Supporting Nurse Practitioners through advocacy resources, networking and professional development

Australian College of Nurse Practitioners response to:

Senate Foreign Affairs, Defence and Trade Legislation Committee

National Commissioner for Defence and Veteran Suicide Prevention Bill 2020 and the National Commissioner for Defence and Veteran Suicide Prevention (Consequential Amendments) Bill 2020

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Foreign Affairs, Defence and Trade Committee Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

By email: fadt.sen@aph.gov.au

RE: National Commissioner for Defence and Veteran Suicide Prevention Bill 2020 and the National Commissioner for Defence and Veteran Suicide Prevention (Consequential Amendments) Bill 2020

Dear Senate Select Committee,

Thank you for the opportunity to prepare a submission for your consideration, in relation to the National Commissioner for Defence and Veteran Suicide Prevention Bill 2020 and the National Commissioner for Defence and Veteran Suicide Prevention (Consequential Amendments) Bill 2020.

The ACNP recognises the great sacrifices made by current serving and former Australian Defence Force personnel and their families on behalf of the Australian community. As part of our ongoing efforts to improve choice and access to evidence-based health care for all Australians, the ACNP would like Nurse Practitioners to be part of the strategy for the Department of Veteran Affairs in the addressing suicide in veterans and current ADF personnel transitioning into civilian life, in addition to including Nurse practitioners as providers of care for all Veterans.

The Australian College of Nurse Practitioners (ACNP) is the national peak organisation for Nurse Practitioners, advancing nursing practice and consumer access to health care.

Nurse Practitioners practise in all clinical areas, across metropolitan, rural and remote Australia, in both public and private sectors. With appropriate education and training, a Nurse Practitioner can provide health care services across a broad context as a primary care provider for a patient. The Australian Nurse Practitioner has become an essential health care provider in enhancing the capacity of the Australian health care system in addressing health disparities in all Australians, especially in the most vulnerable groups across this country (Allen & Fabri, 2005; Bryce, Foley, & Reeves, 2016; Clark, Parker, Prosser, & Davey, 2013; Hansen et al., 2017; “Nurse Practitioners to tackle Remote Disadvantage” 2016).

Fundamental issues and barriers to access to service to reduce the risk of suicidality include:

1. Psychological/Mental health - PTSD, psychological distress, depression anxiety, suicidality, self-medication and behaviours , such as substance use disorder (alcohol, opioids, prescription medications, cannabis etc.). Impacts such as anger, trust, grief, loss and difficulty transitioning into civilian life.
2. Living situations - Homelessness, family and social disconnection or breakdown, incarceration or judicial involvement, aged care facilities and wide geographical locations.

3. Health Literacy and self-awareness - Lack of knowledge about the services available and how to contact them, lack of personal skills to access services (e.g. self-confidence, communication skills), and limited understanding of poor health, physical or psychiatric disability
4. Barriers - Access to health care due to service restrictions include funding and resource insufficiency, identification with DVA, DVA restriction of some health providers and locations as mainstream health services.

It is challenging to address these complex issues, and it will require the integration of many resources. As Nurse Practitioners, we know risk reduction can be achieved with increased access to services. The following case study demonstrates the role of Nurse Practitioner as increases of access to services:

Case study:

A 44yr old, unemployed veteran (East Timor) (white card recipient), dependent on opioids, nicotine, cannabis, and alcohol with diagnosed PTSD and panic disorder, is also diagnosed with chronic pain conditions in his lower back (L5-S1) and left shoulder from an army helicopter crash in 1999. He is accessing the Public Opioid treatment program for the management of his substance use disorder.

The Nurse Practitioner (NP) working in the Alcohol Opioid Drug Service (AODs) assisted the client to gain access to a white card after a long and difficult pathway to demonstrate that they meet the criteria. The AODs NP also assisted the client to arrange for DVA to cover the dosing fee for opioid replacement therapy, which is usually an out of pocket cost for the client. This cost issue had also delayed his access to treatment. The AODs NP was, at times, the client's default primary health care provider due the well-known challenges experienced by veterans in engaging with primary health care practitioners.

Ongoing requirements for client health care:

- Access to private mental health / psychiatrist services – the NP is unable to refer under DVA
- Access to private chronic pain specialist services – the NP is unable to refer under DVA
- The veteran engaged with AODS for management of substance use, chronic pain management and management of mental health conditions, but refused to engage with a GP for the referrals required, due to a lack of trust.

Barriers to client to access treatment:

- NPs are not approved to be DVA providers or prescribers, increasing the treatment costs for the veteran, as private prescriptions for the opioid treatment program were required, and private referrals and private costs of specialist consultations being the potential result.
- Referrals for Pathology or Radiology would also incur full out of pocket cost for the Veteran

Patient Risk Factors:

- Lives alone in rural community, dysfunctional relationship with family
- History of police involvement due to deterioration in mental health and substance disorder
- History of poor engagement with primary health care practitioners and Mental Health services
- Opioid dependence, mild tobacco use, severe alcohol and cannabis use disorder
- PTSD, panic disorder, chronic lower back pain and shoulder pain
- Past history of duodenal ulcer with perforation secondary to Ibuprofen use

Outcomes

- Case Management with the AODs NP was re-established with DVA as a white care holder, now stable on opioid treatment programs under AODs NP engagement with the veteran. His mental health stabilised due to ongoing counselling and medication management by the AODs NP, however he could benefit from extra psychological services that are restricted due to the referral challenges/barriers.
- The Veteran is no longer homeless due to services engaged, as he has developed a trusting nurse-patient relationship with the AODs NP.
- His present suicidality risk is lower, but ongoing mental health services that the veteran could engage with would be advantageous.
- The AODs NP continues to encourage and support the Veteran to engage with a GP in for Primary Care and facilitate referrals.

Recommendations

The ACNP acknowledges there are significant challenges in addressing suicide in veterans.

As is evident within the case study, Veterans may have a preference to access a Nurse Practitioner for health care, or may only have access to a Nurse Practitioner, either for primary care, for mental health, or for drug and alcohol dependence, as well as for aged care or homelessness status. Removal of any barriers to Nurse practitioner care would be advantageous in prevention of suicide in veterans. Often a Veteran may choose a Nurse Practitioner as a primary care, specialist care, or care co-ordination provider. Nurse Practitioners do perform diagnosis and treatment, however also have a significant focus on preventative care and patient education.

Currently DVA has a number of programs and services which aim to be proactive in approach to improve the management of a veterans health and mental health conditions and quality of care within the health care setting, though this is limited to only 25% of veterans accessing these services. The ACNP suggests this may be the result of:

- limitations related to which health care providers can provide DVA funded services or referrals (and prohibitive costs for Veterans accessing non DVA providers),
- poor recognition or identification of the transient nature of veteran populations into rural and regional centres, especially when suffering mental health, drug and alcohol issues, or are experiencing family and social disconnect as well as homelessness

(Van Hooff M et al., 2018; Van Hooff et al., 2019).

ACNP Recommendation 1

<u>Nurse Practitioners as DVA providers</u>

Nurse Practitioners accepted as providers of DVA funded services, including in the delivery of Coordinated Veterans' Care (CVC) Programs, and within residential aged care facilities (Lowe, Plummer, & Boyd, 2013; Martin-Misener et al., 2015). Recognition of the value of the multidisciplinary approach to care, and that Nurse practitioners can add value to care, minimising delays to care and promoting positive outcomes, also contributing to cost effectiveness(Kutzleb et al., 2015).

ACNP Recommendation 2

<u>Promote choice for Veterans to improve the likelihood of engagement</u>

Provide Veterans with a choice of health care provider. As for all Australians, the right to choose is paramount, as is the right to determine your own care pathways. Allowing choice of suitably qualified and skilled health care providers can greatly improve engagement in services, and therefore improve outcomes.

ACNP Recommendation 3

<u>Nursing Roles and the role of the Nurse Practitioner in Veteran Health</u>

Recognise the value of nursing in the provision of health care for Veterans, including the therapeutic value of the Nurse Practitioner- Patient relationships in improving engagement, care co-ordination and care outcomes, through identifying and enabling opportunities to further engage the nursing

workforce (Fowler, Landry, & Nunn, 2019; Luchsinger, Jones, McFarland, & Kissler, 2019; Turner, Knosby, & Popkess-Vawter, 2002).

ACNP Recommendation 4

Registered Nurses as DVA service Providers

Credentialed Mental Health Nurses and Credentialed Drug and Alcohol Nurses to also be considered as DVA providers, further increasing access to mental health and drug and alcohol services as DVA providers increasing access to mental health services (de Crespigny & Talmet, 2012; Drug and Alcohol Nurses of Australasia Incorporated, 2013).

ACNP Recommendation 5

Nurse Practitioner roles within ADF.

Development of programs and support for ADF Nurse Practitioners to set up local practices and services to support transition to civilian life for Veterans. Include Nurse Practitioners in ADF transitional mental health screening, developing strong relationships and trust at this challenging time for veterans

ACNP Recommendation 6

Rural and Remote Health.

Consider opportunities to expand the number of service providers in regional and rural communities to provide care to veterans, especially in relation to drug and alcohol and mental health as a lack of available services in these crucial areas increase the risk of veteran homelessness and suicide exponentially

ACNP Recommendation 7

Streamlining and improving access to DVA

Investigate and implement strategies to reduce barriers to accessing white and gold cards, and streamline access. This will reduce stress experienced during delays, and also enable more timely access to care.

ACNP Recommendation 8

Research

Fund research into Nurse Practitioner /Drug and Alcohol/ Mental Health/ Aged Care workforce as a long-term strategy to reduce suicide in veterans. This would include exploring innovative nurse led models of care in management veterans with conditions that increase suicidality such as substance use disorders, mental health disorders and PTSD. Many state-based health services have developed significant services using Nurse Practitioner or nurse led models of care to deliver improved access to health care and better outcomes (Australian Nursing Federation, 2009; Frances Barraclough et al., 2015; G. Gardner, Gardner, Middleton, & Della, 2009; Glenn Gardner et al., 2010; NCETA, 2019; NSW Ministry of Health, 2015).

ACNP Recommendation 9

Engagement with stakeholders

Partner and engage with more stakeholders, including nursing professional and specialty groups, as nursing has a strong history of successful change management to achieve improved health outcomes, along with improved efficiencies in the delivery of health care.

ACNP Recommendation 10

Removal of existing barriers to Nurse Practitioner Services

Support for all 14 of the recommendations of the Nurse Practitioner Reference Group as part of the MBS Review. All 14 recommendations have been extensively supported by evidence, case examples, and research, and address key barriers both impacting on patient access to Nurse Practitioner care, as well as the factors impeding the needed growth in NP numbers in Australia. Support for these 14 recommendations will increase the numbers of Nurse Practitioners working in private practice, who can then provide service to DVA clients. The evidence as part of these recommendations also highlights that Nurse Practitioners increase access to care for vulnerable Australians, in all geographical areas (Australian College of Nurse Practitioners, 2020; Currie, Chiarella, & Buckley, 2013; Drug and Alcohol Nurses of Australasia, 2020; Linga, Curtis, Brighton, & Dunlop, 2013; Ortiz et al., 2018).

Examples of Nurse Practitioner Services available for Veterans:

A Nurse Practitioner working in Primary Care can coordinate or be part of the multidisciplinary team (MDT) in a Veterans' Care (CVC) Program. Nurse Practitioner services have demonstrated improvement in cost effective improvements in chronic health management and disease progression (Boville et al., 2007; Liu et al., 2020; Martin-Misener et al., 2015). Further, the Nurse Practitioner in Primary Care as a veteran's choice of primary health care provider, can increase access to care by effective engagement with the veteran (Carter, Owen-Williams, & Della, 2015; Liu et al., 2020).

A Nurse practitioner with expertise in Palliative Care can improve the service delivery at the of end of life, when and where the care is needed care, in accordance with the wishes of the Veteran (Bennett, 2012; G. K. Mitchell et al., 2016).

A Nurse practitioner qualified in Mental Health can contribute both psychological and pharmacological based mental health services to veterans, and could add value to the pre-screening processes of personnel leaving the ADF (Chapman, Toretsky, & Phoenix, 2019; Wand & White, 2015).

Nurse Practitioners qualified in Drug & Alcohol Dependence can provide both treatment and care coordination as demonstrated in our case study (Digiusto & Treloar, 2007; Drug and Alcohol Nurses of Australasia Incorporated, 2013; Hudspeth, 2016; A. M. Mitchell et al., 2015).

A Nurse Practitioner working in Aged Care can ensure the continued primary health care needs of veterans who required aged care, or residential aged care (Borbasi et al., 2010; Clark et al., 2013; Dwyer et al., 2017).

Summary

The Australian Nurse Practitioner has a lot to offer to support the health of Veterans, and would improve the quality and efficiency of the delivery of DVA funded health care services in Australia.

The evidence demonstrates that Nurse Practitioners provide high quality, effective and cost-efficient services, addressing health disparities and geographical challenges, to a diverse range of populations and disadvantaged groups within Australia ("Australia's disturbing health disparities set Aboriginals apart," 2008; Frances Barraclough, Longman, & Barclay, 2015; Bethea, Samanta, White, Payne, & Hardway, 2019; Boville et al., 2007; Dwyer, Craswell, Rossi, & Holzberger, 2017; Glenn Gardner et al., 2010; Masso & Thompson, 2014; "Nurse Practitioners to tackle Remote Disadvantage" , 2016; Wilson & Rosenberg, 2002).

As a health care provider, the Australian Nurse Practitioner can improve access to services required to reduce suicidality in the veteran population but the effectiveness of this improvement will be limited without the reduction in barriers to practice.

Thank you again for the opportunity to contribute to the Inquiry. We would be pleased to discuss any of these issues further, or answer any questions as a result of our submission.

Yours sincerely

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Attached:

Report from the Nurse Practitioner Reference Group – 2018 – MBS Review Taskforce

ACNP Response – MBS Review Taskforce – Report from the NPRG

KPMG Cost-Benefit Analysis of Nurse Practitioner Models of Care – Department of Health, 2018

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