

Can simulation training for mental health care improve ED nurses' provision of mental health care? An integrative review

Elicia L. Kunst^{A,C}, Amy N.B. Johnston^{B,C}.

A elicia.kunst@scu.edu.au Southern Cross University, Gold Coast Campus. Locked Mail Bag 4, Coolangatta, Queensland 4225.

B Gold Coast University Hospital ED, D Block, LG096 1 Hospital Blvd, QLD 4215 Australia,

C Centre for Health Practice Innovation, Menzies Health Institute Queensland, Griffith University Gold Coast campus QLD 4222

Emergency departments (ED) across Australia play a significant role in the management of mental health conditions. ED are often the initial point of care for those with acute mental health concerns [1,2]. These are not insignificant issues as mental health contributes 12.9% to the total burden of disease in Australia and internationally, mental disorders contribute significantly to the global burden of disease: Mental health is one of the largest single causes of disability [3]. While there have been developments in the way mental health care is delivered in the ED, with provision of specialist mental health clinicians in many tertiary level hospital ED, it has been proposed that there should be greater emphasis on the multidisciplinary management of mental health care in the ED [4]. All members of the ED clinical team need to be competent in the delivery of care rather than developing a reliance on mental health specialists. This will ensure that there is consistent access to effective mental health care when it is needed. Education in mental health care is of critical importance to nurses working in the emergency department [4,5]. Providing focused education to meet specific learning requirements is challenging in the clinical environment, as the participants will often have wide variation in skill and experience that need to be met. Simulation education may be effective in meeting these criteria.

Method: An integrative review of the available evidence on the effectiveness of simulation education in mental health care to improve nurses' clinical practice in providing mental health care in the emergency department was undertaken. Qualitative and quantitative studies were appraised using a standardised appraisal tool, thematically analysed, synthesised and reported. Specific review questions addressed cost-effectiveness of the simulation education, the educator's time to deliver and participant's time to undertake education, the perceived value of the training by participant, the outcome into practice confidence including increased engagement with mental health care, and the reproducibility and consistency of the educational process.

Results: Research evidence around mental health training for ED nurses, particularly simulation training, is very limited. Only 4 papers specifically explored this issue, and then often as obliquely as part of other interventions. The limited evidence available suggests that simulation has the potential to be an effective tool to improve nurses' clinical practice, in terms of confidence-building and as time and cost-effective training processes.

Discussion: ED nurses face many challenges around quality care provision to people with mental health conditions and they need the best possible skill base to manage these challenges effectively. Simulation education is one possible process by which mental health care provision and clinician confidence can be improved. However, further research is needed to determine the effectiveness of simulation in improving nurses' mental health care practice.

References

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