

# A nurse practitioner-led mental health liaison team based in the ED

Tim Wand Associate Professor Sydney Local Health District and the University of Sydney. Nurse Practitioner RPAH



THE UNIVERSITY OF  
**SYDNEY**



**Health**  
Sydney  
Local Health District

# Background

- RPAH- Large urban trauma centre managing over 80,000 presentations a year.
- Teaching hospital of the University of Sydney.
- Current mental health nurse practitioner (MHNP) role in place since 2004.
- Founded on the principles of mental health liaison nursing (MHLN)
- **Based in the ED as part of the ED team.**
- Predominantly clinical role.
- Complementary relationship with CL psychiatry team and other services.
- **Involvement as close to the point of triage as possible.**

# The central principles of the MHLN role in the ED

- Prompt response to requests for MHLN intervention as 'close to the front door' as possible- assessment, therapeutic engagement, coordination of care.
- Remove workload from ED nursing and medical staff
- Co-ordinating care between mental health services, community organisations, General Practitioners, other primary care providers and other teams and services.
- Facilitate access to medical care for people with mental health problems.
- Mental health support for individuals with physical conditions.
- Mental health awareness/promotion.

# Types of ED presentations

- Anxiety and panic
- Self harm
- Suicidal ideation and suicide attempts
- Depression
- Psychosis
- Physical health issues
- Pain
- Situational crisis
- Cumulative stress
- Drug and alcohol related issues

# Daily practice

- Present and available
- Clinical focus
- Close working relationship with ED staff
- Assessment, **therapeutic engagement**, health promotion
- Liaison/referral between disciplines and services
- Non-clinical activities- education, research, meetings, policies, supervision, frequent presenters...
- Outpatients and follow-up calls

# The ED based MHNP outpatient service

- 1) Scoping study- focus groups and individual interviews  
(Wand & White 2007)
- 2) Model refinement – Advisory panel  
(Wand, White & Patching 2008)
- 3) Pilot evaluation – self-report measures x2, Satisfaction tool, interviews with patients and ED staff  
(Wand *et al.*, 2011ab; Wand *et al.*, 2012)
- Target population identified ‘undifferentiated mental health problems’.
- In-house referral source for ED staff.
- Prompt follow-up.
- Solution focussed brief therapy and MH promotion

# The expanded MHLN service

- Funding provided in 2012 from HWA for ESoP for nurses in EDs project.
- A NP-led extended hours MHLN service based in the ED.
- Collaborative project between the local MH service, RPA ED and University of Sydney.
- Aim: Implement and evaluate a NP-led extended hours MHLN service based in the ED.
- Staffed by CNS 2 positions covering the ED from 07:30-22:00 seven days a week.
- Explicating a model of care that is transferable across a broad range of ED settings both in metropolitan and rural contexts.

# The evaluation process

- Mixed methods evaluation
- Data collection over 12 months duration.
  - Descriptive data on ED patients.
  - Waiting times and did not waits
  - Telephone interviews with a *snapshot* of ED patients.
  - MHLN team members interviewed at commencement and 12 months later.
  - Interviews with ED and psychiatry staff.
  - Monitoring any adverse events.
- Development of resource materials incorporating clinical guidelines and referral pathways.



# Main findings

- 1932 patients seen over the 12 month evaluation
- 55% of referred patients seen in less than an hour and a total of 75% seen in less than two hours of ED presentation.
- Very low number of people (n=7) did not wait to see a medical officer after being seen by a MHLN team member.
- Approximately 70% of presentations were formally referred upon discharge from the ED.
- 30% admitted under psychiatry, drug health, toxicology.....

(Wand *et al.*, 2015)

# Patient experience

- Patients valued the MHLN team and were confident with the specialist knowledge and skills of individual team members.
- Patients highlighted the MHLN's took time to listen, talk and explore and their situation.
- Participants identified that they felt understood.
- Patients agreed strongly that this model of care would be beneficial to other ED settings (Wand *et al.*, 2016).

# What patients want

- Not to be assessed, but assisted.
- Less emphasis on history taking.
- Not to be asked the same questions repeatedly, especially when distressed.
- “excessive and unnecessary under the circumstances”
- More therapeutic intervention ‘on the spot’.

# Staff interviews

- Twenty three staff (n=23) interviewed for their perspectives on the MHLN service and how the service impacted on their work practices.
- The sample included ED medical officers (n=7), ED nurses (12) and psychiatry registrars (n=4).
- Support for the MHLN service was considerably high.
- Staff were confident in referring to the MHLN service.
- The service was beneficial to them in their role.
- There was a view that the MHLN team improved ED care and a strong recommendation for this service to be available in other ED settings.

# MHLN team interviews

- Challenged by the autonomy of the role.
- The MHLN team had impacted positively on ED service provision.
- Patients were complex and psychiatric diagnoses of limited relevance.
- Pro-forma documentation time consuming and incompatible with the ED context/patient profile/intervention provided.
- Challenged by negative views of some staff.
- Future opportunities for raising mental health awareness.

# Transferable lessons

- Consultation and collaboration between the ED and MH services is vital .
- Integration of MHLN team within the ED structure pivotal.
- Visible, available and accessible ‘from the point of triage’.
- Low threshold for referral. Not diagnostically focus.
- Care coordination and referral early in patient journey.
- Not just about ‘assessment’.
- A system of referral and follow-up.
- Mental health nurse-led service provision provides a responsive and flexible model of ED-based care for people presenting with a variety of MH presentations and supports ED staff.

# The PMBC model of care

- 48 beds open currently
- Acute, sub-acute, eating disorders, mothers and babies
- Missenden Assessment Unit
- Short stay unit
- Model trauma informed care
- Affiliated with the University of Sydney

# Missenden Assessment Unit

- Police presentations- voluntary, MHA and court assessments.
- Ambulance- MAU on the matrix. Two at a time only.
- Self presentations, GP and private psychiatry referrals
- Diversions from the ED through early MHLN and ED staff specialist involvement.
- Walk-ins to ED transferred by foot.



# Short stay unit

- Staffed by MH and ED nurses
- NUM and CNC
- Aims for stays under 72 hours
- Patients admitted either under psychiatry, drug health/toxicology.

# References

- Wand T, D'Abrew N, Acret L & White K (2016) Evaluating a new model of nurse-led ED mental health care in Australia; perspectives of key informants *International Emergency Nursing* 24, 16-21
- Wand T, D'Abrew N, Barnett C, Acret L & White K (2015) Evaluation of a nurse practitioner-led extended hours mental health liaison nurse service based in the Emergency Department *Australian Health Review* 39, 1-8
- Wand T, White K, Patching J, Dixon J. & Green T (2012) Outcomes from the evaluation of an Emergency Department based mental health nurse practitioner outpatient service *Journal of the American Academy of Nurse Practitioners* 24, 149-159
- Wand T, White K, Patching J, Dixon J. & Green T (2011a) An Emergency Department based mental health nurse practitioner outpatient service: Part 1 Participant evaluation *International Journal of Mental Health Nursing* 20, 392-400
- Wand T, White K, Patching J, Dixon J. & Green T (2011b) An Emergency Department based mental health nurse practitioner outpatient service: Part 2 Staff evaluation *International Journal of Mental Health Nursing* 20, 401-408
- Wand T, White K., & Patching, J (2008) Refining the model for an emergency department based mental health nurse practitioner outpatient service *Nursing Inquiry* 15, 231-241
- Wand T & White K (2007) Exploring the scope of the emergency department mental health nurse practitioner role *International Journal of Mental Health Nursing* 16, 403-412



[timothy.wand@sydney.edu.au](mailto:timothy.wand@sydney.edu.au)