



# "Community Mental Health Nursing - Developing an Integrated Model of Nursing Case Management"

Karen Harmon

CNC – Community Mental Health



# Background

- Currently Australian mental health services (MHS) are moving towards a population model of healthcare that emphasises early detection and intervention (Raphael, 2000).
- To date much of the work by MHS has been in caring for the 'seriously mentally ill' and therefore the skills and models have reflected this population.
- Case management has been the adopted method of practice in the community but there is little agreement or understanding as to how this is practiced.
- It is increasingly recognised that the lack of fidelity to recognized case management models makes it difficult to determine the most effective models of care (Mueser et al, 1998).



# Background

- Currently there is no consistent model across HNE for how CMHNs practice.
- and limited training in evidence based interventions.
- A number of Commonwealth and State initiatives have impacted on community care since deinstitutionalization but there has been little in the way of education for CMHNs to enable them to practice and meet these expectations with most learning on the job.
- Increased demands on MHS yet unmet community need.
- There does exist a number of best practice projects but they have had limited generalisability or uptake by CMHNs.



# Evidence

Turner-Crowson & Wallcraft (2002) observed that engagement followed by maintenance is frequently the main aim of psychiatric services rather than recovery.

Criticisms of the development of mental health promotion are that its progress has been minimal and much of the blame has gone to health professionals who rather than empowering consumers to take control of their healthcare continue to “preach and control” (McMurray, 2003).

Current literature and research on the subject of case management also does little to promote it as an effective practice claiming increases in hospitalizations and negligible effect on symptom severity or social functioning (Marshall et al, 1998).



# A Need to Change

- HNE has dedicated a CNC position in Community Mental Health.
- In partnership with other CNCs across the region who have a responsibility for CMHNs.
- “Professional Development of Community Mental Health Nurses Working Group” is being formed whose aim it is to ensure that CMHNs develop as a professional group.
- Professor Mike Hazelton of the University of Newcastle and HNE is also involved.
- The aim of the working party is to develop a consistent and comprehensive model of care based on the developing models of integrated mental health care (Falloon & Fadden, 1993, Harmon et al, 2000, Shannon-Jones et al, 2003).



## Integrated models of mental health care

- Integrated models of mental health care aim to closely link MHS with the communities in which they exist and support existing competent primary care services.
- The aim is to improve communication and collaboration between the services in an effort to maximise resources.
- Improved collaboration from CMHNs could ensure GPs are able to manage patients through a sequence of referred treatments options, such as CBT, whilst monitoring outcome as well as the appropriateness and timing of pharmacological therapy.
- The key is with GPs remaining involved to optimise the long-term care and sustain gains resulting from the interventions by MHS.
- Importantly a focus for the GPs on relapse prevention would in the long term prevent many disorders becoming chronic conditions.



## Integrated models of mental health care

- The “Stepped care” approach of effective primary care linked with appropriate and timely use of specialist mental health care supports the notion of an integrated model (Hickie et al, MJA 2005).
- Specialist mental health care is planned and reviewed and consumers are clear about the service they will receive .
- An integrated model also addresses the physical health needs of people with a mental illness.
- And importantly offers hope that you can recover from a mental illness and be treated in your community.



# AIM

“To develop an integrated model of nursing case management for Community Mental Health Nurses (CMHN) working in the Hunter New England Area Health Service (HNE)”

It must address;

- the professional development of the nurses
- a holistic approach to care
- integration with the wider health care system
- offer continuity of care and
- evidence based therapeutic interventions.



# HOW?

The project will be implemented from May 2006 – May 2007

1. Survey of all CMHNs across HNE to evaluate their experience, understanding of case management models and professional training needs and to provide baseline data.
2. Development of working party to provide consultation and training needs.
3. Provide training in an integrated model of case management to all CMHNs.



# HOW?

4. Provide training in focused psychological strategies for all CMHNs. These include;
  - Cognitive Behaviour Therapy (CBT)
  - Interpersonal Therapy (IPT)
  
5. Facilitate ongoing support to CMHNs in implementing the integrated case management model.
  
6. Facilitate supervision to the nurses to ensure fidelity to the therapies, support and ongoing learning in delivering focused psychological strategies (CBT, IPT).



# Outcomes and Evaluation

All training workshops on completion will be evaluated as to their content, relevance and confidence to deliver the therapies and model of care.

Prior to May 2007 the CMHNs will be surveyed to evaluate the uptake of training and changes to practice and invited to participate in a focus group.



# Outcomes and Evaluation

Focus groups will be held in each of the major centres (Newcastle, Lake Macquarie, Hunter Valley, Tamworth, Armidale and Taree) and will be facilitated by the CNCs. The focus groups will be designed to capture;

- Changes to practice and understanding of the model of integrated mental health care.
- CMHN's confidence in providing focused psychological strategies.
- Barriers to implementation of either therapies or model of care.
- Support and supervision needs.
- Ongoing educational requirements.
- Changes in community partnerships and relationships.



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