Are mental health nurses equipped with the knowledge to effectively manage the physical health of their service users?

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Overview

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The Chief Nursing Officer’s review of mental health nursing states:

• If we are to improve the outcomes and experiences of service users it is essential to strengthen and develop mental health nursing.

WHO MENTAL HEALTH ATLAS 2011
Background

• Department of health, NICE and best practice pre-registration competences stress the importance of adequate physical observation training.

National guidance

• Philips RJ first established the relationship between physical and mental health illnesses in 1934.

A Need

• People with severe mental illness have higher incidence medical co-morbidity compared with the general population.

MHNs want it

• Effects on life expectancy are comparable and substantially higher than effects of well recognised exposures such as diabetes and smoking.

• These patients are are also less likely to get routine evidence based physical health interventions than others.
Physical Care Competencies

2.2.1K) anatomy, physiology, pathophysiology and the biological systems that maintain stability

2.2.9P) undertake physiological measurements

2.2.7K) normal range of physiological measurements

2.2.10K) the principles of managing physical emergencies and the interventions required in mental health settings

2.2.4P) Monitor and ensure adequate nutritional and fluid intake to maintain health

2.2.10P) Measure, interpret and appropriately respond to physiological measures of temperature, pulse, blood pressure, respirations, body/mass index, blood gases, blood sugar levels and relate these to common physical symptoms
Life Expectancy is reduced by **12.9 years for men** and **11.8 years for women** with any serious mental illness compared to the general UK population.
Why the difference?

**Biopsychosocial factors**

- Anti-psychotic medications
- Increased risk of suicide
- Increased risk of self neglect
- Direct physiological processes *inflammation, immune dysfunction* and variable *heart rate*
Why the difference?

*Iatrogenic factors*

Those with mental health problems are likely to have their physical health needs unrecognised, unnoticed or poorly managed.

- Communication difficulties with healthcare professionals
- Diagnostic overshadowing
- Health promotion is rarely targeted to those with severe mental illness
MHNs want it...

How can MHNs most effectively help to improve the physical well-being of people with mental health problems, in both community and in-patient settings, and with all age groups?

- Respondents stressed a need for the understanding of the relationship between mental and physical health.

- A need for knowledge of common physical illness anatomy and physiology
How do nurses feel about physical health care?

- Nash (2005) conducted a study with 168 mental health nurses and found that 71% were involved in delivering physical health care but 96% of them believed they needed more training.

- Howard and Gamble (2011) with 27 in patient mental health nurses found uncertainty about role, variable levels of confidence and lack of appropriate skills and training.

- Robson and Haddad (2012) developed a measurement tool to assess attitudes to physical health care and found attitudes amongst nurses to be positive but there is a perceived need for physical health training.
The role of physical observations

- Assessment of key physiological systems
- Regular observations allow us to identify changes in chronic illness
- To identify acutely deteriorating physical health
- If done frequently allows us to intervene in a timely way
Aim

To explore the level of physical observation knowledge in mental health nurses (MHNs) and compare this with physical health nurses (PHNs).
Method

- 10 question test was formulated and agreed upon by a team of doctors and nurses according to curriculum items set out by the best practice competencies and capabilities for pre-registration mental health nurses.
- Volunteers completed the test anonymously under exam conditions.
- 10 mental health nurses and 12 physical health nurses took part
Questions covered 3 domains
- Measurement
- Interpretation
- Response

Level of difficulty was categorised by the percentage of correct answers for each question
- >95% = easy
- >80% = medium
- > 70% = difficult
Quiz Time

Which king was married to Eleanor of Aquitaine?

- A: Henry I
- B: Henry II
- C: Richard I
- D: Henry V
Question 1: Interpretation

Which result below is a red flag sign?

A) HR 55
B) RR 8
C) Temp 36C
D) BP 155/95

B) RR 8
Question 2: Response

If a patient were significantly dehydrated what would you expect their physical observations to show?

A) Reduced heart rate & reduced blood pressure
B) **Increased respiratory rate** & **increased heart rate**
C) Increased blood pressure & reduced pulse
D) Reduced oxygen saturations & reduced respiratory rate
Question 3: Measurement

What is the GCS (Glasgow coma scale) for the following patient?

36 year old female opens her eyes to voice, localises to pain, but not able to effectively communicate. Only making incoherent sounds.

A) 9  
B) 10  
C) 11  
D) 12
Results

Average Scores for MHNs vs PHNs

Physical health nurses achieved significantly higher results than mental health nurses
Results

MHNs and PHNs scores in specific domains

Wide variation in the scores achieved in the different physical observation domains was observed.
Discussion

- Clear difference in the average result:
  - 68.3% for physical health nurses vs. 52% for mental health nurses highlighted a knowledge gap reflecting an educational need.

- Greatest variation was in the response to abnormalities domain.

- Measurement of observations was done equally well by both groups and with both groups only losing points for calculation of the Glasgow coma scale.
Recommendation 7

- Mental health nurses to have appropriate competencies to support wellbeing through assessment of current capabilities in teams and developing team-based training based on local need; and/or

- developing individual development programs based on individual appraisal using the Knowledge and Skills Framework.
Development of a Teaching Program

- We delivered tailored small group teaching sessions based on areas of weaknesses identified
- Revision of basic principles followed by interactive student led time
- 2-3 sessions lasting no more than half and hour to be of convenience
Outline of Program

Session 1
- Introduction
- Pre-teaching quiz
- Outline of the different components of physical observations
- Importance of measuring physical observations

Sessions 2
- Red Flag signs
- EWS (early warning score)
- What to do with your results?

Session 3
- Common causes for abnormal readings
- Address areas which the students specifically would like to cover
- Post-teaching quiz
Post-session scores demonstrated that targeted teaching sessions were an effective tool in improving knowledge.
Conclusions

- PHNs achieved significantly higher marks than MHNs

- Out of the three domains delineated in their pre-registration competencies interpretation and response to physical observations were identified as being the weakest areas

- A simple training program for qualified mental health nurses resulted in vastly increased results
Action Plan

- A review of training programs for MHNs should be reviewed to ensure all physical health competencies are meet prior to completion of the course.

- All qualified mental health nurses should have access to a locally based physical health teaching program to ensure competencies are maintained during clinical practice similar to teaching programs offered to other allied health professionals.
THANK YOU
FOR LISTENING TO THIS
ROCK ON PRESENTATION

Comments and Questions
References


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