

Mental Health Practice Standards FOR NURSES IN AUSTRALIAN GENERAL PRACTICE



the Australian College
of Mental Health Nurses inc.



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of Mental Health Nurses inc.

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ISBN: ISBN-13: 978-0-6483060-0-9 (Print)

ISBN: ISBN-13: 978-0-6483060-2-3 (Online)

Copies at: www.acmhn.org

Recommended citation:

Australian College of Mental Health Nurses (2018). Mental Health Practice Standards for Nurses in Australian General Practice 2018. ACMHN, Canberra.

Authors: E Halcomb, S McInnes, L Moxham, C Patterson.

Expert Reference Group: E Muir-Cochrane (Chair), W Cross (previous Chair), B Murray (Sponsor), K Cook (Sponsor), K Ryan, A Davis, C Stapleton, D Hansen-Vella, R Rolleston, P Maude, J Grace, J Milford, M Rawlin, V Loftus, A-M Thompson.

Project Team: P Marks, I Dummett, K Ryan.

Steering Committee: B Happell (Chair), M Hazelton, G Neilson, T Ryan, M Fitzgerald, R Zeppa-Cohen, C Pavlou.

Design: Neil Deacon Design

Acknowledgements: The ACMHN acknowledges the funding received from the Australian Government Department of Health under the Mental Health Nurse Workforce Program, and the University of Wollongong research team for conducting the research project and developing this document. Thanks too to the members of the Expert Reference Group who generously contributed to the project through participation in the survey process and by providing considered feedback and advice, without whom, this project would not have been possible. The ACMHN would also like to acknowledge those mental health nurses and general practice nurses who participated in the development process, in the survey conducted by the University of Wollongong and the project Steering Committee whose volunteer contribution to the College is much appreciated.



Australian Government
Department of Health

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Abbreviations

NMBA	Nursing and Midwifery Board of Australia
ANMF	Australian Nursing and Midwifery Federation
PNIP	Practice Nurse Incentive Program

Foreword

It is with pleasure that I provide the opening remarks to this very important document.

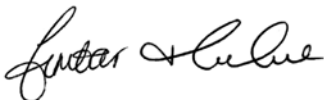
Nurses are vital to the delivery of safe, efficient and high quality health care, and they are frontline health care providers for Australians seeking treatment for physical and mental health conditions, their carers, friends and community.

The close association between physical and mental illness, and the significant rates of mental ill-health experienced by the general population, particularly those with chronic disease, mean that it is more important than ever for nurses and midwives to develop their knowledge and skills around mental health and mental illness, in order to be able to confidently provide appropriate care. This does not mean that all nurses and midwives need to become mental health specialists – mental health nursing is a specialist practice that requires specific qualifications and expertise. But it does mean that all nurses and midwives need to possess knowledge and skills in mental health assessment, care and treatment, appropriate to the clinical setting in which they work and in alignment with their scope of practice.

Practice standards define and describe the practice of nurses, and in this instance, they aim to guide practice and support the delivery of stepped mental health care by nurses working in general practice and other primary health care settings. These Practice Standards have built on the Australian and Nursing Midwifery (ANMF) National Practice Standards for Nurses working in Australian general practice. They provide an important framework against which nurses can self-assess their professional development needs and adjust their clinical practice to ensure that every person seen in the primary care setting has their mental health needs considered and addressed as appropriate.

We are indebted to the Australian Government Department of Health which provided funding to develop the *Mental Health Practice Standards for Nurses in Australian General Practice 2018*, and to the University of Wollongong team, led by Professor Elizabeth Halcomb, whose research has culminated in the production of this important manuscript.

I commend to you the *Mental Health Practice Standards for Nurses in Australian General Practice 2018*.



Professor Eimear Muir-Cochrane
President ACMHN

Overview

In 1996 the Federal Government recognised the importance of the emotional wellbeing of Australians and declared mental health to be an Australian National Health Priority Area⁽¹⁾. The 2014-15 National Health Survey results indicate that four million people, 17.5% of all Australians, experienced a mental illness during that year^(2, 3). With the total Australian population rising from 20 million in 2007⁽⁴⁾ to 24 million in 2016⁽³⁾ it can be anticipated that the number of people with a lived experience of mental illness has also risen dramatically.

As the number of people experiencing mental illness increases, so too do the costs associated with the provision of mental health related services. The Australian Institute of Health and Welfare⁽⁵⁾ estimated \$8 billion Australian dollars was spent on mental health related services in Australia across the 2013-14 financial year⁽⁵⁾. Admissions to public hospitals comprised the largest portion of the funding at \$2.1 billion, or 26.3% of the overall cost⁽⁵⁾. Additionally, community mental health services required expenditure of \$1.9 billion⁽⁵⁾. There are also many hidden financial expenses associated with living with a mental illness such as loss of potential income / productivity, medication, housing, and carer fatigue that are not costed in these estimates^(6, 7). Given the increasing costs and burden of mental illness within our community, the importance of ensuring the availability of robust primary care services for people with mental illness and mental health issues, is paramount.

Internationally, healthcare delivery is changing to meet shifting demands for services. The ageing population and rise in prevalence of chronic and complex conditions necessitates the development of strong primary care systems to provide a combination of preventative health care and ongoing chronic disease management⁽⁸⁻¹¹⁾. Evidence suggests that these systems are best operated by teams of multidisciplinary health professionals working together to provide integrated health care⁽¹²⁾. To this end, there has been significant growth in the

nursing workforce in primary care both in Australia and internationally in recent decades⁽¹³⁾.

...there has been significant growth in the nursing workforce in primary care both in Australia and internationally

The growth of the nursing workforce in general practice is occurring at the same time as the growth in

mental health related general practitioner encounters. For the year 2014-2015, the Australian Institute of Health and Welfare⁽¹⁴⁾ reported an estimated 17.6 million mental health related general practitioner encounters. This equates to 12.7% of all general practitioner related encounters for the year 2014-2015⁽¹⁴⁾. The estimated rate of encounters per 1,000 population for mental health increased annually by an average of 4.4% from 2010-2011 to 2014-2015⁽¹⁴⁾. Depression and anxiety accounted for a total of 6.7 per 100 general practitioner encounters, while depression was the most commonly presented mental health issue, accounting for 32.8% of mental health related GP encounters. According to the 2007 National Survey on Mental Health and Wellbeing⁽¹⁵⁾, of the 34.9% of Australians with a mental health issue, 70.8% consulted a general practitioner in the year prior to the survey. Comparatively, 37.7% consulted a psychologist, and 22.7% consulted a psychiatrist⁽¹⁵⁾.

Nurses are vital to the delivery of safe, efficient and high quality health care in general practice⁽¹⁶⁾. The growth of the general practice nursing workforce has facilitated the formation of teams of multidisciplinary health professionals working together in this setting to provide integrated health care⁽¹²⁾. Nurses working in general practice provide a range of nursing care including, but not limited to, chronic disease management, acute injury care, maternal and child health, occupational health, travel health, as well as health assessment and care planning across the lifespan^(17, 18). Within this range of care, nurses address physical, psychological and social issues as necessary for each individual consumer. The prolonged engagement of nurses working in general practice with consumers and their families and carers over time, positions them well to be involved in difficult conversations and ongoing care in areas such as behaviour change, advanced care planning and mental health and well-being⁽¹⁹⁾. Most nurses working in general practice do not have specialist qualifications in mental health nursing⁽¹³⁾. Whilst nurses with specialist mental health qualifications provide advanced assessment and intervention for those with mental illness, the NMBA requires all registered and enrolled nurses to have knowledge and skills around caring for individuals with mental illness^(20, 21). Indeed nurses working in general practice are expected to provide a growing range of frontline services for people with mental health issues and mental illness across the spectrum of severity, in terms of both their physical and mental health care. This document, *Mental Health Practice Standards for Nurses in Australian General Practice 2018*, aims to articulate the activities that nurses working in general practice can undertake in relation to mental health as a way of making this work more visible.

Standards for Nurses in Australia

In Australia, the standards for practice identified by the Nursing and Midwifery Board of Australia (NMBA) for registered⁽²¹⁾ and enrolled⁽²⁰⁾ nurses outline the standards of practice expected from nurses. Additionally, the Australian Nursing and Midwifery Federation (ANMF) have developed National Practice Standards for Nurses working in Australian general practice⁽¹⁶⁾.

These ANMF standards compliment the NMBA standards and describe aspects of professional practice specific to registered and enrolled nurses working in the general practice setting. The ANMF standards are necessarily broad to encompass the scope of practice of nurses working in general practice as a result of the diverse environments in which they work and the variable skills and knowledge of these nurses. This document, *Mental Health Practice Standards for Nurses in Australian General Practice 2018*, builds upon both the NMBA and ANMF standards to provide guidance as to the scope of practice of nurses working in general practice when providing mental health care.

This document is focused on the enrolled and registered nurse workforce in Australian general practice. It does not incorporate nurses working within community mental health services, specialist mental health nurses or mental health nurse practitioners. It also does not incorporate privately practising mental health nurses working in collaboration with general practitioners under the Primary Health Network flexible funding pool. Consideration of how these individuals' best contribute to models of mental health care within general practice requires further investigation beyond the scope of this project.

Scope of Practice

The NMBA⁽²²⁾ defines the scope of practice of a profession as “the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform” (p. 1). While the scope of practice of nursing is exclusive to the nursing profession, specific aspects of clinical care may overlap with other professions as part of their scope of practice.

The scope of an individual nurses’ practice is more specifically defined as “that which the individual is educated, authorised and competent to perform” (p. 2). Therefore, the individual nurses’ scope of practice will be narrower than the scope of the profession. An individual nurses’ scope of practice is constrained by local policies which provide authorisation to perform particular tasks, the specific education they have received and the knowledge, skills and competence developed by that individual.

Deciding what falls within the scope of practice of an individual nurse working in general practice has long been recognised as a complex issue⁽²³⁾. Often nurses working in primary care were not prepared specifically for the general practice environment by their pre-registration education as many pre-registration courses focus on acute care⁽²⁴⁻²⁶⁾. Additionally, access to professional development opportunities specific to general practice has been recognised as a challenge due to limited access to leave and funding to support continuing education⁽²³⁾. Finally, complexity is added as a result of the small business environment of general practice, where the general practitioner is often the employer of the nurse and, as such, may guide their workload and educational opportunities⁽²⁷⁾.

To assist registered and enrolled nurses in decision making around their scope of practice, the NMBA⁽²²⁾ developed the decision making framework. This framework assists nurses’ to make decisions about their scope of practice within the context of professional, regulatory and legislative frameworks. Careful consideration of whether a specific aspect of care is within an individual nurses’ scope of practice is a sound risk management strategy to protect the public, employers and the nurse from harm. Whilst these Standards articulate the mental health aspects of care provided by the nurse working in Australian general practice, all practice should be considered in terms of whether it is within the individual nurses’ scope of practice. Additionally, the scope of practice will be different for registered⁽²¹⁾ and enrolled⁽²⁰⁾ nurses as a result of their different education and skills. Areas identified in this document where the individual nurse is not “educated, authorised and competent to perform”⁽²²⁾ (p. 2), but are within the scope of practice for their registration status, highlight opportunities for professional development to work to the full potential nursing scope of practice.

Australian General Practice

Nursing in general practice is recognised as one of the fastest growing health workforces in Australia⁽²⁸⁾. Growth has largely been driven by workforce demands brought about by an ageing population with increasing healthcare needs, and a growing prevalence of chronic conditions managed within the community⁽²⁹⁾, including mental health issues.

A trend towards large, privately owned general practices providing a broad range of clinical services has provided further employment opportunities and stimulated interest in primary care nursing among new graduate nurses and nurses seeking career opportunities outside acute care^(30, 31). In many countries, including Australia, New Zealand, Canada and the United Kingdom, nurses now comprise the largest non-medical workforce working in primary care⁽³²⁾.

In 2003, it was estimated that there were around 2,349 nurses working in Australian general practice and that 40% of practices employed a nurse⁽³³⁾. By 2016, the number of nurses working in Australian general practice had risen to 13,240 nurses and 84.7% of GPs reported working in a practice which employed a nurse^(34, 35). Despite the significant growth of the nursing workforce in general practice, the private nature of general practices and the lack of specific workforce data for nurses working in general practice has created challenges when evaluating workforce size and composition⁽³⁶⁾.

Income in general practice is largely generated via a fee for service arrangement paid for by a publicly funded insurance scheme (Medicare) and consumer co-payments. Until recently, funding of nurses working in Australian general practice was dominated by task specific item numbers, examples of which include wound care, immunisations and cervical screening⁽³⁷⁾. Consistently delivering care around particular tasks ensured that nurses working in general practice developed clinical expertise in areas that could generate income to the practice⁽³⁸⁾. At the same time, this narrow funding arrangement limited the nurses' practice to these tasks and constrained them from working to their full scope of practice^(39, 40).

In 2012, the landscape of Australian general practice changed significantly with the replacement of Medicare item numbers for nursing services provided in general practice with the Practice Nurse Incentive Program (PNIP). The PNIP provides block funding for nursing services based on practice size rather than remuneration for specific clinical tasks under the previous item numbers. This change has facilitated practices to re-evaluate the role of the nurse in general practice to target nursing care that best meets consumer and practice needs⁽⁴¹⁾. Despite this increased flexibility, the PNIP funding does not completely cover the costs of nursing services and many practices still emphasise the need for the nurses to be undertaking activities that generate income for the general practice⁽⁴²⁾.

There is significant variation in models of care employed within general practices. These differences are driven by a complex range of factors including the size and clinical focus of the practice, the skill mix of health professionals, local needs of the practice population, the business model and available funding incentives and the individual preferences of practice owners⁽¹⁶⁾. Given this variation in models of care it is apparent that the role of the nurse will also show variation across practices. However, regardless of the variation in nursing care delivered across Australian general practice, this document, *Mental Health Practice Standards for Nurses in Australian General Practice 2018*, provides a broad framework which articulates how nurses are contributing to mental health care within the general practice setting.

Development of these Standards

This document was developed through a combination of a review of the existing literature and an iterative process of consultation with key stakeholders including representatives from key professional groups (Australian College of Nursing, Australian Nursing and Midwifery Federation, Australian Primary Health Care Nurses Association, Australian Practice Managers Association, Council of Deans of Nursing and Midwifery, Royal Australian College of General Practitioners, Royal Australian and New Zealand College of Psychiatrists), mental health nurses, general practice nurses, consumers and carers.

Consultation took place between July 2017 and February 2018. Initial interviews and focus groups provided qualitative insight into the scope of practice of nurses in general practice in the provision of mental health care. Participants in this phase included nurses working in general practice, as well as nurses with mental health expertise. Following these interviews and focus groups, a draft document was produced which was sent to the Expert Reference Group and project Steering Committee for comment. This culminated in a revised version of the document which then formed the basis of a survey. This survey was developed and disseminated to nurses working in general practice via professional organisations and social media to seek feedback and gain agreement regarding the final indicators.

The survey was conducted in February 2018 and received 119 responses. Seventy six percent of respondents were registered nurses, with 12% enrolled nurses, 3% nurse practitioners and 9% a dual registered nurse / midwife. Ninety three percent of respondents were female. Most respondents were from New South Wales (49.0%), with others from South Australia (16.3%), Victoria (15.3%), Queensland (10.2%), Western Australia (5.1%), Australian Capital Territory (3.1%) and Northern Territory (1.0%). Although 27.7% respondents were from capital cities and 34.7% from metropolitan centres, 37.6% were from rural or remote areas. Only 15.8% of respondents had ever worked in a mental health setting.

Survey findings indicated over 90% agreement (range 91.04% – 98.48%) that each of the standards reflected the scope of practice of nurses working in general practice in relation to mental health care. Review of open-ended survey items revealed no new areas identified that were not covered by existing proposed standards.

Format of the Standards

These *Mental Health Practice Standards for Nurses in Australian General Practice 2018* use the domains articulated in the ANMF National Professional Practice Standards for nurses in general practice⁽¹⁶⁾ to consistently reflect the breadth of nursing in general practice with a specific focus on mental health care. Those standards which relate to professional aspects of nursing in general practice are classified as “Professional practice”. “Nursing care” describes nursing care delivery. The aspects of nursing care that are organisational or environmental in nature are listed in “General practice environment”. Finally, the domain “Collaborative practice” highlights the pivotal contribution of the nurse within both the general practice and broader primary health care team.

Professional Practice

1. Understands and uses relevant legislation, guidelines and standards to inform the delivery of mental health care.
2. Engages in ongoing professional development relevant to mental health, including networking and/or mentoring relationships.
3. Develops the general practice nursing role in mental health stepped care in collaboration with other health professionals, key stakeholders and consumers.
4. Considers own psychological wellbeing and that of others in the general practice team.

Nursing Care

5. Recognises signs and symptoms of mental health issues across the lifespan.
6. Is proficient in mental health first aid skills, including effective and safe communication techniques for interacting with individuals experiencing mental health issues.
7. Demonstrates an understanding of common screening tools used in mental health assessment and applies them in clinical practice.
8. Understands the interrelationship between mental health and physical co-morbidities, co-occurring conditions and mental health.
9. Demonstrates an understanding of therapeutic principles related to person centred care and mental health, including early intervention, trauma informed care, strengths focused, holding hope, personal recovery and enhancing resilience.
10. Provides evidence-based interventions and support for people with mental health issues, including motivational interviewing and brief solution focussed interventions.

11. Demonstrates an understanding of medications used to treat mental illness including administration considerations, their impact on physical health and monitoring required.
12. Provides information about and facilitates access to programs and services that support positive mental health in collaboration with the general practitioner.
13. Provides health promotion and preventive care around physical health and social factors that impact mental health.
14. Pursues opportunities to reduce stigma and discrimination around mental illness in the general practice setting.

General Practice Environment

15. Considers options for funding of mental health service delivery, including private health insurance, National Disability Insurance Scheme and relevant funding schemes, based on individual circumstances.

Collaborative Practice

16. Uses effective communication and interpersonal skills to build therapeutic relationships with individuals with mental health issues and their families and/or carers / support person(s).
17. Creates and maintains a safe and private environment for individuals with mental health issues and their families and/or carers / support person(s).
18. Understands the scope of practice, services available and access pathways for specialist mental health professionals, including mental health nurses, psychologists and psychiatrists.
19. Develops relationships between the general practice, community services and relevant local specialist mental health services within both the public and private sectors.

Professional Practice

Four key standards emerged under the domain of professional practice. Firstly, nurses working in general practice have a clear understanding of the local legislative framework and relevant guidelines and standards to ensure that they are providing evidence-based, best practice mental health care within the general practice setting.

As with all aspects of practice, ongoing professional development specific to mental health is important to ensure that the nurse working in general practice has up to date knowledge and skills for practice. Nurses working in general practice also proactively develop their role in mental health and engage with other mental health professionals, key local stakeholders and consumers. Finally, the nurse working in general practice is cognisant of their own mental health and wellbeing as well as that of others in the general practice team.

1. Understands and uses relevant legislation, guidelines and standards to inform the delivery of mental health care.

Rationale

In addition to the legislation, guidelines and standards relating to health and health care that every nurse seeks to practice within, mental health care requires additional considerations. For those with mental illness, legislation and guidelines establish processes around issues such as consent, involuntary treatment and decision making when they lack capacity to do so. These issues are often highly relevant in the general practice setting where individuals first present for treatment. Additionally, disease specific guidelines outline the evidence-based best practice care and care pathways for various mental health conditions.

2. Engages in ongoing professional development relevant to mental health, including networking and/or mentoring relationships.

Rationale

Ongoing professional development specific to mental health is important for nurses to develop and maintain the skills and knowledge required to support working with individuals with mental health issues and their carers / support people. Working in general practice has been described as professionally isolating for nurses^(23, 43). Engaging in networking and mentoring relationships can assist nurses in accessing support from other nurses to continue their professional development and consolidate their skills and knowledge in mental health care.

3. Develops the general practice nursing role in mental health stepped care in collaboration with other health professionals, key stakeholders and consumers.

Rationale

Nurses working in general practice have an important role in supporting individuals with mental health issues and their carers / support people to navigate the often complex mental health care system. It is important that nurses working in general practice actively promote their role to increase its visibility.

4. Considers own psychological wellbeing and that of others in the general practice team

Rationale

An individual's work is an important contributor to stress and burnout⁽⁴⁴⁾. Individual well-being impacts not only on long-term mortality, quality of life and life expectancy but also on the way in which individual's work, their productivity and the quality of care that they deliver. Reflecting on ones' own psychological well-being and that of others is important to ensure that nurses working in general practice and others in the general practice team are supported to manage their own health and well-being. In turn, this will optimise their capacity to deliver high quality care.

Nursing Practice

Nursing practice describes the particular aspects of nursing care delivery around mental health that is undertaken by nurses in general practice. These aspects of care are appropriate at all stages along the illness trajectory, from the identification and assessment of mental health symptoms and management of acute mental illness presentations, to general practice based intervention, referral to specialist services and ongoing mental health promotion.

These standards recognise that the nurse in general practice encounters people with a range of mental health issues, from those with troubling mental health symptoms that do not reach a diagnostic threshold, to those with acute severe mental illness. Additionally, it recognises that the nurse has an important role in promoting mental health and well-being, as well as reducing stigma around mental illness. While the nurse in general practice has the ability to apply these indicators in their practice, decisions about whether a particular aspect of clinical care is within their individual scope of practice is determined by the individual nurse, informed by the NMBA⁽²²⁾ decision making framework.

5. Recognises signs and symptoms of mental health issues across the lifespan.

Rationale

Individuals may present to general practice with a range of signs and symptoms of mental illness, ranging from minor to severe. Identification of signs and symptoms of a mental health issue can facilitate appropriate screening and early detection. This has the potential to prompt early intervention that can minimise the impact of the illness on the individual and their carer / support person.

6. Is proficient in mental health first aid skills, including effective and safe communication techniques for interacting with individuals experiencing mental health issues.

Rationale

As a frontline health professional, the nurse working in general practice works with individuals experiencing a range of signs and symptoms of mental illness. Consumers can present in varying states of distress, ranging from mild depression to significant psychosis. The nurse working in general practice has the skills and experience to effectively communicate with the individual with a mental health issue and to ensure a safe environment for themselves, the consumer and others.

7. Demonstrates an understanding of common screening tools used in mental health assessment and applies them in clinical practice.

Rationale

Individuals experiencing signs and symptoms of mental health issues often present to general practice. The nurse working in general practice is able to effectively assess these signs and symptoms using evidence-based, best practice methods. The use of common screening tools in mental health as validated measure of symptom severity can inform decisions around initial treatment plans, the need for specialist referral and ongoing intervention.

8. Understands the interrelationship between mental health and physical co-morbidities, co-occurring conditions and mental health.

Rationale

Individuals with mental illness have significantly worse physical health and higher mortality rates than other members of the community⁽⁴⁵⁾. Nurses working in general practice have a good understanding of the interrelationship between mental and physical health. This understanding prompts nurses working in general practice to ensure that those with mental illness are supported to access best practice health screening, behaviour modification and chronic disease management to optimise their physical health outcomes.

9. Demonstrates an understanding of therapeutic principles related to person centred care and mental health, including early intervention, trauma informed care, strengths focused, holding hope, personal recovery and enhancing resilience.

Rationale

To promote continuity of care between health professionals, all nurses working in general practice have an understanding of the therapeutic principles used in contemporary mental health care.

10. Provides evidence-based interventions and support for people with mental health issues, including motivational interviewing and brief solution focussed interventions.

Rationale

Not all individuals with mental health issues seen in a general practice will require referral to specialist mental health services. In collaboration with the general practitioner, appropriately educated and experienced registered nurses working in general practice can provide evidence-based interventions for individuals with mental health issues. Additionally, the nurse working in general practice provides support for individuals with mental health issues and their carers / support persons who are receiving intervention from specialist mental health services.

11. Demonstrates an understanding of medications used to treat mental illness including administration considerations, their impact on physical health and monitoring required.

Rationale

A key component of mental health care is pharmacotherapy. Medication use in mental illness is complicated by issues around adherence to medication regimes and the deleterious side-effects of medications. To best support individuals with mental illness in managing their medications, registered nurses working in general practice have a broad understanding of the types of medications used in mental health, the administration considerations of these medications and the side-effects that are likely to be experienced. Additionally, registered nurses working in general practice seek additional detailed information as required to support the delivery of best practice care in mental health pharmacotherapy.

12. Provides information about and facilitates access to programs and services that support positive mental health in collaboration with the general practitioner.

Rationale

Mental health and wellbeing is a complex issue. Individuals may benefit from a range of community based programs that promote wellness and positive mental health, as well as activities which create opportunities for social interaction and connectedness within the community. Nurses working in the general practice setting, in collaboration with general practitioners, provide information to individuals with a mental health issue and their carers / support persons about relevant local services and programs that promote mental health and how they can be accessed.

13. Provides health promotion and preventive care around physical health and social factors that impact mental health.

Rationale

Mental health is impacted by a range of physical health and social factors, including chronic disease, life-limiting conditions, poor housing, and financial issues. Health promotion and preventative care, provided by nurses in general practice, that addresses these factors is likely to have a positive impact on mental health. Nurses in general practice recognise that individuals with poor physical health or social factors may also need mental health assessment and support to ensure timely management of mental health issues.

14. Pursues opportunities to reduce stigma and discrimination around mental illness in the general practice setting.

Rationale

Despite significant work, mental illness remains a source of stigma and discrimination within our community. Stigma and discrimination can both negatively impact those with mental health issues and cause a reluctance to seek help or support due to perceived negative consequences. Nurses working in general practice play an important role in reducing stigma and discrimination during their ongoing interactions with the practice population and as advocates for health in the community.

General Practice Environment

The predominately small business environment of Australian general practice, the funding of primary care services and the frequent links between mental health and socio-economic disadvantage require nurses in general practice to understand the various funding schemes and how they can be utilised to support the delivery of best practice mental health services.

- 15. Considers options for funding of mental health service delivery, including private health insurance, National Disability Insurance Scheme and relevant funding schemes, based on individual circumstances.**

Rationale

Specialist mental health care is delivered across various community and in-patient settings, as well as within the public and private health systems. Many individuals with mental health issues also have co-existing social issues which may impact on their capacity to self-fund health care. Nurses working in general practice are cognisant of the various options for funding access to mental health services to facilitate access for those with mental illness within the constraints of the health system.

Collaborative Practice

Nurses working in general practice have long been recognised as ‘agents of connectivity’⁽⁴⁶⁾. In terms of delivering mental health care, nurses working in general practice build therapeutic relationships with consumers with mental health issues and their families and/or support person(s) in order to maintain a safe environment in which best practice care can be delivered.

Additionally, nurses working in general practice understand the role and scope of practice of specialist mental health professionals and build working relationships with these specialist mental health providers and community support groups across the public and private sectors. These relationships are important to facilitate communication, referral and support for both individuals with mental health issues and health professionals.

16. Uses effective communication and interpersonal skills to build therapeutic relationships with individuals with mental health issues and their families and/or carer / support person(s).

Rationale

Conversations around mental health and mental health care can be complex and sensitive. Developing a therapeutic relationship over time between the nurse working in general practice and individuals with mental health issues and their carers / support persons is important to facilitate difficult conversations when health issues arise.

17. Creates and maintains a safe and private environment for individuals with mental health issues and their families and/or carer / support person(s).

Rationale

Accessing treatment for mental health issues can be difficult for both individuals with mental health issues and their carer / support persons. Nurses working in general practice have the opportunity to build therapeutic relationships over time that facilitate a safe environment which provides support and optimises care delivery. Establishing the general practice as a safe environment can encourage individuals with mental health issues and their carers / support persons to present early to the practice when health issues arise.

18. Understands the scope of practice, services available and access pathways for specialist mental health professionals, including mental health nurses, psychologists and psychiatrists.

Rationale

In order to appropriately provide information to consumers and their carers / support persons the nurse working in general practice understands the various specialist mental health services available in their local area and their referral pathways. This includes having an understanding of the role of specialist mental health professionals and the types of services and supports that they provide.

19. Develops relationships between the general practice, community services and relevant local specialist mental health services within both the public and private sectors.

Rationale

Effective mental health care requires collaboration and continuity between health professionals and service providers across the sector. Developing relationships between the practice and community services and specialist services facilitates communication and dialogue about both general mental health issues and issues related to specific individuals with mental health needs.

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Expert Reference Group Membership

Prof Eimear Muir-Cochrane	President, Australian College of Mental Health Nurses (Chair)
Prof Wendy Cross	Immediate past President, Australian College of Mental Health Nurses (previous Chair)
Mr Ben Murray	Director, Innovation and Reform Section, Health Workforce Reform Branch, Health Workforce Division, Australian Government Department of Health (Project Sponsor)
Ms Karen Cook	Immediate past Director, Innovation and Reform Section, Health Workforce Reform Branch, Health Workforce Division, Australian Government Department of Health (Project Sponsor)
Adj Assoc Prof Kim Ryan	CEO, Australian College of Mental Health Nurses
Ms Anne Davis	Australian Association of Practice Managers
Ms Carolyn Stapleton	Australian College of Nursing
Ms Donna Hansen-Vella	Australian Nursing & Midwifery Federation
Ms Ros Rolleston	Australian Primary Health Care Nurses Association
Prof Phillip Maude	Council of Deans of Nursing and Midwifery
Ms Jane Grace	National Mental Health Consumer & Carer Forum
Ms Janet Milford	National Mental Health Consumer & Carer Forum
Prof Morton Rawlin	Royal Australian College of General Practitioners
Dr Virginia Loftus	Royal Australian & New Zealand College of Psychiatrists
Ms Anna-Marie Thompson	North West Melbourne Primary Health Network

Notes



the Australian College
of Mental Health Nurses inc.

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PO Box 154, Deakin West, ACT 2600. Australia
ph: 1300 667 079 +61 2 6285 1078