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Physical health care for people with mental illness: Training needs for nurses

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SUMMARY

Aim: People diagnosed with serious mental illness have higher rates of physical morbidity and decreased longevity, yet these people are not adequately served by health care systems. Nurses may provide improved physical health support to consumers with serious mental illness but this is partly dependent on nurses having necessary skills and interest in training opportunities for this component of their work. This survey investigated Australian nurses' interest in training across areas of physical health care including lifestyle factors, cardiovascular disease, and identifying health risks.
Methods: A nation-wide online survey of nurse members of the Australian College of Mental Health Nurses. The survey included an adapted version of a sub-section of the Physical Health Attitudes Scale. Participants were asked to indicate their interest in various aspects of physical health care training.
Results: Most (91.6%) participants viewed educating nurses in physical health care as of moderate or significant value in improving the physical health of people with serious mental illness. Interest in training in all areas of physical health care was over 60% across the health care settings investigated (e.g. public, private, primary care). Forty-two percent sought training in all nine areas of physical health care, from supporting people with diabetes, to assisting consumers with sexually-related and lifestyle issues.
Conclusions: The findings suggest that nurses in mental health services in Australia acknowledge the importance of training to improve physical health care of consumers with serious mental illness. Training programs and learning opportunities for nurses are necessary to reduce inequalities in health of people with serious mental illness.

Introduction

In the last ten years there has been increasing recognition of significantly poorer health outcomes for people with serious mental illness (SMI). Studies comparing SMI groups to non-SMI identify a higher level of physical health problems (Filik et al., 2006; Carney et al., 2006). The risk of cardiovascular disease increases with second generation anti-psychotic medication use (Cowling, 2011), and lifestyle factors such as sedentariness, poor nutrition and smoking (Lawrence et al., 2009; Robson and Gray, 2007). Health services are not meeting the physical health needs of consumers with SMI (Viron and Stern, 2010; De Hert et al., 2011; Mitchell and Lord, 2010). Strategies are needed to increase physical health care standards.

Nurses are the professional group in mental health services (Australian Institute of Health and Welfare, 2011) and can assist consumers to address associated risk factors (Brunero and Lamont, 2009; Muir-Cochrane, 2006; Park et al., 2011) and providing better access to physical health care (Bradshaw and Pedley, 2012; Muir-Cochrane, 2006; Robson and Gray, 2007; Blythe and White, 2012). More recently nurses have been involved in strategies to promote improved physical health care including: screening (Druss et al., 2010; Jordan et al., 2002; White et al., 2009), referrals and linking services (Smith et al., 2007), and advice on diet (Brown et al., 2011), physical activity (Ohlsen et al., 2005; Park et al., 2011), and smoking (Griffiths et al., 2010).

Training nurses is identified as a strategy to address physical health care needs. However, it will only be of value if nurses *want* this training. Few studies have looked directly at the issue of training (Nash, 2005; Robson and Haddad, 2012; Howard and Gamble, 2011). Nash (2005) surveyed London-based nurses about training on physical health, including willingness to undertake training. Endorsement for training was very high (96%). Similarly Howard and Gamble (2011) in the UK found nurses viewed physical health care as relevant, and identified a need for training in diabetes care. Participants also indicated lack of confidence in providing physical health care services and 75% reported having no physical training during their time with the care provider. Robson and Haddad (2012) created a questionnaire, the Physical Health Attitude Scale, on nurse views on

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their physical health role, including items on whether nurses sought training in physical health care skills. Robson et al. (2012) briefly reported that in their sample of 585 mental health nurses, over 80% indicated interest in training on the topics of managing cardiovascular health, diabetes care and healthy eating, and 67% on how to discuss reproductive health.

Reviews of physical health care training in mental health are also rare. Hardy et al. (2011) reviewed availability of evaluations of training and its efficacy for physical health care of consumers with SMI in mental health services. No studies were found of sufficient quality to inform issues of training and education of health professionals.

There has been very little attention to the role of nurses in Australia, and education support for them (Happell et al., 2011). This is despite recommendations in policy, such as the Victoria Ministerial Advisory Committee on Mental Health (2011, Appendix 1, p.2), that the community mental health sector: "Provide the specialist mental health service system with training in the area of physical health, including physical assessments, healthy lifestyle counselling, nutritional and exercise advice and how to deliver health promotion education and advice." Despite these goals, nurses working in mental health services in Australia have never been surveyed for their attitudes towards training for physical health care.

The current paper reports on a national survey study of nurses in mental health care in Australia. The objective of the study was to identify nurses' views on a range of issues connected to physical health of consumers and how health care could be improved through nurse-based and general approaches. Nurse interest in training in physical health care was major issues investigated. Specifically, the objective was to determine the level of nurse interest in training in physical health (e.g. cardiovascular health management, identifying risks to physical health), and perception of efficacy of nurse training to improve physical health of consumers with SMI in general. The key questions were:

- To what extent do nurses see education and training of nurses (e.g. in the workplace) as an avenue for improving physical health of consumers with SMI?
- Do nurses in mental health services want training in physical health care? If so, in what areas?
- Are nurses' attitudes to training influenced by demographic characteristics (e.g. gender, years as registered nurse)? If so, in what areas of training?

Method

Design

This cross-sectional study involved an email survey of members of the national organisation for nurses in mental health services, the Australian College of Mental Health Nursing (ACMHN). The ACMHN holds the largest database of nurses working in this field and is therefore the most effective way to provide access.

Measures

The survey was composed of several sections on a range of physical health care issues. The current paper focuses on questions directly related to nurse education and training in physical health care, and to the demographic characteristics of participants.

Strategies for Improving Physical Health of Consumers with Serious Mental Illness

A list of general approaches to physical health care improvements of consumers was included. Participants were asked to rate "their potential for contributing to improving the physical health of consumers". "Workplace training of nurses on physical care tasks and responsibilities" was one of the eight strategies included. The response options were: *Negative value/Counter-productive*, *No value*, *Little value*, *Moderate value*, *Significant value*.

Physical Health Attitude Scale

The questions about nurses' attitudes for training were drawn from Robson and Haddad's (2012) Physical Health Attitude Scale (PHASe) (with the permission of the authors). This instrument was developed to investigate attitudes of UK nurses to consumers with SMI and the nurse role in physical health care. Adopting the subsection of PHASe on training, participants were asked to respond to a series of questions by completing the phrase: "I would like more training on:" Training topics were described as tasks, e.g. "How to help clients stop smoking". The response options were *Yes*, *Not sure*, and *No*. Some adjustments were made to Robson and Haddad's (2012) original questions. "Client" was changed to "consumer" — the commonly used term in Australia to describe people with SMI in contact with mental health services. Given the significant issue of screening and physical assessment gaps in mental health care services, an item was added: "How to identify consumers 'at risk' of physical illnesses". Also, a statement was included on general communication around sensitive topics ("How to discuss sensitive health risks with consumers (e.g. sexual health, illicit drug use)").

Nurse Background

Participants were asked to report sex, duration as a registered nurse and of employment in mental health care, and whether credentialed by the ACMHN. Credentialing was implemented by the ACMHN as a means to recognise expertise, qualifications and professional development in mental health nursing. Nurses are eligible to apply for a credential if they have a specialist qualification in mental health nursing and provide evidence of involvement in professional development activities (Australian College of Mental Health Nurses, 2012).

Survey Development

The survey primarily consisted of new questions that addressed a range of issues related to physical health care of consumers with SMI in an Australian context, and was informed by the literature as well as local research conducted by the research team. A pilot was conducted with 19 public health academic and practice staff (mainly nurses). They were asked to complete the survey and provide feedback on its comprehensibility and ease of use. The survey was reported to be straightforward with only minor amendments required (such as adjusting the response format for some questions).

Ethics

The study was approved by the university ethics committee. The invitation email included an attached document on arrangements to ensure confidentiality and indicating participation was voluntary. Invitees were informed that the researchers and the ACMHN did not have information on who did or did not participate, and that data would only be accessed by the research team.

Procedure

The central office of the ACMHN sent the invitation to their members on behalf of the research team. The current recruitment approach did not allow for strategic sampling; sampling was non-random. The survey was 'open' to the membership body between May and July of 2012. Each invitation included a direct link to the survey. Participants could