Building a Model of Mental Health Nurse Practitioner—led Service Provision in Australia

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ABSTRACT

In Australia, the nurse practitioner (NP) role remains in the early stages of development. The first NP was endorsed in 2000, and in 2014 the Australian College of Nurse Practitioners announced the endorsement of the 1,000th NP. The future challenge is to ensure the continued growth and sustainability of NP models within the local health care system. This brief report documents the research processes and stages involved in establishing a mental health NP-led team based in the emergency department of an inner city teaching hospital in Sydney. Early and ongoing consultation with key stakeholders and a systematic process of evaluation and publication were pivotal to gathering support for the service and constructing a model that meets the needs of patients, clinicians, and the organization.

Keywords: emergency department, evaluation research, mental health liaison nurse, mental health nurse practitioner

The nurse practitioner (NP) role is not new. In the United Kingdom, Canada, and United States, the NP role has been in place for up to 40 years. As advanced practice nurses, NPs provide health services for underserved populations and enhance timely and efficient care in overused services as integral members of health care teams.[1]

This article details the establishment of a mental health NP-led service within the Australian health care context where the NP role remains in the early stages of development. In Australia, the NP title is regulated nationally under the Health Practitioner Regulation National Law Act (2009). This means that only those nurses who have been endorsed by the Australian Health Professional Regulatory Agency of Australia are permitted to use the title "nurse practitioner." Allnutt et al[2] describe the NP within the Australian health system as a specialized nurse, prepared at least to the master's level, and typically working within a multidisciplinary context providing autonomous assessment and management of clients. In a collaborative relationship, patient care is shared between the NP and other colleagues on the basis of knowledge, skill, and expertise. However, because of the infancy of the NP role, there is currently a lack of outcomes-focused research on services provided by NPs in Australia. Reports to date have been based on research undertaken predominantly on roles transitioning into NP status or NP candidate positions. The full scope of practice and NP service models in Australia are yet to be elucidated.[3] Leidel[4] argues that the evaluation of NP roles in Australia has not been sufficiently robust to justify its continued progression. Further research and evaluation of NP roles and services are urgently required in order to show the added value of NPs, especially with regard to quality of care, efficiency, and productivity.

Here the authors provide an overview of the research processes and stages involved in building and sustaining a mental health NP-led service based in the emergency department (ED) of a university teaching hospital in Sydney, Australia. The authors contend that documenting the processes involved in developing and evaluating this model of care will show the value of NP-led service provision to the Australian and international health care context.

THE LOCAL CONTEXT

The Royal Prince Alfred Hospital (RPAH) is an inner city teaching hospital affiliated with the

University of Sydney, and the ED is a major trauma center that manages over 75,000 presentations per year. A mental health NP position has been embedded within the ED team for many years and is based on the principles of mental health liaison nursing (MHLN[5]). Developing this NP role has involved a systematic process of consultation with key stakeholders, evaluation, and publication. The mental health NP role was instigated after a successful pilot[6] and is funded by the local mental health service as an ED position. Subsequent evaluations of the service provided by the mental health NP obtained via surveys of both ED staff and patients identified reduced waiting times, therapeutic engagement, and enhanced coordination of care as the central attributes of the role.[7,8] Wand and Fisher[9] determined the success of the mental health NP model developed at RPAH was because of a planned process of consultation and evaluation, partnership between disciplines and clinical services, and the role maintaining a nursing focus.

IMPLEMENTING AN ED-BASED MENTAL HEALTH NP OUTPATIENT SERVICE

The scope of the mental health NP role at RPAH was expanded through the establishment of a structured and formalized outpatient service. The mental health NP outpatient service provides an in-house referral service for ED nursing and medical staff and aims to provide prompt follow-up care. The outpatient service represents an extension of the existing mental health NP role and involves individuals who have presented with mental health concerns returning to the ED for consultation based on a mental health promotion and solution-focused brief therapy framework. People experiencing anxiety and panic, suicidal ideation and self-injury, emotional distress, or situational crisis are common presentations to the ED. Such presentations often involve coexisting drug and/or alcohol misuse. In planning for the outpatient service, it was identified that the needs of this group of patients was not met by the current system.

Implementing the mental health NP outpatient service involved 3 distinct phases. An initial scoping study (involving 2 focus groups and a series of individual interviews) explored the potential for the service.[10] This was followed by a model refinement phase in which the proposed model was presented to a panel of key local informants.[11] The mental health NP outpatient service was then formally evaluated.[12-14] Data sources for the outpatient service evaluation included 2 brief self-report measures: the K-10 measure of psychological distress and the General Self-Efficacy Scale, a satisfaction tool and interviews conducted with a random selection of outpatients and a stratified, purposive sample of ED staff. Outcomes from the mixed-methods evaluation showed that referred outpatients were seen promptly by the mental health NP, and numerous therapeutic and organizational benefits were identified.[14]

In individual interviews, several outpatients suggested that the service should be expanded to provide appointment times outside of business hours, and there was widespread recognition among outpatients and ED staff that overall service provision would be improved through expanding the MHLN service at this site.[12] Reservations were expressed by ED staff about the competing demands the outpatient service placed on the existing mental health NP role and the impression that the outpatient service may impede the availability of the mental health NP to respond to staff requests to assist with patients presenting in distress through the day. There is also the additional expectation for NPs to be actively involved in education, research, and professional or scholarly activities, which create further challenges to clinical availability. The mental health NP outpatient evaluation highlighted the importance of NPs having adequate support in order to meet the expectations of the role.[13]

THE NP-LED EXTENDED-HOURS MHLN SERVICE BASED IN THE ED

In recognition of the feedback obtained from staff and patients for an expanded MHLN service in the ED at RPAH, the authors acquired a grant from Health Workforce Australia (a federal government—funded body) as part of an Australia-wide program titled "Expanded Scope of Practice for Nurses in EDs." Funding was provided for 18 months to implement and evaluate a mental health NP-led extended-hours MHLN service and to articulate a model of care that is transferable across a range of ED settings. The expanded service comprises the current mental