For Everything, There is a First Time

A South Glasgow initiative to improve mental health care in a general hospital

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Our Mission:
To develop an innovative service beyond traditional boundaries, enabling new ways of working across different professional cultures. To create a unique link between the two disciplines of physical and mental health with the ultimate goal of enhanced and more effective patient care.

The Service launches
The Mental Health Practice Development Nurse located within the Liaison Psychiatry Service, and managed by general medicine.

Progress through change
The population of general hospitals in Scotland is changing, with more mental health related discharges now than from psychiatric hospitals. For care to be effective, it requires to be relevant and responsive to change, which can prove challenging without the appropriate resources.

The Mental Health Practice Development Nurse role has been developed in response to the above, providing staff with an on site and immediate resource to inform decision making, and to extend their overall knowledge base in relation to mental health and related issues, with the overall aim of more effective and enhanced patient care.

The main services are:
• Liaison Psychiatry and Liaison Addiction Services,
• The QEUH Security Team, the hospital Police Officer and the Violence and Aggression Reduction Team

Teamwork
Strong relationships have been established with other services, which have resulted in sharing of skills and knowledge, a more effective and efficient cross referral process, and the creation of a mutually supportive environment. This has been extremely beneficial in situations which have escalated quickly, and the multi professional approach has been positive in managing and reducing the distress of the patient.

The Aim:
To provide support, information, education and advice on:
• mental health issues
• co-morbid mental and physical health issues
• clinically related challenging behaviour

Unimaginable variety...
Requests for input are many and varied, with some examples being:
• information on The Mental Health Act
• education/advice on symptoms and management of mental disorders, suicide, self-harming behaviour
• immediate support for clinically related challenging presentations
• specific care planning for patients experiencing prolonged admission in relation to mental health problems/challenging behaviour
• response to escalating/changing concerns
• advice and review of RMN usage
• ‘mini shifts’ to identify triggers and beneficial responses
• formal and ad hoc education/information sessions
• first level post incident debrief

Giant leaps through confidence
Nursing staff often feel unequipped to work effectively with patients with mental health problems, and many view this purely as a specialist area of care, which can result in increased anxieties. What has become apparent from working in this post is that nursing staff often possess a level of unconscious competence, but lack the confidence to recognise this. In identifying these skills, and with appropriate advice and encouragement, staff report reduced anxieties and improved confidence in working with the relevant patient group.

Fear of the unknown...
Nurses often cite the element of fear impacting on their work with patients who have mental disorder, with lack of knowledge as the origin. The PDN service works towards improving care by enhancing knowledge and has been particularly successful in relation to patients with a diagnosis of Emotionally Unstable Personality Disorder. The associated behaviours can be extremely challenging for many staff, and these patients can be described as ‘demanding’, ‘manipulative’ and ‘attention seeking’.

In spending time with ward staff, both formally and ad hoc, education on the diagnosis has led to a much greater understanding of why these behaviours manifest, more effective and compassionate care of the patient, and less associated stress for staff.

Where do we go now?
We have successfully incorporated a number of aims from the NHS Scotland 2020 vision specifically:
• developing an innovative service
• recognition and usage of the workplace as a learning environment
• the targeting of co-morbid issues

It is anticipated that ongoing audit and research will contribute towards improving quality, and inform the future direction of the service.

Ideally, further development would involve additional staffing to address the challenges of working across a site that includes one of the UKs largest hospital. It is also hoped that other areas across Scotland become aware of our initiative and adopt similar approaches in their acute hospitals.

This is a challenging era for the NHS, but we are positive about the impact of our service, about how we are responding to change and simply making things better for our staff and patients.

References
2. Hospital In-patient Care of People with Mental Health Problems: Trends to March 2016

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