

# **THE ROLE OF THE REGISTERED NURSE IN MENTAL HEALTH**

**REPORT FOR SUBMISSION TO THE MINISTRY OF  
HEALTH'S ADVISORY GROUP ON THE CLINICAL  
WORKFORCE TO SUPPORT REGISTERED NURSES**



Prepared by Dr Frances Hughes RN, Dnurs, ONZM

**Te Ao Maramatanga**  
New Zealand College of Mental Health Nurses (Inc.)  
**Partnership, Voice, Excellence in Mental Health Nursing**

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## Introduction

The Minister of Health has requested that the Ministry of Health provide advice on the clinical workforce needed to support services provided by Registered Nurses. The advisory group's focus is on the second-tier clinical workforce that is needed across a continuum of settings, where the registered nurse is managing/coordinating the nursing component of the care delivery system in partnership with patients, communities and settings

The College of Mental Health Nursing (Te Ao Maramatanga) is pleased to be represented on the advisory group but considers it important that this group understand the nature of different services where Registered Nurses work, and the types of roles filled by RNs, to prevent any generalisations occurring in relation to Registered Nurses and clinical support. To this end, the College requested its membership to provide vignettes on their various roles and this paper is a synthesis of the roles highlighted in those vignettes.

## Background

Mental Health Nurses are proud of the growth of the consumer movement within mental health over the past decade. This movement has created realisation of the rights of people with mental illness and their role in leadership and management of their life. This momentum has brought about a range of different types of services and new roles for support and health care delivery. This change in service provision has effectively rearranged services so 25% of mental health funding is with non-government organisations (NGOs). Individuals who access and are supported within these services choose to go by many different titles - service users, consumers, or patients depending on where they are located.

Mental Health Services are becoming increasingly "recovery focussed", which is about providing "meaning and purpose in life despite symptoms of mental illness"<sup>1</sup>. This has allowed new roles to develop that a decade ago were under the domain of nursing, allied health or psychiatric assistant staff. Today we have peer support workers, who are service users who work with and support other service users in times of need. We also have certificate and diploma programmes that train Community Mental Health Support Workers to work in NGO residential and community settings. These roles are non-clinical and are supportive of the service user to assist them in reaching lifestyle goals towards recovery.

Globally, those who experience mental illness are not afforded the same health status as the rest of the population. This creates a greater need for health professionals to be

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<sup>1</sup> Recovery competencies for New Zealand Mental Health Workers Mental Health Commission March 2001

skilled in providing choices, assessment, supporting healthy options and interventions when working with mental health consumers.

People who use mental health services, in particular those with a diagnosis of schizophrenia or bipolar disorder, are at increased risk for a range of physical illnesses and conditions, including coronary heart disease, diabetes, infections, respiratory disease and greater levels of obesity. In many cases, weight gain is a clear side effect of medication. They are almost twice as likely to die from coronary heart disease as the general population and four times more likely to die from respiratory disease.

New analyses of records of 1.7 million primary care patients found that people with a diagnosis of schizophrenia or bipolar disorder are more than twice as likely to have diabetes than other patients and also more likely to experience ischaemic heart disease, stroke, hypertension and epilepsy.<sup>2</sup>

Registered nurses work in a variety of settings in mental health, including in inpatient services, in the community (including in rural environments) and in forensic mental health. New settings are constantly emerging in which the Registered Nurse is being asked to work and develop more skills (i.e. police cells, disaster response). With the complexities previously mentioned the role of the Registered Nurse in mental health services has rapidly become 'jack of all trades', and master of most. This includes:

- inpatient services
- community services
- specialist services (including forensic mental health)
- alcohol and other drug services
- Residential, crisis respite within NGOs

The role of the Registered Nurse continues to expand, and is perhaps best described by nurses themselves:

Registered nurses who work in rehabilitation and extended care need expert skills that include education, communication, advocacy, safety, health promotion, illness management and encouragement and support for clients to gain the skills and confidence to return to the community. When registered nurses are keyworkers they co-ordinate all client care and treatment and maintain effective communication and relationships between other members of the MDT, clients, family and relevant others. On an individual basis, registered nurses act as role models and promote recovery and self belief, while instilling hope and identifying strengths.

The expanding demand of tangata whaiora/consumers, professional groups, NGOs and other government organizations for effective service delivery have been pivotal for the development and advancement of the roles of registered nurses in the rehabilitation area. Some these roles include: clinical assessor, preceptor, resource agent (e.g. medication, calming and restraint, diabetes, cardiovascular, asthma/respiratory), advocate, quality facilitator in areas of infection control and health and safety, clinical coordination, member of the multidisciplinary team and nurse educator/trainer.

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<sup>2</sup> Choosing Health: Supporting the physical health needs of people with severe mental illness  
*Commissioning framework* NHS 2006

## Key issues

There are number of issues that need to be considered in relation to the clinical second-tier workforce designed to support Registered Nurses. At present, Registered Nurses work in isolated positions, and in varying types of teams. The importance of having access to other health professionals is critical to the complex nature of mental health care delivery. For many Registered Nurses the clinical support is through the MDT, and not through second level workers. The following are the types of roles that Registered Nurses provide.

### Clinical oversight

This is the role in which many people see the Registered Nurse – as provider of the ‘physical clinical component’ of care for people with mental illness. While it is a key component of care, it is only one aspect of the role. It involves ensuring that the client receives the clinical care he or she requires, in terms of an overall approach to health care. This can and does include areas such as nutrition, identification of physical health needs - dietary, fitness, balance, sleep, problems with ADLs, monitoring, observations and early intervention re ongoing or emerging medical conditions, medication management & drug interactions.

Work with pharmacists and multiple prescribers to ensure safe practices.....question from an informed base, supporting residents to provide narratives of their experiences with medications...we have cared for residents (with the support of district nurses) who are dying and who choose to stay in familiar surroundings...

### Communication and Care Co-ordination

Registered Nurses are pivotal in ensuring the best possible ongoing care for their clients. This requires expert communication skills, and an understanding of:

- The needs and wishes of the client
- Other staff involved in the client’s mental health care
- Other staff involved in the clients physical health care
- Other components of the mental health service
- Other health and disability services, and the ways in which those services operate
- Means by which other health and disability services can be accessed
- Social services, including WINZ, Workbridge, mental health NGOs and cultural services
- Justice services, including Police, prisons, probation/community corrections
- Family/ whanau

As a Registered Nurse working as the Regional Manager of an NGO, I am charged with the clinical oversight of 130 adult clients with degrees of complexity that range from acute to chronic with a number of clients at the enduring end of the spectrum. The nature of the oversight itself ranges from monitoring the WRAP/Treatment Plan to actually becoming “hands on” with care.

### Education

Registered nurses are required to provide significant amounts of information and education to patients, their families, social services, prisons and other parts of the health service (e.g. GPs, inpatient units).

This means that not only must Registered Nurses be able to communicate effectively, but that they need a sound, wide-ranging knowledge base, to be able to fulfil their education role to:

- the client about their illness and its management
- the client's family/whanau and other support people
- the wider community about mental illness and mental health
- people working in the justice system
- support services such as WNIZ, Housing Corporation etc
- other health and disability services such as drug and alcohol services, general practitioners

The following vignette illustrates the extent of a Registered Nurse's education role within a forensic setting.

There are always opportunities to provide information and health advice in a prison environment. Sentenced prisoners generally have uninformed opinions particularly in regard to recreational drug use. Opportunities for preventive education specific to mental health do occur but most psycho-education is kept low key in respect of symptom management and psychotropic medications. Additionally, there may be opportunities for education and information giving about illness to clients and families...particularly with respect to management of the illness process, recognition of deteriorating mental health and most importantly, intervention pathways.

Registered Nurses working in mental health services are not only a source of education, but are often required to act as advisors to others in the health and/or justice services. Where this works well, it can be extremely effective and is often well-demonstrated in the community forensic mental health role.

The greater part of the role is mainly consultative and advisory. It is a role involving close liaison with many of the state's agencies but also allows scope for direct provision of care health care, education and health promotion as opportunities arise.

This role requires extensive understanding of the nature and priorities of other services, respect for their roles and the ability to find 'common ground' that enables services to work together for the benefit of the client.

### **Advocacy**

Registered Nurses in mental health undertake a substantive advocacy role in relation to ensuring that their clients receive the best possible care. This involves the skills discussed above, but may also involved aspects such as working against community discrimination or the stigmatising attitudes of other health services.

...being assertive with mainstream health providers to ensure those with mental illness receive the appropriate service in a timely manner, e.g. challenging attitudes of staff in medical wards over care, or lack of it...

### **Supervision**

The Registered Nurse is often responsible for oversight (both formal and informal) of other people in the mental health service and in other services.

Delegating, directing and supervising non registered staff [is] time consuming and potentially takes the registered nurse away from their core tasks related to client care. These are management skills, which take time to acquire and may not be suited to all registered staff. Careful evaluation of staff performance is required to ensure that this relationship is a positive one for both clients and staff.

Supervision is closely allied with delegation, and this can present significant challenges for Registered Nurses. Not only are supervision and delegation time-consuming, but they often involve staff who are not working directly with the Registered Nurse, as outlined below. Ultimately, the responsibility for individual client care rests with the registered nurse as key worker.

Registered Nurses also note that support workers have a range of qualification and skills, and this impacts on the extent to which their services are effective in supporting people with mental illness.

When using Enrolled Nurses or support workers to work with clients in the community as a registered nurse it is difficult to monitor their work with the clients as you do not work alongside one another but also to monitor such things as altered therapeutic boundaries between caregivers, clients & families. Challenges arise in preserving client confidentiality, addressing clients' potential for self-harm and violence, protecting vulnerable clients from potential abuse or exploitation, and grappling with care planning for individuals with impaired decision-making capacity....When using delegation all the work essentially belongs to the registered nurse, she may transfer, or delegate part of her job to another worker, but it remains her work...

It is suggested that Registered Nurses in inpatient areas would rather not have responsibility for second level workers who provide clinical care, "We just need more Registered Nurses and better access to other MDT members". In nursing, mental health is a post-graduate specialty, and it is therefore not appropriate to have nursing reduced to tasks, when skill and expertise is about "therapeutic use of self, which has taken me years to develop the clinical skills to provide".

### **Crisis management**

There are increased expectations on mental health nurses to undertake crisis management roles, particularly where there is limited access to general practitioners and where there are significant barriers of distance to people accessing mental health services. Nurses indicate that this expectation compromises their own well-being, and the health and safety of people with mental illness.

We are experiencing a chronic shortage of experienced mental health nurses and registered health professionals to provide 24hr crisis services. Most continuing care nurses are also expected to contribute to the provision of crisis care. Long overtime and weekend hours are often required. Shortages are leading to the utilisation of non-registered staff for DAO roles. Recovery focus in care management is often compromised by excessive caseloads and the high demands of crisis service requirements. Most nurses are expected to perform in both continuing care and crisis management roles.

### **Additional knowledge & expertise**

#### **(a) Legislation**

Registered nurses working in mental health also note the expectations that are placed upon them to be familiar with a range of legislation, including the Mental Health

(Compulsory Assessment & Treatment) Act 1992. At present, there are around 2,500–3000 people covered by the Mental Health Act, many of whom are under community treatment orders. All Registered Nurses in mental health are expected to understand the Act, and its applications in not only inpatient but also in the community. The Mental Health Act has close links with other legislation, and this is perhaps most obvious in the forensic mental health area.

Justice Liaison work has legal connotations and occurs in environments where health concerns generally obtain secondary consideration unless a direct link between an offender's mental state and their offending is presented evidentially.

The nurses working in the Forensic Community team have extensive knowledge of the MHA and the CP MIP Act and the interface between mental health and the Justice system. Another area of priority is assessment of "risk". There are constraints when working in the Justice and corrective systems as the primary focus is not on health. We as nurses are visitors to these areas.

**(b) Statutory roles under the Mental Health (Compulsory Assessment & Treatment) Act 1992.**

Registered Nurses are now taking up more and more roles under this legislation, such as Duly Authorised Officers, Directors of Area Mental Health and Responsible Clinicians. This requires them to fulfil statutory obligations including assessments, reports, and reviews. The knowledge of legal processes is heightened in these roles.

**(c) Talking therapies / counselling**

Registered nurses in mental health are expected to have a range of training and experience in therapies that can be effective within mental health services. However, the delivery of such therapies usually needs to occur in addition to a more-than-fulltime nursing role, and against expectations that such services will be provided by psychologists only.

One key ongoing challenge is providing effective DBT services with no time formally set aside for doing this, as I still have a full case-load of keyworking clients. Also, the concept that talking therapies should be provided by psychologists is widely held amongst nurses and this culture has provided a significant challenge, especially as there has only been one nurse trained intensively in DBT.

## **Conclusion**

It is evident that Registered Nurses working in mental health services fulfil a wide-ranging and critical role, most often at the centre of patient/client care. However, their ability to meet the demands of the role are inevitably at risk by the sheer extent of its requirements. Registered Nurses working in the mental health arena fulfil a range of roles that are constantly expanding, and their needs are different to those of Registered Nurses working in other areas of health and disability services. As noted in the introduction to this paper, the importance of having access to other health professionals is critical to the complex nature of mental health care delivery. For many Registered Nurses the clinical support is through the MDT, and not through second level workers. This issue, and other issues outlined in this paper, need to be taken into consideration as part of the overall deliberations of the advisory group.