

The role of Clinical/Nurse Educator Mental Health & Addiction (Acute Support) in Emergency Departments, Aotearoa New Zealand

Emergency Departments (EDs) are an important component of Aotearoa New Zealand's health care system, treating people who have a serious illness or injury that requires urgent attention. There are close to one million ED attendances in New Zealand every year. Increasingly many people with mental health or addiction needs access treatment via EDs.

This description is designed to support districts and associated health partners understanding of how the role originated and how it differs from other roles that exist.

The role of Clinical/Nurse Educator Mental Health & Addiction (Acute Support) was initiated by Ministry of Health (MOH) who specified the use of *Let's get real* for programmes developed by educators in these roles. *Let's get real* describes the values, attitudes, knowledge and skills required for working effectively with people and whānau experiencing mental health and addiction needs. *Let's get real* was developed in 2008 by MOH and refreshed by Te Pou in 2018 with sector consultation. This New Zealand initiative was designed to promote a shared approach and to increase the capability of workers across all of health care, regardless of context, organisation, role or profession.

Overview

Whilst the Clinical/Nurse Educator (Acute Support) is a recognised member of the mental health team, the position is usually based in the Emergency Department. This role is responsible for building the capability and confidence of frontline ED clinical and non-clinical staff, when people present in crisis or distress.

The Clinical/Nurse Educator (Acute Support) achieves this by using their experience and expertise of mental health & addictions and education to support the development of practices and processes that will enable excellence and improved health outcomes for people experiencing mental distress.

A key tenet is to create positive experiences and outcomes for people and their whānau who present with mental health and addiction needs. To achieve this, *Let's get real* is used to inform the design and delivery of educational programmes. Several resources are used to enhance the capability of workers in ED and to support effective implementation to promote sustained practice change.

The first appointed position began in Nelson in 2020. The initiative is being progressively implemented throughout Aotearoa New Zealand EDs. It differs from existing roles within ED settings such as Psychiatric Consult Liaison.

What does the Clinical/Nurse Educator do?

1. Clinical teaching and orientation across disciplines

Clinical teaching and orientation can occur on both an informal or formal basis e.g. brief clinical teaching sessions within ED or study days open to RNs, Medical staff, HCAs and Allied Health staff. This may be extended to wider audiences within the locality/district or NGOs. Clinical teaching and orientation objectives may include:

- a) Developing understanding and application of Te Pou *Let's get real* values, attitudes and seven *Real Skills* with new and current health workers.
- b) Supporting development of champions in ED in Mental Health & Addictions.
- c) Utilising Te Whare Tapa Whā to highlight needs of Māori and whānau.
- d) Utilising guest speakers with expertise in working with Māori, Pacifika, whānau and immigrant peoples in learning opportunities.
- e) Identifying and making available resources for ED to share with the public related to telehealth and community services.
- f) Identifying and recommending key district pamphlets/brochures (information for consumers and whānau).

2. Be available for consultation regarding tāngata whaiora presenting with any mental health or addiction needs

Consultation objectives may include:

- a) Working alongside staff and being available for consultation regarding tāngata whaiora with mental health & addiction needs.
- b) Supporting exploration for differential diagnosis.
- c) Providing guidance to support care provision for tāngata whaiora.
- d) Reviewing triage entry of patients on Edaag to capture tāngata whaiora with dual diagnosis issues e.g. diabetic emergency and schizophrenia.
- e) Participating in meetings across services for tāngata whaiora with mental health and addiction needs that have high attendance rates in ED, as indicated.

3. Support staff working with all people/tāngata and their family/whānau who present to ED with mental health and addiction needs

Support for staff objectives may include:

- a) Influencing the tāngata whaiora journey of care including triage, reception, assessment, intervention and evaluation.
- b) Developing staff awareness of empathic verbal and non-verbal communication and its role across the tāngata whaiora journey.
- c) Role-modelling excellent communication skills.
- d) Influencing and promoting referral pathways related to mental health or addiction.
- e) Identifying equity needs.
- f) Ensuring discriminatory practices are challenged.
- g) Enhancing and supporting staff skills in respect of caring for people with mental health and addiction needs.

4. Support staff to work effectively with Māori and their whānau

Working effectively with Māori and whānau objectives may include:

- a) Supporting staff to meet the obligations of the Treaty of Waitangi principles and Te Whare Tapa Whā in their work with tāngata whaiora.
- b) Supporting and role-modelling familiarity with Te Reo. For example, role model greetings to patients and colleagues.
- c) Promoting karakia and use of whakataukī at handovers and at informal and formal education sessions to enhance tikanga Māori.
- d) Promoting and normalising involvement of Māori support staff e.g. Poumanaaki Te Waka Hauora to support Māori tāngata whaiora and whanau.
- e) Promoting Te Ao Māori free online Te Reo Courses to ED staff.

5. Support staff to work effectively with NGO communities

Working effectively with NGO community objectives may include:

- a) Strengthening, supporting and improving interface, liaison and partnership with key agencies such as police, St John, primary care and community health providers.

- b) Broadening knowledge of community participants in Mental Health & Addiction services e.g. Family Advisor and Consumer advisors, Immigrant Communities, Suicide Prevention Officers.

6. Challenge discrimination

Challenging discrimination objectives may include:

- a) Participating in the Clinical Educator Mental Health & Addiction national forums to influence triage language within Aotearoa New Zealand.
- b) Supporting change in practice by utilising *Let's get real* trauma informed approaches.

7. Apply law, policies and standards

Applying law, policies and standards objectives may include:

- a) Designing surveys appropriate to reviewing practice, as required.
- b) Policies: e.g. working within the organisation to develop or enhance tāngata whaiora health pathways as required. Making recommendations to enhance policies to improve tāngata whaiora experience between ED and Mental Health & Addiction services, as required.
- c) Liaising with Mental Health & Addiction managers with Senior ED staff to review Safety First reports.
- d) Organising and participating in major incident reviews across services.

For further information visit [Let's get real | Mental health and addiction | Te Pou](#)