



HUNTER NEW ENGLAND
NSW HEALTH

Development of a Care Coordination Model and Clinician Guide for Mental Health Nurses

Karen Harmon
CNC – Community Mental Health
Antony Mullen
CNC – Acute Inpatient Mental Health

5th March 2007

Background

- Population model of healthcare: early detection and intervention (Raphael, 2000).
- 'Seriously mentally ill' has been main focus of MHS and therefore the skills and models of care 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.
- The lack of fidelity to recognized models makes it difficult to determine the most effective models of care (Mueser et al, 1998).
Mental health nurses has become focused on observing patients, reacting to incidents and administering medication (Bowles, 2000, Mullen, 2006).
(Bowles, 2000, Mullen, 2006).

Background

- There are current difficulties around the implementation of a consistent care coordination model across HNE.
- Government policy frameworks have impacted on the delivery of care but there has been little in the way of education for MHNs to enable them to practice and meet these expectations with most learning on the job.
- Recent surveys of MHNs indicate that further training and support to define and operationalise the model of care is required.
- There does exist a number of best practice projects but they have had limited generalisability or uptake by MHNs.

Background

- Turner-Crowson & Wallcraft (2002) observed that engagement followed by maintenance is frequently the main aim of psychiatric services rather than recovery.
- Traditionally case management has been the adopted model for nurses in the community, but little evidence has been demonstrated for its effectiveness (Marshall et al, 1998).



- Public acute psychiatric units and community services are overwhelmed by the severity of cases they are asked to manage
- Staff and services are dumbing down
- Work done by private psychiatrists is lessening
- Life, for many with mental disorders, is terrible
- Life, for many families, is terrible
- Only 40% of people with a mental disorder seek treatment [80% with physical disorders do]
- and only half are treated properly.

Gavin Andrews, Uni of NSW (TOLKEIN II)

Aim

- To develop an integrated model of care of coordination across acute mental health services: community and inpatient including the Lake Macquarie, Newcastle and Hunter Valley Mental Health Services.
- A clinicians guide and roadmap for mental health nurses. Includes:
 - Professional development for nurses
 - Holistic approach to care
 - Integration within the wider health system
 - A commitment to continuity of care
 - Provision of evidence based biopsychosocial interventions

Method

- Consultation with management to gain support and commitment to project
- Development of working party to provide consultation and training needs.
- Hold focus groups with staff across all acute mental health facilities:
- Development of a framework for an integrated clinical model of care coordination.
- Provide training in integrated clinical model of care coordination as well as psychosocial strategies that support the model of care.
- Facilitate ongoing support to MHNs in implementing the integrated clinical care coordination model and ensuring fidelity.

Method

- Initial one-day Workshop
 - Defining and training in care coordination
 - Evidenced Based Psychosocial Interventions (CBT and MI) as part of the role
- Attendance at the 2nd workshop requires the presentation of a case study using the care coordination framework.
- Facilitate support and ongoing clinical supervision in model implementation and use of psychosocial interventions.

Costing

- Research assistant for 2 days a week for 6 months @ \$20/hr to complete audit and analyse focus group feedback and development of manuals = \$7680.00
- Printing and collating of manuals and folders @ \$20per manual x 100 = \$2000
- All workshops will be developed and facilitated by existing Area Health Service employees.
- **Total Costs (including on costs)**
\$10,000

Outcomes and evaluations

- Workshop evaluations - content relevance and clinician confidence is delivering a service utilising the model and in the use of interventions
- Follow up focus groups will be held at the completion of the project to compare outcomes against aims and objectives from initial focus groups
 - Changes to practice and understanding of model
 - Barriers in implementation
 - Support and supervision needs
 - Ongoing educational requirements
 - Changes in community partnerships and relationships
- A file audit will be performed to review clinical interventions eg. psychosocial strategies, clinical care and relapse plans and frequency of contact with other services eg. GPs.

Innovation

- Literature suggests that mental health nurses are not delivering care in a planned or systematised way
- A clear model of care delivery is lacking in mental health services
- This project is attempting to provide a framework that currently does not exist across mental health services
- Training together with a manual and support to nurses
- Serves as a pilot for broader utilisation across the state

Impact on nursing practice

- The development of nursing practice is one of the core aims of this project
- A model that allows MHN's to better meet the needs of consumers and their families
- Comprehensive approach to care
- Providing evidenced based and recovery orientated services
- Ultimate improvement in job satisfaction and MHNs recognising the pivotal role they play in the delivery of mental health care

Improved consumer outcomes

- Mental Health Care is planned and reviewed and prioritises evidenced based interventions
- Consumers are clear about what they are receive and included in decision making about their care
- Addresses the physical health needs of patients
- Offer hope that recovery from mental illness is possible
- Improve communication and collaboration between the services leads to timely linkage to specialist mental health services

Integrated models of mental health care

- Link closely MHS with communities in which they exist and support existing primary care services.
- Improve communication and collaboration between the services
- Improved collaboration ensuring GP's are able to manage patients through a sequence of referred treatment options,
 - CBT
 - Monitoring outcome
 - Appropriateness and timing of pharmacological therapy.
- The key is with GP's remaining involved to optimise the long-term care and sustain goals resulting from the interventions by MHS's
- Importantly a focus for the GP on relapse prevention would in the long term prevent many disorders becoming chronic conditions.

Future Scope

- Expand project to HNE (Currently in Southern Sector)
- Professional role and scope of MHNs is enhanced
- Commitment to ongoing education and supervision for MHNs to support the role

References

- Anthony, K. (2006) Results from a recent evaluation of Car Co-ordination Implementation. Newcastle Mental Health Service-James Fletcher Hospital Hunter New England Area Health Service.
- Bowles, A. (2000) Therapeutic nursing care in acute psychiatric wards: engagement over control. *Journal of Psychiatric and Mental Health Nursing (Commentary)* 7, 179-184.
- Harmon, K., Carr V.J. & Lewin T.J. (2000) Comparison of integrated and consultation-liaison models for providing mental health care in general practice. *Journal of Advanced Nursing*, Vol 32 (6). 1459-1466.
- Hickie et al., (2005) Australian mental Health reform: time for real outcomes. *MJA* 182 (8), 401-406
- Mueser et al (1998) Models of care for severe mental illness. A review of the research on case management. *Schizophrenia Bulletin* 24, 37-74.
- Mullen. Mental Health Nursing - Getting it Right in Acute Inpatient Settings. 12th Hunter Mental Health Conference, Newcastle, May 2006.
- *Tolkien II - A needs-based, costed stepped-care model for Mental Health Services*
Author : Gavin Andrews and the Tolkien II Team UNSW at St. Vincent's Hospital, Sydney World Health Organization

References

- Raphael. A population model for the provision of mental health care. National Mental Health Strategy. Commonwealth of Australia. 2000.
- Shannon-Jones, et al., (2003) Development of an integrated mental health nursing team. Nursing Standard. Vol 17, (27), 41-44.
- Turner-Crowson & Wallcraft (2002) The recovery vision for mental health services and research: a British perspective. Psychiatric Rehabilitation Journal. 25(3), 245-254.
- Wright et al., (2005) Caring for depressed patients in rural communities – General practitioners attitudes, needs and relationships with mental health services. Australian Journal of Rural Health. 13: 21-27.
- Wright et al., (2006) Improving collaboration between mental health services and GP's. Australian Family Physician. Vol 35. No1/2 January/February.