Federation UNIVERSITY • AUSTRALIA

phn GIPPSLAND

An Australian Government Initiative

Mental Health Nurse in Practice Program

Evaluation Summary

Kathleen A. Moore, Samia Toukhsati and Damian Morgan

July 2019

Mental Health Nurse in Practice Program

Evaluation Summary

Kathleen A. Moore[1], Samia Toukhsati[1] and Damian Morgan

[1]Federation University Australia, School of Health and Life Sciences, Churchill, VIC

[2]Federation University Australia, Business School, Churchill, VIC

Acknowledgements

This study was supported by the Gippsland Primary Health Network. The authors gratefully acknowledge the time and contributions of staff and clients involved in the Mental Health Nurse in Practice Program in Gippsland, Victoria, Australia.

Introduction

Mental illnesses are among the leading cause of morbidity, disability and disease burden worldwide (WHO, 2001). It is estimated at approximately 45% of Australians will experience a mental illness in their lifetime (ABS, 2007). People living in rural and remote regions have higher rates of self-harm and suicide than their city dwelling counter-parts (NRHA, 2017). Greater access to high quality, collaborative care for people with severe mental illness living outside of urban centres is a national priority. The Mental Health Nurse in Practice (MHNIP) offers Credentialed Mental Health Nurse-led (CMHN), coordinated mental health care service in primary healthcare settings (ACMHN, 2011; 2013). CMHNs work alongside other medical and allied health professionals to support the treatment and recovery of people living with severe mental illness to optimise their wellbeing and capacity to live well in the community. Research to date has consistently shown strong stakeholder support for the MHNIP, with benefits including improved mental health, reduced hospital admissions and shorter hospital stays, and improved social/employment situations (Happell & Platania-Phung, 2019); however, more data from clients served by the program and those living outside of city centres are needed.

In regional Victoria, the Gippsland Primary Health Network (GPHN) commissioned Outcome Health through its various agencies to deliver the MHNIP. The objectives of the MHNIP were to provide support, education, advocacy and referrals in a co-ordinated care approach to a range of vulnerable persons in the Latrobe, Baw Baw, South Gippsland, Wellington and East Gippsland local government areas, using both individual and group interventions. The aim of the current project is to undertake a 'realistic participatory evaluation' of the MHNIP as informed by current and past clients served in the program and those acting as program facilitators (i.e., CMHNs).

Method

The study was approved by the Federation University Australia Human Ethics Committee (Project Number A18-124). Interviews were conducted with MHNIP clients and staff across the Gippsland region in Victoria, Australia. Study participants comprised MHNIP clients and staff based in regional Gippsland locations within Victoria, Australia. There was one CMHN at each centre, all were female and qualified mental health practitioners. In addition, 23 clients attending these CMHNs at the various sites were also interviewed. The clients were represented from younger adults to those in older age groups. The majority of clients interviewed were female (19, with four males). All interviews were conducted face-to-face in private rooms at the various GP clinics.

A series of open-ended questions were asked to ascertain both MHNs and clients experience of the program, its' benefits, any shortcomings, and any changes they thought would improve the program. Data were analysed initially by identifying major emergent themes representing both client and staff views on the MHNIP program.

Major Findings

A summary of key findings based on identified interview themes are presented in Tables 1 and 2 below. Interviews from clients and Mental Health Nurses demonstrate the program to be a success. Key program benefits were in the provision of integrated healthcare services where clients felt their personal needs responded to in a thorough and holistic fashion. The program had clearly made high impact, beneficial changes to clients' lives. The program continues to fill an important gap in healthcare services through the provision of greater access to disadvantaged community groups and in acting as an important go-between for clients and other healthcare providers. This outcome supports ongoing

program provision and consideration for expansion of services through more staff and across new geographic locations.

Table 1: Themes from interviews with MHNIP clients

Theme	Outcome
Client perspectives	
1. Client program engagement	• May be short duration • Act as check-in process to monitor health • Visit frequency tapers over time for some clients • Recommendation usually from GP • Most often bi-weekly • Use service as required according to mental health condition • Some clients received home visits
2. Client reason for program engagement	• Life event triggered mental health episode • The cost relative to other options • Psychologists not meeting needs • Direct access in safe and known surroundings (Medical Centre)
3. Major program benefits recognised by clients	• Providing support as needed • GP and other health providers liaison on prescriptions and to explain technical issues • Medical centre location • Fills gaps between medical appointments • Ongoing monitoring allowing quick actions for relapse • Relatively longer time for appointments without pressure to hurry
4. Communication with clients	• Information conveyed in an easy to understand fashion • Advise on medications and appointment reminders • Assist in communicating with other services • Honest, open relationships built over time • Can be relied upon for support • Situation placed in perspective
5. Development of coping strategies for clients	• Breathing and stress reduction techniques • Providing links to suitable work within local community • Scenario planning to deal with unexpected life-events • Prevention of self-harm • Allows continued functioning to participate in family responsibilities • Promoting a positive outlook on life
6. Client's life changing outcomes	• General improvements in quality of life • Direct influence preventing events including marriage breakdown, violence • Becoming stronger to deal with life situations

	• Assisting with advice in making decisions on medications
7. Client suggestions for program changes	• Strong need for continuation • Education on more strategies to address mental health issues • More resourcing to expand services • Maintain embedding of service in medical centres • Ongoing funding to promote feelings of certainly in program provision • Create more awareness to response to community needs

Table 2: Themes from interviews with MHNIP staff

Theme	Outcome
Staff perspectives	
1. Perceived program aims	• Help people as best as possible • Provide a service for disadvantaged clients
2. Client screenings	• Process incorporating diagnostic tools and triage • Recognition of problem profile being different in regional areas • Linking closely with GPs to work as an effective team
3. Client experience delivered	• Creation in clients' feelings of stability and confidence • De-stigmatising due to medical centre location • A tailored experience depending on client needs • Seamless link with other medical services • Providing a transition to a normal life
4. Workloads	• Clients demands for service outweigh available provision • Difficult to manage to a set criteria based on funding arrangement • Hard to treat and management mental health provision due to unpredictability of client needs • Staff at risk of burn-out as difficult to off-load cases.
5. Linking clients to services	• Act as a vetting process to link clients to suitable health providers • Medical centre location provides direct and immediate access to medical services as needed

	• Debriefing for cases possible among service providers to deliver a holistic, integrated medical service
6. Additional support required	• Further administrative support would ease burden • Maintain links in small GP clinics to avoid disconnect of services • Support for supervision opportunities and personal development • Support for associate costs such as personal indemnity insurance

Conclusion

This report contains an evaluation of the Mental Health Nurse in Practice program delivered within the Gippsland region of Victoria, Australia. The evaluation was based on a series of face-to-face interviews conducted with both program clients and professional Mental Health Nurses engaged in program delivery. The evaluation indicates the program played a vital role for maintaining mental health within the community in a space not filled by or duplicated through other current healthcare services.

References

Australian Bureau of Statistics. (2008). *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007. Canberra: Australian Bureau of Statistics. Retrieved from https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary/prevalence-and-policies

Australian College of Mental Health Nurses. (2011). *Mental Health Nurse Incentive Program: Achieving through collaboration, creativity and compromise.* Australian College of Mental Health Nurses: Canberra. Retrieved from http://www.acmhn.org/images/stories/Media/Monographs/acmhn_2011_mhnip_monograph_web.pdf

Australian College of Mental Health Nurses. (2013). *A Survey of Credentialed Mental Health Nurses working in the Mental Health Nursing Incentive Program*. Australian College of Mental Health Nurses: Canberra. Retrieved from http://www.acmhn.org/images/stories/News/MHNIP_Report_Final_Sept_2013.pdf

Happell, B., & Platania-Phung, C. (2019). Review and analysis of the Mental Health Nurse Incentive Program. Australian Health Review, *43(1)*, 111-119. doi: 10.1071/AH17017.

National Rural Health Alliance. (2017). *Mental Health in Rural and Remote Australia: Fact Sheet.* (n.p.) Retrieved from http://ruralhealth.org.au/sites/default/files/publications/nrha-ental-health-factsheet-2017.pdf

World Health Organization. (2001). *The World Health Report: 2001: Mental health: new understanding, new hope*. Geneva: World Health Organisation. Retrieved from http://www.who.int/iris/handle/10665/42390 on 14-06-2019.