the Mental Health Nursing profession provides the broadest range of services to their consumers/clients/patients, carers and community.

The findings within this discussion paper have also indicated that Registered Mental Health Nurses recognise the need to ensure that they develop, maintain and improve their knowledge and skills so as to not only meet the National Practice Standards for the Mental Health Workforce but to excel in their practice for consumers and communities. The areas identified by Mental Health Nurses that require ongoing attention include:

- Addressing Physical, Cultural and Spiritual care of consumers
- Care of young people under the age of 18 when their parent is the identified client
- Care of young people in the age group of 16-18 who do not meet CAMHS criteria
- Identification and development of future leaders at all levels within the workforce and providing support and encouragement for current leaders
- Access to and participation in Clinical Supervision/Reflective Practice

Addressing these areas will not only meet requirements of the National Practice Standards but enhance both the perception of the profession by the profession as well as increasing the understanding of other disciplines that Mental Health Nurses are pivotal team members of the multidisciplinary Mental Health Service.

INTRODUCTION

It is widely acknowledged that the contribution and collaboration of Mental Health Nurses, Psychologists, Occupational Therapists, Psychiatrists and Social Workers are essential to quality specialist mental health care. This acknowledgement of the expertise amongst different professions is important so as to recognise strengths as well as limitations from each area. Consumers of Mental Health Services and their Carers have the right to expect an appropriate mix of professional expertise in their treatment to achieve effective Mental Health outcomes.¹

The major professional group within the Mental Health workforce is that of Mental Health Nurses and hence the Registered Mental Health Nurse (RMHN) plays a pivotal role in any specialist Mental Health care team. A Mental Health Nurse offers a unique focus of client care which has often been difficult to articulate given the variety of workplace settings and differing roles that they may be employed.

In Community settings it has been recognised that there has been a 'blurring' of professional roles as a response to meeting the need of providing a quality service to clients and community. The professional role of a Mental Health Nurse appears to be less ambiguous within the inpatient setting where roles are more clearly defined.

In December 2005 the development of this project, Mental Health Nurses' Reflections on their Role unfolded focusing on three core aspects. The first aspect being the core role of a Mental Health Nurse that sets them apart from other professions working within the mental health care setting. The second is to provide a commonality in the understanding of what it is that makes the field of mental health nursing unique and the final aspect is to offer a direction for improvement of the profession as perceived by the profession.

One of the limitations of this project was the difficulty in defining the initial scope. The concept of 'Framework' was used in a broad sense to describe the project. However it became evident over time as the literature research indicated that there were international publications presenting Mental Health Nursing Frameworks from the UK, Scotland and New Zealand. These publications used the concept of 'framework' to capture Mental Health Nursing as a profession and associated workforce issues including planning and forecast projections. As previously stated the purpose of this project was to focus upon reflections and perspectives of the professional role of Mental Health Nurses thereby being one component of a Mental Health Nursing Framework.

A further limitation of this project was the exclusion of Consumers, Carers and other Health Professions to provide their perspectives on the professional role of Mental Health Nurses and how they contribute to the delivery of a quality Mental Health Service. Despite these limitations this discussion paper has enabled the Mental Health Nursing Profession in South Australia to have a clearer understanding of their role and an increased ability to articulate the same. The discussion paper maintains a positive focus about what it is Registered Mental Health Nurses have to offer whilst acknowledging there will always be ways of doing things better.

¹ National Practice Standards for the Mental Health Workforce, endorsed by AHMAC National Mental Health Working Group September 2002

BACKGROUND

The impetus for this project evolved from the Department of Health, Mental Health Nurse Advisory Group (MHNAG) recognising the need for clarification of the professional role of Mental Health Nurses within Mental Health workplace settings. Over the past few years concerns have been expressed about the move towards multi-classification of professional positions and in particular Mental Health Nursing positions.

The MHNAG were able to identify a small number of descriptors that defined the uniqueness of the role of a Mental Health Nurse such as: assertive engagement; continuum of care and the notion of comprehensiveness of care. This led to a general agreement amongst the MHNAG for a project to be undertaken to explore Mental Health Nurses describing their own role in order to articulate how a Mental Health Nurse value -adds to an organisation, their clients and community.

Demographics

Within South Australia public health sector Mental Health Nurses work across rural community health centres and hospitals, Aboriginal health centres, metropolitan health services, community mental health services and Drug and Alcohol Specialist Services.

Mental Health Nurses make up 5% of the overall Nursing Workforce in South Australia, 4% are employed within the public sector and 1 % in the private sector. This data has remained constant since 2003. The average age of a RMHN in South Australia is 48 .7 years with the average working life being 22 years.

In 2005 the Mental Health Nursing workforce consisted of 857 Female (69%) and 341 Male (30%). The number of Registered Mental Health Nurses with the Nurses Board of South Australia was 1,198 of that only 574 (56%) were working within the Mental Health Sector.²

The Evolution of the Profession of Mental Health Nurses in South Australia

Mental Health Nursing was not formally recognised as a field of Nursing in South Australia until 1963 when the Nurses Board of South Australia (NBSA) established a registration role for Mental Health Nurses. Formal qualifications were identified as a requirement and the establishment of the educational standards were developed for health services to train Mental Health Nurses. In 1989 the NBSA approved the first Graduate Diploma of Mental Health Nursing to meet the standards required for registration. South Australia remains the only state in Australia to have a separate registration roll for Mental Health Nurses. This has the potential to be challenged with the implementation of recommendation 6.1 of the Australian Government Productivity Commission Report on the Australian Health Workforce, December 2005 for a national accreditation board.

² SA 2005 AIHW Nursing and Midwifery Labour Force Census Statistics Profile, November 2005, Department of Health.

REVIEW OF LITERATURE

There is a plethora of national and international literature describing 'what is Mental Health Nursing' and varying descriptions of 'what it is' that a Mental Health Nurse does. In 'The Final Report into Mental Health Nursing Supply Recruitment and Retention' it defines a Mental Health Nurse as;

a person with nursing qualifications who provides care to people with a mental illness Mental illness refers to the range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people, and is synonymous with the term 'mental disorder'. A mental illness is a diagnosable disorder that significantly interferes with individuals cognitive, emotional or social abilities. The clinical diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-IVR) (APA 2000) or the International Classification of Diseases, tenth edition (ICD-10) (WHO 2002) (Australian Health Ministers, 2003)³

However, for the purpose of this discussion paper a broader definition from the Australian College of Mental Health Nurses (ACMHN) will be used to describe Mental Health Nursing as being;

a unique interpersonal process, which promotes and maintains behaviours that contribute to integrated functioning for individuals and communities ...that caring extends to self and peers, as an active factor in promoting mental health.

However, to describe what it is that makes Mental Health Nursing unique from other Mental Health professional health care workers is far more challenging. In Australian literature the mental health nurses role has been described as;

varied and includes providing patient care within the physical, psychological and social domains; this role is broader than that of some of the other disciplines that work with people with a mental illness. Other disciplines tend to have greater depth of skill in fewer domains, whereas mental health nurses are often able to undertake some of the tasks generally ascribed to other disciplines, but with less depth and expertise⁴.

International literature has also succinctly identified what it is that Mental Health Nurses do and suggests that;

The broad base of Mental Health Nurses training covering biological, psychological and social aspects of care allows them to work in all Mental Health Settings and Specialties⁵

³ Piazza G, Rickwood D, Morrison P: " Final Report into Mental Health Nursing Supply Recruitment and Retention Prepared for the National Mental Health Working Group and Australian Health Workforce Officials Committee December 2003

⁴ Grigg, M (2001) The role of the psychiatric nurse. *Australian Psychiatry*, 9, 143-145.

⁵ Chief Nursing Officer's Review of Mental Health Nursing- Consultation document. Department of Health, 2005 UK

The Final Report into Mental Health Nursing Supply Recruitment and Retention stated that the nurse- patient relationship is valued over technical skills. The hidden work is comprised of caring and comforting, and this is a particular strength and aptitude of the people who chose to become mental health nurses⁶.

The valuing of highly visible skills is embedded within the health system where those tasks that relate to the technical aspects of nursing work such as giving medication are often highly valued as they are tangible and easily quantified. Alternatively there are low visibility skills that are related to building interpersonal relationships such as warmth and empathy. It is the application of these skills that assists the mental health nurse to discover the person, not only the disease. These tasks are difficult to quantify and generally only receive attention when not performed, namely when a complaint is filed.⁷

It is recognised that Mental Health Nursing has moved beyond the traditional work practices where the focus was upon Psychiatric symptomatology to focusing on the totality of the individual's mental health and wellbeing across the lifespan.

⁶ Piazza G, Rickwood D, Morrison P: "Final Report into Mental Health Nursing Supply Recruitment and Retention Prepared for the National Mental Health Working Group and Australian Health Workforce Officials Committee December 2003", p13

⁷ Hamber C (September 2000) Obstacles to defining the role of the mental health nurse. "Nursing Standard Volume 14(51), p35

METHODOLOGY

The first phase of the project was to undertake a review of the current national and international literature search based on: the role of the Mental Health Nurse; definitions of Mental Health Nursing; and functions of Mental Health Nurses in a multidisciplinary team.

The second phase was the development of the consultation questionnaire -see Appendix 1. Consultation with Mental Health Nurses occurred over a three month period, from April – July 2006.

The third phase included the launch of the questionnaire at the “Mental Health Nursing Framework” workshop which was facilitated by Professor Frances Hughes ONZM. Professor Hughes is recognised as an international leader within the field of Mental Health Nursing. At the workshop she presented the penultimate version of the New Zealand Mental Health Nursing Framework.

Following this workshop the questionnaire was also distributed via:

- Mental Health Nurse Advisory Group (email) to the Mental Health Nurses within their jurisdictions
- ACMHN SA website (members only)
- Mental Health Nursing workshops (approx 300)

The project officer was invited to a number of meetings at organisations that employed mental health nurses throughout South Australia. At these meetings the questionnaire was also distributed to approximately 90 participants. -see Appendix 3.

The fourth phase involved a draft discussion paper being disseminated to the Mental Health Nurse Advisory Group highlighting the findings of the questionnaire. The MHNAG agreed that the recent international publications of Mental Health Nursing Frameworks describe both the profession and associated workforce issues including planning and forecast projections. Given this understanding the scope of the project was not sufficient to maintain the title ‘Framework’ and hence the current format was developed. The final discussion paper was then completed and distributed through MHNAG.

DISCUSSION OF THE FINDINGS

Response Rate

A total of 86 Mental Health Nurses responded directly to the questionnaire in written form. A summary of which is included as Appendix 2. The findings from the data showed that regular themes occurred within the responses and collation took place within these 'themes.'

The response rate was unable to be measured as a percentage given that one of the means of distribution was via an electronic format. It is proposed that a lower response rate may have occurred given the following factors:

- The opportunity to respond to this type of discussion was new to many within the profession
- Responses to the questionnaire required significant time
- A significant amount of administrative duties are required of mental health nurses which limits their time with clients ,and this may have been perceived as a task that would take further time away from direct client contact

Key Findings from Consultation Questionnaire

Questions asked within the Consultation questionnaire had specific functions and purposes and these are outlined as follows:

Question 1: What do you see as the core roles of Registered Mental Health Nurses (RMHN), common to all settings and specialties?

The question explores the perceptions of the role of a RMHN. The respondent identifies a number of areas which were grouped into the following themes:

- Assessment, planning, and delivery of therapeutic interventions
- Psycho education, intervention, medication therapy, lifestyle, physical health, Bio-psycho-social, physical
- Support and work with each other and other professions
- Education / motivators/ advocacy
- Systemic promotion, prevention and early intervention
- Recovery, counselling, enabling approaches, PHC and community development

The results indicated that Mental Health Nursing is the only profession in the field of Mental Health that an individual works within their full scope of practice having the capacity to provide care covering the broad spectrum of Mental Health. Inclusive of Mental Illness, the co-morbidity with Alcohol and Drugs, Physical and Spiritual Health, supported by Pharmacological, Therapeutic and Social interventions.

Other professions when working within their scope of practice are able to provide some of these interventions but not all. Thereby establishing that the Mental Health Nursing profession provides the broadest range of services to their consumers/clients/patients, carers and community.

Question 2: What do RMHN offer consumers that set them apart from other mental health (MH) professionals?

The question examines what it is RMHN's do for consumers. The respondents identified a number of themes:

- use of a holistic approach
- informed advocates
- 24 hour care in inpatient setting
- a high level of assessment knowledge and application
- comprehensive health assessment inclusive of Alcohol and Drug assessments
- 24/7 Crisis Care Service (ACIS)

A further aim of the discussion paper was to establish what it is that makes the field of mental health nursing unique given that it has been recognised that there has been a "blurring" of professional roles as a response to meeting the need of providing a quality service to clients and community. A response to Question 3 was sought to address this aim.

Question 3: How do services benefit from employing a RMHN rather than another discipline of worker?

Respondents identified a number of themes which included the belief that a RMHN is multi-skilled, has the ability to educate individual and community holistically is economically more cost effective in some settings and is the only profession presently able to provide 24 hour care in inpatient settings.

Respondents proposed that Registered Mental Health Nurses did indeed provide holistic care. This was further explored through Questions 4-7 and 9-12 which aimed to 'drill down' the areas that encompass holistic care. This strategy also enabled the identification of the areas within the offering of perceived holistic care that could be improved by RMHN's. The results that follow outline the responses.

Question 4: Do you believe RMHN have a role in ensuring the physical well-being of consumers?

100% of the respondents believed that RMHN's did have a role in ensuring the physical wellbeing of consumers, via the following means:

- education of others (professionals, consumers/carers and communities)
- monitoring of medication compliance and of the associated negative side effects
- health promotion, prevention, early intervention
- monitor physical issues

Question 5: Are/Should RMHN's be trained to provide psychological therapies?

100% of the respondents believed that RMHN's either are or should be trained to provide psychological therapies. The respondents identified the potential for psychological therapies to be utilised in a number of workplace settings given

appropriate support mechanisms are in place which included management/professional support, clinical supervision and education.

Question 6: How do RMHN's help people live fulfilling lives and to feel a part of the community?

The respondents identified a number of strategies to help people live fulfilling lives including providing assistance to them to integrate into their community particularly post discharge from inpatient services. Respondents also perceived their role as encouraging people with individual goal setting and supporting the achievement of their goals.

Question 7: Do RMHN consider consumers spiritual beliefs?

The respondents provided virtually an equal division of opinion. Those that responded in the affirmative identified this being provided through a culturally sensitive approach as well as being a part of the provision of holistic care. Those that responded in the negative identified it as an area that is "sadly neglected and crucial to address". Despite the equal division of opinion it is interesting to note that none of the respondents expressed this as part of the role of a RMHN in Question One.

Question 9: How could RMHN roles be extended to improve the service provided to consumers?

Respondents identified that the RMHN role could be extended through cultural change of RMHN's, organisations and other professions. Through systems changes via legislation, through models of care provided and through the development of the Mental Health Nurse Practitioner role.

Question 10: What role do RMHN have in working with clients who are parents of children under 18 years of age?

Respondents identified that Registered Mental Health Nurses could work with this clientele through the provision of Psycho education, their knowledge of supports and systems and through their duty of care to whom that they provide a service.

Question 11: In what ways can RMHN's as opposed to other professions working within Mental Health settings effectively support carers?

Respondents identified supporting carers as part of their holistic approach to care for their clients as well as their availability and approachability within the current health care systems as being a decided advantage.

Question 12: Do you have any other recommendations as to how RMHN can make the most effective contribution possible to consumers needs in the future?

Respondents identified their perception of the professions Philosophy of Practice as well as the Nursing Systems that are in place as the most effective means of contribution to consumers needs in the future.

Questions 8 and 13-17 examined how the profession of RMHN can work most effectively for consumers, carers and specialist mental health services.

Question 8: Do RMHN incorporate evidence based practice in their daily practice?

This was divided into three settings – Clinical, Managerial and Education

In the **Clinical Setting** a significant majority of the respondents expressed the belief that this does occur via the following means:

- reflective practice
- use of research
- ongoing education

A few perceived this did not occur, suggested strategies such as:

- building relationships
- provision of training
- raising awareness
- change in clinical assessments and treatment plan to include Holistic Care

In the **Managerial Setting** RMHN's believed this was done through:

- strategic planning with services
- contingency planning
- policy development
- auditing and accreditation, risk management
- clinical leadership program. mentoring, clinical supervision, training and development

Those who believed it was absent in the workplace, identified reasons such as silo thinking, lack of free discussion and the need for the Management to undertake leadership and management training themselves.

In the **Education Setting** Registered Mental Health Nurses believed this was done through:

- lifelong learning approaches
- performance appraisals, collation of data to identify areas of needs
- research encouraged

Those that believed this did not occur identified the following strategies for improvement:

- teacher as learner model needed
- provision of learning with realistic outcomes
- combining of Clinical and University sector to develop curriculum

Question 13 asked Registered Mental Health Nurses to identify their perception of the major changes to the role of RMHN in the last 15 years? The question further went on

to seek strategies from the profession as to how they can best respond to the suggested changes that they have listed.

Question 13: What do you understand to be the major changes to the role of RMHN in the last 15 years?

The most significant changes identified included changes to:

- models of care provided
- Profession's profile
- how RMHN's work

The Registered Mental Health Nurses identified the following ways of positively responding to these perceived changes through:

- enhancing education
- ensuring positive organisational leadership
- use of primary health care strategies

Question 14 sought strategies to building and maintaining a valued profession and workforce which also fell into three themes

Question 14: What do you consider to be the 3 most important strategies to ensure we build and maintain a valued RMHN profession/workforce?

- Systems
- Leadership
- Marketing

Question 15 sought views on the provision of effective leadership, both formal and informal, within the profession. A significant majority believed that currently this did not occur and that the large majority of the effective leaders that did exist were employed in an informal role. Strategies were sought as to how this could best be addressed.

Question 15: Has Mental Health Nursing developed effective leaders within the profession? How can effective leadership best be developed and supported for RMHN?

- education and training to shift attitudes and provide a focus on values
- systems to be put into place
- creation of a vision and role modelling of how to work towards it

Given the blurring of roles and professions Question 16 sought to establish if Registered Mental Health Nurses identified themselves as 'Nurses' or as 'Mental Health professionals'. The results showed that a majority of the respondents perceived themselves as Nurses.

Question 16: Do you identify yourself as a "Nurse" or a "Mental Health Professional"? (i.e. do you see your leadership coming from Nursing or more generically from the mental health sector?)

- Nurse 65%, Both 17%,and Mental Health Professionals 18%

Question 17 sought to establish if the respondents believed they had made a positive choice in becoming a RMHN. All respondents bar one responded that they believed they had. Reasons for this positive belief covered both personal values and professional roles.

Question 17: Do you believe that you have made a positive choice to become a RMHN?

- 99% Yes
- 1% No

RECOMMENDATIONS

The findings within this discussion paper have indicated that Registered Mental Health Nurses need to ensure that they constantly develop, maintain and improve their knowledge and skills so as to excel in their practice for their consumers and communities. This in turn enhances both the perception of the profession by the profession as well as other disciplines perceiving Mental Health Nurses as valued team members of the multidisciplinary Mental Health Service. Above all, it improves the quality of care and practice to consumers, carers and the community.

Recommendation One

It is recommended that the areas identified below are included within a Graduate Mental Health Nurses Transition to Professional Practice Framework. Access to this program should not be restricted to newer members of the Mental Health Nursing profession but available to all Registered Mental Health Nurses. It would be highly recommended that all Registered Mental Health Nurses are included in this process as part of their ongoing professional development program.

Recommendation Two

The delivery of the education outlined below must be delivered by appropriately qualified individuals in the specialist areas identified. This includes consultation with consumers and carers when developing the proposed framework as well as individuals who can provide appropriate culturally specific advice in regards to content.

Recommendation Three

The development and promotion of knowledge, skills and abilities must occur in relation to the foundations of leadership and management within the Mental Health Nursing profession. For this process also to be aligned with performance development and review processes.

Recommendation Four

Further develop the role of Clinical Supervision within a Clinical Governance framework and the ongoing support to the development of a sustainable approach to the implementation of Clinical Supervision for all Mental Health Nurses with a consumer centred approach.

Recommendation Five

The development of a Mental Health Nursing Framework is further progressed with this discussion paper complimenting future development.

AREAS OF IMPROVEMENT IDENTIFIED

1. Physical assessment skills

The consultation process identified the need for the up skilling of registered mental health nurses who have not worked in a general health setting either as a general nurse or been responsible for provided general nursing physical care.

Many Mental Health Nurses in specialist mental health inpatient services will often not care for a client with a mental illness once a physical complication occurs despite the fact that they are registered general nurses as well. There are circumstances that this is an appropriate course of action but others where it is not.

The identification of physical complications especially those that are specific to medication related to mental illnesses such as symptoms of Lithium toxicity, malignant neuroleptic syndrome and serotonin syndrome are areas that are absolutely required that a mental health nurse be skilled in so as to ensure they meet their registration requirements as well as providing the best care possible for the consumer.

The need to have an understanding of the physical wellbeing of clients as well as their mental wellbeing has been highlighted as an area to improve upon so as to ensure a client receives the most comprehensive level of care possible.

2. Addressing spiritual needs of consumers

The individual's spiritual beliefs may be a preventative and protective factor around suicidal as well as a source of support through their own spiritual or religious communities. During consultation it was suggested that this

Domain is sadly neglected and crucial to address

The need to work with people with a spiritual focus is identified in the guiding principals of the National Practice Standards for the Mental Health Workforce.

Recognise consumers' family members' and/or carers' unique physical emotional, social, cultural and spiritual dimensions and work with them to develop their own supports in the community.

3. Care of young people under the age of 18 when their parent is the identified client

The consultation process identified that Mental Health Nurses were often not aware of strategies to assist children of people with a mental illness other than by referral to Child and Adolescent Mental Health Services, and this in itself is at times an inappropriate course of action.

The National Practice Standards for the Mental Health Workforce identifies this as an area that is required to be addressed.

"Recognise and support the rights of the child with a parent with a mental health/problem and /or disorder to appropriate information, care and protection."

4. Identification and development of future leaders and providing support and encouragement for current leaders

Through the consultation process it is clear that there is a perception that Mental Health Nurses have often not identified its potential leaders nor supported its current leaders to develop a life long learning approach and provide the necessary management and leadership skills to ensure the professions own growth and development.

5. Access to and participation in Clinical Supervision/Reflective Practice

Mental Health Nursing is one of the only professions in the field of Mental Health that does not provide its own profession with the necessary time and resources to reflect upon their practice in a formal setting outside of a line management arrangement.

CONCLUSION

In conclusion this paper has highlighted the breadth of the scope of practice of the Mental Health Nursing profession. Mental Health Nurses have identified a number of areas of practice to improve upon so as to ensure that the profession works to the best of its capability and within its fullest scope of practice. Significantly the outcome of this discussion paper has been to provide an avenue for all Mental Health Nurses throughout the state regardless of position, title and practice setting the opportunity to articulate why they have chosen to work within the Mental Health Nursing Profession.

It is hoped that the distribution of this Discussion Paper will occur as broadly as possible reaching as many Mental Health Nurses at every level within South Australia and that the findings will provide a springboard for discussion and debate at all levels of the Mental Health Nursing Workforce contributing to present and future planning of the Mental Health Nursing profession and workforce.

It is anticipated that those who have contributed to this process will have their voices heard and acted upon so as to enable the Mental Health Nursing Profession a positive and expansive future.

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APPENDIX 1



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6 March 2006

Dear Colleagues,

I invite you to participate in the development of the first South Australian Registered Mental Health Nursing Framework by completing the attached questionnaire and returning it in the reply paid envelope to the Department of Health (DH).

Participation in this survey is entirely voluntary. Protection of all information provided by participants will remain the responsibility of the Nursing Office, Department of Health. Survey information will be treated confidentially and will not be divulged to any other party in its original form. Information collected through the questionnaire will be used to inform the development of the Framework only.

May I impress upon you the importance of contributing to the outcomes of this framework. Its purpose is to provide an:

- overview of the core roles of registered mental health nursing
- contributing to present and future planning of services,
- offer a direction for education of the workforce; and most importantly
- to provide mental health nurses with a commonality in description of their work.

This survey is being distributed amongst Mental Health professionals employed within the South Australian public sector. This is so that an understanding of Registered Mental Health Nurses perception of their own profession as well as other professions perception of Registered Mental Health Nursing can be gained. Please note that the information currently being sought is about Registered Mental Health Nurses. It is anticipated that Enrolled Mental Health Nurses will be included in any future questionnaires.

Please complete all that you are able or feel are relevant to you. It will take approximately 15 minutes to complete the questionnaire

The consultation questionnaire and the final document of the Mental Health Nursing framework will be posted on the Nursing Website www.nursingsa.com.

Whilst prompt reply is appreciated, completed surveys will be accepted up to COB 14th April 2006.

If you have any questions about the survey please contact Wendy Scott, Nursing Office, Department of Health on telephone (08) 8226 6322 or e-mail at wendy.scott@health.sa.gov.au.

Thank you in anticipation of your valued participation.

A handwritten signature in black ink, appearing to read 'Debra Thoms'.

Adj Professor Debra Thoms
Chief Nursing Officer
Department of Health



Government of South Australia

Department of Health

**QUESTIONNAIRE TO SUPPORT DEVELOPMENT
OF A MENTAL HEALTH NURSING FRAMEWORK**

A small amount of demographic data is being collected to help ensure a range of respondents is included.

Please tick the most relevant box.

1. What is your occupation?

- Registered Mental Health Nurse (Clinical)
- Registered Mental Health Nurse (Admin)
- Registered Mental Health Nurse (Education)

2. What year did you first register? _ _ _ _

3. Please indicate all qualifications you hold that are relevant to mental health (MH) service provision.

- 1. _____
- 2. _____
- 3. _____

**PLEASE ATTEMPT TO ANSWER ALL FOLLOWING QUESTIONS, HOWEVER IF
YOU ARE UNSURE OF HOW TO RESPOND LEAVE IT BLANK AND MOVE ON**

1. What do you see as the core roles of Registered Mental Health Nurses (RMHN), common to all settings and specialties?

2. What do RMHN offer consumers that set them apart from other mental health (MH) professionals?

3. How do services benefit from employing a RMHN rather than another discipline of worker?

4. Do you believe RMHN have a role in ensuring the physical well-being of consumers?
 Yes No

If yes, how can RMHN most effectively improve the general physical well being (diabetes, heart disease, etc) of people with Mental Health problems in both community and inpatient settings across the life span?

5. Are/Should RMHN be trained to provide psychological therapies?
 Yes No

5A If yes, list what circumstances and practice settings would this be most effective and appropriate.

5B What support (if any) would be required?

6. How do RMHN help people live fulfilling lives and to feel a part of the community?

7. Do RMHN consider consumers spiritual beliefs?

Yes No

If yes, describe how this is done.

8. Do RMHN incorporate evidence based practice in their daily practice?

Yes No

If yes, then how is this done for the following areas or if no, how could this be encouraged in these areas:

8.A. Clinical

1.

2.

3.

8.B. Managerial

1. _____
2. _____
3. _____

8.C. Education

1. _____
2. _____
3. _____

9. How could RMHN roles be extended to improve the service provided to consumers?

10. What role do RMHN have in working with clients who are parents of children under 18 years of age?

11. In what ways can RMHN as opposed to other professions working within Mental Health settings effectively support carers?

12. Do you have any other recommendations as to how RMHN can make the most effective contribution possible to consumers needs in the future?

13.A. What do you understand to be the major changes to the role of RMHN in the last 15 years?

13.B. How can the Mental Health Nursing profession best respond to ensure that services are improved by the suggested changes as listing in Question 13A?

14. What do you consider to be the 3 most important strategies to ensure we build and maintain a valued MHN profession/workforce?

1. _____
2. _____
3. _____

15. Has Mental Health Nursing developed effective leaders within the profession?
 Yes No

15.A. How can effective leadership be best developed and supported for RMHN?

15.B. Are the RMHN that you perceive to be effective leaders within the profession, employed in a formal or informal leadership role?

15.C. What do you think would assist RMHN to become successful leaders?

PLEASE ONLY ANSWER THE FOLLOWING IF YOU IDENTIFY YOURSELF AS A REGISTERED MENTAL HEALTH NURSE RESPONDING TO THIS QUESTIONNAIRE

16. Do you identify yourself as a “Nurse” or a “Mental Health Professional”? (I.e. do you see your leadership coming from Nursing or more generically from the mental health sector?)

17. Do you believe that you have made a positive choice to become a RMHN?

Yes No

Why is this so?

APPENDIX 2

CONSULTATION QUESTIONNAIRE FINDINGS

The following responses have been grouped into themes and associated responses that responded under these themes are also demonstrated. Please note that there were often multiple responses from each return per question.

1. What do you see as the core role of registered Mental Health Nurses (RMHN), common to all settings and specialties?

THEMES

Assessment, planning, and delivery of therapeutic interventions

- *Therapeutic interventions through use of self*
- *Solid knowledge of mental illness and wellbeing, counselling including CBT and Crisis counselling and Drug and Alcohol assessment skills to a high standard and able to take in physical assessment/considerations. High level of risk assessment and management of aggression, medication and education*
- *Providing nursing care for patients/clients e.g. monitoring mental state, psycho education; pharmacol-education and support with medication; linking to relevant services and supports liaise with family. Providing appropriate interventions with relapse, stress management etc*

Psycho education, intervention, medication therapy, lifestyle, physical health, Bio-psycho-social, physical

- *To provide holistic nursing care to clients in specialty area of MHN practice*
- *Integration of psychiatric and physical health care*
- *Holistic health management*

Support and work with each other and other professions

- *Ability to practice independently and interdependently. Highly skilled member of multi d team, educator, mentor, counsellor*
- *To provide a quality service to clients based upon the nursing body of knowledge.*
- *To share this knowledge with other disciplines*
- *Assisting other services manage mental health/difficult behaviour*

Education / motivators/ advocacy

- *Educating client and family/carers etc re mental state and treatment options*
- *Safety of clients , empowerment and advocacy*
- *Educate the wider community that mental health is everyone's business*
- *Patient care, education, supervision, advocacy*

Systemic, Promotion, prevention and early intervention

- *Wider systems approach including working relationship with carers family and community; community development work*
- *Promotion of mental good health*
- *Understanding systemic issues – e.g. – this related to that therefore influences*

Recovery, counselling, enabling approaches, PHC and community development

- *Education about mentally healthy activities and increasing community acceptance of mental illness*
- *Recovery focused management*

2. What do RMHN offer consumers that set them apart from other mental health (MH) professionals?

The closest to a Holistic approach

- *Bio-psycho social, pharmacological, physical , mental*
- *To provide holistic nursing care to clients in specialty area of Mental Health Nursing practice*
- *Holistic nursing care*

Informed Advocates

- *Advocates where medical model tends to rule*
- *Advocating within health care settings, especially rural areas where “medical model” is alive and well*
- *Able to advocate/liaise with health sector strategically on behalf of client*

24/7 care in inpatient setting

- *Constant interactions with client*
- *Not a consulting model of care a relationship building*
- *Approachability and availability*

High level/depth of assessment knowledge/application

- *Dual professions (general and mental health nursing)*
- *Generally better correlation of physical symptom and mental illness*
- *More time, understanding, acceptance and respect*

Specific Mental Health training

- *The profession that is called when aggression management is required*
- *Understanding of systemic issues using a practical approach*
- *Broad base of training and knowledge acquisition*

Comprehensive health assessment

- *Professional appreciation of the physical effect of mental illness “The head is attached to the body”*
- *Closest link with client’s family/cares thereby enabling collateral history to be gained*
- *Able to recognise and respond to a wider range of risk factors for clients and families*

3. How do services benefit from employing a RMHN rather than another discipline of worker?

Multi-skilled

- *MHN’s can assess and notice physical causes of what may not be mental illness but be physical causes and save a person a label that our society still perceives as negative*
- *A mental health approach encompassing the nursing philosophy*
- *Have more comprehensive skills – can do therapy while at the same time do physical assessments, MH state examination, medication management etc*

Able to provide 24/7 care in inpatient settings

- *Rostered over 24 hour day in inpatient wards*
- *More accessible more often on the wards*
- *Able to provide all facets of care*

Economically cheaper

- *If you employed another profession you would still need to “buy in” times of other professions to patch it up and offer a holistic service*
- *A non sessiona /office based model of care*
- *Broader opportunities of scope of practice e.g. RMHN can Administer Rx AND negotiate the social welfare system. RMHN can advise on medications AND offer non pharmacological therapy. RMHN can assess physical wellbeing AND coordinate rehab activities.*

Ability to educate individual and community holistically

- *Broadness of clinical practice, intimate knowledge of health care system from acute to community*
- *Educating people in the community*

4. Do you believe RMHN have a role in ensuring the physical well-being of consumers?

| | |
|-----|------|
| Yes | 100% |
| No | 0% |

If yes, how can RMHN most effectively improve the general physical well being (diabetes, heart disease, etc) of people with Mental Health problems in both community and inpatient settings across the life span?

Education of others (professionals, consumers/carers and communities).

- *Attitudinal changes of both RNs to MH and MHN to physical health*
- *Liaise with MO's as they speak their language both for MI and for physical workups for client*
- *Develop care pathways to access appropriate services- integration of case management*

Compliance of medication monitoring, and negative side effects

- *By ‘knowing’ the impact medication, ill health etc have on each other*
- *Advocate that bloods etc Liver function tests, Thyroid function tests etc done regularly*
- *Education- re interaction with medications taken and how they may interfere with metabolism*

Health Promotion, Prevention, Early Intervention

- *Education, support and training- developing personalised care packages that teach people how to look after themselves and their unique health challenges in a balanced and effective way, develop strategies for recognising early warning signs and intervening early*
- *Encourage consumers to access more knowledge and regular check ups*
- *By utilising a primary health care approach emphasizing health promotion*

Monitor physical issues

- *I don't expect diabetes or cardiac nurse specialists to be able to work as a RMHN, so my clients are best served by referring to those nurses who know their work best*
- *So many illnesses/conditions can impact on mental health, e.g. diabetes, hormone problems, thyroid “Understanding of how poor physical health can equate to poor mental health*
- *problems, post cardiac problems etc*

5. Are/Should RMHN's trained to provide psychological therapies?

| | |
|-----|------|
| Yes | 100% |
| No | 0% |

5.A. If yes, list what circumstances and practice settings would this be most effective and appropriate

- *All settings except Intensive care units where clients may be too unwell*
- *All areas of MH Service delivery*
- *Please note Mental Health Nursing training included psychological therapies*

5.B. What support (if any) would be required?

Management/Professional support

- *Managers facilitating release*
- *Incorporation into Standards and Job and Person specifications*
- *Acknowledgement by other professions*
- *Allow for tyranny of distance*
- *Support given this*

Clinical Supervision

- *Access to clinical supervision" multiple responses*

Education

- *Refresher training in therapies*
- *Review of core curriculum*
- *Professional development sessions and courses to maintain/update knowledge*

6. How do RMHN help people live fulfilling lives and to feel a part of the community?

Integration post discharge from inpatient services

- *Helping clients re integrate into their community post discharge – linking clients with community resources – accessing hospital avoidance programs to keep people within their community*
- *Provide support, ensure appropriate follow up occurs*

Focusing on big picture

- *The community has a role to actively embrace and support the vulnerable and marginalised. This relationship is not universally endorsed and there is resistance in the community and lack of resources and opportunity- we need to improve this.*
- *Normalising the normal*
- *Health Promotion to accept mental illness within community including SAPOL, other providers, community Groups, Individuals*
- *By maintaining hope, knowing that a person is more than their illness*

Encourage client to use therapeutic use of self

- *Assist with self management of illness and medications*
- *By supporting the client in their home environment, providing them with education and support*
- *By encouraging people to accept their mental health and not allow it to rule you and live life to the fullest – encourager, resource and supporter*

- *Assist clients to identify their goals and support the client towards achieving them e.g. work, social, etc*

7. Do RMHN consider consumers spiritual beliefs?

| | |
|-----|-----|
| Yes | 56% |
| No | 44% |

YES

Cultural sensitivity

- *Indigenous Elders and traditional healing*
- *Similarities between some cultural beliefs and psychosis, some religions believe in 'tongues', voices, spiritualism*
- *Encouragement to maintain contact and supports with priests/Shamans etc*

Holistic care.

- *Awareness of the spirituality of individuals and try to interpret it in any care plans*
- *Encourage practice of beliefs, contacting appropriate pastoral carers or indigenous elders where appropriate*
- *Mental Health Nursing assessment tools promote this*
- *Ask the client about their beliefs and listen to how they respond. Incorporate this into how I work/support them*

NO

- *This is an area that is sadly neglected and crucial to address – it must be done in a non judgemental way with sensitivity to culture, values and beliefs*
- *I do personally , however other RMHN's may not see the importance or value about how spiritual beliefs impact on the client life*
- *Staff development in Cultural Sensitivity is an ongoing issue*

8. Do RMHN incorporate evidence based practice in their daily practice?

| | |
|-----|-----|
| Yes | 88% |
| No | 12% |

If Yes, then how is this done for the following areas or if no, how this could be encouraged in these areas:

8.A. Clinical Areas:

YES

Reflective practice

- *Clinical Supervision*
- *discussion with peers and colleagues about best practice*
- *clinical supervision/mentorship*

Use of research

- *identifying client trends (e.g. co morbidity , aging population)*
- *Benchmarking practices*
- *Evaluating own practice against evidence based practice*

Ongoing education

- *journal clubs , conferences etc*
- *lifelong learning*
- *professional development time*

NO

- *closer relationships required between universities and services*
- *Specific training required and this needs to be encouraged by management. There will also need to be procedural changes (e.g. support during coronal enquiries).*
- *Awareness of service delivery models with good demonstrated outcomes. Undertaking research/audits. Nurses in SA generally lack openness to this*

8.B. Managerial Areas:

YES

- *Contingency planning*
- *policy development*
- *“Auditing and accreditation, risk management*
- *Clinical leadership program. Mentoring, Clinical Supervision, Training and Development*

NO

- *Silo thinking, castle building hidden agendas, little generosity of spirit*
- *Need to allow free discussion*
- *A lot need to be enabled and ensure they undertake leadership/management courses themselves*

8.C. Education Areas:

YES

- *Availability of informal brief sessions at handover times*
- *lifelong learning approaches*
- *research encouraged*

NO

- *Change of focus – currently assumption of good clinician = good educator*
- *Teacher as learner model needed*
- *The education often is lost in it's own academic pursuits – doesn't provide learning with realistic outcomes*
- *Clinical and uni combine to develop curriculum*

9. How could RMHN roles be extended to improve the service provided to consumers?

Culture change

- *Address assumptive cultures of role of MHN*
- *Challenge the notion of MHN being a glorified well paid baby sitter/custodian*
- *Need to address Nurse (general)/GP's concerns openly and honestly as attitudes change (oh so slowly) consumers will benefit*

Systems changes

- *Changes to MH Act allowing MHN's to detain*
- *Introduction of Clinical Supervision*
- *Liaison model used more generally to increase knowledge of all stakeholders*

Mental Health Nurse Practitioners

- *Nurse practitioners or additional senior clinical positions with clear mandates and accountability are options*
- *Via MHNP – roles are extended to provide more e.g. diagnostic testis, prescribing etc – therefore providing “one stop shop” (almost!) and continuity of care*

10. What role do RMHN have in working with clients who are parents of children under 18 years of age?

Psycho education

- *Educating and assisting parents*
- *Support and referral for parenting skills*
- *Education for whole family*

Duty of care

- *Awareness of child protection, Attachment theory and therapy , Child Development*
- *Observe for home safety*
- *Development of a crisis plan for the child when parent becomes unwell*

Knowledge of supports and systems

- *Referral*
- *Liaise with COMIC groups, schools, community groups*
- *work with schools/workers*

11. In what ways can RMHN as opposed to other professions working within Mental Health settings effectively support carers?

Holistic approach

- *Broad holistic knowledge of all systems*
- *Discusses physical issues and medication for both consumers and carers*
- *Again 'one stop shop' therefore not as many professionals involved providing continuity etc*

Availability/Approachability

- *Most accessible profession in inpatient setting*
- *Very practical focus which most Carers need*
- *Carers generally trust nurses -Nurses are most trusted profession in surveys for quite a few years running*

12. Do you have any other recommendations as to how RMHN can make the most effective contribution possible to consumers needs in the future?

Philosophy of practice

- *Recognise the individual as the expert in regards to their own illness*
- *Encourage change*
- *Embrace working in a pastoral relationship*
- *Sharing of know ledge across the sectors*

Systems

- *Responsive Nursing Leadership*
- *Input into new service development models*
- *Encouragement at an organisational level for MHNP for complete one stop shop*

13.A. What do you understand to be the major changes to the role of RMHN in the last 15 years?

Models of care provided

- *More collaboration with consumers and carers*
- *Move to community and away from 'bin' nurse where blurring of roles now in multi-d teams*
- *Custodial models of care – recovery models of care*

Professional profile

- *MHNing professionalised now Uni qualification*
- *Move from Psychiatric Nursing to Mental Health Nursing-remains a bone of contention within 'the ranks' – we have to get this sorted first "I don't do happy"*
- *RMHN are taking a broader than clinical role. Major change in funding and diminishing resources means RMHN's have become more outcome focussed. computer literacy has become essential*

How MHN's work

- *National Standards developed and audited*
- *More documentation/expectations/pressure*
- *Increase in burden of responsibility of data collection on behalf of others*

13.B. How can the Mental Health Nursing profession best respond to ensure that services are improved by the suggested changes as listing in Question 13A?

Education

- *Ongoing education is a must*
- *Educate the lecturers who are doing bedside teaching*
- *More MH in RN education*

Organisational/leadership

- *Ensure practice standards align (professional and service)*
- *Ensure strong leadership more drive from ANZCMHN*
- *Be politically active*
- *Clinical Supervision*

Primary Health Care Strategies

- *Raise community awareness*
- *Decrease stigmatisation*
- *Address media stereotypes*

14. What do you consider to be the 3 most important strategies to ensure we build and maintain a valued MHN profession/workforce?

Systems

- *Maintain registration*
- *Ensure undergrads have a MH placement and train up MHN's as preceptors*
- *EB inclusive of MHN standards, including Clinical Supervision*

Leadership

- *Create management with understanding of issues in MH field*
- *Nursing leadership to influence policy at Govt levels*
- *Strong positive leadership (both clinical and management)*

Marketing

- *Good Marketing will provide recognition for those already working as MHN's as well as potentially attract more*
- *Increase profile of ANZCMHN*
- *Let people know about the diversity within the discipline*

15. Has Mental Health Nursing developed effective leaders within the profession?

| | |
|-----|-----|
| Yes | 32% |
| No | 68% |

15.A. How can effective leadership best be developed and supported for RMHN?

YES

- *More education and training*
- *Communication pathways with ground staff to continue to improve*
- *Just beginning NOW*
- *Career pathways required for more incentive*
- *Develop vision and move towards it*
- *Be appropriate role models*

NO

- *Validated Clinical Leadership programs required*
- *Prof bodies need to take more lead roles*
- *Ongoing supervision for leaders needed*
- *No Accountability or KPIS for leadership (who will monitor these)*
- *Culture change needed (years of experience no longer means you move into leadership roles)*

15.B. Are the RMHN that you perceive to be effective leaders within the profession, employed in a formal or informal leadership role?

| | |
|----------|-----|
| Formal | 25% |
| Informal | 75% |

15.C. What do you think would assist RMHN to become successful leaders?

Systems

- *Manageable workloads for management*
- *More recognition not seen as 'real' nursing*
- *Leaders get support for training for themselves*
- *Career pathways*
- *Clinical Supervision*

Attitudes

- *Encourage staff*
- *Awareness of who their staff are and using the skills of those staff to move towards the vision for the system/service*
- *Include values in J&PS and interview questions*

16. Do you identify yourself as a “Nurse” or a “Mental Health Professional”? (i.e. do you see your leadership coming from Nursing or more generically from the mental health sector?)

- Nurse 65% ,
- Both 17% ,
- MH Sector 18%

17. Do you believe that you have made a positive choice to become a RMHN?

| | |
|-----|-----|
| Yes | 99% |
| No | 1% |

Why is this so?

- *Belief in what I do*
- *Passionate/ make a difference/ working with people when most vulnerable enables me to make the greatest positive difference*
- *Autonomous practice*
- *Continual changing environment*
- *Allows me to provide true holistic care*
- *No bedpan rounds, more equitable position with colleagues from other professions*
- *Am able to make a difference despite a frustrating system*

Reference: The Chief Nursing Officer's Review of Mental Health Nursing in England, Department of Health, UK

APPENDIX 3

Contributors and sites visited

The project officer was invited to a number of meetings at organisations that employed mental health nurses throughout South Australia. At these meetings the questionnaire was also distributed to approximately 90 participants. The Mental Health Nursing Advisory Group also contributed and assisted in the distribution of the questionnaire.

Mental Health Nurses

Health Service Sites Visited

| | |
|---|--|
| Registered Mental Health Nurses – Level 3 | Glenside Campus Mental Health Service |
| Registered Mental Health Nurses – Level 3 | Central Northern Adelaide Health Service Community Mental Health teams |
| Registered Mental Health Nurses | Southern Adelaide Health Service, Drug and Alcohol Service South Australia, and Southern Child Adolescent Mental Health Service attending Professional Development Forum held at Repatriation General Hospital in July 2006 |
| Registered Mental Health Nurses | Country Mental Health Services: Pt Lincoln, Whyalla, Pt Augusta, Port Pirie, Riverland, Clare, Barossa, Gawler |

APPENDIX 4

Mental Health Nurse Framework Workshop facilitated by Ms Frances Hughes on 20 April 2006

Attendees List

| | |
|--------------------|---|
| Rosie Ratcliff | Campaign Organiser, ANF |
| Dianna Murphy | Regional MH Arts Coordinator |
| Sharon Olsson | A/ADON Operations, Intensive and Acute Services |
| Indi Moorghen | Team Leader, CNAHS |
| Pauline Blane | Practice Development Nurse, SAHS |
| Bonnie Walters | Flinders University |
| Sue Ellershaw | Nursing Unit Head, Helen Mayo House, CYWHS |
| Julie Trebilock | Clinical Nurse, CNAHS |
| Linda Nobes | Clinical Nurse Consultant, CNAHS |
| Ann McElroy | Consultation and Liaison Nurse, South East Region |
| Jude Bromley | Student Mental Health Nurse |
| Robyn Parkes | Senior Project Nurse, Nursing Office |
| Caroline Wales | Manager, Service Improvement |
| Marilena Ronaldo | Nurse Manager, CNAHS |
| Pat Mead | Practice Development Nurse - CAMHS |
| Kathryn Cronin | Principal Mental Health Clinician, NFW Region |
| Dee Travis | Principal Mental Health Clinician, Eyre Region |
| Christine Walsh | Clinical Nurse Consultant, CYWHS |
| George Farquharson | Clinical Nurse Consultation, CNAHS |
| Wendy Scott | Mental Health Project Nurse, Nursing Office |
| Marcia Hakendorf | Project Nurse, Nursing Office |
| Debra Thoms | Chief Nurse of South Australia |
| Frances Hughes | Facilitator |

APPENDIX 5

Workshop Evaluation

Thursday 20 April 2006

Workshop The Parks Convention Centre, AAMI Stadium, Turner Drive West lakes

| LIKERT SCALE | | | | |
|--------------------------------|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 1 = Strongly Agree | | | | |
| 2 = Agree | | | | |
| 3 = Neither Agree nor Disagree | | | | |
| 4 = Disagree | | | | |
| 5 = Strongly Disagree | | | | |

Please (✓) the number beside each statement that best reflects your thoughts about the workshop

1. Content

I gained a clearer understanding of the purpose of a Mental Health Nursing Framework

| | | | | |
|---|----|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 6 | 12 | | | |

Include any comments:

- Presentation by Frances was excellent
- Good Handouts
- Will assist MHNs to articulate their practice and profession

I gained an understanding of the context of a Mental Health Nursing framework for South Australia

| | | | | |
|---|----|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 4 | 11 | 1 | | |

Include any comments:

I found the consultation questionnaire to be thought provoking and relevant

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 8 | 4 | 2 | 2 | |

Include any comments:

- It was too long to complete during the session, needed to be done before
- Too rushed, not my best work
- It would have been helpful to have the questionnaire to fill out prior to attending

The workshop has assisted me in distinguishing between professional and organisational issues.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 4 | 8 | 4 | | |

Include any comments:

- Have always known the difference

The Panel session provided an opportunity for further clarification
 PANEL DID NOT OCCUR GENERAL DISCUSSION HELD INSTEAD

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| | | | | |

Include any comments:

- Discussion interesting
- Thought provoking
- Group discussion was relevant

Presentations

- a The presentations were clear and to the point
- b The presenters demonstrated mastery of the topic
- c The method used to present the material held my attention
- d The presenters were responsive to participant concerns

| | | | | |
|----|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 14 | 1 | | | |
| 15 | | | | |
| 14 | 1 | | | |
| 14 | 1 | | | |

What are the key points from today's workshop that you will share with your colleagues?

- We need to be able to articulate what MHN's do and voice this
- Frances was great, money well spent, shall access resources
- Invite Frances back
- Really valued input by Frances
- Frances was excellent thank you
- Frances was excellent
- Adopt a similar strategy for SA – nationally in Australia
- We as MHN's need to be able to be at the forefront of reform, education, client services etc
- The need for our professional body to review our standards and include supervision. The need to promote the Professional persona of MH Nursing, Excellent workshop thank you.
- Need to keep promoting MHN and talking about positive changes
- The need to keep talking together about our practice and the continual need to find ways to articulate what we do
- Tools – need to be developed by Mental Health to be recognised by other professions. Clinical placements across all units. Valuing MHN's across all areas