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Community Mental Health Nursing in Wales: An overview of policy, practice, education and research.

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Community Mental Health in de U.K., Restructuring for the 21st Century

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Community mental health nursing in Wales: policy, practice, education and research

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Community mental health nursing in Wales: policy, practice, education and research

In this session we will:

- analyse the changing context of community mental health care in Wales, UK;
- review the developing role of the community mental health nurse;
- discuss issues related to the education of CMHNs;
- present some recently-completed and ongoing research findings related to community mental health nursing in Wales.

Mental health care in Wales [1]

- National Assembly for Wales (NAfW) founded in 1999
- Responsible for health and social care policy…
- …but not law

Mental health care in Wales [2]

- Mental health a NAfW priority
- Strategy for Mental Health Services for Working Age Adults published in 2001
- National Service Framework for Mental Health Services for Working Age Adults published in 2002

Mental health care in Wales [3]

Themes:

- Equity, Empowerment, Effectiveness, Efficiency
- Closure of old hospitals
- Social inclusion
- Collaboration – between organisations, professionals, and with users

Reflection Point [1]

- What is the current focus of mental health policy in the Netherlands?

Community mental health nursing in Wales

- Work in CMHTs
- Emphasis on Serious Mental Illness
- Urban rural divide
- Primary care versus tertiary care tension
- Questions remain about ability of the workforce to deliver NSF

Educating CMHNs in Wales

- Post registration training
- Degree level
- 50% theory 50% practice
- Shared learning
- Alternative education & training
- Future review of provision

Typical course content for CMHNs

- Health inequalities
- Social influences on disease
- Health Promotion
- Needs assessment
- Family and individual therapy
- Evidence based approaches to mental health

Reflection Point [2]

- What similarities and differences are there in the preparation of nurses for community mental health practice in the Netherlands?

CMHN research in Wales

- Occupational stress and burnout
- Clinical supervision
- Service user experiences of CMHN intervention
- The health and social care interface
- Stakeholder narratives of conditional community discharge

Occupational stress and burnout [1]

Research team:

- Professor Philip Burnard, Debs Edwards, Dave Coyle, Anne Fothergill, Ben Hannigan

Occupational stress and burnout [2]

- Survey of total population of CMHNs in Wales
- 301 responses (49%)
- Mean length of time spent working in the field was just under 17 years
- Mean caseload size was 38
- Half worked in urban locations, 45% in rural locations
- 41% had completed a specialist post-qualifying course for CMHNs

CMHN Stress Questionnaire (Revised)

Five most stressful items for CMHNs:

1. ‘not having facilities in the community that I can refer my clients on to’
2. ‘trying to keep up a good quality care in my work’
3. ‘having too many interruptions when I am trying to work in the office’
4. ‘knowing that there are likely to be long waiting lists before my clients can get access to services, e.g. to see a psychologist’;
5. ‘having to keep detailed records/notes on clients’.

Rosenberg Self Attitude Scale

- 40% of the nurses who completed this part of the questionnaire gave responses indicating a relatively low sense of self-worth

PsychNurse Methods of Coping Questionnaire

The following five items were found to be the most often-used coping strategies:

1. ‘having a stable home life that is kept separate from my work life’
2. ‘knowing that my life outside work is healthy, enjoyable and worthwhile’
3. ‘talking to people I get on well with’
4. ‘looking forward to going home at the end of each day’
5. ‘by having pastimes and hobbies outside of work’

General Health Questionnaire

- 35% of the CMHNs who completed the GHQ had crossed the threshold of ‘psychiatric caseness’
- Factors associated with significantly higher GHQ scores were: being a smoker; lacking a feeling of job security; and being divorced, widowed or separated.

Maslach Burnout Inventory

- Over 50% highly emotionally exhausted
- One quarter highly depersonalised
- One in seven experienced low levels of personal accomplishment

Reflection Point [3]

- How does your experiences of occupational stress and burnout contrast with the findings in Wales?

Clinical supervision [1]

Research team:

- Debs Edwards, Linda Cooper, Philip Burnard, Ben Hannigan, Tara Jugessur, Anne Fothergill, Dave Coyle, John Adams

Clinical supervision [2]

- Aimed to identify factors influencing the effectiveness of clinical supervision, and to establish the degree to which clinical supervision influences levels of reported burnout in community mental health nurses in Wales

Clinical supervision [3]

- 260 CMHNs completed the Maslach Burnout Inventory (MBI and the Manchester Clinical Supervision Scale (MCCS)
- Three-quarters reported having participated in six or more sessions of supervision in their current post

Clinical supervision [4]

- Supervision more positively evaluated where sessions lasted for over 1 hour and took place at least monthly
- Perceived quality of supervision higher for nurses who chose their own supervisors, and where sessions took place away from the workplace

Clinical supervision [5]

- 36% highly emotionally exhausted
- 12% highly depersonalised
- 10% low levels of personal accomplishment

Clinical supervision [6]

- Higher scores on the MCCS were associated with lower levels of burnout, with significant negative correlations between total MCCS score and emotional exhaustion and depersonalisation

Reflection Point [4]

- In what ways does the quantity and quality of clinical supervision help or hinder you in your work?

Service user experiences of CMHN intervention [1]

Research team:

- Michael Coffey, John Higgon, Jayne Kinnear and Jeanette Hewitt

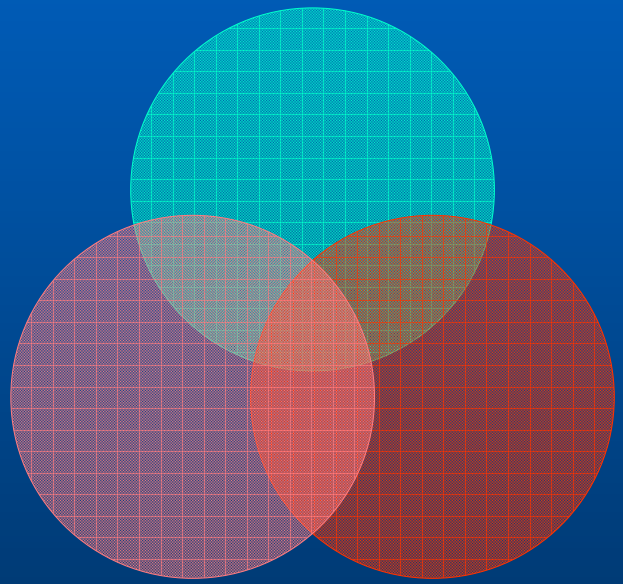
Service user experiences of CMHN intervention [2]

Characteristics

- Interview Study – 19-item questionnaire to collect quantitative and qualitative data,
- Administered to 20 CMHNs
- 20 service users who experience voices
- Plus Beliefs about Voices Questionnaire - revised

Schematic

Attributions



Facilitators

Barriers

Service user experiences of CMHN intervention [4]

CMHNs

- reinforcing reality not useful
- anxious about confronting voices
- keen for use of own coping strategies

Service Users

- qualified support for reinforcing reality
- supportive of confronting voices
- see some value but less optimistic

Some key differences

Service user experiences of CMHN intervention [5]

CMHNs

- Do not agree that compliance is their concern
- Voices not linked to past experiences
- Increase in voices not indicative of relapse

Service Users

- See CMHNs as the first stop when they have concerns
- Think there might be a link
- See clear link between increase of voices & relapse

More key differences

Reflection Point [5]

- How do community mental health nurses in your work area respond to service user experiences of voices?

Health and social care [1]

Research team:

- Ben Hannigan
- Supervisors: Professor Davina Allen, Professor Philip Burnard

Health and social care [2]

- Informed by sociological theories of work
- Aims to improve understanding of factors helping and hindering the organisation and delivery of community mental health care

Health and social care [3]

- Ethnographic methods have been used to explore the complex workings of everyday community mental health and social care
- Data have been generated relating to the management of interprofessional and interagency roles and responsibilities in two contrasting study sites

Health and social care [4]

- Now being written up, with focus on:

  - the impact of ‘modernisation’
  - networks of care
  - the management of key interfaces: health-social care; primary-secondary care; professional-lay carer interface
  - the management of ‘transitions’, including transitions between home and hospital and transitions during periods of staff turnover

Reflection Point [6]

- What is the patient journey like across professional and agency boundaries in your practice area?

Stakeholder narratives of conditional community discharge

Research team:

- Michael Coffey
- Supervisors: Professor David Hughes and Dr Julie Repper

Emphasis on accessing narratives of forensic mental health services users is a relatively unexplored area of research. Most studies of forensic mental health services understandably occur within secure settings. Where community samples have been researched the focus has tended to be on recidivism and risk behaviours. The move towards **increasing community provision** however makes the **impetus for research** with community samples more pressing.

This research centres on one specific aspect of forensic mental health service provision and that is the

- **preparation, and discharge** and
- **return to community living** of people who are subject to conditions imposed under Section 41 of the Mental Health Act 1983.

Stakeholder narratives [2]

Research objectives:

- To elucidate service users experiences of return to the community
- To inform clinical practice & education
- To inform research initiatives for professionals & service users

This research is **accessing service user narratives of this experience** to increase our understanding of **what it is like to live under conditions** in the community with regard to **social support, inclusion, identity & recovery**

and

It aims to inform clinical practice and education initiatives in **regard to the preparation & support** of service users returning to the community

And

to inform further research initiatives in this area of forensic mental health practice

Stakeholder narratives [3]

- Individuals 18 years or older, with a mental health problem
- Currently subject to conditional discharge
- Supervised by forensic mental health professional
- Recent plus established discharged
- Have the capacity to give written informed consent

Prospective participants are adults with a mental health problem, currently subject to conditional discharge and being supervised by forensic mental health professionals, that is a medical supervisor, a social supervisor and with current contact with a forensic community mental health nurse.

The sample is drawn from community patients currently supervised by a regional medium secure service in Wales, and from a second service offering outreach services to forensic service users.

This was necessary to both broaden the sample (access service users with both recent and established discharges) and to maximise the size of the potential sample.

The total possible population is approx. 50 such service users subject to conditional discharge.

Service users must have capacity to offer informed consent and this capacity is established for the researcher by the supervising consultant psychiatrist.

Study is also accessing narratives of family members or carers, approved social workers with formal supervisory roles and forensic community mental health nurses who visit the service user.

Reflection Point [7]

- How are conditionally discharged people supported in your practice area?

Reflections [1]

- What is the current focus of mental health policy in the Netherlands?
- What similarities and differences are there in the preparation of nurses for community mental health practice in the Netherlands and Wales?
- How does your experiences of occupational stress and burnout contrast with the findings in Wales?

Reflections [2]

- In what ways does the quantity and quality of clinical supervision help or hinder you in your work?
- How do community mental health nurses in your work area respond to service user experiences of voices?
- What is the patient journey like across professional and agency boundaries in your practice area?
- How are conditionally discharged people supported in your practice area?