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]

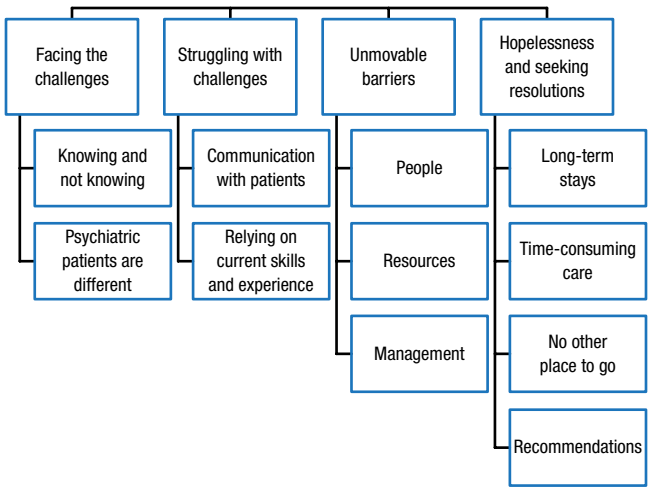
Data were collected during 4 focus groups. The interview guide was based on methodology developed by Krueger and Casey [Krueger RA, Casey MA. *Focus Groups: A Practical Guide for Applied Research.* 2009]. All interviews were audiotaped and field notes were recorded. A total of 10 registered nurses participated (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 subthemes 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."

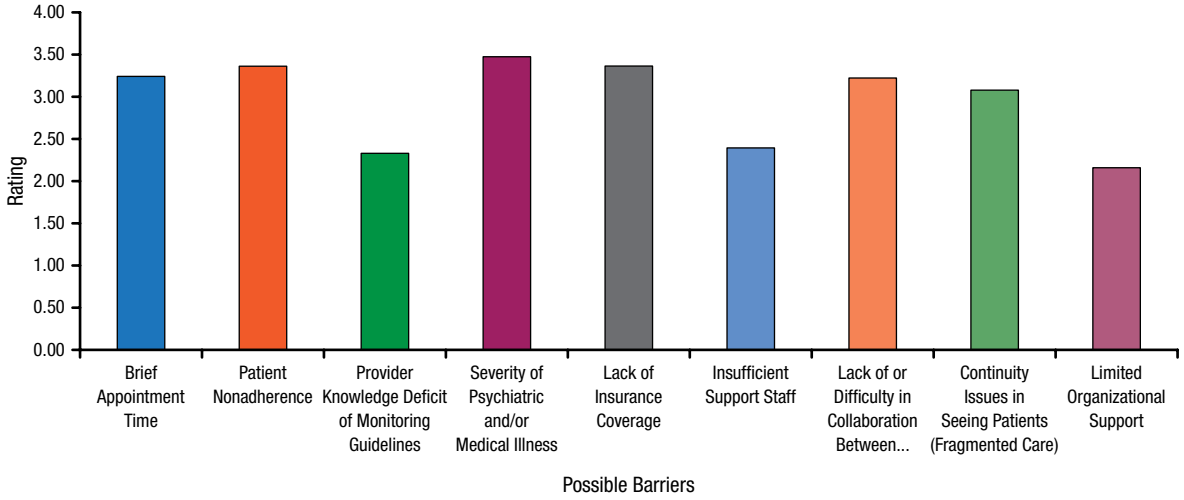
More training, as well as a variety of support tools for ED nurses, is necessary. Further studies on this topic are also warranted, given the scarcity of research.

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

Figure 1. Barriers to Implementing Side Effect Monitoring in Patients Taking Second-Generation Antipsychotics



Ratings are on scale of 1 to 5; 1 is no significance, 5 is very significant.

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interviews to investigate the barriers to monitoring patients for the side effects of SGAs.

One recent study comprising >10 000 psychiatric outpatients from 219 sites reported a substantial number of patients with cardiometabolic risk factors and/or metabolic syndrome (MetS) (ie, 27% of patients were overweight, 51% had elevated triglycerides, and 52% of fasting patients met the criteria for MetS), which in many cases were not being treated [Correll CU et al. *Psychiatr Serv.* 2010]. Many of these patients are prescribed SGAs, which are known to be associated with significant metabolic risks. Despite the availability of guidelines for monitoring side effects, several studies have shown low rates of screening [Wiechers IR et al. *Acad Psychiatry*. 2012; Morrato EH et al. *Arch Gen Psychiatry*. 2010; Amiel JM et al. *Curr Opin Psychiatry*. 2008].

Participants were members of the American Psychiatric Nurses Association's Member Bridge and Tennessee Nurses Association, as well as providers at Frontier Health and East Tennessee State University nurse-managed clinics; they were queried as to their age, ethnicity, race, sex, professional designation, specialty, practice setting, years practicing, and frequency of and comfort level with prescribing SGAs. Survey questions assessed their knowledge of and compliance and agreement with the monitoring guidelines and the ease vs difficulty of monitoring due to patient, systems, or insurance issues. At the end of the survey, participants were asked to provide an e-mail address if they were interested in participating in a follow-up interview. Sample size for the interviews was determined by data saturation (ie, when no new themes emerged).

Approximately 80% of participants were nurse practitioners, and about 15% were doctors (of medicine or osteopathic medicine); the remainder were either clinical nurse specialists or other. Between 30% and 40% of respondents reported a high comfort level in prescribing psychotropic medications; the comfort level was moderate in about 50%.

Four major interview themes emerged: insufficient collaborative care, lack of knowledge, limited patient encounter time, and patient nonadherence to completing the requested laboratory studies. Participants were presented with 9 possible barriers and asked to rate how likely each was to affect their implementation of metabolic monitoring in their practice, using a scale of 1 to 5 (1, no significance; 5, very significant; Figure 1). The highest rating (~3.5) was given to "severity of psychiatric and/or medical illness"; the lowest (<2.25) was given to "limited organizational support."

To improve the quality of care for these patients, providers need to continue education and review of the existing guidelines as well as have more open, interprofessional dialogue. Systems changes, such as improved scheduling and staffing, are also needed, as is an increase in the availability of psychiatric services using the medical home model.