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I Didn't See It Coming: Improving Mental Health Training for Nurses in the Hospital Setting

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Background
According to the Centers for Disease Control and Prevention (CDC), over five million visits to the emergency departments (ED) in the United States (U.S.) each year are related to primary mental health conditions (CDC, 2017). The rates of mental health conditions are continuing to increase as funding and resources continue to decline across the country, driving more individuals into the acute care settings for mental health stabilization. This problem is also being felt in the global community as countries struggle to find appropriate resources to deal with a growing mental health population. Frontline nurses are frequently exposed to patients suffering from acute mental health crises but are not well prepared to manage patients in the clinical setting (Winokur, Loucks, & Rutledge, 2017: Zolnierek & Clingerman, 2012).

The Problem
According to Barry and Ward (2017), nursing students have limited mental health training prior to beginning their clinical practice. The authors highlighted the shortfalls in comprehensive and uniform nursing education related to mental health content (Barry & Ward, 2017). Most nursing programs do not have a formally structured program in place to train nurses on how to care for those in an acute mental health crisis (Barry & Ward, 2017). In addition, many nursing school clinical rotations conducted in behavioral health facilities occur after the acute crisis phase may have already passed.

In the practice setting, nurses are exposed to more patients in acute crisis. Nurses described a lack of skills or comfort in dealing with the acute mental health crisis population due to a myriad of factors (Alexander, Ellis, & Barrett, 2016; Rutledge et al., 2013). Further compounding the problem is that mental health patients have a stigma associated with them that carries into the clinical setting (Burns et al., 2017). Examples of stigmas faced by mental health patients include stereotyping, discrimination, labeling, and overall division from general patient populations. Burns et al. (2017) found that standardized training enhanced mental health literacy, reduced the stigma of mental health patients, and changed attitudes reducing social distancing. Staff in the hospital setting can benefit from additional mental health training to help in improving the care of these vulnerable patients within the inpatient setting and reducing the stigma associated with this population (Duffin, 2014; Hall et al., 2016).

The Plan:
The knowledge deficit in mental health care can be mitigated through a formalized and structured training program in mental health awareness. Giving frontline nurses the tools to better manage patients during a mental health crisis, both in clinical and non-clinical settings, can improve patient outcomes and nurse satisfaction (Zolnierek & Clingerman, 2012). Through the implementation of a structured mental health training course, clinicians can gain confidence in treating patients experiencing a mental health

crisis. The author implemented a mental health education program within his facility, with staff as trainers resulting in it self-sustaining within the organization. The commercially available program is designed for lay-person education but was modified for nursing and medical personnel. The first step in the project was conducting the Behavioral Health Care Competency (BHCC) survey created by Rutledge, Wickman, Drake, Winokur, and Loucks (2012). The BHCC is a validated tool consisting of 23 Likert scaled questions assessing nurse self-reported competency in four domains, including assessment, practice competency, recommendations, and resources. For this project, the BHCC survey tool evaluated the nurse's baseline perceptions of mental health competency. The nurses then attend a mental health training class conducted at the facility. After the nurses completed the training, a post-survey was administered to evaluate any changes in nurse's perceptions of competency in treating mental health patients.

The project implemented by the author utilized the Donabedian theoretical framework (Donabedian, 1966). The implementation of the program followed a quality of care model that focused on three domains of structure, process, and outcome. The structure domain of the project included the staff, facilities, and culture of the department in regards to mental health patients. Process domain focused on the interactions between patients and providers. Lastly, the outcome domain concentrated on the quality measures of improved outcomes for mental health patients and sustainability.

The data was collected and analyzed by the author for descriptive statistics and shows improvement in BHCC post training. Further data is under analysis and will be reported in its entirety at the conference.

Conclusion

An acute mental health crisis is a growing presence in the hospital setting. Frontline nursing staff have to be trained on how to interact and intervene with those patients experiencing a crisis. Implementing a standardized and formal mental health education program can be applied to the clinical setting to help improve nursing awareness and attitudes towards patients in an acute mental health crisis. Increasing mental health education can also help mitigate the deleterious effects of mental health stigma outside of the clinical setting in global communities. Nurses will walk away from this session with the knowledge and actionable steps to implement this training in their practice settings.

Title:
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Keywords:
Clinical Nursing, Education and Mental Health

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Abstract Summary:

Nurses are increasingly exposed to patients experiencing acute mental health crises but are often ill-prepared to manage these patients in the acute care setting. Implementation of a focused mental health training program can increase nurse competency in treating this population, leading to improved outcomes for both patient and provider.

Content Outline:

1. Background
1. Mental health visits related to crisis continue to rise
2. Mental health resources are not keeping up with demand
3. Acute care nurses are seeing more mental health patients in the inpatient and clinical settings
2. Body
1. Problem
1. Limited training in nursing school on dealing with patients in acute mental health crisis
2. After nursing school, nurses typically don't receive mental health training unless they are in a behavioral health specialty
3. Mental health patients suffer a stigma related to their condition that can affect their care and clinical outcomes.
2. The Plan
1. Providing nurse education on mental health crisis identification and management
2. Evaluating pre-and-post education self-reported competency
3. Presenting the data collected with analysis
3. Conclusion
1. Mental health education is a needed competency for all nurses, especially in the acute care setting.
2. Training can also have effects outside of the facility in reducing stigma.
3. Attendees will gain actionable items to implement this training in their practice.

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