

Additional Mental Health Training and Resources Needed for Nurses in the ED

Written by Maria Vinall

Training and support, in the form of both physical and human resources, are needed to assist emergency department (ED) nurses in meeting the needs of patients with mental illness. Nurses should be empowered through increased involvement in the decision-making process regarding both education-training and selection of the type of ongoing support they need.

Individuals seeking assistance for a mental health crisis often present in the ED. The nurses who care for these patients admit to a lack of clinical expertise and confidence in assessing such patients [Clarke DE et al. *Accid Emerg Nurs.* 2006], as well as limited resources. Larry D. Plant, DNP, PMH-NP, BC, George Washington University School of Nursing, Ashburn, Virginia, USA, presented results from a study that assessed whether ED nurses have adequate knowledge, resources, skills, and confidence to meet the needs of patients with mental illness, and reported the nurses' perceptions and experiences in this area [Plant LD, White JH. *Issues Ment Health Nurs.* 2013]

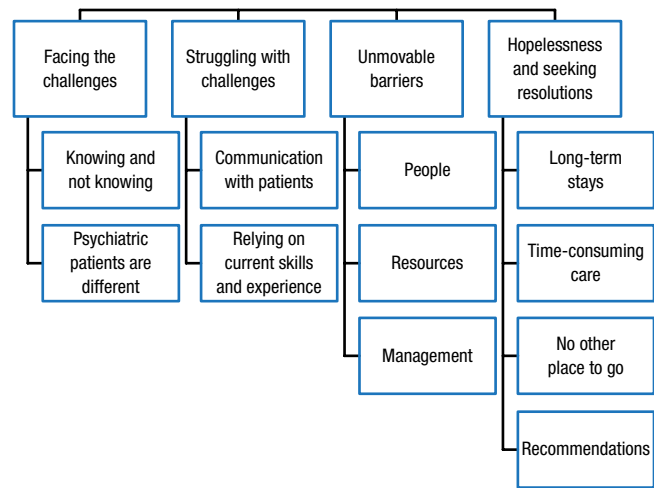
Data were collected during 4 focus groups. The interview guide was based on methodology developed by Krueger and Casey [Krueger RA, Casey MA. *Focus Groups: A Practical Guide for Applied Research.* 2009]. All interviews were audiotaped and field notes were recorded. A total of 10 registered nurses participated (41% of the ED of 1 general hospital). The majority held either an associate's (n=5) or bachelor's degree (n=3); 1 participant had a diploma, and the other had a master's degree. Phrases that arose from the interview were coded line by line, then categorized and compared among the groups. Similar categories were further reduced to identify a single overarching theme.

The overall theme that emerged was a feeling of powerlessness on the part of the nurses. Four sub-themes emerged from 11 categories (Figure 1).

The following are representative statements for each category:

Knowing and not knowing: "There seems to be some type of clue as to how they speak, are they are trying to cut down on anxiety, or kill the pain of PTSD (post-traumatic stress disorder)? I don't know, we don't always have the answers to be effective with these patients and that bothers me."

Figure 1. Categories and Subthemes From Interview Results



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Communication with patients: "I just struggle with saying the right thing or not knowing if I am doing the right thing for them without causing the situation to become worse. It is very frustrating to really not know how effective we are."

Resources: "We recently hired a new nurse educator just for the ED, so I am hoping that one of the priorities is training on crisis management . . . I think having a psychiatric nurse on staff in our ED would also be helpful."

Long-term stays: "It seems as if we see them once, we tend to see them over and over again. I guess I'd have to say it is a long-term process."

More training, as well as a variety of support tools for ED nurses, is necessary. Further studies on this topic are also warranted, given the scarcity of research.

More Education, Dialogue Needed to Improve Side Effect Monitoring in Psychiatric Patients

Written by Maria Vinall

Psychiatric patients are often vulnerable physically, and studies show low rates of monitoring for side effects in patients taking second-generation antipsychotics (SGAs). Leigh Powers, DNP, MSN, East Tennessee State University, Johnson City, Tennessee, USA, presented the results of a study that used an online survey and