



Letter to Editor

A quantifiable nursing evaluation: The need within a forensic mental health setting

Daniel Varghese

National Forensic Mental Health Service, Central Mental Hospital, Dundrum, Dublin 14, Ireland

Received 12 April 2021

Accepted 29 April 2021

Forensic mental health service provides care to mentally unwell patients whose behaviour has led or could lead to a criminal offence. In the last 40 years, Forensic mental health nursing (FMHN) has evolved as a speciality within mental health nursing. Forensic mental health nurses now operate in various environments, including high, medium, and low-security units; courts, police stations, prisons; and community teams, either as part of dedicated forensic programs or general community mental health settings (1). In Ireland, The Central Mental Hospital Dublin is the site of Ireland's National Forensic Mental Health Service (NFMHS) and provides care to patients who are admitted under both Criminal Law Insanity Act (CLIA) and Mental Health Act (MHA) 2001. CMH has 109 inpatients, and the capacity is to increase to up to 170 beds when the hospital moves to a purpose-built site in Portrane, Dublin, in 2021. FMH nurses' role is challenged by the complexity of the patient's psychiatric status, the legal aspects of the treatment, the protection of society, and the risk of the patients committing violence in the future (2).

According to Cook, McIntyre (3), nursing plays a vital role within a multidisciplinary team. Nurses in all settings and especially in forensic mental health settings are supposed to observe, collect, capture, and document data about the

patients in their care (4). Such data cover information from patients' health to the outcomes of interventions and play a critical role in informing and shaping many healthcare components, including decisions about medication, care plans, and discharge. Nursing notes in all health care settings are written 24X7 chronologically and amount to a considerable amount of data within a short period of time.

The nursing notes reflect nurses' daily care, which is determined by the patients' needs and agreed goals. Within a mental health setting, these goals and interventions dynamically change from time to time. One of the nurses' challenges is to link the nursing notes to the patient's care plan. Different approaches are taken to address this and are highly dependent on the health care facility's nature. Forensic mental health predominantly differs from other mental health settings because patients' length of stay within forensic mental health is considerably longer than the other. The average length of stay within forensic mental health ranges from 3 to 5 years. Such long duration of the patients within a health care setting poses challenges to the nursing team concerning nursing documentation and nursing evaluation. In general, nursing notes act as both a communication and evaluative tool within a forensic mental health setting. Within NFMHS, the practice is to write in a progress note daily with reference to the Individual care plan (ICP) if needed. Hence, the entry in the progress note can be an assessment, intervention, or evaluation. The

* Corresponding Author: Daniel Varghese, National Forensic Mental Health Service, Central Mental Hospital, Dundrum, Dublin 14, Ireland. Email: daniel.varghese@hse.ie

DOI: 10.18502/npt.v9i1.7319



descriptive nature of nursing notes combined with the volume of data generated on a daily basis within a forensic mental health setting raises huge challenges for the nursing team when evaluating patient care. The evaluation process must align with the individual care plan of the patient. Moreover, in addition to supporting direct healthcare, nurses' documentation may be used for other purposes such as research and program evaluation initiatives. A systematic review of documentation can help organizations determine the quality of care provided to their patients and facilitate quality improvement (5).

Todd, Manz (6) states that documented information is expected to be "clearly, concisely and accurately". However, some researchers have questioned both the veracity and the thoroughness of nursing documentation (7,8). Incomplete, inaccurate documentation is problematic as these notes are intended to facilitate communication within multidisciplinary teams and often are the basis of assessments and evaluations conducted by other professionals. The introduction of electronic health records is the only solution to address these inadequacies. Electronic health records enable clinicians to generate reports and filter data in different ways that the system is configured to, which is a huge help when dealing with a considerable amount of data.

The development and evaluation of mental health programs are based on the needs of the individuals seeking care and treatment in the service rather than the service itself's needs. All sectors have recommended and reinforced this stance internationally, including voluntary, clinical and service user groups. (9,10). Within the national forensic mental health service, Ireland, the individual needs are stratified under seven pillars of care. Nurses document the progress of the patient under the seven pillars of care. The individual needs are assessed, specific goal-based intervention is formulated and delivered over an agreed time frame. These interventions are documented daily in the patient's progress notes. In line with MHC guidelines, these

needs should be reviewed periodically and goals revised accordingly. In order to have a formal periodic review, the nurses need to review the notes over a period of time and inform ICP evaluation. Care plan evaluation on a regular basis has been found effective in similar situations in other forensic mental health settings (11,12).

Quantifiable data is more effective in periodic evaluation than qualitative data (13). NFMHS is in the process of implementing an electronic health record. Working groups comprising staff nurses, managers, and health care assistants are held regularly to understand nursing requirements within the new system. One of the items highlighted frequently is the need for a quantifiable evaluative document. The system should be robust and measure the patient's progress within the seven pillars of care.

Quantifiable measures should be dynamic and easy to use. The frequency of evaluation needs to be weekly and before a multidisciplinary team meeting. The data generated from such an evaluation will inform the MDT meeting. Trends, graphs, and patterns generated from the quantitative data will also be helpful to goal plan and predict patients' journeys. As an action item, the author believes it would be beneficial for nursing with NFMHS to devise weekly quantitative evaluation criteria under the seven pillars of care.

Conclusion

Any data that inform a patient's progress should be part of goal evaluation, especially within a forensic mental health setting. These data should reflect the dynamic nature of progression and should be easily captured.

To comply with the national regulating bodies, it is ideal that the evaluative data aligns with the individual's agreed treatment goals. Such evaluative scoring tools provide nurses with robust and accurate data for communication with MDT meetings.

References

1. Bowring-Lossock E. The forensic mental health nurse—a literature review. *Journal of Psychiatric and Mental Health Nursing*. 2006;13(6):780-5.
2. Munthe C, Radovic S, Anckarsäter H. Ethical issues in forensic psychiatric research on mentally disordered offenders. *Bioethics*. 2010;24(1):35-44.
3. Cook O, McIntyre M, Recoche K, Lee S. “Our nurse is the glue for our team”—Multidisciplinary team members’ experiences and perceptions of the gynaecological oncology specialist nurse role. *European Journal of Oncology Nursing*. 2019;41:7-15.
4. Martin K, Ricciardelli R, Dror I. How forensic mental health nurses’ perspectives of their patients can bias healthcare: A qualitative review of nursing documentation. *Journal of Clinical Nursing*. 2020;29(13-14):2482-94.
5. Urquhart C, Currell R, Grant MJ, Hardiker NR. Nursing record systems: effects on nursing practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*. 2009(1).
6. Todd M, Manz JA, Hawkins KS, Parsons ME, Hercinger M. The development of a quantitative evaluation tool for simulations in nursing education. *International Journal of Nursing Education Scholarship*. 2008;5(1).
7. Martin K, Ham E, Hilton NZ. Documentation of psychotropic pro re nata medication administration: An evaluation of electronic health records compared with paper charts and verbal reports. *Journal of Clinical Nursing*. 2018;27(15-16):3171-8.
8. Shoqirat N, Mahasneh D, Dardas L, Singh C, Khresheh R. Nursing documentation of postoperative pain management: A documentary analysis. *Journal of Nursing Care Quality*. 2019;34(3):279-84.
9. Gilbody S, House A, Sheldon T. Outcome measures and needs assessment tools for schizophrenia and related disorders [Systematic Review]. *Cochrane Database of Systematic Reviews*. 2008;4.
10. Thornicroft G, Szukler G. *Textbook of community psychiatry*: Oxford University Press Oxford; 2001.
11. Haddad M, Llewellyn-Jones S, Yarnold S, Simpson A. Improving the physical health of people with severe mental illness in a low secure forensic unit: an uncontrolled evaluation study of staff training and physical health care plans. *International Journal of Mental Health Nursing*. 2016;25(6):554-65.
12. Selby G, Alexander R. Care programme approach in a forensic disability service. *The British Journal of Forensic Practice*. 2004.
13. Kennedy HG, O’Reilly K, Davoren M, O’Flynn P, O’Sullivan OP. How to Measure Progress in Forensic Care. *Long-Term Forensic Psychiatric Care*: Springer; 2019. p. 103-21.