EDUCATION AND HEALTH STANDING COMMITTEE

THE ROLE AND INTERACTION OF HEALTH PROFESSIONALS IN THE WESTERN AUSTRALIAN PUBLIC HEALTH SYSTEM

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
ON WEDNESDAY, 13 NOVEMBER 2002

Members

Mrs C.A. Martin (Chairman)
Mr M.F. Board (Deputy Chairman)
Mr R.A. Ainsworth
Mr P.W. Andrews
Mr S.R. Hill

[10.40 am]

PHILLIPS, MR GARY DOUGLAS
Mental Health Nurse Clinician,
Fellow, Australian and New Zealand College of Mental Health Nurses Inc,
examined:

The CHAIRMAN: Good morning. Before we commence, I inform you that the committee hearing is a proceeding of Parliament and warrants the same respect that proceedings in the House itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as a contempt of Parliament. Have you completed the details of witness sheet?

Mr Phillips: Yes.

The CHAIRMAN: Have you read the information for witnesses briefing sheet regarding giving evidence before parliamentary committees?

Mr Phillips: Yes, I have. I am here as secretary of the WA branch of the Australian and New Zealand College of Mental Health Nurses. I am also a fellow of the college.

The CHAIRMAN: You made a submission to the committee and we have looked at that submission. We have written to you and asked you to provide us with some information on some of those issues. If there is anything you feel passionate about, you can start with that.

Mr Phillips: We are very passionate about mental health nursing, because we have been the hidden part of nursing for so long and have tended to be locked away in places like Claremont, Heathcote and Graylands. We emphasise that we also see mental health in its broader sense as a very important part of life in general and in many ways as the basis for a lot of other nursing, as well as medical nursing. We are also very concerned that the change from a hospital-based diploma to a comprehensive nursing degree at university has not included the good parts of mental health nursing. We feel that the baby has been chucked out with the bath water. Mental health nurses have traditionally made social interaction and therapeutic use of self, central to our caring roles, which was very much emphasised in the bigger hospitals. I am a product of the three-year diploma. I also work passionately at trying to get the comprehensive nurses to come into the mental health field. I am finding that the three-year comprehensive course does not meet a lot of our requirements; it is very much about the physical care of patients. Attention to the care of people when they go back to the community is lacking. The committee can look at lots of details and reports in Western Australia on this issue. It seems that inquiry after inquiry has been held. Reports have also been done at the federal level; for example, the national nursing education report and the Senate inquiry. We feel that we can offer other nurses and allied health professionals something which is quite unique - what we call the art of mental health nursing, which goes back to the therapeutic use of self and more social interaction. Medicine is not the be-all and end-all of everything. It is a very important part, but we feel that our role involves more than just pushing pills or giving injections, which in some ways is occurring in certain areas. The committee can read the reports if it wishes. We would like to see that included in anything in the future.

Mr R.A. AINSWORTH: I have a particular interest in mental health in country settings.

Mr Phillips: Yes; so have I.

Mr R.A. AINSWORTH: I am interested in your thoughts on, firstly, the adequacy of the training for mental health nurses to deal with the range of situations they find in regional areas, including indigenous mental health care. Is a different type of training required to cover the broader range that

I, as a layman, imagine a person in a mental health nursing capacity - as basically a lone operator - may encounter in some of the remote communities that do not have peer support or a backup system?

Mr Phillips: My previous employment was as a health and building inspector in the Geraldton area and the Ravensthorpe Shire Council before I had a midlife crisis and went to nursing. I agree with you wholeheartedly, because, going back a few years, I was an employee of local government. We have a drought at the moment. At that time there was a drought in the northern area and later on at Ravensthorpe when I was there. There was no way of addressing hidden problems such as depression. We tend to deal with the extremes of schizophrenia, bipolar affective disorder and depression, but the more major issues are at one end. Preventive procedures and support should be in place. You are from Esperance, are you not?

Mr R.A. AINSWORTH: Yes.

Mr Phillips: I can think of one farmer who had no way of dealing with the drought and ended up shooting himself. However, he did not kill himself, so he had to deal with all the problems that went with that. If there had been some way of early intervention perhaps we could have done something. A lot of the mental health nurses in the area use their own initiative. They do a lot of things, but there is very little training for that. That is why I am saying that we have chucked out the baby with the bathwater in some ways. They are the sorts of things that are not included in the comprehensive course. We feel that a postgraduate or additional course to the comprehensive nursing course should be available at the universities. It should include a component on country situations because they are not the same as those in the metropolitan area.

Mr R.A. AINSWORTH: When dealing with the sort of problems that you found in the Ravensthorpe region, what sort of interaction occurred with other health professionals who were not necessarily in the mental health area? Was there adequate understanding of the issues you would face as a mental health nurse, or is there a need for some better coordination across all sectors?

Mr Phillips: Yes, I feel there is. We tend to be in silos. Nursing is just as bad as all the others. The attitude is: "I am a mental health nurse, which is what I am supposed to be," and "I am a general nurse, this is what I do." The doctor is there, the physiotherapist is there and the others are there. We do not mix very much, because we do not have much appreciation of the situation. I feel I am in a privileged position, having worked outside of nursing before I started. When I was in Ravensthorpe as the health and building inspector I bungled my way through because I knew the doctor quite well and other people and it was part of being in the community.

Mr P.W. ANDREWS: Can you clarify how early detection and intervention programs work? My understanding of depression is that it is often masked. How do you identify someone who is reaching that point in his life?

Mr Phillips: It can be very difficult. Usually the doctor or the GP picks it up first, but it is part of the education program. We could attend a mother's group or various other groups. Liaison with the Western Australian Farmers Federation or similar organisations could be advantageous. Depression builds up over time. A few of the classic signs are waking early, wanting to sleep or feeling as though one is at the bottom of a deep pit. That is all I can think of at the moment, but depression is very hard to define. As nurses we have difficulty getting out the information about what it is like and what we can do about it.

Mr P.W. ANDREWS: I understand that. We know of the situation that is present in rural areas and we constantly hear that we need to do more about it. If you were in our situation now, who would you listen to? We want to know exactly what should be done to alleviate that problem and identify these people so they can receive treatment. You just said that GPs could pick up those problems. Farmers have not changed much since I left the country, and as a rule they do not go to GPs.

Mr Phillips: One of the challenges is the issue of men's health.

Mr P.W. ANDREWS: Maybe there needs to be a better program. What is that program?

Mr Phillips: I hate to admit it, but I have always found the best way to work is through wives or the Country Women's Association. They have been very effective at providing their husbands or others with information. There was no information about suicide. It is also a challenge for nurses to make themselves known and to offer advice on how they can help.

Mr M.F. BOARD: You have argued for expansion of and change in roles. How many mental health nurses are in Western Australia at this time?

Mr Phillips: Approximately 900 are registered and working in mental health. Most are in the metropolitan area. I asked the Nurses Board of Western Australia for the registration figures, but I have not received anything.

Mr M.F. BOARD: Is that about 10 per cent of the mental health nurses in Australia?

Mr Phillips: Something like that. Western Australia is lucky because many nurses were taught in the old school system of hospital-based training. Many of them are on the register, but they are not working in the field because they do not like it or the conditions are not good.

Mr M.F. BOARD: Will you take us through the current training?

Mr Phillips: A person wanting to be a mental health nurse must study at Edith Cowan University, Curtin University of Technology or Notre Dame University. It is a three-year comprehensive degree, called "a comprehensive". Qualified nurses can then be registered to work in mental health and various general types but not midwifery - that is another course at Curtin University.

Mr M.F. BOARD: Does a nurse have to specialise at university?

Mr Phillips: No. The course is very broad, and that is one of our arguments. The closing of places like Claremont changed the whole field. There are more general nurses than mental health nurses. The federal Government decided to fund only the three-year course. The content of it is very much biased towards the general hospital set-up and the medical model. Training has not been provided for therapeutic use of self, interaction and helping people through their stresses and strains.

Mr M.F. BOARD: When people study nursing, are they doing the same nursing as people going into normal clinical nursing or are they doing some kind of special nursing course?

Mr Phillips: No. They are doing a special nursing course at the university.

Mr M.F. BOARD: Is that study geared entirely towards mental health from day one?

Mr Phillips: No; it is nursing in general, not mental health. Sorry.

The CHAIRMAN: Mental health is about the human condition, which is about the psyche of the person. Is that not built into the course? Are there counselling sessions that assist?

Mr Phillips: I am sorry; I misunderstood what you meant.

Mr M.F. BOARD: For example, if I wanted to work as a registered nurse at Sir Charles Gairdner Hospital in a clinical situation and Paul wanted to be a mental health nurse, would we both start with the same course?

Mr Phillips: Yes; it would be the same three-year course.

Mr M.F. BOARD: So we would both become registered nurses and then Paul would go on and do his specialty?

Mr Phillips: No. He would be registered as a nurse at the Nurses Board of WA in division one. He could work in the mental health field or general or other.

Mr M.F. BOARD: Is there no special training in mental health?

Mr Phillips: No. Previously, a general nurse had the three-year hospital based training and the mental health nurse had the three-year hospital based training, but I think about 150 hours of that three years was spent on mental health training.

The CHAIRMAN: Was that in the hospital setting?

Mr Phillips: Yes. Clinical placements is another problem.

The CHAIRMAN: How are they accredited?

Mr Phillips: The powers that be decided to do it that way, despite our opposition. The college is not opposed to the comprehensive. We feel that in the past we have been sidelined and stuck in splendid isolation at Claremont, but we have opened up. We feel that more of the old components of the mental health section should be in the new course. It has been going for a few years.

The CHAIRMAN: Does someone who wants to become a mental health nurse study for three years at university?

Mr Phillips: Yes.

The CHAIRMAN: Then would that person do 150 hours of mental health training?

Mr Phillips: No. The 150 hours is included in the three years.

The CHAIRMAN: Are they the six options - two per semester over three years? Is that when the specialty study is done?

Mr Phillips: Yes. Certain services here in Perth have realised that there are problems not only with mental health. A person who has come out with all the knowledge can do six months at each place, such as Sir Charles Gairdner Hospital. I am at Armadale-Kelmscott Memorial Hospital, which is a non-teaching hospital, but we want to get mental health nurses and others there. We are setting up a mentoring system to try to encourage people so that they learn the skills of the day-to-day functions. They can learn from a book, which is wonderful, but when they come up with someone who is manic and running around the place, how do they manage them?

The CHAIRMAN: Mental health is all about being healthy, which is fine, but ill health is the real issue. When people are in pain, suffering or are unsure of what is happening to them and are presented at an emergency room in pain, their mental health goes out the window because they are scared.

Mr Phillips: That is where it has been chucked out with the bath water. In the rush of the emergency department that sort of thing is often forgotten.

The CHAIRMAN: They need to have core units. It should be part of the course, not an option?

Mr Phillips: We recommend that it be a postgraduate specialty, but we have never been listened to on that issue. We are still plugging away.

Mr R.A. AINSWORTH: Excuse me, but I have to leave. My apologies.

Mr M.F. BOARD: Is there no specific postgraduate training in mental health?

Mr Phillips: Some training is available. A general nurse under the old system who wants to get a mental health certificate can do a postgraduate course. Some funding was available from the Department of Health, but I am not sure what is happening there because I cannot get any information.

Mr M.F. BOARD: Does Curtin University offer that?

Mr Phillips: Yes, and Edith Cowan University. Notre Dame University is also thinking about it. We sit on a committee with people from the universities and try to have these segments included. It is very confusing. I tend to think of nursing and forget that people do not know the whole situation.

Mr M.F. BOARD: What is the highest level under the new enterprise bargaining agreement that a mental health practising nurse can reach?

Mr Phillips: A clinical nurse, as I am, can reach level 2. A clinical nurse specialist runs the unit. The next level after that is management.

Mr M.F. BOARD: Is the new scale, zero to 10?

Mr Phillips: Another bone of contention in mental health is the lower level that we have been pushed down to. Our skills have not been recognised. I thought that I would not mention that because it is an industrial issue. We are a professional body, but that issue is impinging on our future as mental health nurses. I have a graph showing the difference between mental health and non-mental health scales. I table that document.

Mr S.R. HILL: What sort of incentives are needed to get people out to regions such as Geraldton?

Mr Phillips: After arriving from New Zealand in 1968 and going to Geraldton and working for the five shires around there, it was a shock to the system to see how people lived, for one thing, and the different climate and everything else. Some incentive should be provided by way of housing. I think that conditions in the Pilbara and the Kimberley are worse, but I have never been there so I cannot talk about it. The main requirement is support. I have experienced working as a lone health inspector. In a new country, I knew the basics, but I did not know the particular support network. It is important to also have our colleagues' support. The Australian and New Zealand College of Mental Health Nurses has tried to encourage this. We have been negotiating with Fremantle Hospital to try to provide support through telehealth, but we have not been very successful. It is very expensive. I am referring to the college point of view. We have members in Geraldton, the Kimberley and the Pilbara, and we encourage them as much as we can to go to conferences. We cannot at this stage offer anything in those regions. However, the college meets twice a year. We want to hold the meetings over here and, rather than meet in Perth, meet in Bunbury where there are more mental health nurses. Next time they meet we want them to be held in Geraldton and Broome. We met last year in Darwin, although that is in another State. The drug companies put up some of the money. The meetings are held for the express purpose of bringing people in from other areas to meet others. However, it is very difficult to pay people in our big State. As a college we do not employ anybody. We rely on fees and our annual conference, which raises a lot of money, to fund our activities.

Mr M.F. BOARD: The Government has just introduced legislation into Parliament to create the role of nurse practitioner in country areas in particular. There are 32 designated areas in the country, and there will be some in the city. Curtin University has won a one-year postgraduate course for the delivery of that training. Is mental health a component of that postgraduate training?

Mr Phillips: It is only a small part. That is something else I have written down. We feel that the new thing in mental health is the authorised mental health practitioner under the 1996 Act. That provides for two days of learning what to do and how to write out a form on a person. Nurses in New South Wales and New Zealand have to do the equivalent in the particular mental health area, because in a lot of the country areas the general practitioners do not know what to do so they look towards the mental health person to give them advice on what to do with medication and other things. We would be pushing for that. That is one thing that does not exist at the moment.

Mr M.F. BOARD: The nurse practitioners, as they are under certain schedules, will now be able to prescribe and dispense schedule 1 and 4 drugs, but not schedule 8 drugs. Would that be a big advantage in your area?

Mr Phillips: Yes, especially in country areas, or the regions in which they are proposed where there is no GP, although there is access by phone. At the moment I can ring up the doctor in charge at the hospital and say, "I would like to give this," and get a phone order. That is what is being

done in the country. It also needs to be done in a more organised way, because a new graduate coming out of Curtin may have lots of ideas but does not have the experience to do it.

The CHAIRMAN: I refer to the issue of clinical beds and the inadequacy of clinical placements. I understand that in one of the other submissions someone said they had a breakthrough in terms of placements. Do you know anything about that?

Mr Phillips: We wonder who owns the curriculum for nursing. Is it the workplace or is it the universities? There is a lot of contention in the workplace over that because they are not producing what we want. We went through this at Armadale-Kelmscott Memorial Hospital. We have had up to six nurses, but we have only a 14-bed unit. It is not fully funded for 25 beds, so six nursing students seeking experience are a bit hard to place. We had to accept them because we wanted to do something for them. No clinical person came with them to give them support. As a nurse, I was mentoring somebody, as well as doing my normal caseload.

[11.10 am]

In addition, we were not quite sure what they were taught about mental health at the institutions they attended. We have been working with the University of Notre Dame Australia on a special curriculum that is much more innovative than the other two. At least, it is trying to be. With the other ones, we have no idea where they are at. They were second-year students and we spent time with them, but they also have no idea what to expect from us. I think that is where we fell down. We could try to offer them certain things but we did not know what they wanted.

Mr P.W. ANDREWS: I am sorry, but I missed your introduction. Where are you presently working?

Mr Phillips: Armadale mental health unit; the in-patient unit.

The CHAIRMAN: That concludes today's hearing. Thank you very much for attending today.

The standing committee will send you a transcript of the oral evidence provided today with a letter explaining the process for making any corrections. Alterations must be confined only to corrections of errors. If you need to make any points about your evidence that require clarification, or if you have inadvertently omitted information, you may forward additional information in writing to the standing committee. The material will be incorporated into our records as a supplementary submission. You have 10 working days to correct and return the transcript to the committee.

Committee adjourned at 11.12 am