

Adult and Acute Mental Health

What's new!

Where sector has come from

- Unfortunate folk – overcrowded conditions and not enough staff (1890s)
- Kraepelin (1995)- 1893 “patient log jams”
“overcrowding unacceptable.....called for reform”

Current situation

- Overcrowded wards or bed capping
- Nursing vacancies
- High turnover of nurses – specific areas
- Increasing number of inquiries
- Access issues – highlighted
- High acuity/activity levels in inpatient areas

Mental Health Nursing perspectives

1. College of Mental Health Nurses
2. Otago District Health Board - Mental Health and ID Services



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College of Mental Health Nurses - perceptions

- Nurses often seen as the problem
- Blamed for the problems
- Nurses have little control of workload
- Fast admission/slow discharge
- High turnover – nurses vote with their feet
- Nursing voice often silent



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Perceptions cont.

- High vacancies – overtime, reduced study leave
- With people high in acuity 8 or more hours a day
- People are admitted for 24 hour nursing care – other disciplines go home, nurses remain.
- High turnover in nursing leadership positions.
- Often least experienced nurses working with the most unwell
- Increasing documentation requirements



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Inpatient Mental Health

- Will mostly be busy with high activity
- Will sometimes be overcrowded
- Will always be acute, the most unwell

Therefore essential to

- Recognise the expertise required to nurse within inpatient areas
- Structure inpatient environments accordingly



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Focusing on Solutions

Nurses are not the problem, they **can and need to be** part of the solution. Nurses find solutions when they have the

- time and tools to nurse
- time and tools to maintain themselves
- time and opportunity to contribute to solutions



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Nursing Leadership

Makes a significant difference - needs to be

- Consistent and Resilient
- Confident and Committed
- Supportive and innovative

And leaders need

- Realistic workloads – time to lead



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Te Pou projects – whole of systems approach

- Focus on adult and acute services
- Seclusion reduction – engaging nurses
- Talking therapies – offering alternatives
- Clinical supervision – taking care of the nurses
- Funding for new graduate and post graduate programmes
- Leadership development workshops

Otago experience

- Similar issues
- High turnover, high vacancies, overcrowding, +++overtime, decreasing study leave, poor morale

Aim

- Make inpatient wards attractive places to attract and retain nurses

Strengthening the leadership

- Charge nurse manager – management and clinical leadership (time to lead, proactive)
- Associate charge nurse – delegated tasks, managing beds, staffing, coordinating day to day activity (succession planning)
- Clinical nurse specialists – supporting nurses to nurse

Clinical Nurse Specialists

- Roles designed to meet needs of nursing within inpatient services
- Focus is on developing nurses and nursing practice - skills, knowledge, attitudes and nursing care processes
- Career pathway for inpatient nurses

A Work in Progress

- Overcrowding remains with expected acuity and high activity

However

- Reduced turnover
- Minimal vacancies
- Good morale and job satisfaction

Mostly!

Getting it right with nursing is part of the solution

- Better outcomes for patients and their families
- Better integration between services and sectors
- Increases resilience to manage during difficult times and difficult events
- More responsive workforce – accommodates change

A Challenge

- Are your nurse leaders here with you today?
- Were they asked?

Inpatient care is 24 hour nursing care

- If you want to make a difference to the adult and acute services - a good start is involving your nurse leaders!!!