

Mental Health Nurses - what are they, how to engage them and why you should

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AHHA Mental Health Network Meeting



the Australian College
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What is a Registered Nurse

- In Australia Registered Nursing education is comprehensive nursing education at Baccalaureate level
- Some courses include a major in MHN
- There are varying levels of mental health content and mental health clinical placements
- The Credentialing for Practice is a way to identify a mental health nurse

What is a Credentialed Mental Health Nurse?



- A Credentialed Mental Health Nurse is one who holds either an undergraduate or postgraduate qualification in mental health nursing
- The Mental Health Nurse Credential recognises the qualifications, skills, expertise and experience of nurses who are practicing as specialist mental health nurses.
- The Credential also increases awareness of the contribution mental health nurses make to the mental health of the community.

To gain a Credential applicants must:



- Be a registered nurse
- Hold a recognised mental health nursing qualification
- 12 months experience since completing qualification or have three years experience as a registered nurse working in mental health
- Recency of practice
- Along with other things



What does a Credentialed Mental Health Nurse do?

- Assessment and care planning
- Consultation and education
- Linkage and liaison
- Medication management
- Physical health management
- Psychotherapy and counselling
- Psychosocial interventions including skills training and coping enhancement
- Utilisation of strength and hope based approaches

Reviews & evaluations of MHNIP had overwhelming positive outcomes & findings:



- Consumers had improved levels of care through increased continuity of care
- Evidence of an overall reduction in average hospital admission rates and lengths of stay in hospital
- Increased levels of employment; community connections; & positive impacts on GP workloads.
- Costs analyses showed savings on hospital admissions on average at approximately \$2,600 per patient per annum.

Cost savings

- Private Hospital 15 patients
- 12 months prior to MHNIP had 230 admissions
- 12 months after MHNIP 138 admissions
- Savings to the health fund \$307,655
- Per patient \$20,510
- DOHA figures first 12 months MHNIP 2500 patients seen

- That's a BIG figure

Why such good outcomes !



- The block funding model
- Flexibility
- The criteria for mental health nurses to hold a Credential has contributed to the excellent outcomes we have seen
- CMHN go to the person, the person does not need to attend a treatment setting

Comments from DOH Evaluation

- *–[MHNIP offers] clinical benefits to patients. There was also a positive impact on families. Patients are now accessing care they previously were not able to receive from their GP, they were falling through gaps.‖*
- *GP, metropolitan general practice, Queensland*

Comment

- *Yes, [I have been admitted to hospital in relation to my mental health illness] over 20 times. However, I have not been admitted over the last 12 months.∥*
- *Patient, general practice, metropolitan Queensland*
- *–Seeing the mental health nurse has stopped me from killing myself∥*
- *Patient, Medicare Local, metropolitan Victoria*

Comment

- –*[MHNIP has been effective in] decreasing [hospital] admissions and length of stay if a patient was admitted.*||
- *Psychiatrist, private psychiatry practice , metropolitan NSW*

Comment

- *–I started work 18 months ago. I would have lost this job too if not for the mental health nurse.‖*
- *Patient, private psychiatry practice, metropolitan Queensland*

A person centred, effective and efficient system

High-Very High Needs

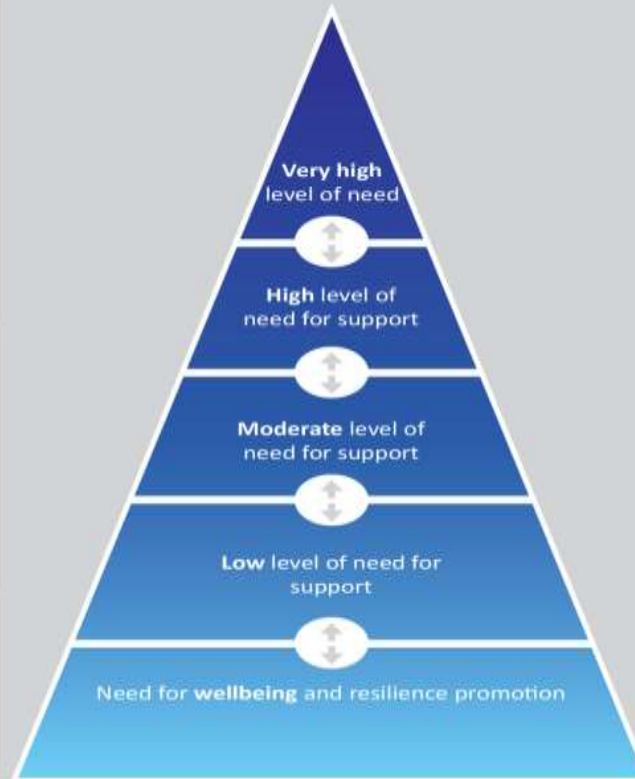
- Personal and flexible packages of comprehensive health and social care (including housing, income and employment support)
- Specialist mental health and physical health treatments
- Coordinated care: One system, one care plan, one e-health record
- Maintain connections with families, friends, culture and community

Low-Moderate Needs

- Targeted and integrated clinical and social support
- Housing, income, psychosocial supports
- Self directed low intensity therapies
- Early intervention
- Maintain connections with families, friends, culture and community

For The Population

- Investment in prevention and early intervention
- Foster healthy communities and encourage self help
- Foster mental resilience (families, schools)



0.45%

Severe and persistent illness with complex multiagency needs— 65,000 people. Require significant clinical care and day-to-day support.

1%

Severe persistent— 210,000 people. Chronic with major limitations on functioning (ie. very disabling) and without remission over long period.

2%

Severe episodic— 415,000 people. Severe episodic with periods of remission.

5.5%

Moderate—1 million people

11%

Mild—2 million people

45%

of adults will experienced a mental disorder sometime in their lifetime—7.3 million people

Majority

with need for wellbeing and resilience promotion ~ all 22.68m people

Population affected at any one time

Principles for a person-centred system



Focus on early intervention at any age or stage of life



Address social and economic determinants of mental health



Ensure a stepped care service model: support is appropriate to need over time



Whatever the level of need, ensure continuing connection with family of choice, social network, job or education

Clinical Care Coordinating

- The consumers journey
- Avoid and reduce obstacles
- Prevent unnecessary interruptions
- Marshalling personnel and resources to carry out required care

In practice

- 27 year old male
- Personality Disorder and learning disability

- Poor functioning
- Unemployed
- Mood instability
- No engagement

- Only health professional GP

In practice

- Therapeutic engagement
- Referral to NGO to support socialising, budgeting and psycho social interventions
- Referral to Centrelink, Learning Disability,
- Physical health checks and management
- Family support
- Counselling
- Medication Management

In Practice

- 36 year old woman
 - Agoraphobia
 - 2 daughters at school
 - Divorced
-
- GP engagement either rare visits, phone contact seeing daughters
 - Daughters had to do shopping and manage all outside activities

In Practice

- Referred to mental health nurse
- Long period of treatment, CBT, exposure therapy and other therapeutic engagement
- 3 years treatment able to go shopping
- Thank you we have our mother back !

What you have told us so far

- Continue services
- Would like to start CMHN services
- Individual employment
- Contract with organisations
- Guidance on how to engage and use CMHN
- How to get more CMHN



Engagement

- PHN's will be required ensure continuity to the existing MHNIP client population.
- Credentialed Mental Health Nurses currently employed directly by PHNs.
- Existing workplace or contractual arrangements PHNs should remain in place until end of 2016-17.



Commissioning

We are investigating options

- As the credentialing body to increase a qualified workforce & the credentialing process.
- What are the options to use a third party like an agency system
- Enables Credentialed Mental Health Nurses to work together as providers
- Employ them directly



For 2017-18 & beyond

Through a central intake mechanism

- Number of sessions spread across the primary care provider (GP, psychiatrist, Aboriginal Medical Service) & PHNs broken into regions
- Referrals come via a central intake & PHN brokerage pool established
- PHN sub-contract Credentialed Mental Health Nurses as a service provider & they would directly invoice the PHN for payment. Contract period to be negotiated but should be a minimum of 1 year.
- Credentialed Mental Health Nurses carry liability insurance

Where to find a Credentialed Mental Health Nurse?



The ACMHN has publicly available information on Credentialed Mental Health Nurses in each state and territory on the ACMHN website. This lists the name and contact details (where the person has agreed to make this available) of the Credentialed Mental Health Nurse, and the practice speciality and location (where that information has been provided).

The link to *Find a Credentialed Mental Health Nurse* is <http://www.acmhn.org/credentialing/credentialed-mhns>



How can we help

- Website links:

Find a Credentialed Mental Health Nurse

<http://www.acmhn.org/credentialing/credentialed-mhns>

MHNIP publications

<http://www.acmhn.org/career-resources/mhnip/mhnip-review>

What is credentialing

<http://www.acmhn.org/credentialing/what-is-credentialing>

- [ACMHN 1300 667 709](tel:1300667709) or [02 6285 1078](tel:0262851078)
- [Kim Ryan Executive@acmhn.org](mailto:Kim.Ryan@acmhn.org)