Older Persons Mental Health Advanced Practitioner

Clinical Practice:

- Routine assessment – ongoing assessment of inpatients
- Physical health monitoring
- Prescribing and medication advice

Leadership and Management:

- Senior clinical leadership role, offering high-level expertise
- Role model for staff involved in complex decision making

Education and Training:

- Both formal and informal training on the wards, including: teaching around mental health illnesses, managing certain illnesses, clinical skills (ECG training, venepuncture training)

Research:

- Looking at developing on the wards
- Dissertation as part of training

What is your professional background?

I am a mental health nurse by background. I have previously worked in liaison psychiatry, working for 6 years in an acute general hospital which is where I found my passion for older persons mental health. I have worked throughout my AP training specialising in older persons.

What service do you work within?

I work on two older persons inpatient mental health wards. One of these is an organic ward which is for people living with dementia and presenting with complex needs, the other one is a functional mental health ward for older people, this is for anything other than dementia.

What roles and responsibilities do you have?

My responsibilities include routine assessments and ongoing assessment of inpatients; this is mainly looking at the mental health side while also monitoring physical health as working with older people the two go hand in hand. I have prescribing responsibilities, as well as supporting consultants and providing a leadership role as a senior nurse.

What is the impact of your AP role within the service?

For both patients and my colleagues, the continuity of senior leadership of my AP role benefits the service. The main benefits of the role are around having the senior clinical leadership role and high-level clinical expertise, which means I am a role model for staff and can support them in complex decision making and managing complex patient care.

What is the impact of your AP role within the service? (Cont.)

For patients, continuity benefits them hugely - having someone they know is a nurse and a bit more, who can review their medication, talk about the side effects of medication, and can look at their physical health concerns makes it easier for patients. And having me as a visible person can provide comfort for patients as well as their families. Consultants will only have one or two ward rounds per week, so a big part of my role is speaking to families and explaining things around diagnosis or changes in medication, so that liaison role is helpful to clarify any questions patients and their families have.

Are you the first person to hold this specific post in your service?

I am the first AP in the service. The role was first introduced to support the pandemic to have someone with advanced physical health skills to manage vulnerable patients while also having a mental health background, but it also supports the need for more clinical leadership.

What are the biggest challenges of your role?

The biggest challenge is the medical staff recognising my role. Many of my medical colleagues haven't worked with APs before so it is difficult to get them to recognise my skills as an AP and what I can do, especially when it comes to allowing me to have autonomy. The other side of this is that I'm still carving out what the role is, and I also need to make sure that the nursing staff know what the AP role is, and recognise my limitations too, especially in physical health.

How have these challenges been addressed?

Since I started the role there is more support, with a GP, consultant or trainee doctor always being around for me to ask advice of if I am every struggling with physical health decisions. When I first came into the role, I tried to do and be everything which was overwhelming but with the support of my manager and matron I have been able to narrow down my responsibilities and it's now clearer to myself and others what I do and what is best dealt with elsewhere.

Are AP roles looking as though they are expanding within your service?

There aren't current plans for more APs in the service, but there are plans to put forward a proposal for more soon. I think it would be beneficial to have an AP on each ward, as I feel my role gets watered down because I cover two wards. This is difficult especially in mental health as you need to know histories, presentations, etc. which can be difficult for 30 patients.

How would you like to see your AP role develop in the future?

Hopefully another AP is introduced so I can just focus on one ward. Overall, I would like to have more autonomy, to be able to manage my own group of patients throughout their inpatient stay, with just the supervision of a consultant. To me, my role is to manage a complete episode of care for a patient.

How well did your AP training pathway prepare you for your role?

I completed the general AP pathway. Whilst it was beneficial to have increased knowledge around physical health, especially working in older persons, I don't feel it fully prepared me for a mental health AP role. The modules were predominantly physical health focused and it would have been nice to have some more tailored mental health sessions, so I may have benefitted from the mental health specific ACP training pathway.