

MENTAL HEALTH NURSE MANAGERS IRELAND

SUBMISSION TO

**EXPERT GROUP
ON
MENTAL HEALTH POLICY**

DECEMBER 2003

FOREWORD

Mental Health Nurse Managers Ireland is an association that provides managerial, educational and clinical support to senior mental health nurse managers across the Irish Mental Health Services. It has recently changed its name from "Association of Psychiatric Nurse Managers"(APNM). This association provides a point of contact by way of monthly executive meetings, bi-annual membership meetings, information mail shots, and a National Annual conference. A web site is due be launched in the New Year.

This association provides leadership to the largest manpower resource, registered psychiatric nurses along with auxiliary staff in the mental health services. They have played a significant role in planning and implementing change, in the mental health services, in various settings since the publication of "Planning for the future" (1984) report. This key pivotal role has to be recognised at a higher strategic level in the delivery of services. We will continue to support this change process, with the establishment of the mental health commission, the expert group on mental health policy and other various stationary and voluntary groups.

Considerable progress has been made since 1984 to a community orientated model as society develops a greater understanding of mental health issues. This understanding will be greatly enhanced by the growth of the user movement having a real say in the delivery of services. This association will encourage and embrace this development as a true shift of focus.

Our service has changed dramatically over the past 20 years. However, a true shift to a community-orientated model will only occur where we change the culture and systems that presently exist in many areas. These systems are based on an illness-focused paradigm, rather than a person-centred approach to Mental Health.

In supporting individuals towards recovery, we must develop a comprehensive range of treatment and support packages of care through a combination of biological, psychological and social influences. That recognises the uniqueness of each individual 24/7 access.

A modern Mental Health Service needs to represent an integrated pathway where primary care plays a central role in the delivery of treatment care, where the majority of mental health problems are managed with the development of a more holistic approach to mental health treatment.

The configuration of our mental health services must remain as one organisation that integrates effectively and in partnership with other agencies and the voluntary sector.

This provision needs to be provided where there are clear lines of accountability where individuals are not lost in the system. A comprehensive Mental Health Service with its shift in focus to the community must remain as one within the "Primary Community and Continuing care Directorate", as outlined in the "Health Service Reform" (2003). Local capacity with its variations in local services is also a key factor. This needs to take into account cultural diversity and infrastructural investment in both urban and rural settings, which affect the quality of service delivered. The evolution of a new service needs to have human, material and financial resources identified and ringfenced. In order to progress through ultimate service objectives. Quality and Fairness – A Health System for You (2001) and The Primary Care – A New Direction (2001) reports emphasises these points, which recognises the right of the individual to receive appropriate care and treatment irrespective of location

Organisational reform however can only be achieved by supporting best practices in employment policies, developing performance management systems and improving industrial and employee relations as emphasised by "The Action Plan for Health Care People Management" (2002).

In preparing this submission, we have consulted with our members of the association through focus groups and have reflected on previous written submissions to the Department of Health and Children.

This association has identified five key areas below in preparing a comprehensive mental health policy framework.

- **Service Models**
- **Resource Management**
- **Multi-agency Working**
- **Specialisation**
- **Education and Development**

RECOMMENDATIONS ON HOW MENTAL HEALTH SERVICES MIGHT BEST BE ORGANISED AND DELIVERED

At our recent bi-annual meeting we held a workshop with our members to gain their input into this submission document on the five key areas. The key priorities we identified on how services might best be organised and delivered in these five key areas are summarised as follows. Further workshop notes are in Appendix A.

Key Priorities:

Service Models

In formulating a new way forward and providing a new service model, we are proposing a package of care that is unique to the individual, but also takes account of the type of population mix, be it urban or, rural. However, it is paramount that the user is at the centre of this care and that a change of service model will make a real difference for people who suffer from mental illness and their supporting families and carers.

Many aspects of the supports required to implement CMHTs are already currently in place. However, we need to appropriately resource and train current teams to take on board this new role.

Looking forward where CMHT teams are in place, supported by voluntary and outside agencies, numbers of patients admitted to acute units will decrease. Evaluation of the role of Acute Units in General Hospitals is required in relation to the model of care provided and how effective are these units in delivering a comprehensive service.

This association proposes that the CMHT teams are based in mental health resource centres. Where the centre of care is in the community services, not based in acute care in hospital services. This centre of care will operate under a clear bio-psycho-social model, which considers a range of treatment options.

A skilled assessment is required urgently to support a safe and proactive risk management structure. This includes assessment, care planning and discharge planning.

Resource Management

To support this delivery of care, a number of variables are required to ensure both value for money and an effective system of care that responds to the care of the individual.

These include:

- A human resource support system that addresses recruitment, retention and training issues, which is prompt and effective.
- An information strategy that supports and tracks service and activity levels.
- A performance audit programme that delivers standards of care, which is evidence, based, monitoring outcomes against specified benchmarking criteria.
- Investment in the multi-disciplinary team, working through team building processes and defining clear competency pathways for staff.
- A financial framework and a budget management system that allows front-line managers the responsibility and authority to manage their resources effectively

In nursing, there has been a transformation of the role, where nurses are developing a variety of specialist activities in a context of an ever-changing health-care environment and we welcome further development to support the changing way services are organised and developed.

Multi Agency Working

The Mental Health Services do not and should not have a monopoly of care for its users. Links between the services and key agencies in education, housing, employment and social services need to be significantly strengthened. This requires the development of local Mental Health Forums that examine, develop and consolidate multi-agency working.

A clear framework is required that formalises current informal networks. This will also address issues of mental health promotion and stigma that can exist within agencies, towards people with mental health problems, therefore, allowing a greater understanding of the issues involved.

Specialisation

In a service model framework, specialisations are required to develop an appropriate and complimentary model of care, where the service fits the clients' needs, which are appropriate and accessible in urban and rural areas. Developments need to be made to improve the delivery of mental health services in child and adolescent, forensic, old age, learning disability, alcohol, substance misuse and liaison services.

Education and Development

Education and Development is a key variable, which impacts upon the quality of the service provided. The Action Plan for Health Care People Management (2002) clearly states the "significance of the provision of education and training, towards providing an effective health care system". In today's rapidly changing health-care environment, there is increasing importance on Nurse Managers' ability to manage the performance of their staff and teams.

Multi-disciplinary training at under and postgraduate level should be encouraged. Therefore understanding other professional's perspectives, leading to closer working relationships. Developments of curricula should also be based on service need incorporating the clear views of service users with a dedicated budget

There is a close link between management development and performance management processes. It is essential that on-going development performance management systems be provided that identify development needs and provide feedback to the Nurse Manager on their own performance and competencies.

This association will encourage and support performance management systems that enhance the role of all staff through standardised clinical supervision models that will improve the quality of care provided.

A centre for Mental Health Practice needs to be established. It will ensure that there is a greater focus on dissemination through information technology and will enhance the role that research plays in the development of the Irish Mental Health Services.

CONCLUSION – Next Steps

Mental Health Nurse Managers Ireland as an association will engage in a positive pro-active way in the development of the Mental Health Services

We are pleased to submit our initial views on how best mental health services might be organised and delivered in Ireland. This is a tremendous opportunity to develop mental health services on the right track with the overall reform of health services nationally and the establishment of the Mental Health Commission.

We welcome ongoing consultation with the Expert group on Mental Health Policy to expand and clarify any issues raised in this document.

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APPENDIX A

WORKSHOP NOTES

• NOVEMBER 2003

SERVICE MODEL

In formulating a new way forward and providing a new service model, we are proposing a package of care that is unique to the individual, but also takes account of the type of population mix, be it urban or, rural. However, it is paramount that the user is at the centre of this care and that a change of service model will make a real difference for people who suffer from mental illness and their supporting families and carers.

Community Mental Health Teams

These teams provide a single point of access for all acute referrals to general psychiatry and multidisciplinary assessment of all referrals in the community.

The aim of the CMHT is to provide an integrated, comprehensive, quality assured, individualised system of care and support responsive to the needs of the individual within their community.

The Functions of the CMHT will base its attention towards:

- Primary Care
- Crisis Intervention
- Assertive Outreach

Team Management

An effective team needs to be managed and we support the view emphasised by "Focussing Minds" (2002). The primary role of the team manager is:

- ensure that protocols and systems are adhered to
- ensure effective screening and triage
- ensure that individuals' caseloads are reviewed
- oversee supervision
- ensure that quality standards inherent in good care planning are in place

All referrals are to the CMHT. Referrals are discussed at a full meeting of the CMHT where agreement is reached on the appropriateness of referral and the professional group deemed most suitable to provide treatment. The development of the CMHT does not change the role or responsibility of any of the individual team members and functions under the clinical leadership of the Consultant Psychiatrist.

Many aspects of the supports required to implement CMHTs are already currently in place. However, we need to appropriately resource and train current teams to take on board this new role.

Looking forward where CMHT teams are in place, supported by voluntary and outside agencies, numbers of patients admitted to acute units will decrease. Evaluation of the role of Acute Units in General Hospitals is required in relation to the model of care provided and how effective are these unit in delivering a comprehensive service.

This association proposes that the CMHT teams are based in mental health resource centres. Where the centre of care is in the community services, not based in acute care in hospital services. This centre of care will operate under a clear bio-psycho-social model, which considers a range of treatment options.

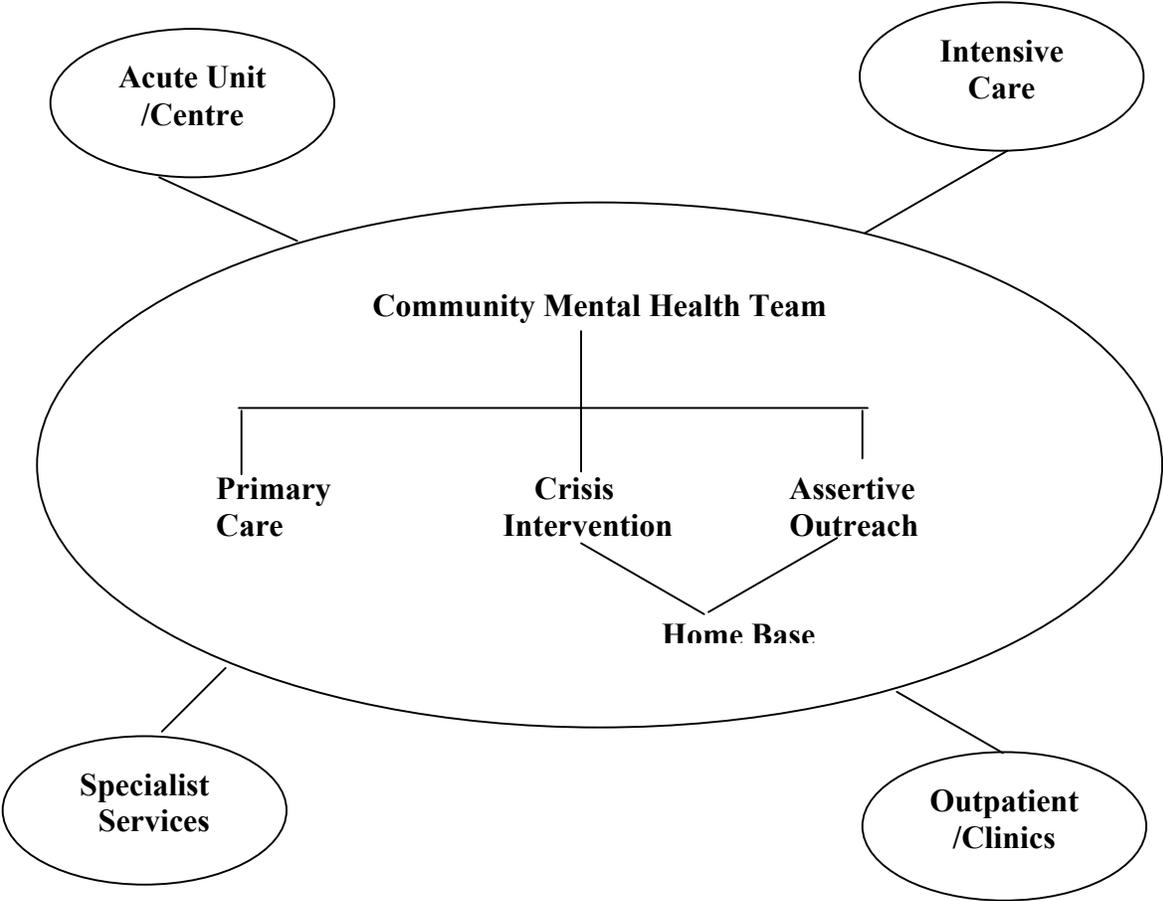
Range of Services to be made available per 100,000

- Community Mental Health Teams (x 4)
- Community Rehabilitation Team (x2)
- Mental Health Resource Centres (x4)
- Network of day centres
- Acute Unit / Centre
- Outpatient services
- Mix of community residences (high, medium and low support)
 - Designated beds for rehabilitation training
 - Designated beds for respite care, step down facilities
 - Access to a range of treatment options
- Development of specialist service:
 - Old age psychiatry
 - Child and adolescent psychiatry
 - Liaison psychiatry
- Board wide services:
 - Intensive care units
 - Forensic psychiatry
 - Services for people with challenging behaviour
 - Community addiction team
 - Homeless assertive outreach teams

Development of CMHTs

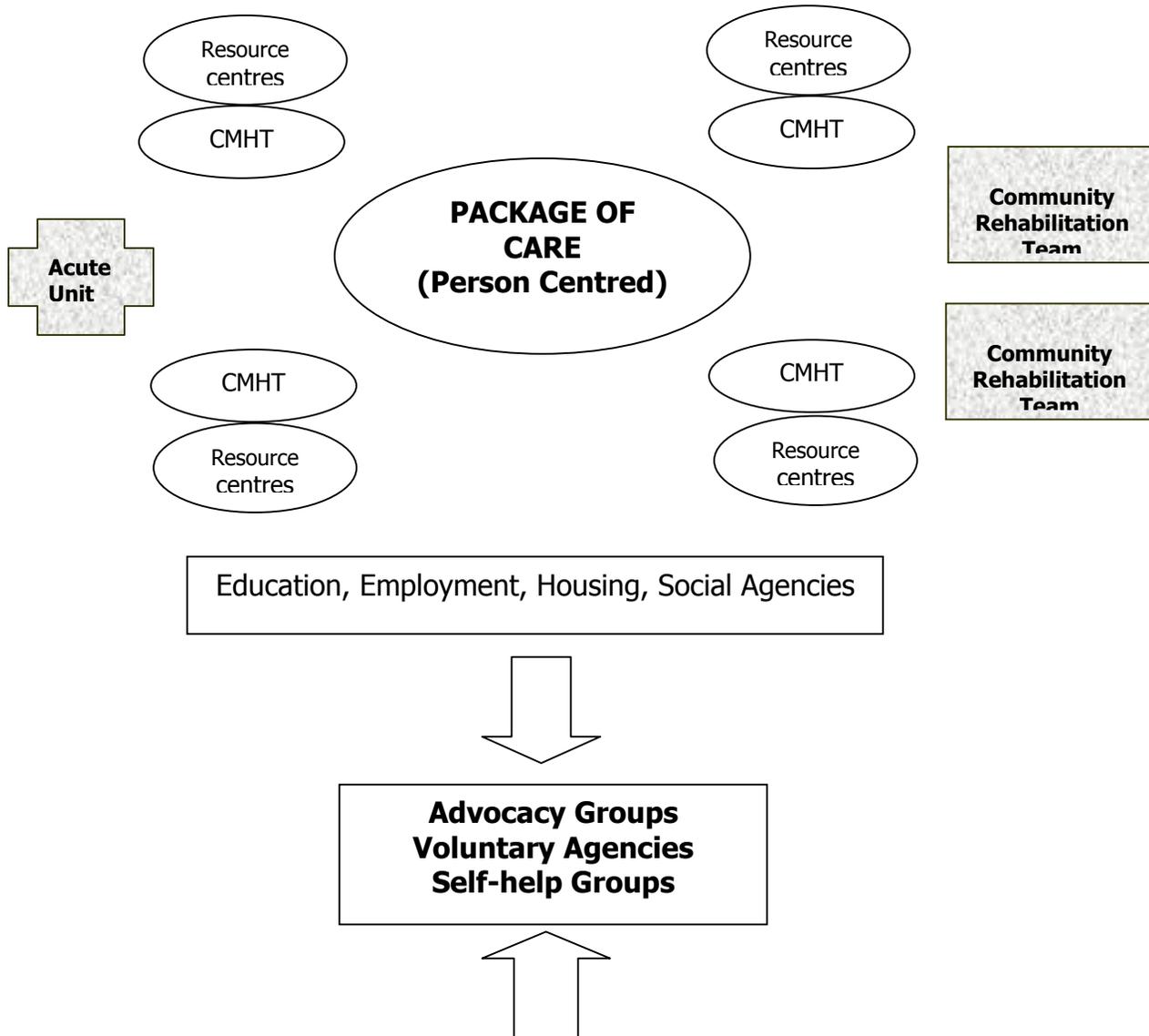
A prompt and skilled assessment is required by a competent team, which is essential for a safe and supportive risk management structure. This includes assessment, care planning and discharge planning.

24/7 Care



SERVICE MODEL

- Service Model per 100,000 (4 Sectors)



Specialist services of:

- Psychiatry of old age
- Liaison psychiatry
- Child and Adolescent psychiatry

With access to:

- Regional intensive care
- Forensic psychiatry

RESOURCE MANAGEMENT

To support this delivery of care, a number of variables are required to ensure both value for money and an effective system of care that responds to the care of the individual.

These include:

- A human resource support system that addresses recruitment, retention and training issues, which is prompt and effective.
- An information strategy that supports and tracks service and activity levels.
- A performance audit programme that delivers standards of care which is evidence based, monitoring outcomes against specified benchmarking criteria.
- Investment in the multi-disciplinary team, working through team building processes and defining clear competency pathways for staff.
- A financial framework and a budget management system that allows front-line managers the responsibility and authority to manage their resources effectively

In nursing, there has been a transformation of the role, where nurses are developing a variety of specialist activities in a context of an ever-changing health-care environment. The development of Clinical Nurse Specialists (C.N.S) and Advanced Nurse Practitioners (A.N.P) in Mental Health will enhance and maximise the contribution made by psychiatric nursing to the Mental Health Care agenda for the future Professional Development of Nursing and Midwifery (2003) details the development of these posts.

There are 9,603 psychiatric nurses in Ireland registered on the psychiatric division of the live registered "National Council for Professional Development of Nursing and Midwifery" (2003) with approximately 5,500 nurses working in the Mental Health Services. They are a large and significant resource. However, there are areas of practice for example, continuing care, where non-nursing tasks reduces the interaction with clients. We support the framework for the introduction of healthcare assistants following the report into the effective utilisation of the professional skills of Nursing and Midwifery (D.O.H.C. 2001). The potential extra resource will allow nurses to maximise their own competencies with the further development of C.N.S. and A.N.P. posts.

MULTI-AGENCY WORKING

The Mental Health Services do not and should not have a monopoly of care for its users. Links between the services and key agencies in education, housing, employment and social services need to be significantly strengthened. This requires the development of local Mental Health Forums that examine, develop and consolidate multi-agency working.

A clear framework is required that formalises current informal networks. This will also address issues of mental health promotion and stigma that can exist within agencies, towards people with mental health problems, therefore, allowing a greater understanding of the issues involved.

MULTI-AGENCY FRAMEWORK



SPECIALISATION

In a service model framework, specialisations are required to develop an appropriate and complimentary model of care, where the service fits the clients' needs, which are appropriate and accessible in urban and rural areas.

Child & Adolescent Services

- Establish a clearly distinct adolescent service that is appropriate and user friendly in ethos.

Forensic Psychiatry

- Establish the development of a community forensic service

Liaison Psychiatry

- Develop treatments based on a knowledgeable assessment of biological/medical aspects and intervention in the treatment plan.
- Include family and social assessment and intervention in the treatment plan.

Old Age Psychiatry

- To develop CMHTs of similar structures as Adult Services, which are distinct, rather than subsumed within General Mental Health Care. This would include the development of Clinical Nurse Specialists within psychiatry of Old Age.

Intellectual Disability Services

- To ensure stationery systems are in place to develop a collaborative approach between the Intellectual Disability Services and the Mental Health Service to ensure an integrated approach of case management

Alcohol and Drug Addiction Services

- Establish formal working system processes between local Addiction counsellors and CMHTs in the area.

Homelessness

- To develop assertive outreach teams in urban areas addressing the needs of the homeless.

EDUCATION AND DEVELOPMENT

Education and Development is a key variable, which impacts upon the quality of the service provided. The Action Plan for Health Care People Management (2002) clearly states the "significance of the provision of education and training, towards providing an effective health care system". In today's rapidly changing health-care environment, there is increasing importance on Nurse Managers' ability to manage the performance of their staff and teams.

There is a close link between management development and performance management processes. It is essential that on-going development performance management systems are provided that identify development needs and provide feedback to the Nurse Manager on their own performance and competencies.

Psychiatric nurses are now extending their role to areas of specialists "Scope of Professional Practice" (2002). This places the nurse manager in a pivotal role to ensure a quality service, that is accountable to the person. However, this also brings clear responsibility and it is essential that competency based programmes are established.

This association will encourage and support performance management systems that enhance the role of all staff through standardised clinical supervision models which will improve the quality of care provided.

Multi-disciplinary training at under and postgraduate level should be encouraged. Therefore understanding other professional's perspectives, leading to closer working relationships. Developments of curricula should be based on service need incorporating the clear views of service users, with a dedicated budget.

In nursing, the role of the Centres of Nurse Education and the National Council of Professional Development of Nursing and Midwifery will also have a significant impact on the quality and improved competencies of psychiatric nursing.

A centre for Mental Health Practice needs to be established. There are many examples of good practices across the Irish Mental Health System. This centre will make knowledge accessible to clinicians, managers, service users, carers and multi-agencies.

It will ensure that there is a greater focus on dissemination through information technology and will enhance the role that research plays in the development of the Irish Mental Health Services.