

**SUBMISSION TO SENATE INQUIRY INTO
MENTAL HEALTH**

**PREPARED BY THE
QUEENSLAND NURSES UNION**

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INTRODUCTION

The Queensland Nurses Union (QNU) represents in excess of 32,500 nurses in Queensland.

The QNU has a democratic structure based on workplace or geographical branches. To enhance this further, a number of reference groups have been established to assist the QNU in providing timely and expert advice to key stakeholders including governments (State and Federal). The QNU Mental Health Reference Group is one such body. The QNU collaborates with the Australian and New Zealand College of Mental Health (ANZCMHN) in matters that affect our mental health members, as well as those critical issues that may impact on mental health practice in Queensland.

There are a number of issues that QNU wishes to raise in relation to Mental Health Services. The QNU has a Mental Health Reference Group comprising of QNU members who are experts in the field of mental health nursing and provide the QNU with expert opinion in all aspects of Mental Health Service.

The QNU Reference Group has identified a number of issues that as a matter of urgency need to be addressed by Government to ensure the safety of our nurses and the provision of quality nursing care in a mental health environment.

Other issues in Queensland which need to be discussed include:-

1. The increase in the number of forensic patients in nonsecure mental health units

- Increase in assaults on nurses in this environment
- Violent threats made to the nurses working in this environment
- Inability to provide appropriate and safe nursing care
- Compromising care to the nonforensic patients

One possible strategy in response to this would be to establish an intersectorial taskforce.

Solutions must include :

- Ensuring that the appropriate environment is providing care for forensic patients. Appropriate steps taken by government immediately to ensure the safety and wellbeing of our members working in mental health units
- The lack of recognition and value by Queensland Health (and/or District management) that experienced and endorsed Mental Health Nurses bring to provide quality patient care in a mental health environment

One in 5 Australians will experience a mental illness at some stage in their lives. Mental illnesses include mood disorders, anxiety, depression, bi-polar and schizophrenia. There are estimates that two to three percent of the population is affected by severely disabling mental disorders. These severe disorders represent about half the demand on specialist public sector mental health services. Depression is the leading cause of years lost due to disability and ranks fourth in terms of total disease burden, behind only cardiovascular disease, cancer and stroke.

2. Employment of qualified and experienced Mental Health Nurses

The QNU will continue to ensure that all Mental Health Units are staffed by experienced and/or qualified mental health nurses. The QNU does not support substitution of nursing positions for generic mental health workers. The role of Assistants in Nursing (AINs) who are unregulated workers generally in the acute sector and specifically in mental health units is very limited in terms of direct patient/client care.

The QNU supports the Australian and New Zealand College of Mental Health Nurses Inc (ANZCMHN inc) position in so far that Mental Health Units (Community, Integrated and Inpatient Care) must be staffed by nurses with suitable and appropriate mental health experience and/or qualifications.

The QNU also supports the notion that there must be the ability for registered nurses new to the mental health environment to be provided with the opportunity to experience mental health nursing. This must occur in an environment where they are supported and supervised both clinically and professionally. Newly registered nurses and those moving into field of mental health must be provided with education and preceptorship to attain a level of professional and clinical competency.

The increasing trend of employment of generic unregulated health workers in mental health will impact further on:

- Increased risk of violence (physical and verbal) due to the inability to utilise de-escalate skills i.e. inability to recognise symptoms of escalating violence and agitation.
- Inability to collaboratively set limits with patients/consumers.
- Insufficient knowledge base in appropriate management of the patients/clients.
- The threat of patients/consumers taking advantage of the untrained status of staff.
- Inadequacy and ability to assess current mental state of patients/clients.
- The risk of situational avoidance by the health worker (potential situations may then not be witnessed).
- The risk of insufficient knowledge and inability to identify disorders or recognise psychosis.
- The “rescuer” status often utilised by untrained staff.
- An increased number in reported medication errors and other adverse events

All these factors further contribute to jeopardising the safety of other staff working in this environment.

If for example de-escalating skills are not utilised, trained staff are placed in a situation whereby in an attempt to defuse the situation, a “takedown” may occur.

Insufficient knowledge of a mental health condition can impact on quality causing a suboptimal therapeutic relationship between staff and the patient/client.

Untrained mental health workers have no knowledge of legislation related to mental health nursing (eg Mental Health Act or National Mental Health Standards, and how these pertain to their practice). This becomes critical in a situation where untrained staff are in charge of shifts or working as sole practitioners in the community settings. This is an increasing and alarming problem in view of the fact that to be an Authorised Mental Health Practitioner one needs to have done the appropriate training. Both clinical units and community settings require at least some staff on each shift who are Authorised Mental Health Practitioners.

Queensland Health is encouraging its nursing working in mental health settings to undertake postgraduate studies in mental health nursing. It offers a number of scholarships each year. In 2004, 40 were awarded.

Queensland Health’s practice of employing untrained staff in mental health settings continues.

In two recent coronial inquests into the death of a patient in a mental health unit in Queensland, the State Coroner’s Office has made a number of recommendations in terms of employment of appropriate qualified staff.

“Permanent fully trained staff were the best option for beneficial patient outcomes”

The Coroner’s recommendations in to the death of an involuntary admitted inpatient include:

- That resources for psychiatric wards be reviewed by hospitals and Queensland Health, to enable specialist training for all nurses and to increase both their number and their skills.
- That resources for psychiatric wards be reviewed by hospitals and Queensland Health, to increase the ratio of permanent fully trained nursing staff in comparison to temporary, relief and enrolled nurses.
- That Queensland Health considered statewide guidelines regarding observations in Mental Health Units.

In Queensland, there is no requirement for nurses working in mental health in Queensland to possess a mental health endorsement. There appears to be disregard by Queensland’s District Management to staff mental health units with appropriately qualified mental health staff. In some Queensland Health districts it is not uncommon for Assistants in Nursing (AINs) and Enrolled Nurses (ENs) (not with mental health experience) to replace emergent and planned leave.

The crisis in mental health services across the state of Queensland will only deepen if these issues are not addressed as a matter of urgency.

Within the field of Mental Health there has been quite rapid developments, with government funding from both States and Commonwealth, the emphasis has been placed on researching and the collection of data to better provide services to those consumers that require access to Mental Health services. The policies and strategies that have been developed in the 1st (1993-98) and 2nd (1998-2003) National Mental Health Plan have been aimed at improving the way that information is collected and processed in a more consistent standard. Furthermore identifying shortcomings within the provision of services can be linked directly to poor outcomes for consumers.

The National Mental Health Plan (both 1st and 2nd) has brought about rapid changes in how mental health consumers are viewed and treated. Part of the National Mental Health Plan also focused on prevention of mental health and requiring the community as a whole to be informed and educated. For health professionals within the field of mental health this required active involvement with the changes occurring and up-skilling to meet the challenges they faced.

Consumers and carers have also been actively encouraged to participate with the National Mental Health Plans and the development of policies and strategies being implemented.

From all of this, the integration of mental health services has occurred, with easier accessibility for consumers and carers. With the introduction of the National Standards for Mental Health Services which has been accepted by Queensland Health, there is now a minimum standard that has to be attained by a service provider to consumers of mental health facilities.

The QNU continues to advocate that all Mental Health Facilities are staffed by experienced and/or qualified mental health nurses. The QNU also supports the adherence to the National Standards for Mental Health Services as adopted by Queensland Health as well as the State and Commonwealth policies and strategies that have been developed to improve treatment and outcomes to mental health consumers. According to these standards consumers of mental health services are entitled to have access to appropriately qualified mental health professionals.

The following are excerpts from the Mental Health Standards which clearly articulate the need to ensure Mental Health facilities have qualified and experienced mental health staff.

Standard 11.2 - Entry

The process of entry to the MHS meets the need of the defined community and facilitates timely and ongoing assessment.

Criteria 11.2.6

An appropriately qualified and experienced mental health professional is available at all times to assist consumers to enter into mental health care.

Notes and examples. Mental health staff in specialist mental health service, support and training to generalist health staff, emergency dept. staff, police by the MHS, mental health staff on generalist community health team, consultation/liaison psychiatry, phone availability and appropriately trained generic health worker with specialist mental health support in remote settings

Criteria 11.2.8

The MHS ensures that a consumer and their carers are able to, from the time of their first contact with the MHS, identify and contact a single mental health professional responsible for coordinating their care.

Notes and examples. Case manager, care coordinator, key worker or delegate in the original persons absence. The staff member who is involved in the consumers initial contact with the service coordinates assessment, treatment and support and/or facilitates a smooth transition of care to a more appropriate colleague

The QNU believes that the Mental Health National Strategy has not met the consumers' needs. There are inadequate numbers of:

- acute or extended inpatient beds, and
- doctors at both consultant or registrar level.

The public system depends too heavily on overseas trained doctors. Generally, written communication (by health professionals) is at times incomprehensible and lack of knowledge of the Mental Health Act, relevant legislation, or contemporary drug therapy used in mental health systems is evident. At times these health professionals rely on the nursing staff to interpret for them in an attempt to communicate with clients.

In Queensland's rural and provincial areas there is no respite care available for mental health clients.

There is grossly inadequate amount of supported accommodation. One example is Toowoomba. People migrating here often have a view that supported accommodation will be easier to access (as opposed to cities). Inadequate support for consumers and their families adds to the pressure or burden of care

Co morbidities such as drug and alcohol dependence impact greatly on service provision. Individuals under the influence of these are routinely and inappropriately referred to a mental health service. In Toowoomba as an example again, there is no extended hours service to provide treatment to consumers with the dependency problem. They are often referred to a mental health service as someone with a mental illness when it is more like behaviour linked to the abuse of alcohol or other drugs.

Education for Primary health Care Providers (including General Practitioners, is often inadequate. Inappropriate referral is often the outcome of poor education.

Inappropriate referrals or admission to mental health inpatient units often is the catalyst for physical assault of nurses.

Housing remains an unresolved issue for people with mental illness. Mental illness needs to be addressed across a number of government departments including: housing, police, corrective services and health.

The extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives needs to be discussed. The nexus between the resources injected into the system and positive consumer outcomes is growing. From a State perspective the QNU believes that the principles of the strategy have been diluted in terms of providing quality mental health services with qualified and experienced mental health professionals.

The resources to provide mental health care across the mental health continuum are grossly inadequate. Community mental health care is grossly under resourced in Queensland. The ability to access acute care is restricted as a result of the decrease in the number of inpatient beds in mental health. Obviously access to care in mental health service settings is supported, however there is inadequate resourcing to provide a quality service in prevention, intervention, acute care, community care, after hours crisis services and respite care.

The proliferation of unregulated, untrained generic mental health workers is of great concern for the QNU. This is often in response to the inability to recruit and retain qualified or experienced mental health nurses.

There is little evidence of a coordinated or streamlined approach to Mental Health in Queensland. Coordination of services is often adhoc and not streamlined. Access to the appropriate level of care is difficult and often consumers are placed inappropriately in the community (without the proper housing and other social supports). Access to acute care is increasingly difficult and not timely.

This is a critical factor in the delivery of mental health services in Queensland. Accommodation generally for consumers is suboptimal, access to appropriate services is difficult and the stigma of receiving mental health care is evident.

The Mental Health Act in Queensland requires some Health Professional working in mental health settings to be deemed an “authorised” person. This facilitates appropriate treatment for consumers. However, there is no requirement to demonstrate knowledge or application of the Mental Health Act. Whilst there are training programs in place there is no compulsion by individuals to do this.

The current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated needs to be revisited. The ability to provide best practice nursing care in mental health is restricted by the access issues discussed previously.

The adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards and Mental Health in Queensland is grossly underfunded. Prior to achieving this objective it is critical that base funding be addressed.

The potential for new models of delivery of mental health care, including e-technology needs to be resourced adequately. The QNU has identified the Mental Health setting as an obvious area for the development of the role of Nurse Practitioners. However, prior to doing this the clinical shortage of specifically mental health nurses and doctors must be addressed.

The rural and remote areas are in particular starved of mental health resources. In remote areas, a visiting psychiatrist may provide a very limited service (eg. 10 hours/month). This is suboptimal and often the care of (including assessment and access to appropriate mental health services) is dependent on very few nurses.

Nurses in mental health settings are vulnerable and more likely to be susceptible to violence.

Summary

There are critical issues in mental health that need to be addressed either at a State or Commonwealth level.

Recruitment and retention of nurses in mental health is the single most critical workforce issue for the Australian Health Care System. There must be more qualified and experienced mental health nurses working in Mental Health. Generic mental health workers do not or will not provide quality mental health care.

The consumers of Mental Health Services according to the National Standards for Mental Health Services have a right to a minimum standard of care that also incorporate modern and contemporary approaches in treatment and service. To achieve this, Mental Health Services must have appropriately trained and qualified staff that are encouraged to maintain and develop their skills/expertise/education. For health professionals maintaining their skill and expertise is also regulated by their respective registration bodies. It is imperative that any health professional that enters the mental health field has an understanding of what their roles and responsibilities are. More than \$300 million has been spent since the inception of the 1st National Mental Health Plan in 1993 on researching, correlation of data and education. The QNU believes that this investment should have addressed some of these critical shortfalls in Mental Health.

Furthermore, if the introduction of unregulated and untrained workers occurs within the treating team, the standard as set out within the National Standards for Mental Health Services will not be met. They do have minimal accountability and training and do not belong to a governing professional or registering body to ensure that their practice attains an acceptable level of professional competency.

Failure to maintain this level of staffing, together with the introduction of less skilled/qualified personnel will severely impact on service delivery with less than satisfactory outcomes for consumers.

Systemic social and ethical issues must be addressed if the State and the nation is to provide accessible and quality mental health care. Access issues are not only a health responsibility a responsibility across government departments. Inadequate accommodation in the community, timely and appropriate access to acute care, inappropriate referrals from correctional facilities are the main critical factors influencing mental health care..

The QNU as the organisation representing the largest number of mental health workers in Queensland and through its federal body Australian Nursing Federation (ANF) remains concerned at

- the critical shortage of mental health nurses in mental health and
- the access and equity issues associated with consumers utilising mental health services

The QNU looks forward to the opportunity to present these issues and any strategies that may assist the Senate Select Committee on Mental Health in progressing Mental Health Services in Australia.