**BACKGROUND**

The need for health workers is growing worldwide and is expected to continue growing for some time [1]. Concurrently, efforts to contain ballooning costs [2] have led to the development and implementation of models of care that expand the utilisation of nursing support workers (unlicensed assistive personnel, nurse aides, nurse assistants) [3-4].

Studies have identified changes in work practices upon implementation of these workers, with task shifting from registered (licensed) nurses to support workers [5]. Others have described challenges in delegation, task duplication, delays in care, limited integration with the nursing team, and lack of clarity regarding scope of practice [6-8], patient outcomes vary, with some studies describing an increase in adverse events [9].

Frameworks developed to address these challenges are often broad [10-12] and may not provide sufficient detail to guide practice in specialist areas such as mental health, leading to further questions regarding role clarity, and consequent under-utilisation of staff [13].

There is therefore a need for defined care activities applicable to specialist mental health inpatient units. An initial set of context-specific care activities for mental health was developed and implemented in the service described here in 2013 [14]. This paper reports on a follow-up study to review, revise, and extend these care activities.

**METHOD**

A modified Delphi technique that combined sequential voting rounds and consensus conferencing, considered appropriate to build consensus amongst diverse participants [15, 16]. Ten (10) key stakeholders participated, including nurse managers, educators (internal and external to the organisation), clinical nurses, and nursing support workers. Undertaken between April and July 2016, with consensus set at 70% agreement.

- **Phase 1**: Voting on 22 care activities with the opportunity to modify or add.
- **Phase 2**: Conference seeking consensus on the set of activities and their inclusion in the next round.
- **Phase 3**: Voting on a revised list of 29 activities.
- **Phase 4**: Conference seeking final consensus.

**RESULTS**

- **Phase 1** voting supported five activities, with modifications to six, and addition of seven.
- **Phase 2** conference supported a total of 17 activities: the five supported by voting, the seven new activities, and seven not supported in Phase 1 voting.
- **Phase 3** voting retained consensus for 14 activities.
- **Phase 4** conference made no change to consensus.

**CONCLUSION**

This study has informed the development of a set of context-specific care activities for mental health inpatient settings ("Care Activity Maps"). Implementation has included education and support packages for all nurses and support workers, accompanied by the distribution of easy-to-understand posters in all nurses' stations.

Reports from nurses and support workers suggest significant improvements in role clarity, more effective delegation, and stronger integration with the care team. Future work will explore the utilisation of these care activities, including barriers to and facilitators of their implementation and adoption.