



Top tips for CL Nurses



ACMHN CONSULTATION LIAISON SPECIAL INTEREST GROUP

Paul McNamara developed a list of Top Ten Tips for CL Nurses when he worked in CL in Cairns. This list was added to by CL nurses who attended the 2010 ACMHN CL Conference at Magnetic Island, with further additions being made by members of the Yahoo CL Email List.

1. Get out on the wards and get to know the staff involved in direct patient care – they will be the ones to whom you will be of most benefit, and they will be the ones who will identify and generate referrals.
2. Have a Delirium education session prepared that educates staff about the difference between delirium, dementia, depression, and psychosis you will be astounded at how often you'll need to use this.
3. Be accessible and flexible - you probably were not told these things when you were appointed, but you ARE all things to all people, and you ARE the hospital's expert on behaviour management whether there are psychiatric issues involved or not.
4. Find out who the staff counsellor is and how to access them – chances are nobody else in the hospital knows this and they will confuse your role and pour their secrets out to you. Because they are your colleagues who you will be seeing every day, you do not want them to think that you are their therapist as well - but being able to help negotiate the system is a nice thing to do for a workmate.
5. Keep stats – on referrals, teaching sessions etc. because in about 18 months' time some bean counter will want to know what the hell you do... it is great if you can show them who refers, how many patients you see, etc. Don't forget to include the brief consultations with staff that you do e.g. when they want to run things by you, bounce ideas around etc.
6. Get a partnership going. Got a special interest? Does your best friend work in a specific speciality? Do you have a pre-mental health speciality? Have the nurses on one ward been more friendly and welcoming than most? Make a point of developing a particularly good partnership with one ward/unit – it will give you a place where you feel at home, and you will be able to hold this partnership up as a success story at meetings and seminars.
7. A wise CL nurse from Melbourne once said "Don't believe your own publicity". Once you get started you will get told how terrific you are (either overtly or covertly) by staff all the time... what they really mean to say is "mental health stuff gives me the absolute horrors, so I'm really pleased there's somebody employed to take the pressure off me".
8. Enjoy yourself: the best part about starting a new role is you get to play to your strengths, and it is a pretty interesting and sociable role... every CL Nurse I have met enjoys their job (on most days), so chances are you will too.
9. Define your role yourself otherwise you will be expected to do absolutely everything that others cannot or do not want to do. Listen when others tell you what they want from you, thank them and then let them know that you will get back to them when you know what you will be doing.
10. Avoid using psychobabble. Your general colleagues will not understand it and will not read it. Keep your documentation simple with an easy to read management plan or suggestions for management.
11. Do not let staff confuse your role with Social Workers or Pastoral Care Workers.
12. Try to be a good role model.
13. Ensure you have clinical supervision.
14. Ask "How I can make Mental Health Nursing help my non-MH colleagues?"
15. Love thy general colleagues. They are doing the best they can and there are many things that they can do that you cannot.
16. Get used to the 5 "D"s as common reasons for referrals
 - Delirium
 - Depression
 - Deliberate self-harm
 - Disturbed behaviour
 - Dementia
17. You cannot do everything (but you will be asked to do so).
18. It is ok to help your colleagues by being useful when they are stretched e.g. make beds, answer phones, do obs. You can also join them in their celebrations!
19. If it looks like delirium and sounds like delirium then it probably is delirium. See Points 2 and 16 also.
20. It is ok to say "NO".
21. You do not have to have all the answers.
22. Keep learning and acquiring new knowledge.
23. Learn from your general nursing (and medical, allied health) colleagues.

24. Have motivation to teach as well as learn.
25. Be confident.
26. Be analytical.
27. Maintain a sense of humour.
28. Smile even if it is hard to do so.
29. Be diplomatic.
30. Be humble.
31. Acknowledge what you know and what you do not know then find out what it is.
32. Try to be the 4 "A" s:
 - Accessible
 - Approachable
 - Affable
 - Adaptable
33. Be visible.
34. Work with the other nurses.
35. Find other CL Nurses immediately, they are really supportive, generous and some of them are geniuses.
36. Join the CL Email list at www.acmhn.org/members-area/join-our-e-lists.html
37. Join ACMHN CL SIG: www.acmhn.org
38. Meet/visit other CL Nurses in their workplace.
39. Do not reinvent the wheel. Before you write a policy ask other CL Nurses what they have written.
40. Do rounds of the wards and units.
41. Develop good relationships with all NUMS.
42. Anxiety is the most contagious condition found in general hospitals; impersonate a calm person.
43. Give it time, breathe, do what you can and then learn and network so you can then do what at first you felt you could not do.
44. Invite yourself into medical rounds. Ensure the medical staff realise that although you cannot prescribe, you can advise them on the best course of treatment. Become part of the clinical discussion and raise their skill level.
45. Invite yourself into as many interdepartmental meetings as possible, including Community Mental Health and Inpatient Mental Health.
 - Raise your profile as much as possible.
 - Promote yourself and get involved in as many activities as possible that will give you a sense of how departments in your region/hospital work together.
46. Do not say 'No' to consultation requests until you have gathered all the facts the referrer has to offer. Many clinical staff making referrals are not articulate in using mental health jargon and their comments may seem overly judgemental or prejudiced. Don't let the message get lost – a referral for a person in need may not get the service they require due to poor communication. If it does turn out to be an inappropriate referral, treat it as an education opportunity.
47. Don't be precious! You are a specialist in an industry full of specialists. Be better than the rest of them Be prepared to be shocked at the attitude displayed by your mental health colleagues to non-specialist health staff (many mental health staff can be extremely rude and dismissive of general health staff- I was shocked!)
48. Remember you have expertise that is not immediately apparent to your non-specialist colleagues. Misconceptions about mental health and prejudices about us and our clientele abound. Non-specialist colleagues will often have a poor appreciation for what it is that we do as it doesn't fit into the culture of task oriented practice.
49. You will have to explain things repeatedly (e.g. Delirium). Don't assume that your non-specialist colleagues will retain what you've explained to them. You will often be confronted by entrenched cultures that will take a lot of time to change.
50. Offer in-service education sessions that will fit into the ward routines
 - Making education days is fine, but you will get more attendance and make more impact by providing frequent, brief education sessions.
 - Repetition is essential.
 - Educating others forces us to truly know our subject.
 - Be prepared to take questions on notice, find the answer, and get back to them.
 - Ask staff if there are any topics or issues related to mental health they would like to hear about.
51. Visit as many wards as you can and talk with staff in each unit every day. Hospitals are complex environments that have many formal protocols, agreements, MOUs etc. between agencies/wards. They are often ignored! The best way to get things happening for our patients is to be able to negotiate with staff that we know and staff who know us. This is the key to LIAISON.
52. Ensure staff are aware that your job is fascinating. You get time to talk with people, and you are not merely an aggression manager.
53. Non-specialist staff typically have a workload dominated by individual tasks and cannot afford the luxury of getting to know patients as individuals.
54. Always make yourself available to provide expertise to midwifery/ maternity services. They get all the goodies and are most willing to share!

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