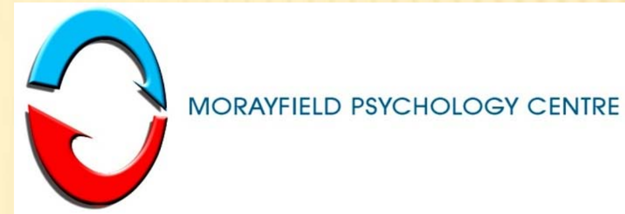


Mental Health Nursing in Brisbane North

ELIGIBILITY CRITERIA

- *Aged 18 and over and not currently case managed under Queensland Health.*
- *Diagnosed mental disorder or provisional diagnosis*
- *Related complex health needs*
- *Physical health issues or at risk of developing same*
- *Hospital treatment in the past 2 years or at risk of admission*
- *Need for ongoing treatment*
- *Mental health care plan and referral provided by GP or community based psychiatrist.*

THE FUNCTIONS OF THE MENTAL HEALTH NURSES INCLUDE:

- Working with the GP or primary care based psychiatrist to provide clinical care coordination which includes:
  - Maintaining links, undertaking case conferences and coordinating services (including arranging access to interventions) with GP's, psychiatrists and allied health workers
  - Developing links with state mental health services to enable ease of transition if required
  - Contributing to the planning and care management of the patient
  - Referring to and liaising with psychosocial support and care coordination programs when appropriate and required

PROVIDING EVIDENCE BASED CLINICAL NURSING SERVICES INCLUDING:

- Establishing a therapeutic relationship
- Proactive patient follow-up
- Liaising with family and carers as appropriate
- Regularly reviewing mental status
- Providing education to consumers and carers as appropriate to facilitate self-management of mental and physical health concerns
- Administering, monitoring and ensuring compliance with medication and
- Monitoring and assisting in the treatment and management of physical health problems

OUTREACH SUPPORT

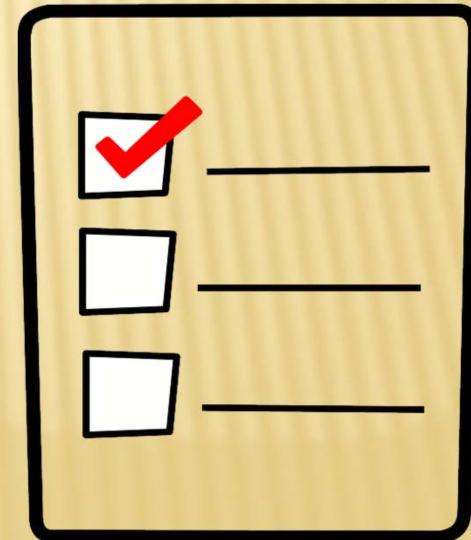
- The mental health nurses must not duplicate services available through other organisations.
- The mental health nurses are based in "hubs" and provide outreach services to clients being supported in a number of general practices.
- The organisation and mental health nurses develop and maintain effective linkages with services along the stepped model of care to ensure there is effective referral pathways, service coordination and integration for clients being supported

COMMUNITY SUPPORT

- Mental Health Nurses also provide education to the community and health providers about the MHNiB initiative,
- facilitate mental health awareness, and
- work with other organizations for various projects such as coordinating MHPN breakfast meetings and presentations.

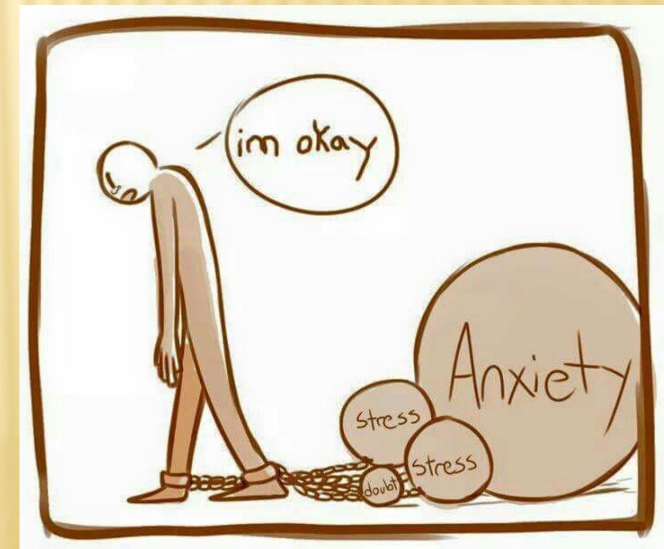
REFERRAL PROCESS

- Mental Health Treatment Plan completed by GP or community psychiatrist
- MHNiB will contact client and allocate nurse
- Obtain consent to liaise with service providers
- Meet in GP rooms or our office
- Can provide home visit service



CASE STUDY?

- 45 year old client presents to GP
- Diagnosis of schizophrenia
- Smoker
- Metabolic Syndrome Disorder
- Isolated
- Tenancy at risk
- Financial stress
- Suicide risk
- Medication non compliance



GOALS

- Client contacted by phone within 3 days
- Review of client arranged within 7 days
- Engage with client and establish relationship
- Biopsychosocial assessment complete
- Suicide risk assessment
- Physical health assessment

PSYCHOSOCIAL INTERVENTIONS

- Collaborative practice which includes but is not limited to……
- Linking with service providers and facilitate social connection,
- Centrelink review – support for clients as need dictates
- Housing sustainability

CLINICAL INTERVENTIONS

- On-going liaison with GP and other health professionals
- Medication education, adherence and review
- Chronic Disease Management Plan
- On-going relationship with client able to be maintained till June 2018 or until goals are met.

MHNIB

The Difference that makes a Difference