Horatio response to suicide and depression prevention EU mental health pact process

Roland van de Sande, MSc.In Nursing, PhD candidate, Horiatio/European Psychiatric Nurses.
Senior Lecturer, Hogeschool Utrecht, University of Applied Science, Department of Nursing
Researcher / Practice Development Nurse, Bavo-Europoort Mental Health Trust, Rotterdam

Martin Ward RMN, Dip Nurs, RNT, Cert Ed, NEBSS Dip, MPhil Chair, Horatio European Expert Panel of Psychiatric Nursing, Director, MW Professional Development Ltd UK,
Co-ordinator Psychiatric Nursing Studies programmes – University of Malta.

Introduction

A mental health treatment gap is described in a recent large scale European study by Alonso et al (2007). This epidemiological study was undertaken in Belgium, France, Germany, Italy, Netherlands and Spain. Several recommendations are made to improve the access, use, effectiveness and efficiency of shared care of general and specialist healthcare services. In Europe 6.5 million nurses (largest workforce in healthcare settings) are in frontline positions involved in a wide range of healthcare activities at all levels of prevention, harm reduction and crisis intervention (WHO 2007). Nurses are frequently confronted with the consequences of depression and suicidal behavior in all sorts of healthcare settings. Horatio, European Psychiatric Nurses proudly accepted the invitation to contribute to the preparations for the EU high level conference on prevention of suicide and depression in June 2008 in Brussels. Our participation will be supported by board members and experts from the European Nurse Federation of Nurses Association (EFN) and the European Specialist Nurse Organization (ESNO). Nurses at all levels in a wide range of healthcare domains can contribute to the process of multi-disciplinary practice development in early recognition, early intervention and the monitoring high risk patients in a continuous care pathway. In this paper we will discuss the impeding and stimulating factors in care pathways for depressed and/or suicidal patients of all age groups. Challenges nurses have to meet to take care of this population are also discussed. Nursing recommendations are made to support complementary improvements in quality and effectiveness of care for people at risk from a European perspective.

Consequences of depression and suicide

Worldwide depression is of major and increasing concern in healthcare and social services. In fact depressive episodes cause severe limitations to individual global social functioning of millions of European people. In many EU member states the consequences of depression are ranked in the disease top 5. At several levels this major burden has to be tackled using a multidisciplinary approach. Global estimations indicate that approximately 80% of people who took their own live have previously suffered from recent depressive episodes. Worldwide every 40 seconds someone commits suicide and every 3 seconds a person undertakes a serious suicide-attempt. WHO figures show that in Europe every year at least 77.000 citizens take their lives and at least 700.00 have attempted to do so. Those figures may be too optimistic

but in France alone, 160.000 suicides attempts and 12.000 completed suicides are identified every year. Reports from France indicate that many of those people are seen in the top of severe distress at emergency and accident departments of general hospitals by non psychiatric trained staff (Nuns 2005). This is not unique compared to other countries, enhanced and updated psychiatric training is lacking in many other countries in general nurses. A related study in the UK by Hopkins (2002) suggests that there are considerable deficits in abilities of hospital staff at general hospitals to take care of challenging behavior of patients with psychiatric difficulties. This phenomenon is presumably also common in many other European countries. We must be aware that the published suicide and self harming rates will only represent a top of the iceberg. Under reportage of incidents are frequently due to cultural sensitive matters or lack of communication between health and social services. Rutz & Wasserman (2004) revealed in their study that in some countries figures of decreases in suicide were accompanied by the increase of undetermined deaths. Until now we do not seem to have a gold standard for registering and evaluating completed suicides, suicide attempts and self harming incidents.

Despite these alarming figures we need to realize that we are not powerless in this social tragedy. Many opportunities are available to tackle self-destructive escalations. In the Republic of Ireland the introduction of special trained crisis nurses in strategic healthcare positions seem to have resulted in lifesaving and cost-effective alternatives in the process of the transition of care from hospital based care to community based mental health practice. On the other hand the decrease of Irish adult suicides is overshadowed by the increase of juvenile suicides. The Irish National Office for Suicide Prevention (2007) has the following explanation for this phenomenon; due to threats of stigmatization juveniles are rarely engaged in mental health support pathways which can result in a critical delay of early recognitions of warning signs. For this reason the increased presence of clinical nurse specialists in child and adolescent services is urgently needed. Those specialist professionals are trained to integrate complete psychosocial and psychiatric assessments, brief interventions such as cognitive behavioral or problem solving interventions and the provision of consultation and counseling activities. The number of nurses with mental health specialist training at an academic level in daily practice is rapidly growing in Europe. By integrating assessment expertise, problem solving interventions, medication management and evidence informed practice those professionals can make the difference in the improvement of clinical decision-making in the monitoring of high risk patients (van de Sande 2007). We need to realize that university prepared nurses can not possibly provide all the needed care, their task is also to facilitate practice development processes in which nurses at all level are involved. In other words more resources are needed to enhance the maximum output of the largest workforce in healthcare. Several studies indicate that such investments can lead to better patient outcomes and patient safety.

There is sound evidence that early recognition and early interventions can save many lives (Walter & Tokpanou 2003). It is generally known that the majority of people with self harming or suicidal behaviors have been dependent upon mental health services for long periods of time. A study in France indicates that at least 50% of those who committed suicide were monitored previously by mental health services. (Rousset & Vacheron 2007). Admission to a psychiatric hospital does not always seem to result in maximum security, for example in France approximately 5% of all the suicides in the country occur in psychiatric hospitals, whilst in surrounding countries this is rated between 5-7. Pirkola et al (2002) revealed in a Finish study that after several years of downsizing inpatient care the suicide rates actually decreased. Investments in post discharge monitoring by special trained nurses seem to be

beneficial over longer period of time. It is known that in the UK, Ireland, Finland and the Netherlands special trained nurses have a key role in the prevention of suicide and severe self harming behavior. According to Puras et al (2004) psychiatric patients in the Baltic States are at greater risk due to stigmatization processes and the fact that those states have been socially deprived for decades and lack a tradition of community mental health care and specialist training. WHO figures indicate the highest suicide rates in this part of Europe. These findings also reflect the social inequality in Europe. From this perspective Knapp et al (2005) revealed that the global burden of mental disorders takes 12% of all diseases whereas most European countries only spend 5% of their total health budget on mental health care. Findings from the Baltic states indicates that only a maximum of 2% of the health budget is spend on mental health care whereas they have the highest suicide rate in Europe (in 2004 Lithuania alone reported 70 male suicides per 100,000 population and 14 per 100,000 females)

Historical regional differences in Europe related to suicide rates seem to change over time. For example Italian research findings revealed that the traditional discrepancies of high suicide figures in the Northern parts of Europe compared to European Mediterranean regions gradually seem to have faded away (Socco et al 2008). This tendency was reflected in the northern and southern regions of Italy. In addition Socco et al also highlighted the importance of timely recognition of depressive episodes and suicide ideation.

Another concern was highlighted in a study which indicated that suicide rates were 10 times higher in prisons compared to the general population (Preti & Cascio 2006). The dark side of the process of de-institutionalization of severe mentally ill citizens in Europe is that some psychiatric patients with behavioral problems accompanied by a low level of social functioning often come before the criminal courts. These vulnerable people do not seem to adjust well within the prison system. Emphasis on community based mental health care is for most patients a blessing whereas some individuals with a lack of control are at risk of ending up in prison instead of getting professional mental health care. Monitoring by special trained professionals is crucial in order to tackle the effects of the escalation of stigmatizing incidents.

Role of nurses in the improvement of care for citizen in a severe psychosocial crisis

A recent WHO (2007) report on monitoring and evaluation of mental health policies suggested that to improve the equality of care quality among countries seven complementary strategies were needed.

1. reduction of psychiatric beds
2. strengthening community based mental health services
3. improvement of access to mental health services
4. active recruitment and maintenance of mental health staff at all levels
5. enrich the mental health expertise of general health care workers
6. establish quality improvement mechanism in mental health care settings
7. improve the effective utilization and monitoring of psychotropic medication.

According to the WHO European Mental Health Nursing Curriculum (2003) nurses are the largest group of healthcare workers in the field of mental health. Although the availability of specialized psychiatric nursing training at several levels differs from country to country in the EU psychiatric nurses have contributed for decades to the improvement of health outcomes and cost effectiveness of care for mentally distressed people (Nolan & Brimblecombe 2007).

In Europe a considerable amount of its 6.5 million nurses (WHO, 2007) will, at some point in their professional careers, be confronted with the consequences of depressive episodes in terms of hopelessness, severe self neglect, self harming or suicidal behavior. According to Repper (1999) both general healthcare workers and patients could benefit from the low threshold availability of specialized psychiatric nurses at Accident & Emergency Departments. In addition to these findings Jeffrey & Warm (2002) reveal that in daily practice many myths dominate the approach of general healthcare workers towards patients who harm themselves. Many steps forwards can be made if general nurses and psychiatric nurses work more closely together in A&E Departments. Within the European states about 350.000 nurses are employed in a wide range of psychiatric services (Nolan & Brimblecombe 2007). These healthcare professionals are identified as frontline officers in the management of triage, further assessment, intermitted monitoring and rehabilitation activities. The Munich Declaration (WHO 2000) stated that specialist nurses are the most appropriate and cost effective professionals to tackle the daily consequences of mental health problems which effect millions of European citizen. In a large scale British study (N= 1361) of Bowers & Simpson (2007), in 136 psychiatric wards, the major findings indicated that suicidal and self harming behavior can decrease if the following actions are undertaken; 1) nurse led intermittent observations, 2) comprehensive programmes to stimulate meaningful activities during the day, 3) more qualified nurses on the wards. In several countries community based care psychiatric nurses play a key role in the early recognition of alarming symptoms and the long term monitoring after suicide attempts. An outreaching assertive approach of qualified community psychiatric nurses is especially needed in case of the following presenting risk factors; lack of insight, lack of social support, chronic drug and alcohol abuse, and difficulty engaging with supporting services (Mulder et al 2005,van de Sande 2007). Systematic follow-up of discharged involuntary admitted patients is crucial to prevent severe and stigmatizing escalations in the community; however more large scale research is required in the future (Salize & Dressing 2005). A review of French research data revealed that 50% of the patients whom were seen at emergency and accident departments after severe suicide attempts had lost contact with previous mental health care services (Rouillon 2008). In the process of engagement and disengagement in mental health services a multi-level approach is required to prevent harm in populations at risk. In-depth qualitative interviews with difficult to engage patients (N=40) reveal that a partnership model based on an assertive outreach approach, without a major reliance on medication compliance, resulted in a longer lasting therapeutic relationship (Priebe et al 2005). In assertive outreach services nurses are the most obvious frontline officers at all levels of prevention. In a study on the role of mental health nurses in this challenging field McAdam (2005) reveals that a balance in consistent risk assessment verses engagement and clinical knowledge and skills is absolutely essential. In addition permanent training and reflection can not be neglected.

Balancing practice based evidence and evidence based practice in psychiatric nursing

Adequate and specialized trained nurses are able to provide continuity of care by combining health promotion, psychosocial and pharmacological interventions in the range from to crisis to recovery. In addition to that they can offer consultation to other professionals who are often confronted with self harming or suicidal behavior. Of course, evidence informed guidelines are important steering principles in daily practice, but the core business of psychiatric nurses is to maintain therapeutic relationships with individuals at risk of self harm or suicide. In an Irish qualitative study by Bohan & Doyle (2008) the permanent efforts of nurses to address proportional and holistic engagement to suicidal patients is highlighted. In addition to these findings the presence of a reflective environment around nurses working with high risk

patients can be of substantial benefit for staff and patients. Clinical supervision on reflective practice can improve the quality of care and prevent nurses experiencing burn out symptoms.

Over time there are many improvements identified in the care offered by psychiatric nurses. For example in several European countries university based psychiatric nursing education is offered at Bachelor and Master Level. In other countries those arrangements are not available and nurse training is predominantly based on the principles of general nursing. In many countries only 10% of the working population of nurses is specialized in psychiatric nursing whereas in reality around 45% of the healthcare expenses are related to severe mental health problems. There is sound evidence that the availability of well trained psychiatric nurses who operate in a multidisciplinary team contribute to substantial better health outcomes for vulnerable individuals, resulting in more cost effective care. A major challenge for Europe is to improve the widespread availability of evidence informed and holistic psychiatric nursing education programs. The extra front end costs will undoubtedly reduce due to cost the resultant effectiveness of care provided by qualified nurses. The quickly expanding network of Horatio, European Psychiatric Nurses could be effectively used to cluster and compare local good practices and nurse training possibilities. Those efforts could lead to further improvements in preventive approaches in self harming and suicidal behavior in daily practice.

Preliminary Horatio recommendations

To improve the benefit of psychiatric trained nurses in the prevention of severe depression and suicide in Europe several steps need to be made with the next years

- Establish an Independent European Center of Excellence in Psychiatric Nursing to disseminate good practices and high level specialist education among European Countries. The body of knowledge ought to be more systematically synthesized and locally implemented in a culturally sensitive approach. The circulation of relevant knowledge should be urgently organized in a more effective way in order to prevent experts (at all levels) becoming isolated or demoralized. Joint low cost multi-center research projects and long distance learning programs in psychiatric nursing domains by internet applications should be more facilitated by policymakers.
- Enlarge the amount of psychiatric trained nurses to meet the needs of the actual European burden of mental health problems. The presence of specialist nurses in a wider range of services are associated with improved levels of care continuity, patient safety and cost effectiveness. Including family members in the care process in a cultural sensitive way is crucial for the recovery of both the identified patients as well the family affected by high stress levels.
- Encourage the further introduction of psychiatric trained nurses in a wider range of services to provide low threshold and easy accessible psychiatric consultation in order to tackle the critical delay of early recognition of alarming warning sign of suicidal and/or self harming tendencies.

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