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TECHNOLOGY SYDNEY

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Nursing, Midwifery & Health

UTS

THINK.CHANGE.DO

**Presenter:
Kevin Kellehear**

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What is National Mental Health Week and Mental Health Week NSW?

- Mental Health Week NSW is part of a national mental health promotion campaign.
- National Mental Health Week which is held early October each year.
- Mental Health Week involves over 1000 activities across Australia.
- The Mental Health Association NSW Inc the coordinating body for Mental Health Week activities and promotional materials in NSW.
- UTSpeaks as an activity

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Factors and Experiences that have helped to shape me and my approaches to Mental Health / 1

40+ years in Nursing – mostly in Mental Health

Studies / Qualifications

- **Psychiatric & General Nursing**
- **Bachelor of Arts Degree, Master of Health Personnel Education**
- **Soon to embark ... PhD**

Clinical Experience – 20 years

- **Large stand alone Psychiatric Hospital**
- **General Hospital Psychiatric Unit – RPAH**
- **Community Mental Health**

Academic Experience – 20 years

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Factors and Experiences that help to Shape me and my Approaches to Mental Health / 2

International Experience

Consultancy

- Pacific Islands: Papua New Guinea, Republic of Fiji,
- Samoa, Solomon Islands
- Indonesia, Bahrain

Professional Visits

- New Zealand
- Central and Southern Europe, Scandanavia
- Japan, Hong Kong
- United Kingdom, United States

Major Professional Involvements

- The Mental Health Services Conference of Australia and New Zealand
- Multicultural Mental Health Australia
- The Australian College of Mental Health Nurses

My Brief for this Public Lecture

- ✓ **Mental Health Week 2007 theme**
“Relationships in the Community”
- ✓ **An examination of the issues that we face in contemporary mental health services**
- ✓ **The unique role mental health nurses play**
- ✓ **Essential qualities needed**
- ✓ **New and extreme forms of mental illness and distress**
- ✓ **Challenges for mental health nursing, education and research.**



Structure for the Presentation

The Past - Where have we come from?

What are the forces and factors that have shaped our present

The Present - Where are we now?

What are the issues that we currently facing?

The Future – Where are we going?

What are the challenges ahead and how can we manage them?



The Past - Where have we come from?

What are the forces and factors that have shaped our present?

- **Humanitarian origins – Pinel (France), Tuke (England)**
- **The asylum movement**
- **Advances in medicine**
 - **American (DSM)**
 - **English / European (ICD)**
- **Developments in psychopathology**
- **World War II**
- **American Psychiatric Mental Health Nursing**
- **British Psychiatric Mental Health Nursing**
- **Australian Psychiatric Mental Health Nursing**

The relevance of all these factors to contemporary mental health

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The Present - Where are we now? The unique roles that nurses play

Breaking out of the custodial role

To a therapeutic role

Development of a diverse range of skills to work with people of

all age groups – the emerging specialties

culturally diverse backgrounds – include indigenous groups

diverse client groups eg forensic, refugee

stage of illness – acute, long-term, rehab/recovery

Collaboration in care – with consumer groups / advocates, NGOs

Factors impacting on retention of mental health nurses

- ***Poor working conditions***
- ***Heavy workloads (overtime)***
- ***Lack of resources***
- ***Lack of pay parity, with other health professions***
- ***High level of WorkCover claims***
- ***Lack of career pathways***
 - low morale***
 - lack of job satisfaction***
 - poor status***
- ***Lack of professional development opportunities***
- ❖ **Impact on new graduates, stagnation of current practitioners**

The Patient Profession: Time for Action – Report on the Inquiry into Nursing , July 2002, cited in the Inquiry into Mental Health Services in NSW, December 2002

The Present – How are we addressing these issues?

**Education at all levels – undergraduate, postgraduate and doctoral
Support for further and continuing education**

- **NSW Health Department Scholarships - 2007**
 - 194 awarded to RNs for Postgraduate study**
 - Including 24 for NP Masters**
 - 93 awarded to Ens to upgrade to RN**
 - Reconnect program**
 - **Nurses and Midwives Board**
 - **NSWNA**
- + other sources of support and funding**

Support for Research

Organisational support

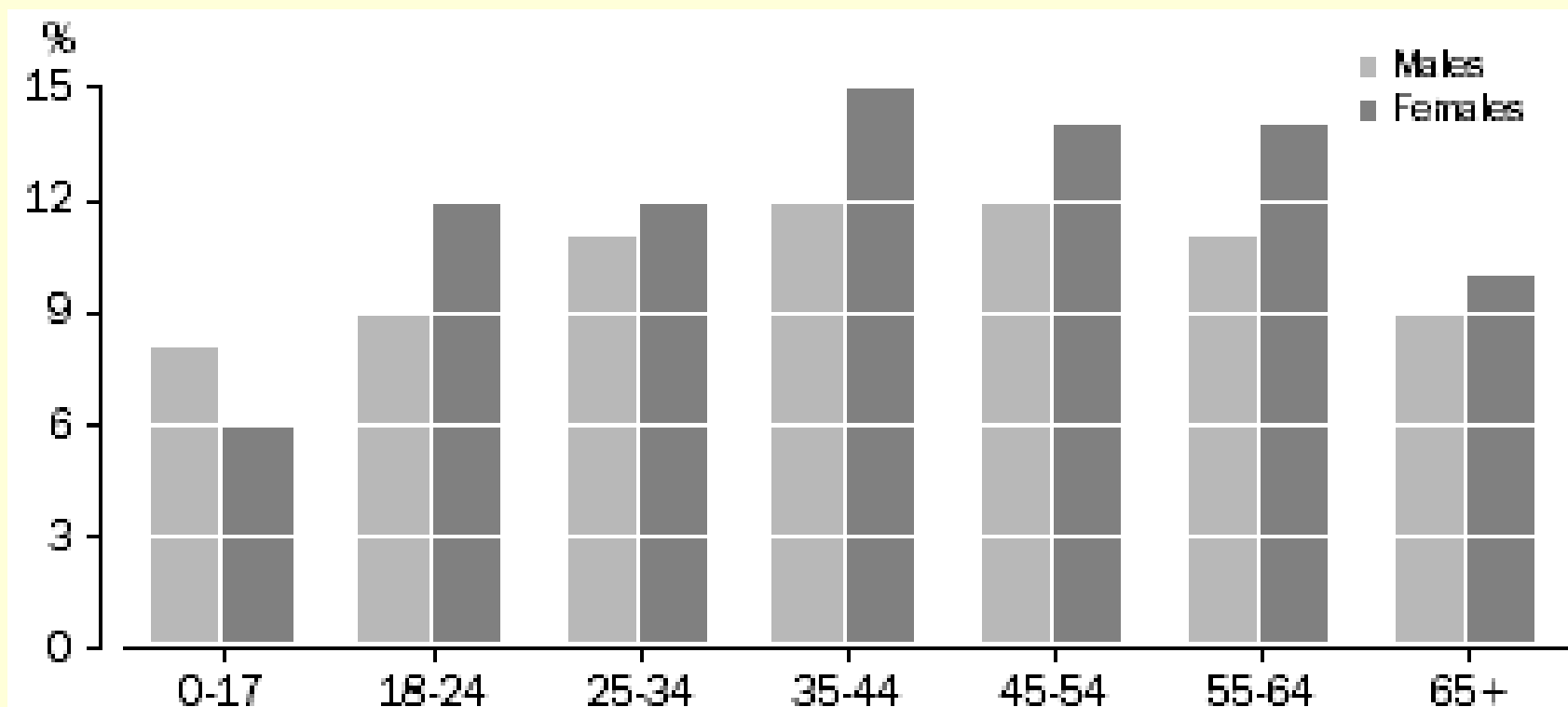
Clinical Supervision – voluntary vs “mandatory”

Career opportunities – especially Nurse Practitioners

The prevalence and incidence of mental illness in Australia

- 1 in 5 Australian adults will experience a mental illness at some stage in their lives.
- 3% of the population at any one time suffers a severe level of mental illness
- Young adults between 18 and 24 have the highest prevalence of mental illness.
- It is estimated that 27% of young adults will develop a mental disorder.
- Co-morbidity is common among persons with mental illness.
 - One in four persons with an anxiety, affective or substance use disorder also have at least one other mental illness
- Among those with psychotic disorders,
 - 30% have a medical history of alcohol abuse or dependence, (25.1% of cannabis abuse and 13.2% of other substance abuse or dependence).
- In 2000, depression was ranked as the fourth most common cause of Australia's total disease burden and was the most common cause of disability.
- 40% of people with a mental disorder report receiving treatment.
 - This means the majority (60%) do not.
- There were 2,101 deaths from suicide recorded in 2005.

Prevalence of mental and behavioural problems (a)



(a) Self-reported mental and behavioural problems which have lasted or are expected to last for six months or more

Source: ABS National Health Survey: Summary of Results, Australia, 2004-05 (4364.0)

The Kellehear Continuum

Let me demonstrate how we can determine who is where in terms of their mental health status

We can examine where people are located who have mental illness, mental distress or just a “bad day”

And what we can do to assist

The uses for the continuum

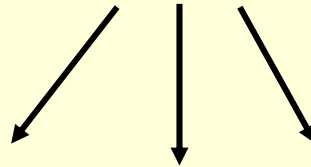
- **Introduction to mental health**
- **South Pacific Islands – educational workshops for nurses to embrace mental health and psychosocial concepts**
- **Wayside Chapel**
 - **workshop**
 - **service development**

**KELLEHEAR CONTINUUM OF
MENTAL HEALTH / MENTAL ILLNESS, STRESS and COPING MODEL
(Copyright, Kellehear, 2007)**

PREDISPOSITION

Genetic, family, past experiences

STRESSORS



breakdown
/

WELLNESS
Mentally well

VULNERABLE
At risk

ILLNESS
Mentally ill



**COPING SKILLS
AND RESOURCES**

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Those affected by mental illness need the following:

- good clinical care that ameliorates symptoms and reduces disability
- education about mental illness and mental health
- the reduction of discrimination
- the involvement of consumer's and carers personal resourcefulness in bringing about recovery.
- a comprehensive coordinated range of psycho-social assistance and support encompassing:
 - interpersonal relationships, income, housing, education,
 - employment, transport, and leisure opportunities.



Contemporary Mental Health Services

- A Service Model for Contemporary Mental Health Services involves three main components:
 - primary healthcare services for those with mild-moderate disorders
 - private and not for profit (NGO) mental health services for those with moderate-severe disorders
 - public mental health services for those with acute or severe disorders
- Staffing
 - GPs
 - Mental Health professionals
 - Other health care staff with education, training, support and supervision
 - Consumer and Carer Advocates
 - NGOs

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The Future - Where are the challenges we are facing?

Developing a sound understanding of the unique contribution of mental health nurses ...

in diverse settings

with diverse populations – eg multicultural, indigenous etc

the emerging specialties

Responding to “new” forms of mental illness eg “Ice” and other drugs

Collaborating with consumers, carers, NGOs

Consolidation of the roles and positioning of Nurse Practitioners

Working on our image – stigma and stereotyping issues

Becoming involved at all points on the continuum

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So, what is the take home message for mental health nursing?

- Ensure that our undergraduate students
 - feel welcome,
 - included as a part of the team
 - provide them with positive learning experiences
- Continue to nurture our new graduates to
 - ensure that they have the opportunity to consolidate their skills
 - establish themselves as registered nurses.
- Support our nurse managers to provide services that
 - encourage new staff, and
 - provide good learning and clinical environments for students
- Promote clinical supervision staff at all levels.



So, what is the take home message for mental health nursing?

- Work Collaboratively – with all colleagues, service providers, consumer and carer advocates, NGOs etc
- Ensure that our academic programs are
 - relevant,
 - forward-looking,
 - challenging,
 - accessible and manageable.
- Assist our research endeavors to inform and strengthen our practice and services.
- Above all, we must maintain a vision
 - of what we can do and
 - need to do to ensure that we can continue to deliver high quality care for our communities and for the profession.

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THANK YOU
Your support for mental health
is appreciated