

# 'What *do* they do? The role of mental health nurses in general practice

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# Why do we need MHN in General Practice?

- Hearing loss, vision problems and mental disorders are the most common causes of disability world wide
- Depression alone affects around 120 million people worldwide
- Fewer than 25% of those affected have access to adequate treatment and health care and 65% of people who need mental health care go untreated.
- MH problems are the third largest contributors to the total burden of disease and injury in Australia, with a wide range of mental disorders affecting up to half of the population during their lifetime
- Most can recover and function normally

Ref: WHO The global burden of disease: 2004 update

# Why do we need MHN in General Practice?

- Comorbid physical and mental health problems are common e.g.
  - People with schizophrenia have a significantly reduced lifespan (Murray et al 2003) & the majority report at least one medical problem (commonly eyesight, teeth, B.P. abnormality) (Dixon et al 1999)
  - Depression is associated with a reduction in the functioning of the immune system and therefore with an increased risk of developing other physical disorders (Raison et al 2006)
  - People with eating disorders are likely to develop a host of physiological problems, with both short and long term consequences (Black Becker et al 2010)
- ▶ Ref: WHO The global burden of disease: 2004 update

# Why do we need MHN in General Practice?

- People with severe mental illness and those with chronic mood disorders demonstrate a higher prevalence of metabolic syndrome or its components than the general population (Toalson et al 2004)
- 80 % of the disease burden is due to chronic illness
- The scale of mental illness is larger than we may think
- People continue to fall through the gaps
- WHO The global burden of disease: 2004 update

# What is Mental Health Nursing

- A specialised field of nursing practice which focuses on meeting the mental health care needs of people of all ages whose lives are affected by mental health problems.
- Underpinned by a specific body of knowledge, evidence and reflective practice.



# What is Mental Health Nursing

- Mental health nursing is focused on the relationship that develops with clients and families and their responses to the illness, including the impact that the illness has on their lives.
- Establishing a therapeutic relationship is the foundation of the work.

# What is the therapeutic use of self?

- A helpful and healing activity that aims to assist the client achieve and maintain mental health.
- Nurses use their own personal life skills, knowledge and identity in order to promote self-actualization and healing
- The Nurse is the instrument of therapy

▶ Happell et al 2008

# Holistic Mental Health Nursing

- A holistic approach encompasses:
- Physical care
- Psychological care
- Traditional medicine
- Alternative therapies
- Acknowledgement of Spiritual issues
- Acknowledgement of Cultural issues

# Are we so different?

- We both work with clients from various backgrounds, ages and cultures
- We provide care for people with a wide variety of illnesses
- Involved in health promotion and illness prevention
- Provide education
- Collaborate with other practitioners
- Nursing philosophy of benevolence

# Credentialed MHN

- A Credentialed Mental Health Nurse is a specialist nurse who has demonstrated s/he has met the Credential for Practice Program standards set by the ACMHN in relation to
  - • education
  - • practice experience
  - • professional development, and
  - • professional integrity.

# Criteria

- Current license to practice as a registered nurse within Australia.
- Specialist/postgraduate mental health nursing qualification, or equivalent.
- Duration of practice: At least 12 months experience since completing the qualification, or 3 years experience as a registered nurse working in a mental health context,.
- Recency of practice: must demonstrate a minimum number of hours worked in the last three years.
- Evidence of continuing professional development – education AND practice.
- Supported by two professional referees and declaration agreeing to uphold the standards of the profession.

# What is the MHNIP ?

- 5 April 2006 PM announced initiative as part of COAG mental health reform
- \$191 million over 5 years
- Non-MBS incentive payment to general practices, private psychiatrists, & other appropriate organisations (Divisions of General Practice) to engage or retain MHNs to assist in provision of coordinated care for people with severe mental disorders

# Payments

- Services provided in a range of settings, such as clinics or patients homes, at little or no cost to patients.
- Eligible organisations engage a mental health nurse from between 1 and 10 (3.5 hour) sessions per week.
- A rate of \$240 (GST inclusive) per session is applied to all claims. This figure includes nurses' salary and on costs.
- For services in rural and remote areas of Australia, a 25% loading (GST inclusive) is applied to the sessional payments.

# Eligible patients

- Diagnosed mental disorder
- Past or risk of hospitalization
- Requires at least 2 years of ongoing therapy
- Agrees to see and be treated by a nurse
- GP or psychiatrist is principally responsible for care



# Eligible Organisations

- Community based and have the services of a general practitioner with a Medicare provider number or a psychiatrist registered with Medicare.
  - General practices
  - Private psychiatry practices
  - Aboriginal and TSI Primary Health Care Services
  - Divisions of general practice
  - Others? – Private Hospital Pilot



# Types of Organisations

- ▶ GPs 71%
- ▶ Divisions of General practice 12.3%
- ▶ Private Psychiatry Practices 11.3 %
- ▶ ATSI Primary health care services 4.5%

# Cost savings

- General Practice setting concluded that the annual saving per one nurse is \$380,120.00. This conclusion is reached by comparing the cost of a GP providing care that is billed under MBS item number 2713 with the equivalent services provided by the MHN under the MHNIP. They also believe that the care provided under the MHNIP prevents emergency hospital admissions and the associated costs.

# Types of MH issues

- reported anxiety/stress
- reported cognitive problems
- had problems with ADLS and/or occupation
- reported depressive symptoms
- had previous suicide attempts
- reported anger/agitation/hostility
- engaged in self-harming behaviours
- reported hallucinations/delusions/paranoid ideation
- Schizophrenia
- Bi Polar disorder



# MHN roles & functions

- Work with GP or psychiatrist to facilitate coordinated clinical care and treatment for people with Serious Mental Disorders
- Provision of clinical nursing services
- Coordination of clinical services



# Role and Function of MHN

- Maintaining links and undertaking case conferencing with gps, /AHW/psychiatrists/psychologists etc
- Coordinating services for the patient in relation to GP's/ Psychiatrists/AHW
- Contributing to the planning and care management of the patient
- Liaison with mental health personal helpers and mentors through establishing links with the mental health personal helpers and mentors program.



# So what do they actually do?

- Assessment of physical and mental health
- Counselling / therapy
- Monitor mental status
- Focused psychological strategies e.g. CBT
- Family therapy
- Psycho-education
- Link and coordinate other services e.g. PhAMS
- Case manager function
- Monitor medications



# So what do they actually do ?

- Support carers
- Holistic practice – focus on recovery, goal setting, ‘life’ not ‘illness’ focus.
- Coordinate other support services like housing, Centre link, DOCS etc
- Liaise with schools
- Work with carers e.g. on behaviour management or obtaining respite
- Keep people out of hospital!

# A week in the life

- Assisting the GPs with assessment and treatment plans
- Completion of GP Mental Health Plans and Reviews for those under the MHNIP
- Administration of depots (at times by Practice nurses when I'm unavailable – at which stage I let them know in advance, they tell me if someone hasn't turned up and I follow up)
- Physical monitoring of MHNIP patients (weight, waist, BP, ECGs and when ECHOs/ bloods are due)
- Completion of 10997 (Nurse Assessment) for patients under the MHNIP,

# A week in the life

- Counselling and focussed psychological strategies (CBT, Narrative therapy, motivational interviewing, psycho education
- Medication monitoring,
- Liaising and referrals to services,
- Assistance with psycho social needs – Centre link/ Housing etc,
- Liaison with private psychs etc,
- Family support and education,
- Drug and Alcohol counselling and monitoring,
- Completing case conferences (used to be Practice nurses that did this, but now I do freeing time for them),
- All Medicare paperwork,
- Education re: healthy living, and daily living tasks,
- Monitoring mental state and risks.

# How do MHN and PN work together

- spend a lot of time with mental health patients
- people that would see them in crisis or demand time now see MHN,
- depots when required but like the fact that MHN does some too
- like the fact that the MHN can assist with other tasks if really flat out, or can do own patients ECGs/ Nurse Assessments etc saving time again,
- educational aspect really helpful
- have seen an improvement in patients,
- support the program "150%",

# Thank you

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