

Mental health emergencies training for rural and remote nurses

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The Association for Australian Rural Nurses (AARN) works to promote quality health care through excellence in rural nursing practice. AARN has gained Rural Health Support Education and Training (RHSET) funding for a pilot project to provide Rural Nurses and Aboriginal Health Workers (AHWs) with training and resources to develop the effectiveness of their response to mental health emergencies. The training involves a two-day workshop supported by print and multimedia resources. Two workshops have been conducted during the pilot project phase. This paper describes the project, significant issues, workshop evaluation, and policy implications identified through project implementation

BACKGROUND TO THE PROJECT

Rural and Remote Mental Health Context

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 identifies that environmental factors such as poverty, unemployment, substance misuse and family violence are magnified for people living in rural and remote areas.

Heightened risks for mental health problems and mental disorders... are compounded by lack of appropriate services, distance from services, transport problems, and fear of stigma associated with using mental health services.¹

Australia's rural health and mental health strategies acknowledge that rural and remote areas experience a higher than average incidence of many factors which may result in a mental health emergency occurring.

Rural lifestyles do offer positive characteristics, as perceived in the 'sea-change' to which so many Australians aspire. However, social indicators document a more sobering picture. Access to both basic and specialised services can be limited by geographical, physical and emotional isolation. Rural communities are traditionally self-reliant and autonomous, thus engaging community participation in those services which are available remains a continuing challenge for clinicians and administrators.

Service and workforce issues

Difficulties with provision of generalist and mental health services in rural areas of Australia have been widely documented. Issues identified include: closure of institutionalised mental health services; 'mainstreaming' of mental health services; a 'short supply' of specialised mental health nurses; 'closure or downgrading of services'; and 'development of multi-purpose services and centres'. For many isolated rural communities, generalist nurses provide the first point of contact for a range of primary care functions^{2,3}.

Even taking into account the availability of medical and specialised mental health staff over an 'extended' working week of 70 hours, after hours nursing staff still provide first line services for the remaining 98 hours. This time includes the peak emergency periods of late evenings and weekends. Community Nurses and Aboriginal Health Workers also complete the majority of

single practitioner home visits. Rural Practice Nurses provide first line care when General Practitioners are engaged in hospital rounds and other 'off site' roles. Remote Area Nurses are recognised as practicing in the absence of on-site medical/specialised services support.

Policy and clinical guidelines create ... expectations

Current policies identify expectations of an expanded role for nurses in rural and remote areas. There are "increasing expectations by employers and communities that nursing staff will be multi-skilled"⁴ and promotion of "legislated coverage and associated education and training arrangements for nurses working ... where there are no doctors or significant restrictions to accessing medical services".⁵

The 2003 Australian Mental Health Nursing report proposes development of mental health input into undergraduate comprehensive nursing training, post graduate specialisation in mental health nursing, and professional development for mental health nurses⁶. However, the expanded mental health role of generalist nurses in rural areas is not considered.

Concurrently, clinical practice guidelines have been increasing the amount of information provided about mental health emergencies. The NSW Health reference guide "Mental Health for Emergency Departments", documents comprehensive guidelines on response to mental health issues. The 2003 QLD RFDS Primary Clinical Care Manual also includes mental health content.

The Central Australia Rural Practitioners Association (CARPA) Manual is the definitive clinical guide for nurses and other clinicians working in remote areas. Analysis of the manual's mental health content identifies the increasing expectations in this area. This is documented in the following table.

Table 1 Increase in mental health emergency related content of the Central Australia Rural Practitioners Manual, 1994–2003

CARPA Manual	Total pages	Mental health content	Drug and alcohol content	Combined mental health, drug/alcohol content
Vol. 2 (1994)	200	3	4	7 (3.5%)
Vol. 4 (2003)	360	27	11	38 (10.6%)

Expectation without preparation ...

While service responsibilities and the needs of consumers are being acknowledged by the development of relevant policies and clinical guides, professional recognition and clinician training for these roles has not kept pace with community and workplace expectations.

Clear evidence has emerged in most jurisdictions that Australian universities are failing in their attempts to prepare undergraduate students for beginning practice in mental health nursing. Building on the comprehensive program, nurses require additional education and training to work with specialty client groups such as those with mental illness².

However, even in rural nursing education, mental health content is largely neglected. Mental health receives limited recognition in references to specialised rural nursing curricula identified in the National Review of Nursing Education⁴. Similarly, the National Rural Health Strategy neglects mention of mental health, prioritising expanded roles only in relation to "medications and undertaking specific radiological and pathological examinations".⁷ Despite identified need, policy and expectation, the expanded role response to date for nurses has been generalist focused.

Rationale and need for mental health emergencies training

The body of policy and research evidence validating the need for mental health emergencies training for rural nurses was further substantiated by training needs analysis research undertaken by AARN in 2003. Nationwide data collection concluded that:

- the majority of rural and remote nurses in the study are expected to respond to a mental health crisis in varying degrees of frequency
- just 13.5% of respondents identified it as 'true' that they had the skills to adequately respond in a crisis situation
- there is lack of referral processes, relationships, and resources to support these nurses in a crisis situation
- the majority of nurses embraced the notion of a 'Mental Health Emergencies' training program
- any training needed to be augmented with resources and ongoing support.

PROJECT DESCRIPTION

The Project's goal is to provide registered nurses, enrolled nurses, and Aboriginal Health Workers with the knowledge and skills to effectively respond in the event of a mental health emergency. This is achieved through implementation of three sets of activities:

- establishing links with primary stakeholders, review of similar programs and collation of resources
- development of draft training materials and resources, and implementation of a pilot workshop
- evaluation of the training process, impact and materials, and completion of a revised package of workshop resources.

The project accommodates a broad definition of the term mental health emergency which goes beyond psychiatric diagnostic categories. Training acknowledges the range of social, economic, behavioural, psychological and physical factors which precipitate mental health emergencies. As a result, the training uses a behavioural approach which prioritises building skills in communication, assessment, de-escalation and case management rather than promoting responses based on diagnostic categories.

The training utilises Adult Learning strategies, recognising that participants enter and exit at different levels, and that their engagement with the training reflects their varying interests, skills and experience. Workshop activities create an interactive learning environment with discussion of participant experiences and case studies leading to identification of generally applicable principles.

Training activities support the implementation of national, state and local health programs by integrating 'generic' information on topics such as communication and de-escalation strategies, with health service policies and clinical protocols. This approach strengthens the relevance of training to participants, but requires some variation in resource sets to make the program applicable to different states and the Northern Territory. The integration of different contextual and training characteristics is identified in the following 'training equation'.

The mental health emergencies training equation:

- existing knowledge and experience of participants
- + pre workshop reflection
- + workshop activities
- + additional content and resources (information sources, readings)
- + health policies, programs and clinical guidelines
- + post workshop activities (clinical practice, workplace initiatives)
- = training outcome

Direct contact professional development opportunities for rural nurses are limited. The 'backfill' of staff positions to maintain service provision is also a difficult exercise in small teams. The duration of training has been limited to two days in response to this issue. It was therefore important to prioritise topics which most required 'face to face' time, and provide additional information as readings and follow up resources.

Training resources developed

To effectively implement training and support workshop participants, the following resources have been developed:

- *Workshop presentation*
- *Participant workbook*
- *Mental health emergencies ID Card*
- *Resource Manual*
- *Evaluation tools*
- *Facilitators Guide*

Draft resources were refined in response to participant evaluation and stakeholder feedback.

Links with other training programs

The Mental Health Emergencies training fills a void in the availability of professional development opportunities for nurses and AHWs working in rural and remote areas. It effectively articulates with but does not duplicate other existing training with mental health links.

Mental Health First Aid (MHFA) training uses a diagnostic approach to community first aid. "Applied Suicide Intervention Skills Training" (ASIST) prioritises self-harm issues. Professional Assault Response Training (PART) has a violence minimisation focus. These and similar courses are valuable, and are recommended to participants as options for further training. Such courses have their individual priorities and have a generic focus, targeting the community as a whole. They do not identify mental health emergency issues in relation to the legal, professional, clinical and management roles of generalist nurses working in rural and remote areas.

WORKSHOP AND TRAINING EVALUATION

Data collection for workshop evaluation involved three activities:

- *Participant self-assessment* of skills and confidence in responding to mental health emergencies. This comprises thirteen questions with likert scale responses and was completed by participants at commencement and completion of the workshop. The questionnaire was then repeated three months after the workshop to enable comparison of medium term follow up assessments.
- *Participant workshop evaluation*. This utilised an anonymous questionnaire comprised of six likert scale responses and eight open ended questions about characteristics and outcomes of the workshop.
- *Facilitator observations and reflections* were also recorded, documenting resource and workshop characteristics which would benefit from refinement.

Summary of results

Participant self-assessment

There was a significant positive shift between pre-workshop and post-workshop results. Participants identified that the workshop facilitated an increase in their self-assessed skills and confidence in relation to all questions. The pre-post workshop range of positive shift identified in different questions varied from 45% to 95%. The mean positive shift from all thirteen questions was 75%. The final question sought to summarise participant self-assessment by asking for a response to the phrase “I am confident of my own capacity to respond effectively in the event of a mental health emergency.” Results were as follows.

Table 2 Workshop participant self-assessment of skills and confidence

Descriptive scale	'Not True'			'True'
Numerical rating	1	2	3	4
Pre-workshop (%)	20	65	15	0
Post-workshop (%)	0	5	60	35
3/12 follow-up (%)	0	0	33	66

The three month follow-up used the same evaluation tools and data collection technique. Data was collected by participants' returning questionnaires in stamped self-addressed envelopes. Forty-five per cent of workshop participants had returned the questionnaire at the time this report was being prepared. As identified in the above table, results have demonstrated a sustained and increasing positive change in skills and confidence.

Participants have identified that in the period since the mental health emergencies training, opportunities to use workshop information in clinical practice has further strengthened their skills development and confidence. Additionally, Health Service follow-up of issues and activities identified throughout the training e.g. shared access to case management information, development of mental health assessment guidelines for use by generalist nurses, and improved staff access to resource materials, has further reinforced the positive impact of training.

Not all participants returned the questionnaire. It may be that feedback received has been provided by the more enthusiastic and interested training participants. Even acknowledging

this potential, the overwhelming nature of the positive response identified in the three month follow-up demonstrates that the impact of training on participant skills and confidence has been sustained into the medium term.

Participant workshop evaluation

Feedback provided by participants through completion of the workshop evaluation activity was generally very positive. In addition to providing feedback about the characteristics and value of the training, suggestions for improvement to the content, schedule and resources were also provided. The following points summarise the major themes identified by participants:

- *Participants identified significant personal attitude change, stating that the workshop had contributed to their developing a more positive approach to mental health issues and clients. This was associated with recognition that there is a role for generalist nurses in providing care for people presenting or admitted as a result of mental health problems. Comment: Improving health staff attitudes to mental health issues has been identified as the highest consumer priority in research conducted by the Mental Health Council of Australia.*
- *Participants identified that the workshop provided an opportunity to develop an understanding of, and confidence to use 'local' mental health resources, pathways of care, client information management systems and the mental health team. Comment: While not an initial objective of the training, more effective use of local resources contributes to consumer well-being and service efficiency. This outcome also reflects the close co-operation achieved between AARN and local health services in training development and implementation.*
- *A range of intended follow-up activities were identified by participants. These included: updating and refining of management and information systems; staff training; resource access; and development of pre-referral assessment guidelines. A number of participants identified their interest to study further in the area of mental health nursing. Comment: Generating interest in further education is significant given the current deficit of qualified mental health staff in rural areas.*
- *There was significant and consistently expressed support for all aspects of the training. Feedback identified the value of content, the 'relaxed and supportive' workshop atmosphere, the value of resources, and the effective use of case studies. The skills and enthusiasm of workshop facilitators was also acknowledged. Comment: In developing the training, priority was placed on ensuring the content and presentation style was relevant to generalist practitioners.*
- *Participants identified two main areas for proposed change in the workshop. Feedback indicated that a shift of some content from day one to day two would be valuable. Comment also identified areas of content which should be prioritised for inclusion in the workshop resource book. Comment: Training and resources have been re-developed in line with participant and stakeholder feedback.*
- *There was considerable discussion about options for expanding access to the workshop, as participants wanted all their co-workers to have access to the training. As participants came from varying backgrounds, there was some discussion about the use of clinical terms. Despite this, "more participation of Aboriginal Health Workers" was requested. Some topics (assessment, pharmacology, professional practice issues) were "mainly relevant only to nurses". Comment: Despite enthusiasm for broader participation, the priority training needs of Nurses and Aboriginal Health Workers were acknowledged by participants.*

Informal (anecdotal) evaluation and feedback

Anecdotal feedback has been collated as part of project evaluation. In the course of Project implementation the following issues were raised:

- Rural nurses and AHWs valued face to face training in preference to computerised and audio visual distance education modalities. They recognised that IT resources have a valuable role in professional development, but felt they did not replace the value of direct contact with facilitators and fellow participants.
- In-patient care for mental health patients in district hospitals supports client access to care without losing contact with family and community supports. Mental health staff acknowledged that generalist nurses often care for acutely ill patients with only limited support available. Provision of inpatient care, where appropriate to the needs of clients and service capacity, provides a valuable and cost effective use of district hospital facilities. The AARN training provides basic information on the generalist nurse's role in this situation, but more training and support is required.
- Community mental health staff identified that developing the capacity of generalist nurses to respond to mental health emergencies frees up available specialised mental health staff to more effectively focus on client case management. This reduces the future incidence of clients experiencing mental illness emergencies.
- Participants identified that the nature of AARN's mental health emergencies training in providing recognition of generalist mental health roles (e.g. post natal depression, agitation associated with early onset dementia, depression post Cardio Vascular Accident) contributed significantly to participant attitude change and acceptance of a mental health role as part of their generalist clinical practice.
- Interagency and interpersonal tensions can have a significant influence on service provision and co-operation. This situation was raised frequently by participants, training facilitators and stakeholders. Individuals and organisations appear to have significant difficulties resolving such tensions. Participants and facilitators felt that the AARN workshop provided a 'neutral' environment to identify and resolve issues without personalising information and communication.

PROPOSALS FOR POLICY CHANGE

The following proposals for policy change would further develop the effectiveness of generalist nurse and AHW responses to mental health emergencies.

Introduce the mental health role of generalist nurses into policy nationally and at state/territory level

The existing policy vacuum separating the roles of generalist and mental health nurses should be replaced with recognition of the clinical links between these two sections of the profession. The generalist nurse role should be acknowledged in rural mental health workforce strategies.

Mental health roles should be added to the current generalist list of 'expanded role' areas to acknowledge and promote the potential contribution of generalist registered nurses, enrolled nurses and AHWs to this area of service provision.

Operationalise policy through role recognition, accreditation and training

Registration authorities and education providers should establish appropriate professional guidelines and accreditation for the 'sub-specialised' nature of generalist nurse roles in mental health, while confirming the specialised role of qualified mental health nurses. Experience gained in formalising expanded nursing roles in cannulation, suturing, radiology and dispensary services provides a framework for development of mental health guidelines.

State and Territory Health Service support should be provided to train generalist nurses for mental health roles and procedures identified in existing clinical guides prior to, or within three months of their commencing practice in rural and remote locations.

Develop strategies for the effective and appropriate inpatient management of mental health clients in district hospitals

Clinical protocols and staff training to promote safe and effective inpatient care of mental health patients in district hospitals will improve client case management, promote effective use of service resources, and support staff roles in this aspect of their expanded rural practice.

CONCLUSION

There is extensive information available which identifies that Australians living in rural and remote locations experience an increased incidence of factors which contribute to the occurrence of mental health emergencies. Rural mental health services are under-resourced, and generalist nurses and Aboriginal Health Workers fulfill expanded roles, often providing the first line response to mental health emergencies. Research has identified that nurses regard themselves as unprepared for such roles. Rural nurses have requested training to develop their skills and confidence to respond effectively in the event of a mental health emergency.

AARN, in consultation with stakeholders and partner agencies, has developed materials and resources to provide training in mental health emergencies. This activity has been supported by the Department of Health and Ageing. Evaluation of the training has identified that participants achieve a significant improvement in their skills and confidence to respond effectively to mental health emergencies. Follow-up conducted after three months demonstrates that the training, clinical practice opportunities and workplace initiatives have continued to increase participant self-assessed levels of skills and confidence.

Clinical guides are increasingly recognising the generalist nurse role in responding to mental health emergencies. However, policy and professional practice guidelines provide little direction or support for this aspect of the generalist's role, and professional development opportunities to strengthen staff skills and confidence are very limited.

The Association for Australian Rural Nurses has identified mental health emergencies training as a priority and will continue to mobilise support to respond to this aspect of the professional development needs of rural nurses.

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PRESENTER

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