



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

St Patrick's
Mental Health Services



Trinity Centre for Practice and Healthcare Innovation (TCPHI) and St. Patrick's Mental Health Services (SPMHS) Nursing Research Collaboration



Annual Report

May 2021- May 2022

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Dr. Brian Keogh (Principal Investigator, TCPHI, Trinity College Dublin)

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Mr. Shane Kirwan (Nurse Practice Development Coordinator)

Dr. Gobnait Byrne (Director, Trinity Centre for Practice and Healthcare Innovation)

This research collaboration is funded by St. Patrick's Mental Health Services

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Background:

St Patrick's Mental Health Services

St Patrick's Mental Health Services (SPMHS) is Ireland's largest, independent, not-for-profit mental health service and provides community and outpatient care through its Wellness & Recovery Centre. It also provides inpatient care through its three approved centres: St. Patrick's University Hospital (241 beds), St. Patrick's, Lucan (52 beds) and Willow Grove Adolescent Unit (14 beds). SPMHS strive for a society where all citizens are empowered and given the opportunity to live mentally healthy lives. They aspire to provide the highest quality of mental healthcare, to promote mental health and to advocate for the rights of those who experience mental health difficulties.

Trinity Centre for Practice and Healthcare Innovation

The Trinity Centre for Practice and Healthcare Innovation (TCPHI) is a research centre based in the School of Nursing & Midwifery, Trinity College Dublin. This research centre was developed in 2012 with a mission is to work collaboratively with healthcare staff, industry and the public to improve healthcare services and develop, implement and evaluate new innovative healthcare interventions and models of care. The expertise of the TCPHI team in implementation science, healthcare knowledge and experience is available for sharing and supporting research capacity between academic staff, post-doctoral researchers, post-graduate research students and staff in affiliated healthcare providers and industry. They have successful collaborations with a large network of clinical, industry and research partners and are actively engaged in the synthesis and translation of evidence into every day healthcare.

St Patrick's Mental Health Services (SPMHS) and Trinity College Dublin (TCD) have a long history working together to improve clinical practice and research primarily through its relationship with the Department of Psychiatry at TCD. SPMHS is also a leading provider of psychiatric/mental health nursing education in partnership with the School of Nursing and Midwifery at TCD. SPMHS has shown strong leadership in the area of nursing practice development and nurse led initiatives throughout the service and is passionate about the contribution of nursing to excellence in patient care. In this context, there is recognition of the importance of facilitating and overcoming the barriers to nurse-led practice-orientated research. In 2019, a research capacity-building programme partnership was established between the TCPHI and St. Patrick's Mental Health Services with a primary aim to support the development of high-quality nurse-led research that improves practice and patient care.

Aims & Objectives

The aim of the partnership is to enhance and develop the research skills and capacity of mental health nurses working in St Patrick's Mental Health Services, in so doing improving service user care, service user outcomes and the implementation of evidence informed practice across the service.

The objectives of the programme are:

1. To enhance professional nursing practice and healthcare by promoting and supporting quality research projects related to clinical practice, education and management.
2. Establish small research teams made up of mental health nursing staff, and researchers from the TCPHI.
3. Conceptualise and carry out research studies for the enhancement of service user care and mental health nursing practice development.
4. Produce internationally peer reviewed outputs for dissemination to the wider nursing population in the form of practice guidelines, journal publications and conference presentations.



Governance

This partnership research capacity between St. Patrick's Mental Health Services and the Trinity Centre for Practice and Healthcare Innovation (TCPHI) is overseen by a Steering Committee that meets four times per year. Its membership consists of the Director of Nursing (John Creedon), the Principal Investigator (Dr. Brian Keogh), the Nurse Practice Development Coordinator (Shane Kirwan), the Director of the TCPHI (Dr. Gobnait Byrne) and the TCPHI Research Fellow (Dr Gráinne Donohue). The Terms of Reference (see Appendix 1) are reviewed annually and were last reviewed in September 2021.

Dr. Gráinne Donohue commenced her role as Healthcare Researcher on a part-time basis in May 2019. Her role is to set up and maintain effective collaborative partnerships between staff at the Trinity Centre for Practice and Healthcare Innovation and nursing staff at SPMHS. She provides individual, tailored support to nurses working on projects which aim to enhance patient care, enhance patient outcomes, and strengthen evidence informed practice.

Research group meetings and meetings with nurses to identify research questions take place on an ongoing basis. TCD Research staff attend ANP forums annually as well as CNS, CPC and CF meetings annually.



Inaugural Steering Meeting with TCPHI and SPMHS Staff

Outputs for reporting period

Details of projects and publications that took place in the previous year

As of May 2022, there are 8 active projects for this collaboration.

4 peer-reviewed journal articles were published in the year and a further 3 have been submitted, awaiting review.

9 conferences/posters were presented from May 2021 to May 2022.

Table 1: Initiative outputs May 2021- May 2022

Output type	May 2021- May 2022
Oral presentations	3
Poster presentations	6
Conference abstracts – awaiting review	3
Publication (peer reviewed)	4
Papers Submitted (in review)	3
Submission of Ethics applications	0
Funding applications	1

Conferences Presentations

- Kirwan, S. Cunningham, P. Creedon, J. Keogh, B, Donohue, G (2022) Nursing leadership in response to the COVID-19 crisis in an Irish independent mental health service TCD Conf, March 2022.
- Farrington, A, Kirwan, S, Donohue, G. Keogh B. Doyle, C., Jennings, B, King, M. (2022) Mental health service users' experiences of a virtual admission: Qualitative findings from an online evaluation, TCD Conf, March 2022.
- Kirwan, S, Keogh, B, Doyle, C., Jennings, B, King, M., Farrington, A., Donohue, G. (2022) Service User Evaluation of Receiving Remote Inpatient Mental Health Treatment via the 'Homecare Service' TCD Conf, March 2022.
- Donohue, G, Kirwan, S, Keogh, B (2022) Developing Research Capacity in Mental Health Nurses: the impact of a collaborative model between St. Patrick's Mental Health Services and Trinity Centre for Practice and Healthcare Innovation. TCD Conf, March 2022.
- Douglas, L., Donohue, G., & Morrissey, J. (2022). Patient Experience of Physical Restraint in the Acute Setting: A Systematic Review of the Qualitative Research Evidence. TCD Conf, March 2022.

- Donohue, G, Kirwan, S, Keogh, B (2022) Developing Research Capacity in Mental Health Nurses: the impact of a collaborative model between St. Patrick's Mental Health Services and Trinity Centre for Practice and Healthcare Innovation. All-Ireland Nursing Festival Sláintecare (March 2022)
- Kirwan, S. (2022) 'Receiving Remote Inpatient Mental Health Treatment via the 'Homecare Service.' *Mental Health Reform, Brave New Connections - Good practice for remote mental health service provision*, Jan 2022.

Weekly Academic Meetings Presentations at SPMHS

Dec 2021	Kirwan, S., Donohue G. 'Service User experience of receiving remote inpatient treatment via the Homecare Service: <u>Preliminary Results</u> '
April 2022	Farrington, A. Kirwan S. 'Qualitative Results – Service User experience of receiving remote inpatient treatment via the Homecare Service'

Journal Articles Published (Peer-Reviewed)

- King, M., Farrington, A., Donohue, G & McCann, E (2021) Psychological Impact of the COVID-19 Pandemic on Mental Health Nurses, *Issues in Mental Health Nursing*, DOI: 10.1080/01612840.2021.1978598
- Douglas, L., Donohue, G., & Morrissey, J. (2021) Patient Experience of Physical Restraint in the Acute Setting: A Systematic Review of the Qualitative Research Evidence. *Issues in mental health nursing*, 1–9. Advance online publication. <https://doi.org/10.1080/01612840.2021.1978597>
- Kirwan, S. Cunningham, P. Creedon, J. Keogh, B, Donohue, G. (2021) Nursing Leadership in responding to the COVID-19 crisis in an Irish Independent Mental Health Service. *British Journal of Mental Health Nursing*, Vol 10, (2).
- Kavanagh, A, Prentice, G, Donohue, G, Doyle, C, Jennings, B, Farrington, A, King, M. (2022) Development of Student Nurse Subjective Evaluation of Completed Clinical Practice Placement instrument. *Journal of Nurse Education* (Accepted in Press).

Papers Submitted (Under Review)

- Farrington, A., King, M., Donohue, G & McCann, E "The experiences of mental health nurses working through COVID-19: An analysis of long-term support needs" *British Journal of Mental Health Nursing*.
- Kiernan, G, Donohue, G., Kirwan, S. 'Finding my hard hat: - lived narratives of mental health recovery' *Journal of Psychiatric and Mental Health Nursing*.
- Farrington, A., Jennings, B., Keogh, B., King, M., Kirwan, S., Doyle, C., Donohue, G. 'Evaluation of the Homecare service: A remote inpatient service for people requiring mental health care. Concise title: Remote inpatient mental health care' *British Journal of Mental Health Nursing*
- Doyle, C., King, M., Kirwan, S., Farrington, A., Jennings, B., Donohue, G, Keogh, B. 'Service User experience of receiving remote mental health inpatient treatment via the Homecare Service' *Journal of Psychiatric and Mental Health Nursing*.

Details of Current Projects (Active)

Team	Project topic
Pelma McCullough, Brian Keogh, GD	Randomised breathalysing as an intervention to improve abstinence at an open addiction unit: A Pilot Study
Toni O'Connor, Jean Morrissey Mary Needham, Leah Hargadon, Clare O'Toole, GD	Patient experience of transitioning from in-patient treatment for eating disorders to day care services
Shane Kirwan, Marie King, Aoife Farrington, Bernie Jennings, Caroline Doyle, Brian Keogh, GD	Evaluation of Home care Service
Ailish Kennelly, Thelma Begley, GD	An exploratory study of Irish Secondary school student's views to mental health supports in school.
Mary Corrigan, Michelle Curran, Shane Kirwan, Brian Keogh, GD	Metamorphosis: The transition of a Mental Health Facility to a COVID-19 isolation unit.
Gary Kiernan, Shane Kirwan, GD	Finding my hardhat- lived narratives of mental health recovery
Jennifer Judge, GD, Brian Keogh	Evaluation of a progress notes educational video
Vicki Walsh GD, Brian Keogh	The Provision and Evaluation of Bereavement and Loss Education Based on the Needs of Mental Health Nurses working within an Adolescent Inpatient Unit: A Pilot Study



Awards



Awarded to Gráinne Donohue, Shane Kirwan and Brian Keogh for best poster presentation at TCD THE conference, March 2022.

‘Developing Research Capacity in Mental Health Nurses: the impact of a collaborative model between St. Patrick’s Mental Health Services and Trinity Centre for Practice and Healthcare Innovation’

Shane Kirwan short-listed for prestigious Kevin Plunkett Award for project on Digital Health Implementation that awards excellence in Mental Health Nursing in conjunction with Mental Health Ireland.



Why you should read this article

- To understand the processes involved in introducing electronic health records in a healthcare organisation
- To explore the challenges of implementing large-scale digital change in a mental health service
- To gain awareness of the need for nurse representation and nurse leadership in digital change

Nurse leadership in implementing digital change in an Irish mental health service

Shane Kirwan, Brian Keogh and Gráinne Donohue

Objectives

To understand the processes involved in introducing electronic health records in a healthcare organisation

To explore the challenges of implementing large-scale digital change in a mental health service

To gain awareness of the need for nurse representation and nurse leadership in digital change

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Abstract

Electronic health record (EHR) systems can contribute to improve the quality of care but mental health services have been slow to adopt them. There is little research about introducing EHR in mental health settings and even less research on the role of nurses in such digital change projects. This article describes the implementation of an EHR system in a private mental health service in Ireland, focusing on the role of nurse leadership. It describes the process of change according to a five-stage framework and explains how the nurse leadership was central in building knowledge and innovation and in spanning boundaries between disciplines and departments.

Author details

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Keywords

change management, information technology, leadership, innovation, mental health, professional professional issues, service improvement, technology

Introduction

Electronic health record (EHR) systems improve the quality of care through better access to patient records, improved medicine management, fewer medical errors and reduced costs (Hillemann et al 2005, Trai and Bond 2016). However, despite these benefits, mental health services have been slow to adopt EHR systems, partly due to healthcare professionals' resistance to such changes (Hogan, Murphy et al 2015) and concerns about data privacy (Wojcieszko et al 2009). Mental health professionals are also concerned that recording patient data on an electronic system may not capture the complexity of mental health presentations and that, in the event of a data breach, an unfiltered diagnosis could have negative consequences for the patient – exposing them, for example, to bias and discrimination (Graham et al 2007, Cahard and Wykes 2008).

When mental health services have adopted EHR systems, the implementation process has been demanding. A case study-based evaluation of the implementation of an EHR system in a mental health hospital in England – which involved interviews with 48 stakeholders and 20 hours of on-site observations – found that many of the interviewees perceived the process as ‘challenging and cumbersome’ (Taites et al 2012). Meanwhile, a literature review on electronic personal health records found that most studies on the topic, which are increasing in number, focus on general health and that there have been few attempts so far to document the specific challenges of implementing EHR in mental health services (Bass et al 2011). There is, in short, a need, for example, to explore the role of mental health professionals in how to write notes that are comprehensible to, and not stigmatising for, patients (Bass et al 2011).

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NEW INITIATIVES 2021-2022

PPI Public and Patient Involvement

The TCPHI partnership aims to continue their partnership with the Service User Forum at SPMHS and any other potential avenues that will increase the involvement from service users and their families and other interested stakeholders. This will embed future research projects with insights into what it is like to live with mental health issues. These insights can help to make health research more relevant to the needs of service users and carers. We have already submitted one paper to the Journal of Psychiatric and Mental Health Nursing, authored by a member of the service user forum and supported by the TCPHI-SPMHS partnership.



Increasing Visibility: Nurse Education Centre-Research Wall

The partnership is now in its third year and has been very successful in the number of nurse led research projects completed, conference presentations and peer-reviewed publications. In order to highlight these achievements and to increase visibility, a research wall illustrating publications and presentations has been established in the Nurse Education Centre.



Marie King and Shane Kirwan at the Nurse Education Centre Research Wall

Future Work and Opportunities

Quality Initiative Group

Established in 2022 and led by Shane Kirwan, the purpose of this group is to focus on activities designed to monitor, analyse, and improve the quality of nursing processes in order to improve the healthcare outcomes in St. Patricks Mental Health Services. Overall improving the quality and performance in the healthcare environment can help the service with reliable, cost-effective, and sustained healthcare processes and enable us to achieve the goal of improving care delivery and enhancing service user outcomes. Gráinne Donohue is also a member of this group and any new initiatives will be supported within the TCPHI to become research projects where appropriate. This will be an important link between service delivery and research potential.

Funding

The TCPHI-SMPHS collaboration will continue to seek out funding to support nurse researchers achieve their research outcomes and support national and international dissemination.

International dissemination of SPMHS nurse research

The TCPHI-SPMHS collaboration secured a grant (Martha McMenemy Scholarship) to pursue international dissemination for one of its projects. As COVID-19 postponed or restricted international mental health conference to remote attendance only, it is anticipated that nurse researchers will attend and present at an international conference in the next twelve months.



Appendix 1: Poster Presentations



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Mental health service users' experiences of a virtual admission: Qualitative findings from an online evaluation



St Patrick's
Mental Health Services
Empowering recovery

Aoife Farrington, Bernie Jennings, Shane Kirwan, Brian Keogh, Marie King, Gráinne Donohue, Caroline Doyle
St. Patrick's Mental Health Services, Dublin 8. Trinity Centre for Practice and Healthcare Innovation

BACKGROUND

To 'flatten the curve' of COVID-19 infections and continue to provide mental health service delivery, a homecare package consisting of virtual admission and provision of person-centered telehealth was conceptualised and implemented. Elements of inpatient care were provided virtually either online or via telephone. Service users occupied a 'virtual bed' and could avail of in-person admission should they require it. As part of an evaluation, service users were invited to comment on their experiences of their virtual admission.

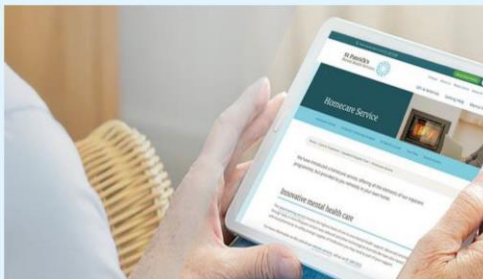
AIM

This poster presents the qualitative findings from an online survey which aimed to evaluate service user satisfaction with the homecare package



METHOD

Three open questions were included on an online survey and all participants (n=88) were invited to comment on what went well, what did not go well and any additional comments not addressed in the survey. A descriptive qualitative approach was used to analyse the data which were coded using a content thematic analysis. Codes were eventually collapsed and themes were developed. Ethical approval to conduct the study was obtained from the institution's ethics committee.



FINDINGS

Three themes were developed from the data.

- 1. A viable alternative to inpatients care** Service users commented positively on the flexibility of the approach, allowing participants to access therapeutic interventions while remaining at home. The participants valued the availability of a in person admission should they require it, and this in itself was a source of support even if they did not access it.
- 2. The importance of Relationships** Satisfaction with the virtual admission was often contingent on the respondents' positive relationships with staff. Respondents commented frequently on the quality of the interactions they had with nurses and other members of the multi-disciplinary team despite these being online or via telephone.
- 3. Technology and homecare** Overall, there was general satisfaction with the use of technology as part of the virtual admission homecare package. There was also praise that the use of technology allowed the service to respond to the pandemic and continue to provide much needed services for those who required it.

"The homecare package is brilliant and should be continued long after Covid. The groups and classes that could be joined from home were great."

"I was reassured by my highly professional inpatient / homecare experience and know that I can contact St. Pats staff at anytime afterwards in the event of a crisis."

"Against the backdrop of the pandemic, I was lucky that the technology existed to facilitate homecare and that St. Pats was able to transition much of its services to a digital platform."

CONCLUSION

Suggestions for change centred on data protection, privacy issues and technological support needs. Virtual admission offered flexibility and therapeutic interventions for people requiring increased support during COVID-19 and was positively evaluated. Sustaining the innovation post COVID-19 requires further research, staff training and service user involvement in design and delivery.

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Building Capacity for Mental Health Research & Service Improvement

Evaluation of a collaborative model to build research support, networks and infrastructure between St. Patrick's Mental Health Services and Trinity Centre for Practice and Healthcare Innovation

Authors: Dr. Gráinne Donohue, Shane Kirwan, Dr. Brian Keogh



Trinity Centre for Practice and Healthcare Innovation



BACKGROUND

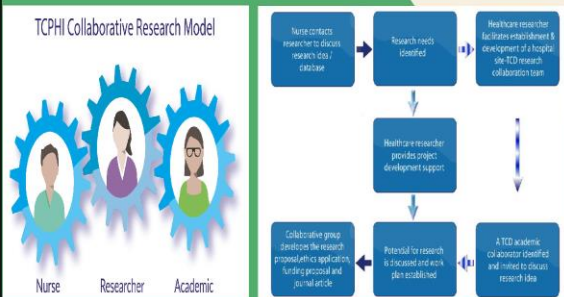
There has been significant expansion of the nurse role worldwide and the competencies within it. The benefits of this has been established for both healthcare services and service users (Begley et al. 2010). As a result of this expansion of competencies, senior nursing staff are now expected to be research active. Balancing this research role with increasing clinical responsibilities however, is a challenge. The Trinity Centre for Practice and Healthcare Innovation (TCPHI) is a research centre established within the School of Nursing & Midwifery in 2010 and its mission is to work with nurse practitioners, industry and the public to improve health care through research and innovation. Building on an identified need to provide ongoing support and capacity development for research within the practice environment, TCPHI and St James's Hospital (Dublin) implemented a successful partnership model to develop and enhance research capacity in nursing. The model has since been extended to other sites and nursing disciplines with plans for ongoing development. The partnership with St. Patrick's Mental Health Service and TCPHI commenced in May 2019.

AIM AND OBJECTIVES

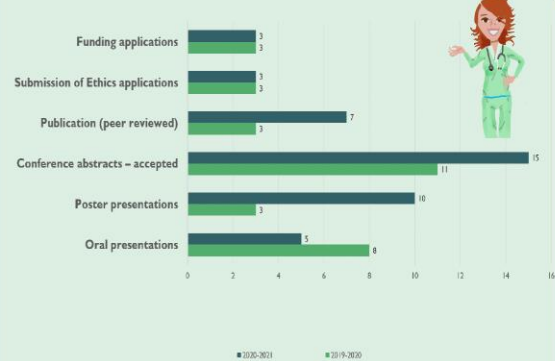
The partnership model aims to build research support networks and infrastructure enabling nurse leaders to conduct clinically relevant evidence-based research.

- To explore a collaborative model designed to bring together mental health nurse practitioners and academic expertise with the objective of delivering clinically relevant research
- To understand the impact of a collaborative model to increase the visibility and standard of mental health nurse research

THE MODEL



OUTPUTS 2019-2021



AWARDS

The collaboration has been awarded three grants for funding to date:

- Horatio Conference Scholarship funded by the Psychiatric Nurses Association
- Martha McMenamin Scholarship Grant
- Higher Education Authority Researcher Grant



SPHHS nurses attend Trinity Health and Education Conference 2020 at School of Nursing and Midwifery

CONCLUSION

Currently, TCPHI are supporting 8 projects, involving 14 nurses and 4 TCD academics across the hospital and sites. The projects incorporate a wide variety of mental health nursing areas, including eating disorders, electronic health, homecare service, addiction and COVID-19 transitions. We are currently involved in two service user led projects using lived narratives.

For further details contact: donohuga@tcd.ie

References

Begley C, Murphy K, Higgins A, Elliott N, Lalor J, Sheerin F, Coyne I, Comiskey C, Normand C, Casey C, Dowling M, Devane D, Cooney A, Farrelly F, Brennan M, Meskell P, MacNeela P. (2010) Evaluation of Clinical Nurse and Midwife Specialist and Advanced Nurse and Midwife Practitioner Roles in Ireland (SCAPE) Final Report. National Council for the Professional Development of Nursing and Midwifery in Ireland, Dublin.

Patient experience of physical restraint in the acute setting: A systematic review of the qualitative research evidence



Authors: Ms. Lisa Douglas, Dr. Gráinne Donohue, Dr. Jean Morrissey
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Trinity Centres for Practice and Healthcare Innovation

BACKGROUND

The use of physical restraint within the mental health arena is controversial. It is arguably among the most restrictive interventions and has continued within mental health services on the proposition that use of such measures is necessary to maintain safety of mental health nurses (MHN) and patients. Restraint involves 'the use of physical force (by one or more persons) for the purpose of preventing the free movement of a resident's body' and excludes the use of restraints by means of equipment or technology, often referred to as mechanical restraint. It involves the manual restriction and control of potential or actual aggressive and/or violent behaviour in a ward situation.

METHODS

The focus of the review was to explore the physical restraint experiences of patients in acute settings.

Review questions

1. What are adult mental health inpatients' experience of physical restraint?
2. What are the implications of physical restraint use on the therapeutic relationship in inpatient mental health services?

SEARCH STRATEGY

Concept 1:	"Behavio*r control" OR "Behavio* management" OR "Clinical hold" OR Hold OR "Immobili*" OR "Physical* interven*" OR "Physical restraint" OR "Restraint" OR "Restrict* practice" OR "Restrictive intervention" OR "Therapeutic hold"
Concept 2:	"inpatients" OR "psychiatric patient" OR "psychiatric detained patient" OR "service user" OR "mental health service user" OR "clients" OR "consumer"
Concept 3:	"experience" OR "perception" OR "view"
Concept 4:	"hospital" OR "psychiatric facility" OR "psychiatric institution" OR "institutional setting" OR "psychiatric unit" OR "mental health unit" OR "mental health ward"

ASSESSING QUALITY- MMAT

	Q1	Q2	Q3	Q4	Q5	Quality score
Haw et al. 2011	Y	Y	Y	Y	Y	H
Knowles et al 2015	Y	Y	Y	Y	Y	H
Konio et al. 2012	Y	Y	Y	Y	Y	H
Larue et al. 2013	Y	Y	Y	Y	Y	H
Ling et al. 2015	Y	Y	Y	Y	Y	H
Mayers 2010	Y	Y	Y	Y	Y	H
Sequeira & Halstead 2002	Y	Y	Y	Y	Y	H
Spinzy et al 2018	Y	Y	Y	Y	Y	H
Wynn 2004	Y	Y	Y	Y	Y	H

RESULTS

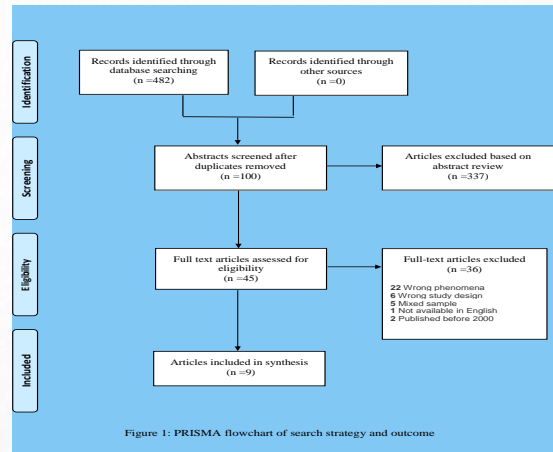
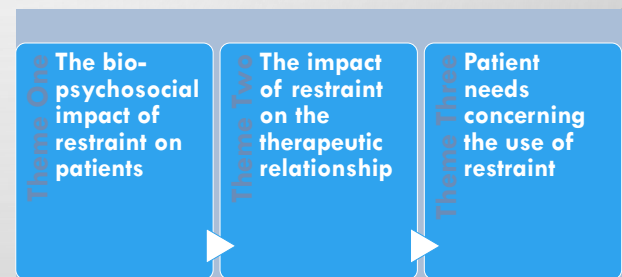


Figure 1: PRISMA flowchart of search strategy and outcome

THEMES

The majority of the n = 9 studies that addressed the aim and objectives of the review were undertaken in the United Kingdom (n = 4). The remaining studies were from Canada (n = 2), Israel (n = 1), South Africa (n = 1), Finland (n = 1). Study participant numbers ranged from eight to 57. All of the studies used qualitative research methods that explored and documented the experiences of mental health patients with physical restraint practices.



CONCLUSION

Although there are international efforts in the form of policy and legislation to reduce or eliminate the use of physical restraint in mental health facilities, the practice continues and raises major concerns due to the findings of this review from patient experiences. Mental health professionals and services need to be cognizant that the application of restraint poses a major threat to the therapeutic relationship and can have a profound physical and psychological impact on patients, re-traumatizing those with a history of trauma. To support practitioners as they strive to reduce the incidence of physical restraint, there needs to be appropriate staffing availability and a reflective forum for MHNs to reflect on indiscriminate and unsafe use of physical restraint.

Developing a remote inpatient mental health treatment via the Homecare service



Shane Kirwan, Marie King, Aoife Farrington, Bernie Jennings, Caroline Doyle, Dr Gráinne Donohue, Dr. Brian Keogh
St. Patrick's Mental Health Services, Trinity Centre for Practice and Healthcare Innovation

Background

In response to the COVID-19 coronavirus outbreak, SPMHS introduced a homecare service, offering all the elements of the inpatient programmes, but provided to the service user (SU) remotely in their own home. This service is delivered via phone, video and online channels. Currently, unless a SU's mental health needs indicates that they would benefit more from treatment onsite, SPMHS recommend the homecare service for all adult and adolescent referrals. This service involves one-to-one mental health support, delivered remotely through daily or more frequent contact over videocall and other technological channels. The SU takes up a 'virtual' bed in SPH or St Edmondsbury and this bed cannot be used for a 'physical' SU.



How does it Work?

If a SU decides to opt for the Homecare Package they will:

- Be assigned to a multidisciplinary team (MDT) which, depending on their needs, typically includes a consultant psychiatrist, nurse, occupational therapist, psychologist or social worker
- Be contacted by a member of the MDT at least once every day, by videocall where available and, where not, by phone
- Participate in an MDT meeting by video or phone at least once every week
- Have their medication and prescribing reviewed as regularly as other inpatient service users, with measures to ensure they receive any new medication being followed through – SPMHS have linked up with the Pharmacies to do this
- Receive appropriate individual therapy sessions with members of the MDT, delivered by videocall
- Be provided with ongoing psychotherapeutic interventions, delivered remotely
- Have support available 24 hours a day, seven days a week.



The Story so far....

St Patrick's Mental Health Services is delighted that our Homecare Service was named as the Mental Health Initiative of the Year at the Irish Healthcare Awards 2020.



Next Steps-
Service User Evaluation

Research Design

Research Aim:

To explore and evaluate service user experience of receiving Remote Inpatient Mental Health Treatment via the homecare service

Wave One Data Collection

An online quantitative survey will capture service user (SU) satisfaction with the homecare service. All people who have availed of the home care service between June to October 2020, approximately n= 150 were invited to respond to this anonymous online survey.

Wave Two: Data Collection

An explorative qualitative approach will also be used to collect and analyze interview data a smaller cohort of the same group (n= 10). This data will be thematically analyzed.



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