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0117

Consumer and carer perspectives on housing options for people living with mental illness

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Housing is crucial to the recovery of people living with a mental illness. Although this has long been acknowledged in public policy documents, funding organisations are only just beginning to direct monies into this area

This study called the RAP (Recovery and Accommodation Project) used a focus group approach to explore the views of six consumers and six carers regarding housing options for people in the Gold Coast community living with mental illness. The project is guided by the emerging paradigm of recovery, which is a significant departure from the paternalistic attitudes which have traditionally determined service delivery for this group. The study intended to inform a more substantial evaluation of housing measures for this group, to be implemented on the Gold Coast.

Findings indicated that housing was considered a critical part of recovery by both consumers and carers. Unfortunately housing was often difficult to obtain for people when they were released from hospital and difficult to maintain for people who were well but living on a pension. Cost was one important factor but dealing with real estate agents and community prejudice also made finding suitable stable housing difficult.

Public policy often refers to consumers and carers in the same sentence. Implying their views are similar. The findings from this study indicate that although there is some agreement between carers and consumers there are also points of disagreement on issues around housing.

0118

Emergency Triage and The Mental Health Nurse

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In 2001 a mental health triage scale was introduced into the emergency department of the Geelong Hospital, Victoria. Changes were made to the assessment and management of clients with a mental illness by mental health and emergency triage staff. The new service has been used as a model of contemporary service delivery

across Victoria. Since the introduction of this model it is evident misunderstanding exists as to the nature and principles of emergency triage by some mental health triage staff. This presentation presents the principles of emergency triage from a historical and current policy perspective. Exemplars of the parallels between physical and mental illness in the context of emergency triage and the variety of models of mental health care for clients with a mental illness in the emergency department are presented. As well as this the conflicts in terminology that exist within emergency department practice and mental health practice in relation to mental health triage are detailed and explained.

This paper details the important principles of emergency triage and examines them in the context of contemporary mental health service delivery to clients with a mental illness in the emergency department.

0120

The Frequency of Post Traumatic Stress Disorder Symptoms in Intensive Care Unit Survivors

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Admission to the ICU is often sudden and unexpected, two factors thought to influence the development of PTSD. The aim of this study was to identify the frequency of PTSD and factors associated with PTSD, in patients one month after ICU discharge. Over a 9-month timeframe 137 patients in one ICU met the inclusion criteria and after informed consent, 100 (87%) completed a telephone survey that included the Impact of Event Scale – Revised (IES-R). The IES-R has 3 subscales, avoidance (8 items), hyperarousal (7 items) and intrusion (7 items), with possible response options from 0 (not at all) to 4 (extremely). Alpha demonstrated the IES-R was a reliable scale. The median total IES-R score was 0.7 (IQR 0.8) where the possible range was 0-4. Thirteen participants (13%) scored above the cut-off for clinical PTSD. There was no relationship between gender or ICU length of stay and the development of PTSD symptoms, there was a small but significant inverse relationship between APACHE II scores and PTSD symptoms. In multivariate analysis the only independent predictor of PTSD was age. Patients less than 65 years of age were 5.6 times more likely to report symptoms of clinical PTSD than those older. Thus, factors other than severity of illness may influence the development of PTSD after ICU, and because recruitment was less than expected, larger multi-site studies are indicated.