

Editorial: Contemporary Psychiatric Nurse Roles in Healthcare Transformation

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Editorial

Psychiatric nursing in Hong Kong has been encountering alternation in the past decades. The Hong Kong government has strengthened the community care and the primary health care, and thus reduced dependence on hospital-based services. The roles of psychiatric nurses in Hong Kong should evolve to adapt to the changes in mental health service policies and the diverse needs of the population.

Since the 19th century, public health care in Hong Kong has been provided by a statutory body, that is, the Hospital Authority (HA). HA has provided the majority of mental health services, such as all in-patient beds, day hospital care, and specialist outpatient units. Recognizing the burden of the mentally ill, the mental health care service delivery model has rapidly changed in recent decades. Resources have been invested into the primary care tier, which implies that enormous manpower will be allocated to community care. Therefore, psychiatric nurses should equip themselves with particular competences to meet this demand [1].

The system is deficient in terms of its health care services that are provider-focused, which has resulted in scattered services. Lending impetus to specialization, health care services are divided into multitudinous departments. A client who has had dual or multiple diagnoses has to visit several outpatient clinics or organizations to avail the necessary services. The follow-up visits may mean lengthy journeys to specialty clinics in different areas and long queues, which add to the burden of suffering from multiple illnesses. A call for accessible

integrated community centers is proposed for holistic and client-focused care.

Various service providers work in integrated centers that aim at providing comprehensive care to address mental health needs of clients. To work in these integrated mental health community centers, psychiatric nurses should possess excellent communication skills to mediate between the intra- and inter-disciplinary teams. Partners are no longer psychiatrists, clinical psychologists, allied healthcare teams, and so on. Clients and their families or significant others are the active participants in this health care system. The team encompasses government departments (e.g., police and housing), private organizations (e.g., security guards, private general practitioners, and school teachers), and non-government organizations (e.g., charity groups, churches, and temples).

To emphasize the concept of personalization and client-driven goals, health care services should be provided according to the mental status of each client. Of all the service providers, psychiatric nurses should be the most knowledgeable on the conditions and needs of the clients. Hence, psychiatric nurses should take on the leadership and coordinator roles in the multi-disciplinary partnership in the community context. In addition, triage and liaison are usual responsibilities of community mental health nurses; therefore, nurses in an integrated mental health center should know the nature and function of various partners well. Furthermore, nurses should have integrated healthcare knowledge, instead of a skewed knowledge toward specialization. At times, "specialist generalists" may be called to identify the breadth of

knowledge to deal with the scope of practice associated with mental health care.

The HA established community service to achieve early detection, early intervention, and/or early discharge because long durations of in-patient stay will induce hospitalization. The focus of mental health care has shifted to the recovery process and social inclusion. Psychiatric nurses who are in-patient oriented should be familiar with the practice in community care. Apart from mental illness assessment skills, psychiatric nurses need to equip themselves of prudence in community assessment. Proactive community assessment facilitates assertive outreach services ranging from mental health promotion to early detection and intervention. Psychoeducation should be given to individuals and at a community scale. Moreover, the frontline, community psychiatric nurses, should endeavor to practice at least one kind of psychotherapy. This new skill would allow them to engage service users and implement early intervention in the primary care setting. As long as clients are undergoing their recovery process in the community, the modern psychiatric nurses act as their case managers and, in long run, their life coaches in their disparate life spans. Strong rapport should be established to facilitate the nurse–client mutually agreed care plan. Last but not the least, legal matters in community health care is a prime topic. Psychiatric nurses should be aware of their authority and accountability when working in integrated clinics or at outreach settings.

The conventional mental health nursing education vastly emphasizes in-patient intervention in which the nurse is superior in the nurse–client relationship. In the global trend of mental health care delivery model, psychiatric nurses should be equipped with the above competencies to satisfy the needs of service users. Such relevant content should be embraced in the nursing education curriculum. Innovative pedagogy should be employed to address these challenges.

References

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