

Developing and Evaluating a Nursing Educational Module for Dual Diagnosis Care in Acute Inpatient Psychiatric Settings

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Disclosure

- No potential conflict of interest

Objectives

- Describe the development and validation of an educational module for nurses delivering acute psychiatric inpatient dual diagnosis care
- Review implementation and evaluation of the educational module
- Discuss opportunities for future projects and ultimately improve patient care outcomes

Operational Definition

Dual Diagnosis: The co-existence of a Mental Disorder and Substance Use Disorder (SUD)

Other terms: **concurrent disorder, co-occurring, mentally ill chemically addicted (MICA), co-morbid, dual disorder**

(Hunt et al., 2013; Mueser et al., 2003; NICE, 2007; NIH, 2015)



Background

- Clients with **dual diagnosis** are known to have complex and challenging care needs
- This population has an **increased risk** of homicide, suicide, homelessness, incarceration, violence, hepatitis C and human immunodeficiency virus (HIV)
- Acute psychiatric settings serve as a **vital hub** for mental health services, admitting and connecting clients who may not voluntarily seek treatment

(DH, 2002; Hunt et al., 2013; Mueser et al., 2003; NICE, 2016)

The Problem

- In Canada, 1 in 5 people will experience mental illness in their lifetime
 - Over 50% of people seeking SU services are said to have a MD disorder
 - Reported knowledge deficits and low confidence among acute psychiatric nurses providing dual diagnosis care
 - Canada is known to have one of the highest number of dual diagnosis patients
 - 57% of patients in acute psychiatric care have dual diagnosis
 - Poor healthcare outcomes and limited resources
- (Bonnie et al., 2015; Copello et al., 2012; MHCC, 2012)

Problem Summary

- Urgent need to improve care for inpatients with dual diagnosis
- Paucity of evidence on the subject
- Limited educational programs
- There is an overwhelming educational need for nurses in acute inpatient care

(DH 2002, 2006; Copello et al., 2012; Graham et al., 2006, 2014; Schulte et al., 2010)

Clinical Setting & Significance

- Vancouver population 636, 000
- 6 acute care centres
- Founded 1894
- Downtown Vancouver location
- 433 beds
- 68 acute inpatient psychiatric beds

(Statistics Canada, 2014; PHC, 2015)



Clinical Setting & Significance

- St. Paul's Hospital
- 12,000 ED visits (40%)
- 1,500 acute adm. (38%)
- 915+ lives lost in 2016 due to overdose

(PHC, 2015; Statistics Canada, 2014)



Methodology

- Comprehensive literature review
- Questionnaire survey
- Validation of content
- Focus groups
- Implementation
- Evaluation



Comprehensive Literature Review

Criteria

- 10 or less
- English
- Diagnosis, etiology, treatment modalities
- Good quality

Key Findings

- Background knowledge of dual diagnosis care
- Evidence-based content needed for dual diagnosis educational module

Questionnaire Survey

- 6 page questionnaire
- 74 nurses completed survey in 6 weeks
- 168 nurses population

Key Sample Characteristics (n=74)

- Average age of 36 years
- 77% female
- 70% Caucasian
- 51% BSN, 5% Graduate degree
- 39% of nurses had 5-10 years of working experience in acute psychiatric care

Questionnaire Survey

Four themes were derived from the qualitative data (questionnaires):

- Reported need for current evidence-based dual diagnosis nursing care knowledge and skills
- Need for content on practitioners' biases and attitudes
- Need for addictions medicine knowledge, skills, and tools
- Reported lack of confidence

Validation of Content

Process & Key Findings

- Developed validation tool with focus on **relevance** and **importance**
- **5 international experts** (1 APRN, 2 psychiatrists & 2 psychologists)
- 35 items condensed into 13 content areas
- 2nd round and clarification not needed

Expert Panel Rating Tool

Items	Ratings						Suggestions
	Relevance		Importance				
	Yes	No	Not Relevant	Somewhat Relevant	Moderately Relevant	Very Relevant	

Validation Tool

- Analysis
 - >78% (.78) agreement between affirmative response
 - > 90% (.90) level of agreement greater than chance
 - < 78%(.78) will not be considered

(Lazenby et al., 2014; Polit & Beck, 2013)
- Summary of qualitative data from expert panel
 - directed me to resource suggestions
 - advised on content delivery i.e. use experienced presenters with diverse clinical backgrounds

Final Product

List of the content areas:

- Background for dual diagnosis care
- **Attitudes and biases of providers**
- Integrated dual diagnosis care module
- **Ethos of care in acute psychiatric inpatient care settings**
- Principles of patient and family centered care
- **Addictions medicine**
- Psychoeducation for dual diagnosis care
- Substance use treatment, interventions and modalities
- **Motivational interviewing for dual diagnosis, including stages of change**
- Cognitive Behavioral Therapy (CBT) for dual diagnosis
- **Harm reduction principles and interventions**
- Psychosocial treatment and interventions

Focus Groups



- 2 focus groups
- Total of 9 (5+4 acute care nurses)
- They agreed with validated content
- No new data was generated

Implementation



- 8 hour dual diagnosis educational session at St. Paul's Hospital with developed content
- A total of 194 professionals attended educational session
- Interdisciplinary educational session

Evaluation

- Developed an evaluation tool
- 51 Respondents
- Evaluations received suggest attendants acquired and increased their knowledge and also gained skills from participating in educational session



Limitations

- Methodological challenges
- Small sample size
- Unstandardized tools
- Focused on a single inner city hospital in Vancouver

Application of Findings

- Equip acute care nurses with evidence-based knowledge and skills
- Inform nursing curriculum
- Allocation of resources
- Future research initiatives
- Knowledge translation and contribution to the body of knowledge on dual diagnosis care



Conclusion

- Nurses frustrated by their lack of knowledge and skills in dual diagnosis care can be better equipped using the developed educational content
- Opportunities exist to improve knowledge, skills and confidence of acute psychiatric inpatient nurses and positively impact patient care outcomes

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Questions & Comments



Yale SCHOOL OF NURSING

Selected References

Bonnie, K., Davies, J., McWilliams, C., Kompelien, K., Bungay, V., & Varcoe., C. (2015). *Improving care for patients with dual diagnosis in acute psychiatric settings*. Unpublished manuscript.

Brems, C., Johnson, M. E., Bowers, L., Lauver, B., & Mongeau, V. A. (2002). Comorbidity training needs at a state psychiatric hospital. *Administration and Policy in Mental Health*, 30, 109-120. Retrieved from SCOPUS database.

Canadian Institute for Health Information. (2012). *Regulated nurses: Canadian trend 2007-2011*. Ottawa, Ontario: Canadian Institute for Health Information.

Copello, A., Walsh, K., Graham, H., Tobin, D., Fellows, S., Griffith, E., . . . Birchwood, M. (2012). The impact of training within a comprehensive dual diagnosis strategy: The combined psychosis and substance use (COMPASS) experience. *Mental Health and Substance use: Dual Diagnosis*, 5, 206-216. doi:10.1080/17523281.2012.660191

Selected References (cont'd)

Department of Health. (2006). *Dual diagnosis in mental health inpatient and day hospital settings*. (No. 7262). London, England: Crown.

Drake, R. E., O'Neal, E. L., & Wallach, M. A. (2008). A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders. *Journal of Substance Abuse Treatment*, 34, 123-138. doi:10.1016/j.jsat.2007.01.011

Drake, R. E., Wallach, M. A., & McGovern, M. P. (2005). Future directions in preventing relapse to substance abuse among clients with severe mental illnesses. *Psychiatric Services*, 56, 1297-1302. doi:10.1176/appi.ps.56.10.1297

Selected References (cont'd)

- Hunt, G. E., Siegfried, N., Morley, K., Sitharthan, T., & Cleary, M. (2013). Psychosocial interventions for people with both severe mental illness and substance misuse. *The Cochrane Database of Systematic Reviews*, 10. doi:10.1002/146518.CD001088.pub3
- Lazenby, M., Dixon, J., Coviello, J., & McCorkle R. (2014). *Instructions on using expert panels to rate evidence-based content*. New Haven, CT: Yale University.
- Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. (No. 978-0-9813795-2-4). Calgary, Alberta: Mental Health Commission of Canada.
- Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L., (2003). *Integrated treatment for dual diagnosis: A guide to effective practice*. New York: The Guildford Press.
- National Institute for Health and Care Excellence. (2016). *Coexisting severe mental illness and substance misuse: Community health and social services*. (Clinical Guidelines No. NG58). London, UK: National Institute for Health and Care Excellence.

Selected References (cont'd)

Polit, D. F. (2007). Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Research in Nursing & Health*, 30, 459-467. Retrieved from Scopus database.

Schulte, S. J., Meier, P. S., Stirling, J., & Berry, M. (2010). Dual diagnosis competency among addiction treatment staff: Training levels, training needs and the link to retention. *European Addiction Research*, 16, 78-84. Retrieved from SCOPUS database.