

Category entered: Building a sustainable health workforce

Title: Building Our Rural Mental Health Workforce: A Role for Enrolled Nurse Participation.

Abstract:

This paper describes the creative use of Enrolled Nurses (ENs) in a community mental health setting.

The mental health workforce suffers from chronic staff shortages, particularly in rural areas. Southern Tablelands Mental Health Service (STMHS) recognised this as a quality and service delivery issue and established a new approach to health professional organization and management.

Community mental health has not traditionally employed ENs. ENs do however bring a skill set and experience that is well suited to a community based service. Given the shortage of other mental health professionals, the employment of ENs to carry out a specific role within the team enabled a more flexible approach to existing workloads.

Aim:

To review the skill mix of the community mental health team in order to improve service delivery.

Nature of the problem:

The STMHS had endured degrees of staff shortages over a 15 year period. Previous attempts to manage the situation were effective in the short term, but were not sufficient to establish long term improvements. It became clear that a longer term solution was vital to maintaining continuity of care for the client group.

Approximately 60% of the client group that the mental health team provides care for have an enduring illness and require primarily medication management, support, advocacy and assistance with interacting with other agencies. It was hypothesised that ENs would have the skills to provide these services.

Extent of the problem:

In September 2006, the situation became critical with four resignations leaving seven full time vacancies. Caseloads escalated to 50 clients per clinician, approximately 25 above the recommended number (Greater Southern Area Health Service Mental Health Case Management Policy). However, this varied with the complexity of cases and clinician levels of experience which was considered when determining case load allocation.

Clinicians felt overwhelmed and concerned about provision of adequate standards of client care, especially those with enduring illness as the needs of acute presentations took precedence.

Consumer feedback at this time indicated a lack of continuity of care. This was further reflected in a 10% increase of acute presentations requiring inpatient admission.

Clinician exit interviews highlighted excessive workloads, work duties inconsistent with their skill level and feelings of significant frustration. Some clinicians approached unions for support.

It was therefore decided to review staff skill mix and the care needs of consumers.

Strategic importance:

The project aligns with building a sustainable health workforce by focusing on the redesign of clinical roles and considering the changing needs of health consumers. Employment of ENs has provided a more flexible skill mix to ensure high quality health care to a greater number of people.

The project has also strengthened career pathways for ENs with an interest in mental health who have traditionally been limited to an inpatient setting. The ENs have been supported with training and supervision to promote informed and effective client care. This also enhances the likelihood of retention of skilled staff.

Planning and implementation solutions:

The idea of recruiting medication endorsed ENs to the mental health team was presented to staff to gauge their support for the initiative. It was anticipated there may be concern about employment of ENs into positions traditionally held by Registered Nurses and Psychologists. However, the response was positive and support for the project was unanimous with recognition that ENs would be a valuable addition to the team.

Clinicians felt adding ENs to the team skill mix would allow them to focus more on their area of expertise that would better meet the needs of consumers. Support was also forthcoming from senior managers and the Consumer Advocate, who had also received 15 complaints about the issue of lack of care continuity for enduring clients.

Following stakeholder consultation, service managers identified areas in which the EN role could enhance the skill mix. A review of existing caseloads revealed that 60% of clients with enduring illness have care needs consistent with skills provided by an EN and would benefit from having an EN as a primary carer. Therefore it was decided to recruit two ENs into existing mental health clinical positions.

In designing and recruiting the positions, the need to offer something new and exciting to potential applicants along with career enhancement for interested ENs was a priority. It was also vital to ensure that the ENs could be well supported especially in the initial stages. This required striking a balance between providing a workload that was stimulating but not overwhelming. Provision of an appropriate support person to provide governance, clinical guidance and support was a feature of the workforce design.

Accordingly in December 2006 two ENs were employed in full-time roles and the Adult Team Clinical Nurse Consultant was identified as their clinical supervisor.

Outcomes and evaluation:

Case loads dropped from approximately 50 to 25 (50%) per clinician, reflecting a redistribution of the workload due to the new skill mix.

The quality of the service has improved as clinicians now offer activity across the health continuum in line with the National Mental Health Plan.

An unanticipated outcome saw incidents related to Clozapine protocols drop from eight over a 12 month period to zero. This is directly attributable to ENs monitoring medication administration and following through with General Practitioner appointments with clients.

The service now provides greater outreach to more remote areas, improving services to rural clients - a group with traditionally limited access. Completion of standard mental health service documentation tools has increased significantly, which has increased the capacity of the service to be measured against interventions for accurate and effective care planning.

In the longer term, client relapse rates are expected to lower, resulting in fewer client admissions to acute facilities. It is envisaged that this will improve the quality of life for the client group as identified in data from standard measures and client satisfaction interviews.

The benefit to the mental health team is also clear with clinicians reporting 100% satisfaction with the new model.

Sustaining change:

The service has committed to the EN role by formally reclassifying two clinical positions to EN positions.

The ENs have formal supervision and considerable peer support from other team members. This promoted a culture within the team of valuing ENs as key players in service delivery.

Managers conducted fortnightly meetings with the ENs to address any concerns as they arise.

Staff have committed to supporting those ENs wishing to undertake further study to achieve a registered nurse qualification. In this way, the EN role provides a pathway to further growing a skilled and diverse workforce.

Future scope:

The lessons from this project are important to all health services especially those in rural areas where recruitment and retention issues are a constant dilemma.

ENs are already available, however have remained a largely an untapped resource in community mental health.