Improving care in the ED

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The delivery of services to consumers in the emergency department (ED) is currently based primarily on the traditional medical model which espouses an objective view of recovery. Registered nurses (RNs) caring for consumers in the ED do not work from the recovery model which underpins contemporary mental health (MH) care.

The fourth national mental health plan 2009-2014 is part of the national mental health strategy guiding MH reforms. It mandates that service access, coordination and continuity of care are priority areas with the aim that clinical staff will espouse a recovery focus. A fundamental principle that underpins the plan is that services are delivered with a commitment to a recovery approach. However, recovery as it applies to consumers experiencing a mental illness is not well understood by general trained RNs and consequently there is tension between the entrenched hospital model in which ED nurses practice and the recovery model which guides the provision of care to consumers.

In keeping with the tenets of the national MH plan it would be beneficial for RNs providing care to consumers in the ED to have an understanding of the recovery model, and to have an environment that practices recovery. To facilitate the continuity of recovery focused service delivery to consumers who are in transition between service sectors when they present to the ED, this will necessitate a culture shift within the ED towards a recovery orientation. RNs in the ED are increasingly caring for consumers with a mental illness and the national MH strategy acknowledges that collaboration between emergency services and other services can assist the recovery of consumers experiencing mental illness. It is important to elucidate how RNs conceptualise recovery as it applies to consumers, and this needs to be the focus of further research.

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