Forensicare Nurse Practitioner

Model of Care

Forensicare
VICTORIAN INSTITUTE OF FORENSIC MENTAL HEALTH

The Context

Forensicare provides specialist mental health services to people in the care of the Victorian justice system. These services are provided at the Melbourne Assessment Prison (MAP), the Dame Phyllis Frost Centre, Thomas Embling Hospital (TEH), and the community (including metropolitan Magistrates' Courts).

According to the most recent government data, there were 4,737 prisoners in the Victorian prison system on 30 June 2011; this figure represents an increase of 39.7 per cent over the previous decade (Department of Justice, 2012). Melbourne Assessment Prison (MAP) is the only reception prison for males in Victoria, with a capacity of 286 prisoners. At MAP, Forensicare clinical staff undertake mental health and risk screening assessment and treatment planning for all new prisoners, as well as Outpatients services and 24hr psychiatric crisis intervention. Forensicare also provides the clinical services for the 16-bed Acute Assessment Unit (AAU) at MAP for prisoners requiring more intensive psychiatric and/or risk assessment and treatment.

In Victoria, Mullen *et al.* (Department of Health and Aging, 2003), reported that 8% of male prisoners had a psychotic illness. Furthermore, rates of major mental illness, such as schizophrenia and depression are between three and five times higher in offender populations than in the general community.

The launch of the 'Because mental health matters: Victorian Mental Health Reform Strategy 2009-2019' clearly identifies that the prison population presents with extremely poor health status and complex health needs, and confirms that the prevalence of major mental illness is three to five times in the prison population compared to the general population (50% higher for depression). The Strategy aims to strengthen prison capacity to provide early intervention and treatment, address the fragmentation of service provision and expand access transition programs. Some key outcomes identified in the Strategy for prisoners include: access to high quality specialist mental health care, improved continuity of care, reduction in need for crisis intervention, reduction in suicide rate, and reduction in recidivism.

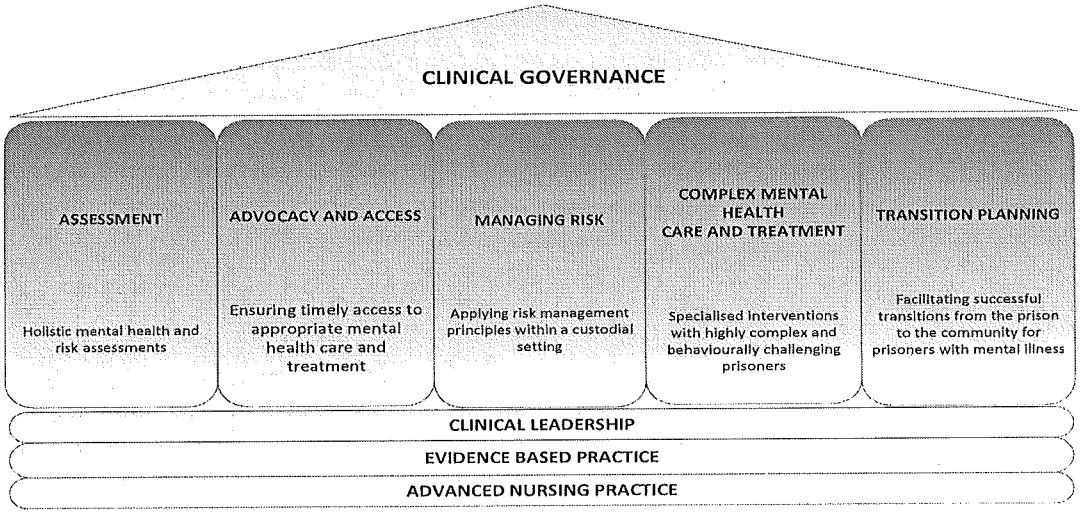
Forensicare facilitates effective links for people, organisations and government between the justice and mental health sectors. Justice Health is a business unit that is overseen by the Department of Justice, Department of Human Services, and the Department of Health. This team is responsible for funding, planning and coordination of prison health services with a number of contracted service providers, including Forensicare.

In mid-2010 Justice Health and Forensicare collaborated to develop a steering committee and recruit two Mental Health Nurse Practitioner candidates as an initiative to address known mental health service gaps across the Victorian prison system. The implementation of the Nurse Practitioner roles is not designed to replace existing services, but to enhance current services

through introduction of a new level of specialist nursing assessment and intervention. A number of key areas of opportunity were identified for model development. In May 2012, the Nurse Practitioner role was recognised in contract negotiations and funding for the two positions has been secured under existing arrangements until 2017.

Principles of the Nurse Practitioner Model of Care

The principles of the Nurse Practitioner model of care are illustrated below:



Assessment

Comprehensive and holistic mental health assessment of all persons entering prison is fundamental to ensuring that prisoners receive timely and appropriate mental health care and treatment. Early identification of mental health and risk issues at the point of reception into the prison and throughout the term of imprisonment will ensure early intervention and prevention of further deterioration of the prisoner's mental state and/or self-harm or attempted suicide.

The Nurse Practitioners perform advanced biopsychosocial and risk assessments of complex and acutely unwell prisoners at the point of reception. They also provide consultation to other psychiatric nurses performing reception mental health assessments to ensure standards of care are maintained and appropriate interventions provided.

Following assessment upon reception to the prison, recommendations and plans for clinical and correctional management are developed to best suit the needs of the prisoner. Interventions made include decisions around the most appropriate environment for the prisoner to be accommodated given concerns about safety and self-harm/suicidality, levels of observation, need for referral and follow-up with a Consultant Psychiatrist, Mental Health Nurse or other services, the timeframes within which the follow-up should occur, and other interventions including investigations and pharmacology.

Beyond the reception process, the Nurse Practitioners provide expert mental health and risk assessment for prisoners within the MAP mainstream. Referrals for assessment are received from self-referrals, correctional staff, primary health staff and other service providers within MAP. The advanced nursing assessments conducted by the Nurse Practitioners within the mainstream of the prison allow for the triaging of prisoners to appropriate levels of service from referral to the GP for sleep disturbance and high prevalence disorders such as anxiety and depression, through to referrals to the Consultant Psychiatrist in cases where serious mental illness is identified.

Most male prisoners whose mental illness has stabilised will be transitioned from MAP to another prison where there may be limited specialist psychiatric service provision. The Nurse Practitioner is well qualified and capable of providing advanced assessment and longer-term case management and continuity of care for resource intensive patients with complex needs across different locations.

Nurse Practitioner-led clinics assist clinicians in other prisons with risk reviews, mental health monitoring and ongoing care and treatment planning. The Nurse Practitioner input does not replace or invalidate the day-to-day nursing practice of the prison based psychiatric nurses. Instead, the Nurse Practitioner is a valuable additional resource within the prison and increases the level of service provision to prisoners with a mental illness. In essence, together with the Consultant Psychiatrists clinics, a greater level of specialist forensic mental health service provision is available with an anticipated increase in positive patient outcomes.

Advocacy and Access

The Nurse Practitioner plays a significant role in ensuring that prisoners with mental illness receive timely and appropriate mental health services during their incarceration and access to community-based services upon release from prison. This work is based on the principle that prisoners should have access to equivalent mental health services as those people in the community. This can present many challenges within a correctional setting as the aims of the correctional service and the aims of the mental health service require constant management and negotiation. The Nurse Practitioners are ideally placed to advocate for prisoners at the point of interface between the mental health and correctional services to ensure that prisoners are receiving the mental health care and treatment they require.

Examples of the ways that the Nurse Practitioner advocates for prisoners in relation to accessing appropriate mental health services are:

- Ensuring that those prisoners identified as having a mental illness upon reception are appropriately followed up with mental health services in the post-reception phase.
- Oversight and prioritising of admissions to the AAU from within MAP and other prisons.
- Advocating for the risk needs of the patient in line with contemporary evidence based practice. The Nurse Practitioner is available to offer a second opinion and undertake comprehensive risk analysis that is likely to result in shorter periods of prisoner isolation and better health outcomes.
- Providing expert advice and consultation within HRAT meetings.
- Ensuring continuity of mental health care for case managed mainstream prisoners.

- Negotiating access to area mental health services and other community services in preparation for release from prison of prisoners with mental illness.

Managing Risk

Suicide risk assessment is an integral function of the MAP clinical team. The Nurse Practitioners provide high level clinical risk assessment and management services to the prisoners within the mainstream of the MAP. This is provided in the following ways:

1. **Risk Assessment** – Using structured professional judgement, the Nurse Practitioners assess prisoner suicide risk upon reception to the prison and as required throughout the period of incarceration at the MAP.

2. **Risk Management Consultation** – The Nurse Practitioners are crucial in managing the interface between the correctional and health services within the prison to manage risk. They provide expert advice and consultation to correctional officers about ways of managing prisoners to minimise risk in the least restrictive or coercive manner.

3. **HRAT** – Those prisoners assessed as high risk of self-harm and/or suicide are assessed by Forensicare clinical staff on a regular basis. The HRAT (High Risk Assessment Team) comprised of correctional and mental health clinicians meets daily to review and monitor those prisoners at high risk. The Nurse Practitioners provide clinical leadership within these daily meetings by leading and guiding the discussion to ensure that prisoner's risk is managed appropriately within the custodial setting.

4. **Risk Reporting** – The Nurse Practitioners contribute to the reporting procedures around organisational or systemic risk reporting as part of their role.

5. **SASH Training** – The Nurse Practitioners provide formal suicide and self-harm training to correctional staff across metropolitan prisons. Full-day initial training for newly recruited officers, and four-hour refreshers for other officers are offered.

Complex Mental Health Care and Treatment

As the primary psychiatric assessment prison in Victoria, MAP receives a number of resource intensive men with longstanding mental health concerns from other prisons and the community. Nurse Practitioners provide increased continuity in the delivery of quality mental health care to this complex and challenging group of prisoners. Often these prisoners are not suited to the AAU. These men typically have a diagnosis of mental disorder plus comorbid severe personality disorder, and/or intellectual disability. The Nurse Practitioners case manage a number of these resource intensive prisoners to provide advanced nursing assessment, evaluation of holistic forensic mental health issues, and treatment planning based on evidence-based principles. For example, The Nurse Practitioner may order diagnostic investigations, undertake pharmacotherapy and medication management, provide counselling and psychoeducation, and develop relapse prevention and risk management plans.

Most male prisoners whose mental illness has stabilised will be transitioned from MAP to a rural prison where there is limited specialist psychiatric service provision. The Nurse Practitioner is well qualified and capable of providing advanced assessment and longer-term case management and continuity of care for resource intensive patients with complex needs across different locations.

Transition Planning

Effective transition planning is crucial to continuity of mental health care and treatment. Prisoners may undergo a number of different types of transitions e.g. between mainstream units within a prison, between the AAU and mainstream, between prisons and between the prison and the community upon release. At each transition there exists the possibility of a prisoner's continuity of mental health care being negatively impacted upon.

The Nurse Practitioner facilitates effective transitions through planning and communication. They can ensure that the receiving prison unit is informed about the prisoner's ongoing mental heath care needs and issues related to effective behavioural and risk management needs. Leading up to release from prison, the Nurse Practitioner liaises with the CFMHS Community Integration Program to ensure continuity between prison based mental health services and area mental health services in the community.

Clinical Leadership and Evidence Based Practice

At the core of being a Nurse Practitioner is the role of clinical leader. The Australian Nursing and Midwifery Council (ANMC) Nurse Practitioner competencies requires the Nurse Practitioner to demonstrate clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health care. They act as a senior member and/or leader of clinical teams and promote high quality, evidence based care and treatment to facilitate positive patient outcomes.

Examples of clinical leadership demonstrated by the Forensicare Nurse Practitioners are:

Professional Development - The Nurse Practitioners maintains current knowledge around relevant evidence based practice and applies this knowledge to their continued professional development and that of other nurses. Both Nurse Practitioners have successfully completed their Masters of Nursing (Nurse Practitioner) program with La Trobe University. They have actively participated in weekly clinical supervision with a Consultant Psychiatrist and regular line management supervision with the Director of Nursing.

The Nurse Practitioners are invested in the professional development of their nursing and multidisciplinary colleagues and provide relevant education sessions and one-to-one clinical teaching as part of their day-to-day work. In addition to formal SASH training for corrections officers, the Nurse Practitioners present relevant topics on a per request basis.

Policy and Clinical Process Development – They are involved in reviewing and writing policies central to the clinical work at MAP. They have recently reviewed and updated the reception mental health and risk assessment tool.

Clinical Review - The Nurse Practitioners play an important clinical leadership role in clinical review discussions.

Clinical auditing and review processes - In order to survey clinical needs within MAP the Nurse Practitioner candidates undertook an audit of current psychotropic prescribing practices. Treatment plans for all prisoners prescribed psychotropic medications at MAP were reviewed on a single day, March 25th 2012. On that day there were 273 prisoners at MAP, of which 123 (45%) were prescribed one or more psychotropic medicines. The Nurse Practitioner candidates found that 77 of these prescriptions were clearly indicated, but 46 were prescribed without indication. Due to current resource limitations, this group of prisoners are unlikely to have there treatment reviewed by a prescriber whilst in prison unless they present with acute psychiatric symptoms. One area of concern was the continued prescription of Quetiapine, an antipsychotic that is renowned for misuse and trading amongst prison populations (Pierre et al., 2004; Sansone & Sansone, 2010). In this audit it was found that of the 26 patients prescribed Quetiapine, 15 (58%) were not clinically indicated.

Advanced Nursing Practice

In addition to the advanced nursing practices discussed earlier in this paper, it is anticipated that the endorsed Nurse Practitioners will order tests and investigations and prescribe medication from a specified and approved formulary.

Test and Investigations:

Nurse Practitioner ordering of the following diagnostic testing requires approval from the MHNP steering committee. A Clinical Practice Guideline is currently being developed.

- **Pathology**: Full Blood Examination; Liver Function Test; Thyroid Function Test; Drug Screening; Urine Drug Screen; Serum Lithium Levels; Serum Sodium Valproate Levels; Serum Clozapine Levels; Lipid Screen; Lipid Profile.

- **Radiology**: Electrocardiogram; Chest X-Ray.

Prescribing medicines: (see appendix 2)

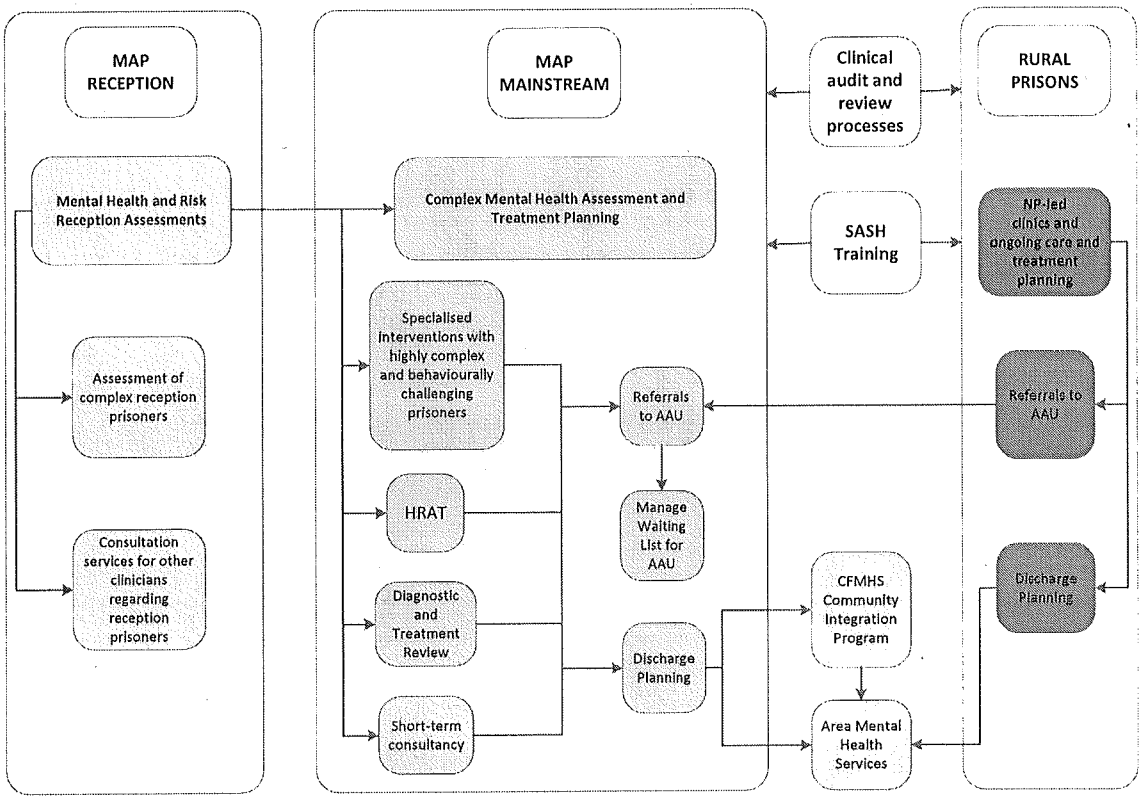
This formulary provides for the poisons and restricted substances that may be possessed, used, supplied or prescribed by Nurse Practitioners under section 14A of the Drugs Poisons and Controlled Substances Act 1981, including the Victorian Nurse Practitioner authorisation for Mental Health prescribing under section 14A (1) that outlines an approved list of Schedule 2, 3, 4 and 8 drugs or medicines (referred to as poisons or classes of poisons in the DPCS legislation) for each NP notation category.

It is the Nurse Practitioner's responsibility to use this formulary in conjunction with the most recent product information available. The existing formulary is expected to expand as the role and expertise of the Nurse Practitioners develops. It is envisaged that the formulary will be reviewed six-monthly via feedback and contributions from those on steering committee.
When prescribing, the Nurse Practitioner:

- May autonomously (or collaboratively) authorise the continuation or cessation of existing medications for patients, following clinical assessment.

- Must maintain medical records detailing reasons for all medication changes.
- Will observe, record, and report the patient's condition and any drug reactions of treatment to the Consultant Psychiatrist.
- Will not rewrite medication charts that are over approved dosages without clear approval from Consultant Psychiatrist or General Practitioner.
- Will not initiate or re-write medications for patients prescribed psychotropic medications as a component of Drug and Alcohol withdrawal, insomnia, or seizure disorders.
- Will not initiate more than one medication from any therapeutic group e.g. two antidepressants.
- May not initiate tricyclic antidepressants, Clozapine or depot antipsychotics.
- May not prescribe intravenous medications.
- May not provide telephone orders.

Model of Care Service Delivery



MAP Inclusion criteria:

- Remanded and sentenced male prisoners aged 18 to 65 years at MAP
- Prisoners requiring advanced level forensic psychiatric nursing mental state assessment and/or suicide risk assessment and treatment (including pharmaceutical treatment).
- Complex and high needs prisoners who have an established diagnosis of a mental disorder and one or more of the following co-morbidities:
    - Personality Disorder
    - Intellectual Disability
    - Acquired Brain Injury
    - Significant drug and alcohol issues
    - Acute or chronic suicide and self-harm concerns.

MAP Exclusion criteria:

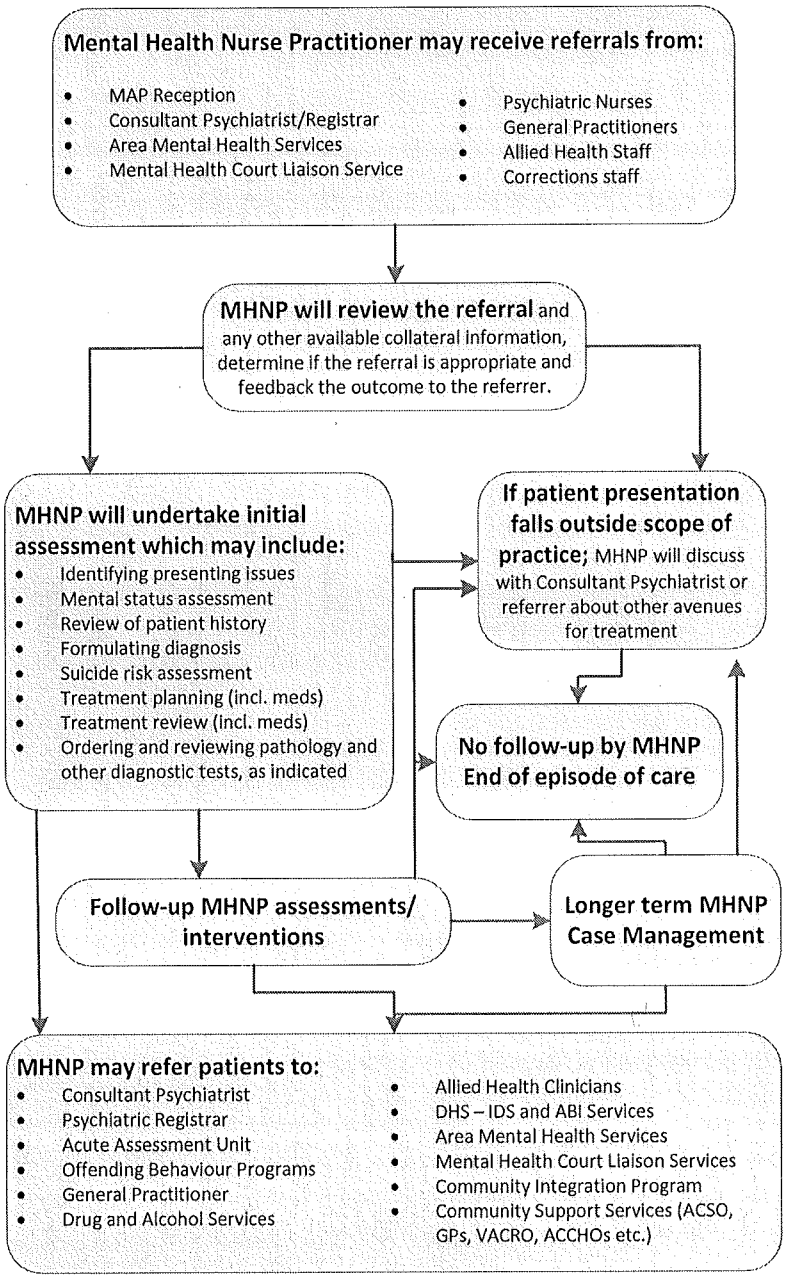
- Prisoners accommodated within the AAU.
- Prisoners with extremely complex needs receiving direct treatment from the MAP Consultant Psychiatrist.
- Prisoners identified by the MAP Consultant Psychiatrist awaiting involuntary psychiatric assessment and treatment.
- Prisoners with co-morbid acute medical concerns.

MAP Discharge criteria:

- At the MAP, once a prisoner is rated P2 (no longer presenting with acute psychiatric concerns) or less.
- Once treatment planning goals are met.
- Released from custody at court.
- Released from custody as planned.
- Prisoners admitted to the AAU or TEH (episode of care may be reinstated upon discharge from these locations).
- Prisoner transfer to a prison that does not provide Nurse Practitioner services.

MAP Referral Process

Nurse Practitioners receive referrals from various sources including prison, community and court-based psychiatric nurses, Consultant Psychiatrists, General Practitioners, prisoner self-referrals, and those prisoners identified during a health file reviews and audits.



Nurse Practitioner Clinics at Other Prisons:

- **Location** – From December 2012, Hopkins and Loddon Correctional Centres.

- **Duration and frequency of regional clinics:** Initially one day per month (travel time included), with the possibility of an increase in frequency depending on demand and availability of Nurse Practitioner.

- **Initial consultation:** Generally, the Nurse Practitioner conducts an initial consultation with the prisoner and conducts their own assessment of the prisoner's mental health needs, risk, and review of current care and treatment plan, including medication regime. Recommendations would then be made in the health file regarding any changes to current management, need for investigations, referrals to other health care staff, including the Consultant Psychiatrist, or discharge planning.

- **Clinical supervision of Nurse Practitioner clinics** – It is a requirement that Nurse Practitioner has ready access to a Consultant Psychiatrist for consultation and supervision whilst conducting clinics. Forensicare have ensured that this access is always available.

Nurse Practitioner Clinic Inclusion Criteria:

- Remanded and Sentenced male prisoners aged 18 +
- Prisoners requiring advanced level forensic psychiatric nursing mental state assessment and/or suicide risk assessment and treatment (including pharmaceutical treatment).
- Prisoners with an established diagnosis of a mental disorder, who may or may not have one or more of the following co-morbidities:
  - Personality Disorder.
  - Intellectual Disability and/or Acquired Brain Injury.
  - Significant Drug and Alcohol Issues.
  - Acute or chronic risk factors for suicide and self-harm

Nurse Practitioner Clinic Exclusion criteria:

- Those Prisoners with extremely complex needs and co-morbidities who have been identified at need of receiving direct treatment solely from a Consultant Psychiatrist or Psychiatric Registrar.
- Prisoners experiencing situational or psychological distress in the absence of a major mental disorder e.g. those with family or relationships problems or acute grief issues.

Evaluation Processes

The collection of evaluation data of the Nurse Practitioner clinics will be commencing in December 2012. The steering committee will be responsible for analysing the evaluation data and determining the success, or otherwise, of the implementation Nurse Practitioner clinics. It is proposed that and initial evaluation the Nurse Practitioner clinics is conducted following six months of operations (approximately April 2013), and then annually. Sources for reporting include, but are not limited to the following:

- Recording and monitoring occasions of service by the Nurse Practitioner, data will be collected through the completion of a daily contact sheet

- Periodic and anonymous surveys of consumers, to evaluate service.

- Other short term evaluations or projects assessing particular aspects of the project (e.g.: audits, research, projects and studies)

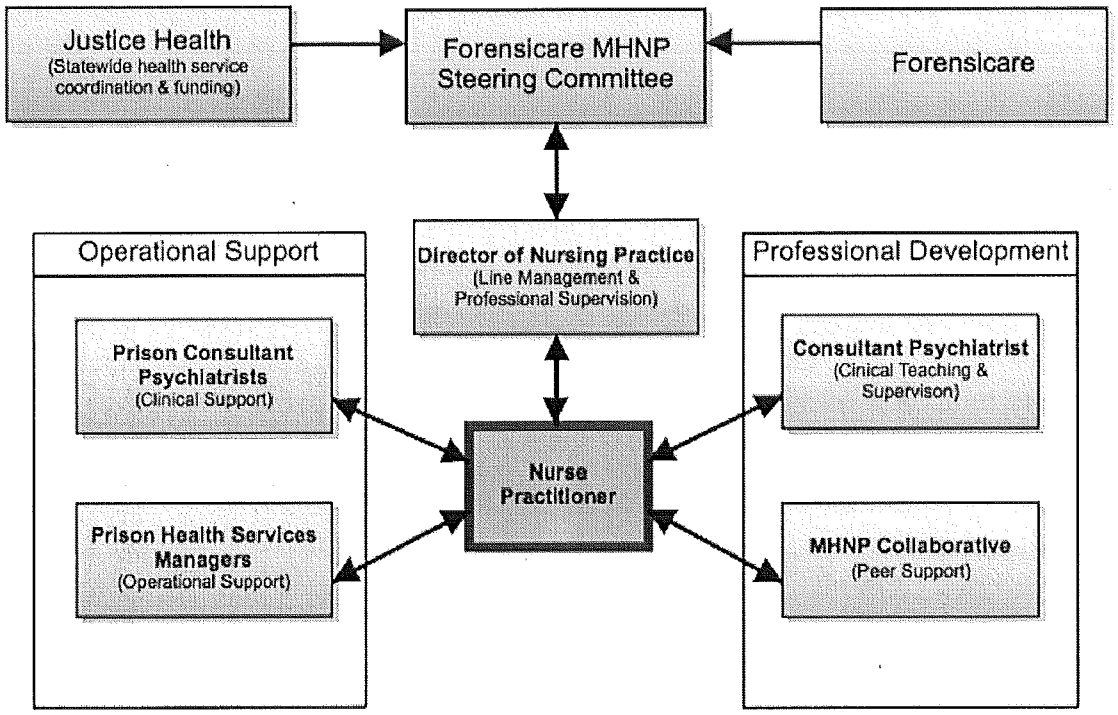
Nurse Practitioner Hours of Operation:

- Monday-Friday: Four Days per week working in MAP Outpatients. One day per week is reserved for non-direct clinical work, professional development, clinical supervision and other projects (including monthly visits to regional prisons).

- Other Prisons: Initially one day per month (travel time included), with the possibility of an increase in frequency depending on demand and availability of the Nurse Practitioner.

- At present the Nurse Practitioners are not required to work after hours or on weekends. The hours of operations may be reviewed at a later date depending on clinical need and role expansion.

Governance and Accountability



Nurse Practitioner Steering Committee

The Nurse Practitioner Steering Committee oversees the implementation of the Nurse Practitioner program to prepare two candidates for endorsement as Nurse Practitioners. The objectives of the steering committee are:

- Identify opportunities and challenges for the NP Model of Care and the NP Project.
- Provide recommendations to the NP Project Coordinator - the Director of Nursing Practice.
- Oversee and support the progress of the Nurse Practitioner candidates.
- Ensure that the NP Project deliverables identified by Nurse Policy Branch are achieved on time and at a high standard.
- Identify impact of Nurse Practitioner project on assessment and care of mentally ill prisoners.
- Evaluate the Model of Care.

The steering committee meets approximately quarterly and is comprised of the following members:

Chief Executive Officer
Executive Director Inpatient and Prison Operations
Director, Justice Health
Unit Manager, MAP
Clinical Director

Consultant Psychiatrist, MAP
Consultant Psychiatrist, NP Supervision
Human Resource Manager
Director of Nursing
Nurse Practitioner Candidates

MAP Clinical Governance Committee

The Nurse Practitioners are active members of the MAP Clinical Governance Committee. The purpose of this committee is to address site-specific issues pertaining to quality of clinical risk management, to assess the quality of prisoner mental health care and to monitor safety and security issues for prisoners. The objective of the committee is to provide a voice to clinical staff, empower prison-based staff to improve patient care and quality improvement initiatives and provide a forum to address matters with the Forensicare senior management and/or issues raised by Justice Health.

Line Management and Profession Supervision

The Director of Nursing Practice provides line management and professional supervision of the Nurse Practitioners. Clinical Supervision is provided by a nominated Consultant Psychiatrist The Nurse Practitioners work closely with the Prison Consultant Psychiatrists and Health Service Managers during day-to-day operations.

The Mental Health Alcohol and Other Drugs Nurse Practitioner Collaborative Forum (MHADNP)

The overall aim of the MHADNP Collaborative is to advance the role of Mental Health Alcohol and Drug Nurse Practitioners in the State of Victoria and to provide opportunities for discussion and the exchange of ideas between Senior Psychiatric Nurses, Mental Health, Alcohol and Drug Nurse Practitioners, Candidates, Project Officers, nurses contemplating candidature, as well as other parties interested in the advancement of Nurse Practitioner roles. The Forensicare Nurse Practitioners are expected to maintain strong links with active participants in the Victorian Nurse Practitioner Collaborative, and attend meetings six-weekly with this group of endorsed NPs, nurse leaders and other MHNPs from different services across the state.

Accountability

The Nurse Practitioners are accountable for health outcomes. They are responsible for all aspects of their clinical decision-making. Medical practitioners do not have legal liability for Nurse Practitioner decisions and actions. The Nurse Practitioners recognise the limits of their practice, seek out expert advice, and make referrals as necessary to ensure the delivery of quality patient care. The Nurse Practitioner is solely responsible for the maintenance of their clinical skills and professional development in line with the expectations of organisational requirements, Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Nursing and Midwifery Council Nurse Practitioner Competency Standards (see Appendix 3).

It is a requirement within the Organisational Service Agreement that Nurse Practitioners have ready access to a Consultant Psychiatrist for consultation and supervision whilst conducting clinics. Forensicare will ensure that this access is always available.

Succession planning and role sustainability

The development of MHNP roles ensures that the unique therapeutic qualities of nursing are retained and extended. In May 2012 the MHNP role was recognised in contract negotiations and funding for the two positions has been secured under existing arrangements until 2017.

Both Berlinda and Murray intend to apply to AHPRA for endorsement in February 2012. Succession planning, and scope for MHNP expansion has been discussed and will be considered further following conclusion of the candidacy project in mid-2013.

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