Developing the role of advanced nurse practitioners in mental health


Summary
This article describes the development of an advanced nurse practitioner (ANP) service in mental health. The ANPs worked within an existing hospital at night team based at Crosshouse Hospital, a district general hospital in Kilmarnock. Set against the agenda of Modernising Nursing Careers and Modernising Medical Careers, the article describes the professional and organisational background to the development, broad training requirements and skills set of this new team of ANPs. The role played by mental health ANPs in replacing junior psychiatric doctors in the out-of-hours period is of significant importance. In addition, these mental health ANPs covered the general wards in the hospital alongside their general ANP colleagues. The competency framework that the ANPs need to complete is discussed as well as the challenges faced in developing the service.

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The Nursing and Midwifery Council (2006, 2007) has endorsed advanced practice as a means of enabling nurses to assess, diagnose, treat and refer patients. In addition, NHS Education for Scotland’s (2008) Advanced Nursing Practice Toolkit can be used to enhance nurses’ understanding and application of advanced practice.

Using the NMC documents and the toolkit as a guide, the authors, mental health nurses in NHS Ayrshire and Arran, planned to lead mental health nurses into advanced practice in what may be considered a unique way. Hurley et al (2009) suggested that mental health nurses frequently adopt approaches from other disciplines as the profession evolves. They caution that the ‘jack of all trades’ label may prevent them from being identified with any one particular role. The authors aim to demonstrate, however, that advanced nursing practice requires a wide range of skills, while developing an additional in-depth skill set.

The Royal College of Nursing (2008) defines ANPs as nurses who:
- Make professionally autonomous decisions.
- Receive patients with undifferentiated and undiagnosed problems.
- Make differential diagnosis using decision-making and problem-solving skills.
- Have the authority to admit or discharge patients.
- Work collaboratively with other healthcare professionals.
- Develop an ongoing nursing care plan with the patient.

This article describes the process of setting up an innovative ANP service in mental health. The ANPs worked in an existing hospital at night team based...
at Crosshouse Hospital, a district general hospital in Kilmarnock. It considers the process from recruitment of mental health ANPs, through to training and development, describing the essential skills required to provide a safe and effective service. The service is unique in Scotland from the perspective of mental health nurses joining a hospital at night team. The article describes how mental health ANPs replaced junior psychiatric medical staff between 8.45pm and 9.15am, a move supported by medical colleagues. In addition to covering two mental health wards in the hospital, the mental health ANPs work with their general ANP colleagues to provide advanced nursing cover for physically unwell adults across the hospital.

**Background**

The documents *Modernising Nursing Careers* (Scottish Executive 2006a) and *Modernising Medical Careers* (Scottish Executive 2007) set out a UK-wide framework relating to career and role development. *Modernising Nursing Careers* looked at the ways nursing could continue to develop to provide the best health care. It considered the additional skills and knowledge that the modern nurse required, as well as the areas nursing should consider developing. *Modernising Medical Careers* looked at the shift away from doctors 'in training' providing services, to 'trained' doctors providing services. This has implications for both patient care and the wider workforce because of a reduction in the availability of doctors to cover services as the profession focuses more on the training needs of the junior doctors.

There is a risk that the mental health nursing role may become diluted with the uptake of advanced practice, which requires a more in-depth skill set. However, there may also be opportunities for the specialty to become more innovative and develop practice in areas previously carried out by medical staff.

In NHS Ayrshire and Arran, the initial effect of *Modernising Nursing Careers* and *Modernising Medical Careers* on both professions has been in the general healthcare setting. The effect on mental health services has, until now, been non-existent. In addition, the need to comply with the European Working Time Directive has brought additional challenges to which all services need to respond (Department of Health (DH) 2009). A reduction in junior psychiatric doctors’ working hours meant there was a need for more staff to cover mental health services. Consequently, it was agreed in 2008 to explore the possibility of including mental health ANPs in the hospital at night team that provided cover for physically acutely unwell adults. That team was made up of general ANPs and a junior psychiatric doctor. A literature search uncovered no appropriate guiding models that matched the vision of how the service needed to respond to the challenges set by policy.

An initial audit of the out-of-hours junior doctor workload demonstrated that there was a sufficient need to develop a night shift ANP service in place of the junior doctor on-call system. After discussions between multidisciplinary leads, NHS Ayrshire and Arran decided to replace the night-time junior psychiatric doctor with ANPs in mental health who would be recruited as part of the existing hospital at night team. *Modernising Nursing Careers* and *Modernising Medical Careers*, and the reduction in junior doctors’ hours from 56 to 48 hours by August 2009, provided the impetus for change. The person-centred approach of mental health nurses, along with their knowledge and skills, would enable them to bring a recovery-oriented approach to the care they provided with this new ANP role. The decision to replace junior psychiatric doctors at night showed confidence in the nursing structure, not only in mental health, but across the organisation, as the mental health ANPs were to be integrated into the hospital at night service. Before this development, there were no mental health ANPs working in NHS Ayrshire and Arran.

**Local context**

Mental health services in NHS Ayrshire and Arran have been going through a strategic review with the purpose of modernising services. A project, called *Mind Your Health*, has received a significant financial commitment (£1.7 million during 2008 and 2009) and a future commitment of £53 million for a new mental health hospital that will be built in 2013-2015 (NHS Ayrshire and Arran 2008). Service changes include enhancement of primary care mental health teams, additional investment in child and adolescent mental health services, development of an eating disorder service and an out-of-hours crisis resolution and home treatment service.

The aim is to provide a service that covers the hospital and community, with staff rotating around all care environments, providing a 24-hour service. This will break down traditional barriers that have developed over the years between inpatients and the community, as well as general and acute mental health care.

Support and mentoring by existing general ANPs in the hospital at night team will be critical to the success and development of the new ANP service in mental health.
**Hospital at night service**

The hospital at night service was first introduced in NHS Ayrshire and Arran in August 2006. It operates a hybrid system, with ANPs working with a reduced number of specialty doctors, to assist in the care of acutely unwell patients. The core role and function of the general ANPs in this team is the triage of all calls related to patients’ issues, combined with the initial assessment, diagnosis and treatment of acutely unwell adults, within specific guidelines.

Aligning the mental health ANPs into this acute setting has allowed the sharing of key aspects of this role, including:

- Early implementation of critical companion groups.
- The development of training needs analysis tools.
- Forward planning of continuous professional development requirements.

Training and educational structures, audit systems and clinical governance procedures that were in place are undergoing review and being altered to fit mental health requirements, to allow a true integration of the practitioners within an established system. McDonough et al (2003) reported that around four months of additional development was required to increase the skills of mental health nurses to carry out triage in an emergency department setting. It was the authors’ intention that the mental health ANPs complete a six-month training programme to enable them to work across the entire hospital, including in the emergency department. The use of competence framework methods of proficiency progress and critical companion mentorship systems were core areas that could be adapted to support the integration of the mental health ANPs into the hospital at night team.

The Association of Advanced Nursing Practice Educators (2006) highlighted the skills that experienced mental health ANPs bring to the role, including:

- Extensive experience to plan and provide skilled and competent care to meet patients’ health and social care needs, involving other members of the healthcare team as appropriate.
- Provision of continuity of care including follow-up visits through direct links to community teams.
- Ensuring that each patient’s treatment and care is based on best practice.

Through shadowing and role modelling, mental health and general ANPs will transfer knowledge and learning across all services. Therefore mental health ANPs will have advanced physical health skills and the general ANPs will benefit by having a greater understanding of mental health as it affects patients throughout the hospital. All ANPs will therefore have a wider skill set and will be better able to provide holistic care.

*The Millan Principles* (Scottish Executive 2003) underpin the mental health service philosophy in NHS Ayrshire and Arran (Box 1). The mental health service strives to ensure that *The 10 Essential Shared Capabilities for Mental Health Practice Learning Materials* (NHS Education for Scotland 2006) that promote rights-based, recovery-focused practice are reflected in everyday practice. All staff on the mental health wards covered by the mental health ANPs have been

**BOX 1**

**Millan Principles**

**Non-discrimination** – people with mental health problems should, wherever possible, retain the same rights and entitlements as those with other health needs.

**Equality** – there should be no direct or indirect discrimination on the grounds of physical disability, age, gender, sexual orientation, language, religion or national or ethnic or social origin.

**Respect for diversity** – service users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities and diverse backgrounds and takes into account their age, sexual orientation, ethnic group and social, cultural and religious backgrounds.

**Reciprocity** – when society imposes an obligation on an individual to comply with a programme of treatment or care, it imposes a parallel obligation on health and social care services to provide safe and appropriate services and ongoing care.

**Informal care** – wherever possible, care, treatment and support should be provided without the use of compulsory powers.

**Participation** – service users should be fully involved, to the extent permitted by their individual capacity, in all aspects of their assessment, care, treatment and support. Account should be taken of both past and present wishes, so far as they can be ascertained. Service users should be provided with all the information and support necessary to enable them to participate fully. All such information should be provided in a way that renders it most likely to be understood.

**Respect for carers** – those who provide care to service users on an informal basis should be afforded respect for their role and experience, should receive appropriate information and advice, and should have their views and needs taken into account.

**Least restrictive alternative** – any necessary care, treatment and support should be provided in the least restrictive manner and environment compatible with the delivery of safe and effective care.

**Benefit** – any intervention under the Mental Health (Care and Treatment) (Scotland) Act 2003 should be likely to produce for the service user a benefit that cannot reasonably be achieved other than by the intervention.

**Child welfare** – the welfare of a child with mental health problems should be paramount in any intervention imposed on the child under the Mental Health (Care and Treatment) (Scotland) Act 2003.
trained in the person-centred Tidal Model (Barker and Buchanan-Barker 2005). The mental health ANPs will continue to use this person-centred model in their approach to patient care.

**Project process**

The NHS board agreed to fund four mental health ANP posts to work in the hospital at night team. A further two came from existing resources, culminating in a team of six mental health ANP posts at band 7. The grading of these posts was consistent with the existing general ANPs working in the hospital at night team. A steering group consisting of medical, nursing and managerial representatives was set up in 2008, with the aim of ensuring that the six ANPs could be recruited, trained and were competent to fulfil their roles by August 1 2009.

Using a typical project management approach, a log was developed for each action to plan all the components of the service. Group members led on specific areas of the project and the key components of setting up the service are outlined in Box 2.

The speed of recruitment for these posts posed a challenge. The nurses had to be in post by February 2009 to commence a non-medical prescribing course. A comprehensive enhanced recruitment process was put in place, supported by the organisational and human resources department. The process had four stages:

- Stage 1 – standard application form, followed by shortlisting.
- Stage 2 – candidates were tasked to work in two groups of five on a scenario to develop a project plan for the development of the ANP hospital at night team posts for mental health, considering potential risks and barriers to this model and outlining how these could be minimised or removed.
- Stage 3 – candidates completed a DiscProfile (2010) and Belbin (2010) type questionnaire.
- Stage 4 – formal interview.

**Supervision**

It was recognised from the outset that the mental health ANPs, while working autonomously in many aspects of their work, would remain part of a team. Clinical input from the consultant psychiatrist would be required for on-call supervision at night. In addition, the non-medical prescribing course requires that there is a designated medical practitioner who takes responsibility for on-site training and supervision, development and sign-off to enable the non-medical prescribers to prescribe independently (Scottish Executive 2006b). Consultant psychiatrist colleagues have provided input and support to promote this development. At each step in the process they have provided direct input to enable skills and knowledge transfer, as well as to provide direct supervision at appropriate times.

In addition to the support from medical colleagues, it is important to remember that these are nursing posts and require support from a nursing perspective to ensure the ANPs retain their nursing focus. Supervision will be provided by the senior nurse in learning disabilities. This will enable the mental health ANPs to keep the clinical aspects separate from their line management supervision.

**Training and competence**

Competencies were added to the existing competency framework for ANPs in the hospital at night service. These new mental health competencies covered the range of mental health services: adult and elderly mental health, addictions, learning disabilities and child and adolescent mental health. It is expected that the mental health ANPs will reach competency level 5 in all mental health competencies and level 3 in physical health competencies (Table 1). The ANPs’ level of competence will be assessed by peer review, reflective logs and evidence of specific competencies via line management supervision.

Data collection, as in many large health organisations, will be complex as more than one system is used to record patient information. The mental health service uses an electronic record-keeping system although medical staff
continue to write in paper documents. A subgroup was set up to consider how to minimise duplication of information while ensuring safe practice and capturing information for audit and evaluation purposes.

The senior nurse for addictions led on the development of patient group directions to enhance the governance of the initial prescribing for these posts (Box 3).

Joint work with the nurse consultant for acutely unwell adults was essential to the process and provided the basis of the competency framework. The NHS Knowledge and Skills Framework (DH 2004) and a comprehensive training package were fundamental in assessing the potential requirements for ‘physical health’ skill sets that the practitioners could expect to meet safely. A joint approach between mental health services and general services led to the principle that the mental health ANPs would acquire level 3 competence in physical health and would therefore be competent to identify an acutely unwell patient. However, they would not have expert ability so, where necessary, would refer on to the ANPs in acute general care who have level 5 competence in physical health.

The nurse consultant drew up the required outline of competencies and a training programme using an ALERT (2010) system for initial assessment:

- Acute.
- Life threatening.
- Events.
- Recognition.
- Treatment.

The training package for the new mental health ANPs included an advanced psychiatric assessment course, incorporating adult mental health, learning disability services, addiction services, child and adolescent mental health services, and elderly mental health services. The training was delivered by senior nursing and medical staff. It aimed to increase the competency of mental health nurses to an advanced level, to ensure they were able to deliver their mental health competencies and provide the service previously delivered by junior psychiatric doctors. The training also enhanced their skills and knowledge of general acute care, including clinical assessment, cannulation, venepuncture, electrocardiograph training and non-medical prescribing.

The principle of the training was to teach nurses how to recognise and prevent deterioration in acute and critical illness at an early stage to improve the quality of care and outcomes for patients.

The six mental health ANPs will initially provide the same service (excluding detention under legislation) that the junior psychiatric doctors provided. They will be responsible for covering two acute psychiatric admission wards, assessing and treating service users overnight for physical and mental health needs. They will also provide assessment in the emergency department for patients and will make decisions about referral or admission. They will be part of the overall hospital at night team and therefore will attend medical and surgical wards to provide assessment and treatment of patients within their sphere of competency.

The development of the training programme was shared with the University of the West of Scotland where discussions are underway to make this the basis of an accredited postgraduate course. It is anticipated that these new mental health ANPs will contribute to the mental health branch pre-registration curriculum at the University of the West of Scotland and provide a unique opportunity for mental health nursing students.

**Development challenges**

The many challenges faced by the ANPs include:

- Promoting safe and effective practice.
- Ensuring governance structures are in place.
- Being accepted by service users and carers who may be concerned there is no doctor available.
- Incorporating the new service and systems into the existing service and systems.
Developing a new, competent team of six mental health ANPs.

Acceptance by peers was a potential concern. Gooding (2004) noted when replacing junior doctors with nurse practitioners that other staff were concerned about not going straight to the doctor. It was reported that staff had to think more rather than just refer on. Therefore ongoing communication and dialogue is planned with the mental health wards.

Conclusion

It is envisaged that an improved pathway for patient care, with continuity provided by experienced and knowledgeable mental health nurses, supported by multidisciplinary teams, will provide inspiration for a new generation of mental health ANPs in NHS Ayrshire and Arran. This pioneering nursing initiative will have the potential to cross boundaries and barriers, enhancing patient care while positively affecting national drivers and targets.

References


Patient group directions for initial prescribing

- Zopiclone 75mg tablets.
- Chlordiazepoxide capsules 10mg oral administration.
- Diazepam rectal suppositories 10mg.
- Haloperidol 5mg for intramuscular administration.
- Haloperidol tablets 5mg or 10mg for oral administration.
- Lorazepam tablet 1mg for oral administration.
- Lorazepam 1mg or 2mg for intramuscular administration.
- Pabrinex (two ampoules) intramuscular administration.
- Procyclidine 5mg for oral administration.
- Procyclidine 5mg for intramuscular administration.
- Thiamine tablets 300mg oral administration.