Nurse Practitioner Model of Care - SUICIDE PREVENTION CLINIC

Background

Eastern Health provides Mental Health Services for the eastern metropolitan region across Box Hill Hospital, Maroondah Hospital, Angliss Hospital and a range of community based sites.

Eastern Health has a Mental Health Triage Service operating 24 hours over 7 days for the entire Eastern Health Mental Health Program. The Emergency Department Response component of the Mental Health Triage Service operates at Maroondah and Box Hill Emergency Department 24 hours over 7 days, out of Angliss Emergency Department over 7 days business hours and the Outer East Crisis Assessment and Treatment Team operate over extended hours 7 days a week servicing the councils of Maroondah, Knox and Yarra Ranges. There is an equivalent Crisis Assessment and Treatment Team for the Box Hill area covering the councils of Whitehorse, Manningham and parts of Monash.

Mental Health Matters states that the mental health sector in Victoria needs to provide highly trained staff to identify and treat mental health and co-morbid problems and refer people appropriately (DHS 2009).

Eastern Health has identified an opportunity to create and develop a Mental Health Nurse Practitioner (MHNP) role in the acute mental health service system consistent with current Mental Health and Drugs Division policy initiatives.

Service Gap

Gap analysis across the Eastern Health Adult MHS identified the following:-

A significant and growing number of people are contacting the Mental Health Triage Service or presenting to the Emergency Department experiencing suicidal ideation or behaviour related to a range of social factors, including but not limited to, situational crisis, relationship breakdown, work/vocational difficulties, and minor overdose. These issues are associated with emotional and psychological disturbance and may be compounded by misuse of drugs and alcohol. These clients do not have established and readily available support links with an Area Mental Health Service, Psychiatrist, and General Practitioner, Psychologist or other health provider. (Marangu, E. 2010)

This client group, when presenting to the Emergency Department, are usually assessed by the Emergency Department arm of the Mental Health Triage Service, but not taken on by the Mental Health Service (i.e. CATT, inpatient facility, Continuing Care Team). They are referred to a range of community supports to contact and self refer (i.e. GP, psychiatrist, community clinics, and non-government agencies) or appointments are made on their behalf.
These clients often experience difficulty in accessing and linking with appropriate community support after contact with the AMHS due to extended waiting times, lack of resources or poor referral mechanisms. They often experience increasing depressive symptoms, vulnerability and suicidal ideation, together with an increasing risk of impulsivity and risk taking behaviours. These clients are particularly at risk of acting on suicidal ideation in the 2-3 weeks after contact with the AMHS when no follow up service is in place. (Wand et al 2007)

A Suicide Prevention Clinic (SPC) model of service would add a valuable resource to the mental health services provided by Eastern Health. (Reed et al 2008) This type of service would be:
- outpatient based
- staffed by a MHNP
- aimed at the above client group
- unique to Eastern Health

It would address the potential for:
- Discontinuity of treatment between Emergency Department and community follow up
- Increased suicidal ideation and impulsivity in this client group
- Re-presentation to mental health services with increased level of risk to own safety
- Increased potential to need C.A.T.T. services or inpatient care due to increased risk to own safety
- Death caused by suicide

Currently 27% of presentations that are referred to external service providers re-present within 28 days which is indicative of difficulties with linkage and follow up of recommendations made. (Galloway 2010)

The SPC will have direct impact on improving access to appropriate mental health care. The model would provide a readily accessible expert resource to identified clients, and to the Emergency Department by enabling timely linkage within the Government proposed 4 hour wait limit for Emergency Departments.

Eastern Health’s investment in a MHNP to provide this service will be cost effective, measurable, and reduce waiting times for clients to receive follow up care and enhance the provision of acute mental health services in a high needs area of the region. (Howie 2006)

The overall aim of the SPC is to improve linkage with mental health care, reduce re-presentations to Emergency Departments of those consumers with suicidal behaviours - an identified vulnerable client group - by enhancing access and engagement with mental health services. This will be achieved by responding to the client’s mental health needs in an appropriate and timely manner, providing a coordinated and appropriate referral function and ensuring linkage occurs. (Baker 2010; Dragon 2009; Dunn 2010)

**Location of service**

This SPC would be located in the Outer East region of Eastern Health. This region was identified as a priority for a Suicide Prevention Clinic (SPC) due to:-
- Demographic and socio-economic make up of the Outer East region,
- Low level of practicing private psychiatrists in the area compared to the Central East area,
- High number of clients (averaging 2500 per month) presenting to the Maroondah Emergency Department with an identified mental health issues- usually in combination with a medial issue
Of this number the Emergency Response Team assesses approximately 150 clients, as well as performing a further 200 secondary consultations. (Haines 2007)

Possible options for site include on Maroondah Hospital grounds or co-located with an established community health resource such as Murnong Community Mental Health Clinic.

**Service requirements**

Dedicated space and equipment:
- Waiting area,
- Office - equipped with desk, chairs, phone
- BP machine
- A computer system - linked to CMI, Healthsmart and Symphony

These would be essential for the SPC to obtain, store and generate patient information effectively and efficiently.

**Hours of Operation**

The hours of operation would be 9am – 5pm, Monday to Friday

**Proposed Scope of Practice**

The focus of the MHNP is to provide the highest quality service, using an evidence based approach via a time limited episode of care, to those clients identified at increased risk of suicide due to potential discontinuity of care and treatment between Mental Health Triage and timely community linkage. The MHNP position will be aligned operationally with the Mental Health Triage Service of the Eastern Health Mental Health, Turning Point Alcohol and Drug Program. (Fielding 2009)

The MHNP will function autonomously and collaboratively in an advanced and extended clinical role, providing assessment and management of the identified client group for a time limited episode of care by way of:-

- A basic physical assessment and screening (Blood pressure, Temperature, pulse and respiration, ECG and bloods if required),
- A treatment plan and scheduled contacts/appointments,
- Formulation and communication of client crisis management plans were indicated,
- An episode of care of approximately 2-3 contacts/appointments per client
- Prescribing, commencement and initial monitoring of medications,
- Ordering and interpreting of diagnostic investigations as necessary,
- Direct referral and linkage of clients to other health care professionals
- Assertive follow up to ensure that the client has linked effectively with community resources,
- Education on suicide prevention/mental health to clients, carers and other health providers,
- Development and maintenance of a failure to attend policy and escalation policy,
- Foster and establish collaborative and meaningful relationships with community and mental health resources,
- Undertake research and evaluation functions relevant to the area of MHNP practice
- Develop strong relationships with higher education facilities

(NVB 2008; ANMC 2006; Miller 2010; Ling 2007; Stewart et al 2010))
**Diagnostic Evaluations**

- Full Blood Examination
- Urea and Electrolytes
- Thyroid Function Test
- Liver Function Test
- Drug Screen
- Urine Drug Screen
- Therapeutic Lithium & Sodium Valproate levels
- Electrocardiogram

**Formulary**

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<th>Name of Drug</th>
<th>Class Of Drug</th>
<th>Schedule</th>
<th>Dosages</th>
<th>Reason required</th>
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<td>Not to exceed maximum recommended package insert dosage</td>
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(NVB 2010; Vic. Govt Gazette April 2010)
Referral Pathway

Client has been assessed by the Mental Health Triage Service in Maroondah Emergency Department as meeting the criteria of the Suicide Prevention Clinic. The Triage Clinician makes an appointment for the client to attend the clinic via the Bed Manager. Assessment and relevant information will be entered on the screening register and be accessible by the Bed Manager and the MHNP for follow up. The client will be contacted or have an appointment with the MHNP within 72 hours of referral.

The Bed Manager will facilitate all referrals made to the MHNP, make appointments and record them in the clinics electronic diary taking into account workload, time required for appointments, supervision, study requirements and other commitments. The MHNP will arrange all subsequent appointments for the client to attend the SPC.

**see attached flowchart

Criteria

Age Range:
- Full lifespan

Diagnosis:
- Depressive and/or anxiety symptoms,
- Situational crisis,
- Co-morbid or exacerbation of diagnosis by substance abuse.
- Client assessed by the Emergency Response Team as at increased/ongoing risk of vulnerability and potential for escalation of suicidal risk
- Inability to readily access appropriate community treatment/linkage at time of need for same,
- Have poor coping skills and limited resources,
- Identified by CRAM/Risk Assessment as Low-Medium risk,
- Has had an initial physical assessment at the Emergency Department,
- Assessed as safe to be seen by a sole practitioner,
- Do not meet criteria for inpatient admission or C.A.T.T. treatment/follow up,
- Do not meet criteria for treatment via community mental health case management service or Psychiatric Disability and Rehabilitation Service,
- Do not have any established, immediately available linkage/support with a GP, health clinic or other appropriate community agency,

Those clients having Private Health Care cover will be charged for this service if chargeable, The SPC MHNP will claim via the Medical Benefits Scheme for Mental Health Plans performed for clients from November 2010.

Exclusion Criteria

- Assessed and requiring intensive management from Inpatient services or C.A.T.T.
- Identified by CRAM/Risk Assessment as high risk of suicide,
- Assessed as unsafe to be seen by a sole practitioner
- Are receiving case management from an AMHS (CCT, MSTT, CAMHS, PMHS, APMHS, AOD)
- Have established, appropriate and timely access to community supports to assist with the client’s identified mental health issues.
- Diagnosed with psychosis or bi-polar affective disorder
- Are assessed as requiring substance withdrawal services
Discharge pathways

- Treatment plan in place which identifies the needs of the client on discharge
- A needs analysis of the client’s issues will identify and indicate which community services are required and
- Referrals initiated and MHNP to ensure engagement with these services post-discharge.

The development, maintenance and operating of collaborative links with key internal and external agencies will be a particular focus of the MHNP, as well as monitoring and evaluating the treatment plan outcomes to ensure client needs are met. (Wand & White 2008)

The MHNP will develop and enact escalation protocols via the treatment plan for clients requiring specialist input (i.e. ED, referral to CATT, inpatient service, Drug and Alcohol services etc).

Support Structures

Clinical supervision
- Provided weekly by a designated Consultant Psychiatrist
- Provided fortnightly by Senior Psychiatric Nurse

Professional support
- Alignment with the Mental Health Triage Team
- Nurse Practitioner Collaborative
- Nurse Practitioners within Eastern Health Acute Health Program

Reporting Structures

It is acknowledged that the MHNP position has organisational implications, therefore requires total organisational support. (Haines 2007; Stewart et al 2010)

Steering Committee
The MHNP Steering Committee is comprised of key organisational players including:
- Clinical Director Adult Acute Mental Health Services,
- CATT Managers Box Hill and Maroondah,
- Mental Health Triage Manager,
- Senior Psychiatric Nurse,
- Director of Nursing, Acute Health, Box Hill Hospital,
- NUM, Maroondah Emergency Department,
- Manager, EHADS.
- Pharmacy, pathology and specialist representation will be coopted when expert consultation is required.

It is envisaged that this steering committee will continue to be involved in some capacity post implementation of the model.

Operational Management
- Program Director, Eastern Health Mental Health, Turning Point Alcohol and Drug Program

Establishment and development of meaningful KPI’s to support the effectiveness and usefulness of the MHNP

Eastern Health policy and procedures
Other
Consumer satisfaction feedback process to provide evidence of the effectiveness in improving client and carer satisfaction

Evaluation
Formal evaluation of this position should be undertaken to measure effectiveness of service delivery from a qualitative and quantitative perspective.

This could include:
Data analysis
Consumer feedback
Triage staff feedback
Other professional discipline feedback – e.g. GP’s, private psychiatrists etc
Assessment in Maroondah ED by MH Triage

- Low-Medium Suicide Risk
- Meets other Criteria

Yes → Refer to MHNP → Make appointment via Triage Bed Manager → Book appointment within 72hrs → Appointment with MHNP

No → Refer to appropriate service – CATT, IPU, other

Escalation of Risk

- Failure to attend
- Assertive follow up

Collaborate with other health service provider as appropriate

- Refer to identified community supports
- Ensure engagement
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Literature & Reference List

Australian Nursing & Midwifery Council website


Miller, S. March 2010. Report to Nurse Policy Branch, Department of Health, VNPP Phase 4 Funding Round. 4.6 – Mental Health & Alcohol & Drug Service.


