

Celebrating the Past, Present and Future of
**PUBLIC HEALTH
AND COMMUNITY
NURSING**

in the International Year of the Nurse and Midwife

Saturday, 28 November 2020

Online Webinar from 11am - 2.30pm

Morning Chairperson: Liz Balfe, National Secretary, PHN Section

11.00am **Welcome address:** Karen McGowan, President, INMO

11.10am **Opening address:** Elizabeth Adams, President, EFN

11.20am **INMO PHN Section Survey results**
Steve Pitman, Head of Education, INMO

11.30am **Perinatal mental health**
Dr Richard Duffy, Consultant of Perinatal Psychiatry, Rotunda Hospital Dublin

12.00pm **BREAK**

Mid-morning Chairperson: Catherine Rotte-Murray, Committee Member

12.15pm **Nurses and midwives working with marginalised groups**
Dr Brieghe Casey, DCU

12.30pm **Caring for people in direct provision**
Dr PJ Boyle, CNS in asylum seekers' health assessment

12.45pm **BREAK**

Afternoon Chairperson: Mary Tully, PHN and INMO Executive Council

1.00pm **Panel Discussion on the future role of Public Health & Community Nursing**
Professor Amanda Phelan, Professor in Ageing & Community Nursing, TDC
Dr Crystal Oldman CBE, Chief Executive, The Queens Nursing Institute
Dr Geraldine Shaw, Nursing & Midwifery Services Director & Assistant National Director, ONMSD, Virginia Pye, National Lead for Public Health Nursing, HSE, Eilish Fitzgerald, PHN & First Vice President INMO

2.00pm **BREAK**

2.15pm The following 4 workshops will be running at the same time. You can attend 1 and the remainder will be available to "watch back" after the event.

- i. **Wound care**, Emer Shanley, CNS
- ii. **Breast feeding**, Patricia Marteinsson, PHN IBCLC
- iii. **Self care**, Aparna Shukla
- iv. **Childrens Nursing Strategy**, Rosemarie Sheehan, Project Officer, Childrens Health Ireland, HSE

2.45pm **Formal close** – Phil NiSheaghda, General Secretary, INMO



BOOKING YOUR PLACE IS ESSENTIAL

Tel: 01 6640641 or email: linda.doyle@inmo.ie





Irish Nurses and Midwives Organisation
Working Together



**Public Health and Community Nursing
A Global Solution for Health**

European Federation of Nurses Associations

29 November 2020



Elizabeth Adams
President

European Federation of Nurses Associations
Board Member of the Nursing Now Campaign






1





European Federation of Nurses Associations

Established in 1971

36 Member Countries

Represents **3 million** nurses in the European Union

- **Independent** voice of the nursing profession
- **Mission** is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens of Europe and nursing

EFN key lobby priorities:





2

EFN Focus

Ensuring that **nurses and patients** play a **central role** in the social and health policy at European and Member State levels

EFN key focus is to lobby EU institutions:

- ✓ Healthcare **expenditure** and efficiency
- ✓ Shift from inpatient care to **primary care**
- ✓ **Long-term care** and to the **ageing population**
- ✓ Working **conditions** of nurses

European Federation of Nurses Associations - Nurses' Voice

3

Challenges

INMO Irish Nurses and Midwives Organisation Working Together Nursing now Ireland

- Global shortfall of 18 million health workers by 2030 (nursing and midwifery account for **9 million**)

WHO – All roads lead to UHC – target 1 Billion

“Governments must see jobs for nurses and midwives **not** as cost but as an **investment in sustainable development**”

Dr Tedros Adhanom Ghebreyesus Director-General, WHO, 2018

European Federation of Nurses Associations - Nurses' Voice

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European Federation of Nurses Associations
The Nurses' Voice



European Pillar of Social Rights

European Commission policy: Social Pillar delivers **new and improves** existing social rights for EU citizens, and serves as the EU's compass to achieve better working and living conditions in Europe

20 Principles

4 of interest for nurses:

- Principle 1 – Education
- Principle 6 – Wages
- Principle 16 – Healthcare
- Principle 18 – Long-term Care



October 2020



April 2020

- Equal opportunities and access to the labour market
- Fair working conditions
- Social protection and inclusion

Source: <https://ec.europa.eu/commission/priorities/>

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OECD Health at a Glance: Europe 2020


State of Health in the EU Cycle

- Comparative analyses of the health status of EU citizens and the performance of the health systems
- 27 EU Member States, 5 candidate, 3 EFTA countries


Summary of Chapters

- 1 - Initial assessment of the resilience of European health systems to the COVID-19 pandemic (>1,500 nurses deaths (source ICN 2020))
- 2 - reviews the health and welfare burden of air pollution (estimated 168 000 and 346 000 deaths)
- 3 to 7 - most recent trends/key indicators of health status, **risk factors** (smoking (700,000 deaths), alcohol and obesity, reducing premature mortality, ensuring universal access to care and strengthening the resilience of health systems) and **health spending** and improving the **effectiveness, accessibility** and **resilience** of European health systems


Source: <https://www.oecd-ilibrary.org/>



Health at a Glance:
Europe 2020
STATE OF HEALTH IN THE EU CYCLE



European Federation of Nurses Associations - Nurses' Voice



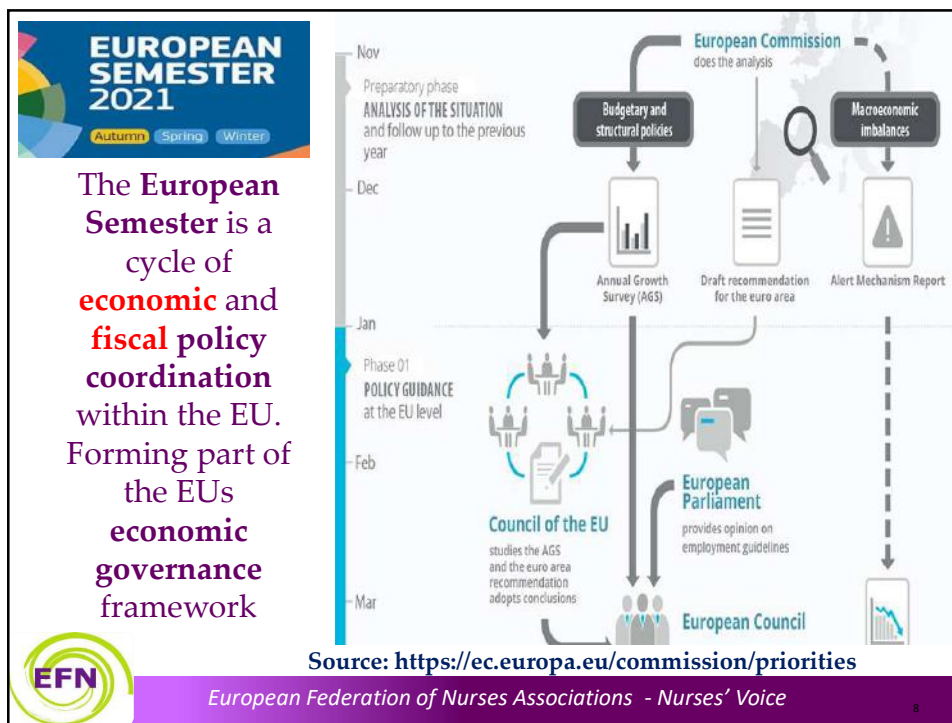
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Health at a Glance – key messages

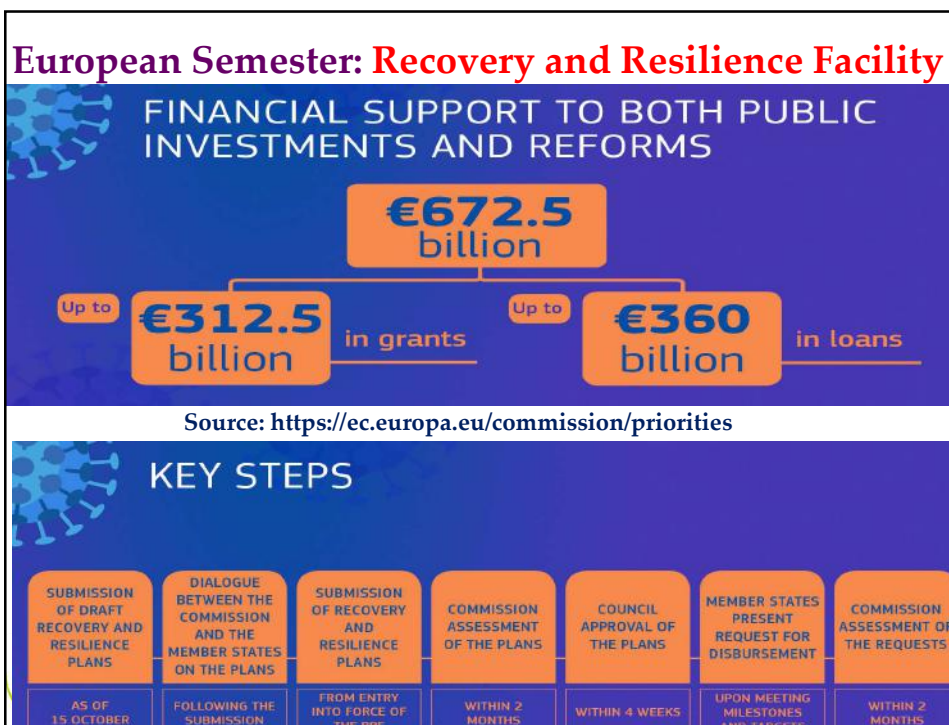
- **More protection and prevention: 1.2 million** people die prematurely every year (**64%** preventable through effective **primary prevention** and other **public health measures**)
- **More effective and people-centred health systems:** although remarkable progress in treating life-threatening diseases. It is not enough to only collect data on mortality but **patient-reported experience and outcome measures** in primary and acute services
- **Improve access to health care:** Universal health coverage – a key **Sustainable Development Goal** – and timely access to affordable, preventive and curative health care – **Ireland** is reported as an **outlier** with the limited cover of Medical and GP Cards
- **More resilient health systems: one-fifth** of health spending (average 8.3% GDP) is wasteful and could be reallocated to better use:
 - some hospital admissions reflect failures in the management of health problems in the community and consume over **37 million bed days** each year across the EU
 - delayed discharges differs, from **5 bed days per 1 000** population in Denmark to **43 bed days per 1 000** in Ireland (highest bed occupancy rate 94%).
 - the digital transformation of health and care, a key component of the EU's Digital Single Market.

Source: <https://www.oecd-ilibrary.org/> ⁷

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8



9

Horizon2020 - Electronic Health Record(EHR)

EFN partner in two new EU-funded research projects, under H2020, commenced January 2019

- **Smart4Health** - Citizen-Centred EU-EHR Exchange for Personalised Health to develop, test and validate a platform prototype for the citizen-centred health record EU-EHR exchange (coordinated by Instituto de Desenvolvimento de Novas Tecnologias, Portugal – 50 months)
- **InteropEHRate** – to provide European citizens with access and control of their health history with the option to be shareable with health services and researchers (coordinated by Engineering Ingegneria Informatica, Italy – 42 months)



European Federation of Nurses Associations - Nurses' Voice



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Influencing European Policy

INMO
Irish Nurses and Midwives Organisation
Working Together

A Snapshot of Public Health Nursing
and Community Registered General
Nursing in Ireland

May 2013

Missed Care: Community Nursing in Ireland
Amanda Phelan and Sandra McCarthy

UCD DUBLIN

INMO
Irish Nurses and Midwives Organisation
Working Together

European Federation of Nurses Associations - Nurses' Voice

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Women of Europe AWARDS

Jointly organised:
European Movement International and
the European Women's Lobby

European Nurses have been nominated for the Women in Action Category:

Award Announcement Date : Wednesday, 2 December 2020
Time : 15:00-16:30

Join: <https://portal.europeanmovement.eu/womenofeuropeawards2020>
 The event will be live streamed, as well as on the
 EuropeanMovement's [Facebook](#), [Twitter](#) and [YouTube](#) pages.

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EFN Report on: Good Nursing Practices for Primary Care



A Comparative Overview of 11 European Countries

April 2018



EFN Comprehensive Report Nurses' Added Value in the Health and Social Care Ecosystems

Best Practices Published by Year de Table (2017) 2000-2018



European Federation of Nurses Associations Report on Nurses' Salaries in Europe



Draft
October 2018



GET IN TOUCH
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Facebook: /EFNBrussels

EUROPEAN FEDERATION OF NURSES ASSOCIATIONS



NURSES ARE FRONTLINE COMBATING ANTIMICROBIAL RESISTANCE



EFN European Election Manifesto

EFN Manifesto for the European Parliament Election - May 2019
 Model of Nursing in Europe 2019

The economic crisis has significantly impacted health and social care sector with serious consequences on access to health care and social care for the EU citizens and patients, despite the growing numbers of people living with non-communicable and chronic diseases.

Evidence shows that investing in an appropriate nursing workforce (open up) will reduce mortality and improve quality of care (Lindquist et al. 2012). Improved health coverage cannot possibly be achieved without strengthening nursing globally, increasing the number of nurses, making sure their contribution is properly understood and valued (Barnes et al. 2016).

Therefore, for the EFN, it is vital that MEPs deliver on nurses' shortage and address it by advancing all viable progressive and innovative strategies, and by ensuring that the nursing evidence is translated into a political reality within Member States and across the EU in the next 2019-2024.


Invest in Nursing to Save Lives!

www.european-council.europa.eu/media/146884/attachment/data/efn-manifesto-2019.pdf



EFN WORKFORCE MATRIX 3+1 EXECUTIVE SUMMARY





PHN & Community RGN INMO Survey Results

(Preliminary)
28th November 2020

Steve Pitman,
INMO Head of Education and Professional Development



1




Aim:

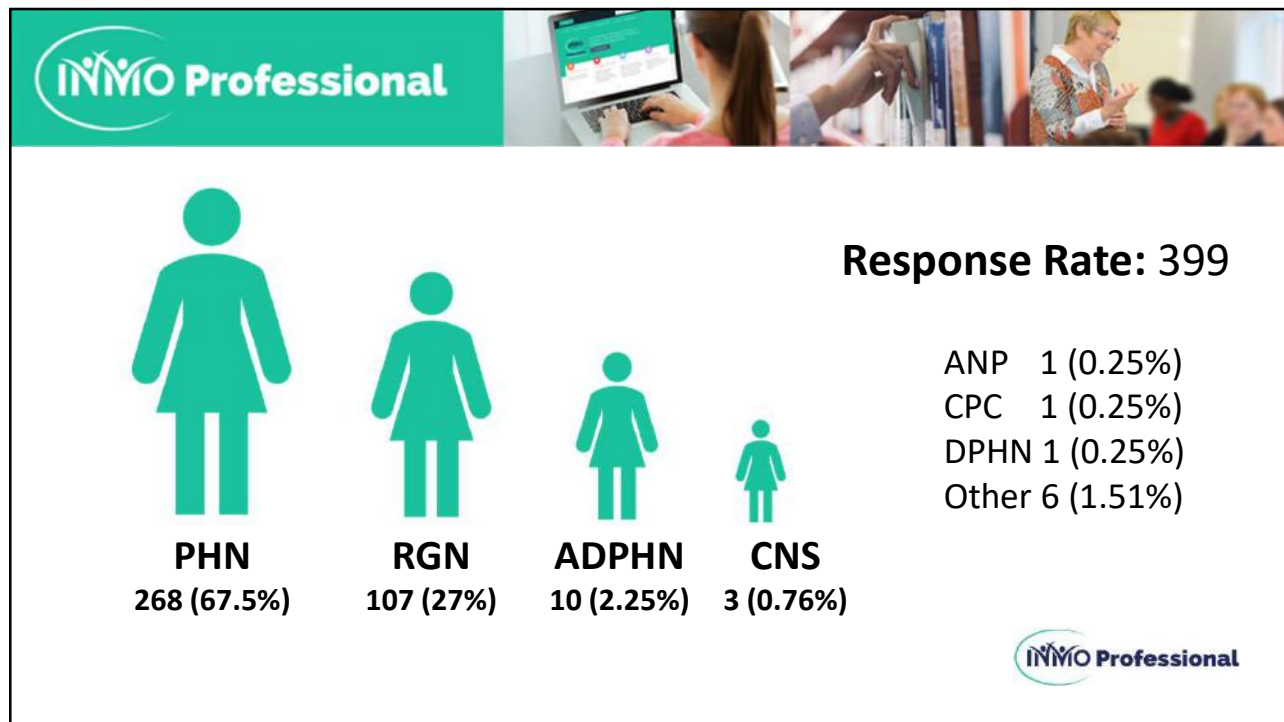
- To develop an understanding of the challenges faced by nurses working in community and their views on the future development of community nursing.

Methods:


- Online Survey
- INMO Members that work in the Community (PHNs and RGNs – Community, all grades)
- 5 Questions (*1 demographic, 3 open ended, 1 rank*)



2




3



In 25 words or less how would you define the role of the Public Health Nurse/ Community RGN?

INMO Professional

4




Caring for children from 0-4 in developmental health. Caring for adults who require wound dressing/nursing intervention or palliative care

Across the lifespan we are the cog in community health care that links the clients and their families to the appropriate services that can enable and enhance quality of life in all age groups.

PHN have a pivotal role in supporting a wide range of people in the community achieve optimal health. From the cradle to the grave a huge fountain of knowledge and support .

Meeting the health care needs of patients in the community setting and maximising the opportunity of ripple being able to remain at home with the supports.

Child Health, Elderly Care, Wound Care, Palliative Care.



7



The community RGN provides screening and the provision of direct clinical nursing care to a wide range of patients. They provide health education guidance and information to patients on how best to meet their health care needs





Main role of CRGN is to support patients, mainly elderly with chronic health conditions, also patients post hospital discharge and end of life care.

Role for CRGN varies depending on what a particular PHN's input is in her own caseload



My role as a community RGN is to work as part of a team to support my colleagues in the delivery of care in the community




8




9



**List the 5 key current challenges, in order of priority, for
Public Health Nurses/ Community RGN?**




10




5 key current challenges

| | | |
|-----------------|-----|-------|
| STAFFING | 213 | 53.9% |
| WORKLOAD | 123 | 31.2% |
| ROLE CHALLENGES | 121 | 30.8% |
| COVID | 87 | 23.0% |
| RESOURCES | 79 | 22.6% |
| DOCUMENTATION | 49 | 12.4% |




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5 Key Current Challenges


- Staffing: Low staff numbers, no workforce plan, not enough RGNS, not enough HCAs
- Workload: vast areas to cover, no defined role, service demands, expectations of the public
- Role challenges: again, “jack of all trades”, no autonomy, limited support or lack of managerial support, left to coordinate all areas, bureaucracy,
- COVID: difficulty visiting patients, remote appointments problematic, keeping safe, access to PPE
- Resources: IT, funding, home help, access to other health professionals, waiting lists and referrals.
- Documentation: Too much paperwork, not clerical support




12



What do you consider are the top 5 areas, in order of priority, for development for Public Health Nursing/ Community Nursing in the next five years?



13



14



15

INMO Professional

What is your preferred area of work? (Rank in order)

INMO Professional

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The Next Steps


- Further Analysis
- Publication of a research report
- Development of a position statement

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**PHN & Community RGN
INMO Survey Results**
(Preliminary)
28th November 2020

Steve Pitman,
INMO Head of Education and Professional Development





Perinatal mental health for PHNs

Dr Richard Duffy
Consultant in Perinatal
mental health
Rotunda Hospital

1


What do I want to cover

- SPMHS
- Perinatal mental health problems
- Breastfeeding
- Red flags in the early days
- Tools

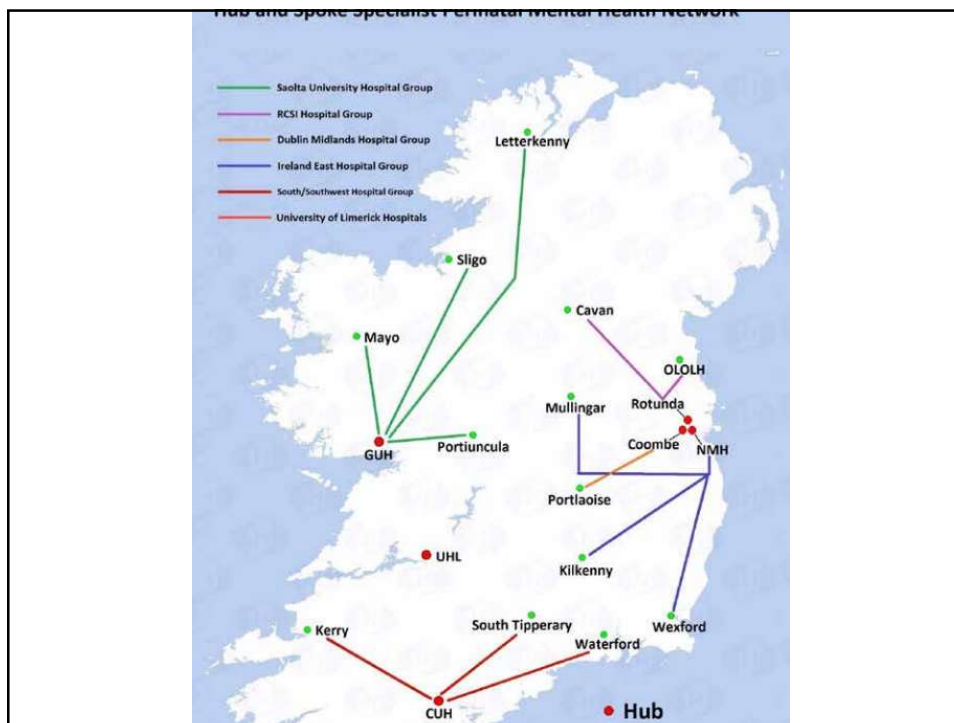
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SPECIALIST PERINATAL MENTAL HEALTH SERVICES

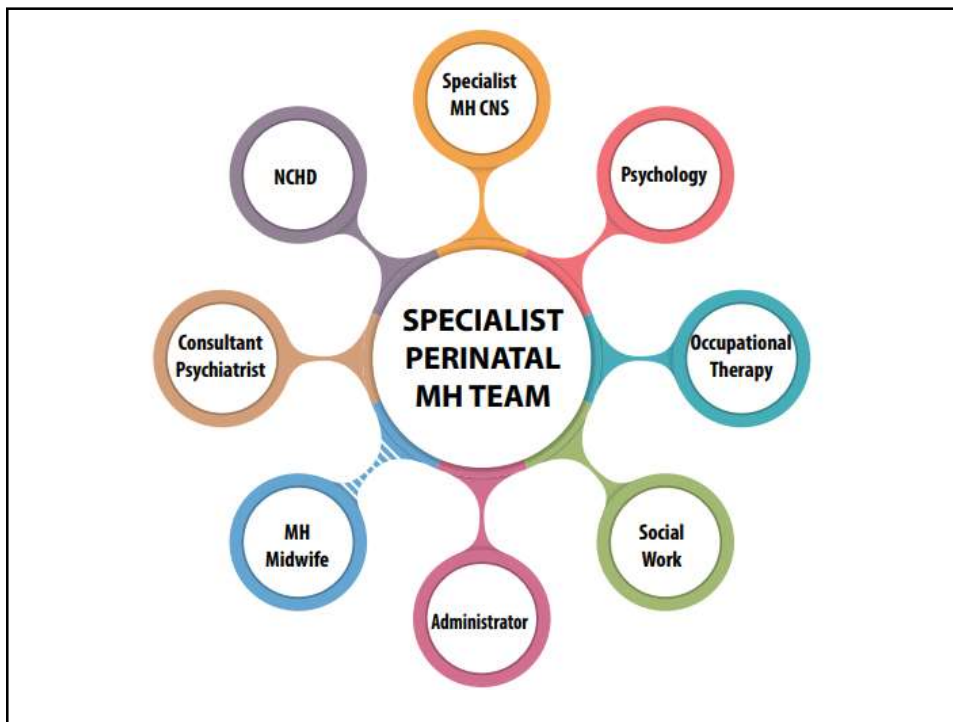
Model of Care for Ireland



3



4



5

Services

- Groups
- One to one input - CBT, CFT, supportive work
- Risk assessment
- Mental health social worker
- Link with CMHT and other services.

6

Perinatal mental health problems

- Post natal depression
- Post natal (puerperal) psychosis
- Anxiety
- OCD
- Existing mental health conditions
- PTSD

7



Epidemiology



Model of care, HSE, 2017

8



Epidemiology



Model of care, HSE, 2017

9

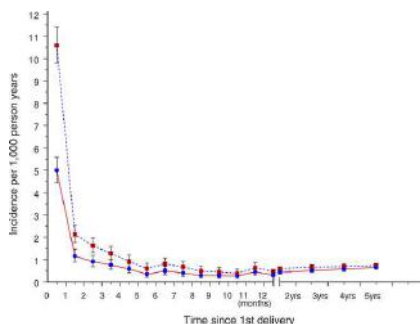
Post natal depression

- Common
- Often mirrors regular depression
- Huge impact
- Treatable
- Risk factors
 - Isolation lack of supports
 - Prior depression
 - Having stopped medication

10

Post partum psychosis

- Psychotic episode with affective component
- Increased risk BPAD, prior psychosis
- Emergency
- People often have a dramatic response to treatment and make a full recovery



11

Anxiety

- Generalised
- Panic attacks
- Nightmares
- Phobias
- Functioning
- Distress

12

OCD

- Obsessions
- Compulsions
- Often flares in the perinatal period
- Common themes
 - Cleaning
 - Something bad happening to baby
 - Checking
 - Sexual thoughts



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OCD

| | Control | OCD | |
|---|---------|-----|-----------|
| Baby suffocating | 19 | 14 | 0.350 |
| Sexual thoughts about baby | 1 | 8 | 0.013* |
| Baby may get contaminated | 6 | 17 | 0.005** |
| SIDS (cot death) | 25 | 23 | 0.808 |
| Baby having an accident | 28 | 20 | 0.087 |
| Intentionally harming the baby | 4 | 18 | 0.0001*** |
| Losing the baby somewhere | 9 | 13 | 0.315 |
| Illness | 22 | 22 | 1 |
| Magical thinking about bad things happening to the baby | 3 | 13 | 0.004** |

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His well being depends on you
Breastmilk is his right

Benefits for your baby
 (At least 6 months breast feeding)

- 1 Helps prevent your baby from getting respiratory illnesses, ear infections, and meningitis.
- 2 Decreases the risk of developing allergies.
- 3 Lowers the chance of sudden infant death syndrome (SIDS).
- 4 Helps prevent your baby from obesity.
- 5 Boosts your child's intelligence.
- 6 Reduces the risk of childhood obesity.

Breastfeeding

Breast milk
 LOWERS BABY'S RISK OF EAR INFECTIONS

Breast milk
 LOWERS BABY'S RISK OF DIARRHEA

Breast milk
 LOWERS BABY'S RISK OF PNEUMONIA

Breast milk is best for your baby.
 It's your right to feed your baby only breast milk and get the support you need.

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Breastfeeding

- Be conscious of its impact on mental health
 - The only positive
 - Sleep deprivation
 - Highly anxious
 - Medication
 - Sedation
 - Pumping options (sterilizers, attachments, renting pumps)

16

Commonly used sedation medication

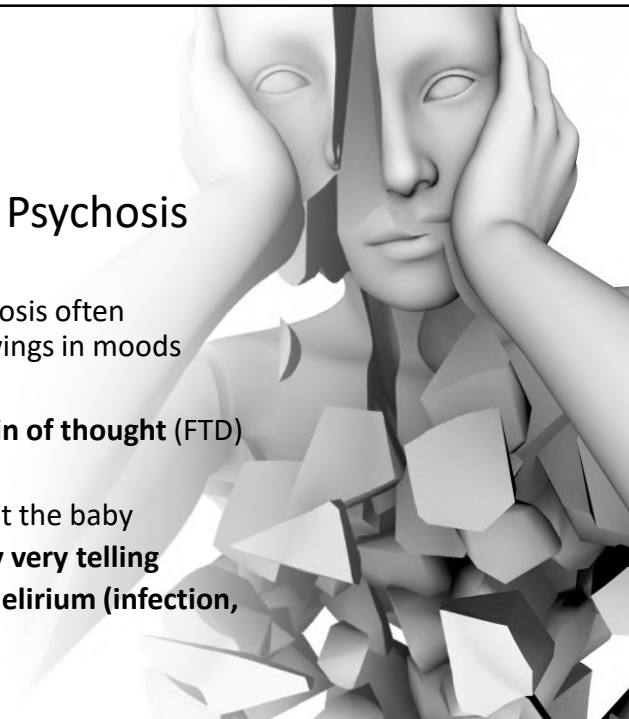
- Sleeping tablets
- Benzodiazepines (diazepam, lorazepam, Xanax)
- Mirtazapine (zispin, mirap)
- Most antipsychotics (olanzapine, quetiapine)

17

Red flags



18



Post partum Psychosis

- Post partum psychosis often associated with swings in moods
- **Bizarre ideas**
- **Hard to follow train of thought (FTD)**
- Not sleeping
- Unusual idea about the baby
- **C/L history usually very telling**
- **Need to rule out delirium (infection, CVA...)**

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Postnatal Depression

- **Core symptoms**
 - Anhedonia
 - Depressed mood
 - Reduced energy
- **Physical symptoms**
 - Insomnia
 - Reduced appetite
 - Poor memory
 - Reduced concentration
- **Negative thoughts**
 - Hopeless
 - Worthless
 - Guilty
- **Severity and duration**
 - 2/52
 - Functional impairment

20

Suicidal thoughts

- Suicidality 2-4% have SI
- One of the main causes of perinatal mortality
- Ask the next few questions
 - Have you done anything?
 - Do you have a plan?
 - Have you tablets in the house?
- Link with emergency services



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Referral options

- Urgent (today)
 - ED
 - Local CMHT crisis assessment (no referral needed)
 - GP out of hours
 - ?SW if no family in picture
- Soon
 - SPMHS
 - GP
 - CMHT



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Assessment

- 10 Questions
- Self reported
- Well studied
- Multiple languages
- >11 stay alert/repeat
- >8 not unlikely depression
- >13 very likely

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____
 Your Date of Birth: _____
 Baby's Date of Birth: _____ Phone: _____

If you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

¹ is an example, already completed.

I felt happy:
 is, all the time
 s, most of the time
 \, not very often
 , not at all

This would mean: "I have felt happy most of the time" during the past week.
 Please complete the other questions in the same way.

Just 7 days:

I've been able to laugh and see the funny side of things
 as much as I always could
 Not quite so much now
 Definitely not so much now
 Not at all

I've locked forward with enjoyment to things
 as much as I ever did
 Rather less than I used to
 Definitely less than I used to
 Hardly at all

I've blamed myself unnecessarily when things
 I'm wrong
 Yes, most of the time
 Yes, some of the time
 Not very often
 No, never

I've been anxious or worried for no good reason
 No, not at all
 Hardly ever
 Yes, sometimes
 Yes, very often

I have felt scared or panicky for no very good reason
 Yes, quite a bit
 Yes, sometimes
 No, not much
 No, not at all

6. Things have been getting on top of me
 Yes, most of the time
 I haven't been able to cope at all
 Yes, sometimes
 No, most of the time I have coped quite well
 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
 Yes, most of the time
 Yes, sometimes
 Not very often
 No, not at all

8. I have felt sad or miserable
 Yes, most of the time
 Yes, quite often
 Not very often
 No, not at all

9. I have been so unhappy that I have been crying
 Yes, most of the time
 Yes, quite often
 Only occasionally
 No, never

10. The thought of harming myself has occurred to me
 Yes, quite often
 Sometimes
 Hardly ever
 Never

Administered/Reviewed by _____ Date _____
¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Winer, B. L. Parry, C. M. Plonier, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199.
 Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

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Online resources

Patient Information Leaflets

- > [Mental Health in Pregnancy.pdf \(size 459.7 KB\)](#)
- > [What are Perinatal Mental Health Services.pdf \(size 549.1 KB\)](#)
- > [Planning a Pregnancy - Information for women with mental health problems.pdf \(size 480.2 KB\)](#)
- > [Postnatal Depression .pdf \(size 601.7 KB\)](#)
- > [Postnatal Depression - Information for Carers.pdf \(size 484 KB\)](#)
- > [Perinatal OCD.pdf \(size 478.5 KB\)](#)
- > [Perinatal OCD information for Carers.pdf \(size 544.3 KB\)](#)
- > [Lithium in Pregnancy and Breastfeeding.pdf \(size 484 KB\)](#)
- > [Valproate in women and girls who could get pregnant.pdf \(size 513.3 KB\)](#)
- > [Postpartum Psychosis.pdf \(size 530 KB\)](#)
- > [Postpartum Psychosis - Information for Carers.pdf \(size 419.3 KB\)](#)
- > [What is a Mother and Baby Unit \(MBU\).pdf \(size 528.6 KB\)](#)



App for Healthcare Staff



The Healthcare staff Specialist Perinatal Healthcare App is designed to provide the latest information to assist frontline staff in their roles, providing information and services to women seeking information, advice and support for mental health problems in pregnancy and the first year post-partum, information on the development of new services developed since the Specialist Perinatal Mental Health Model of Care launch.

The app is regularly updated with new content, weekly MCQ questions and information on news and event related to perinatal mental health services. Available at: <https://PMH.healthcarestaff.app>

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**Perinatal
mental
health HSE**



INTERNATIONAL PROGRAMME
Specialist Perinatal
MENTAL HEALTH SERVICES

Clinical Design & Innovation
Perinatal mental health services

Specialist Perinatal
MENTAL HEALTH SERVICES

**World Maternal
Mental Health**
6th May, 2020

10 THINGS TO KNOW ABOUT PERINATAL MENTAL HEALTH

6. 70-100% of women experience unwanted, intrusive thoughts about their baby
7. Your GP or perinatal mental health team are there to discuss medication options if required, you can take mental health medications while pregnant and breastfeeding
8. Post-traumatic Stress Disorder is estimated to occur in 6% of maternities following an emergency section
9. Women are routinely asked about mental health at booking clinics maternity units/hospitals
10. Mental Health Midwives and Perinatal Mental Health teams provide specialist support for women

Postnatal Depression - information for carers

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Rotunda website

- Rotunda website>Supports > mental health
- Most of the other resources
- Additional videos



The logo for The Rotunda Hospital Dublin features a stylized circular graphic composed of overlapping purple, orange, and white segments. Below the graphic, the text 'THE ROTUNDA HOSPITAL DUBLIN' is displayed in a bold, blue, sans-serif font. To the right of the text is a historical black and white photograph of the hospital's main building, a large, multi-story structure with a prominent central tower and a large circular rotunda section.

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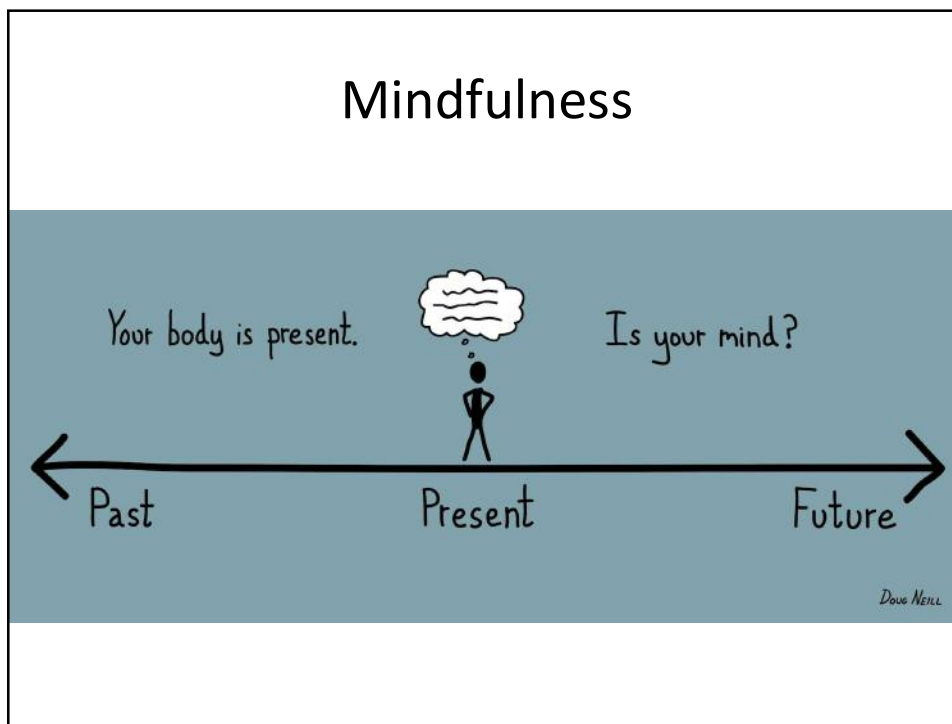
Dads

- Dads:
www.thedadpod.co.uk
- Point towards GP
- Rates of DV are increased during pregnancy and have also increased during covid



A close-up photograph showing a newborn baby with dark hair, wearing a light blue long-sleeved shirt, being held in the arms of a person. The baby's eyes are closed, and the person holding the baby is partially visible on the right side of the frame.

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Mindfulness meditation

- Apps:
 - Headspace
 - Mind the Bump
 - Calm
- Websites:
 - Beaumont hospital Website > Departments > Mindfulness
- Groups
 - Maybe one day these will happen again

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Mindful activity

- Walking
- Colouring books
- Knitting
- Yoga
- Music
- Swimming
- Feeds



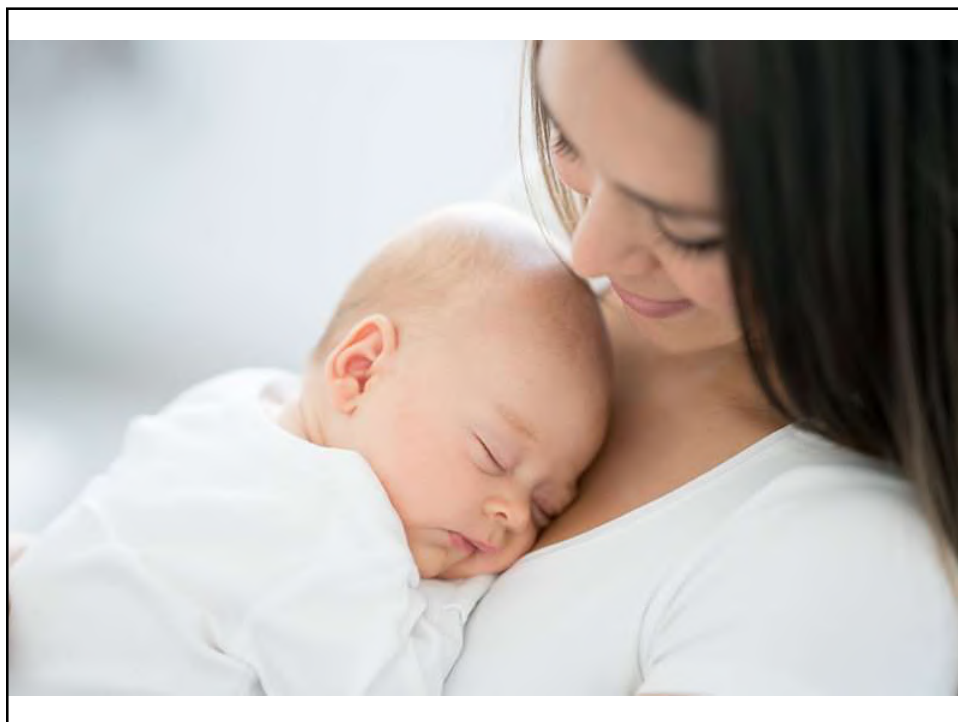
31

Keeping a record

- Daily check in
- Symptom diary (Sleep, tiredness, panic, pain)
- Trauma
- Questions
- Memory
- Nice activity to look back on



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1

Inclusion

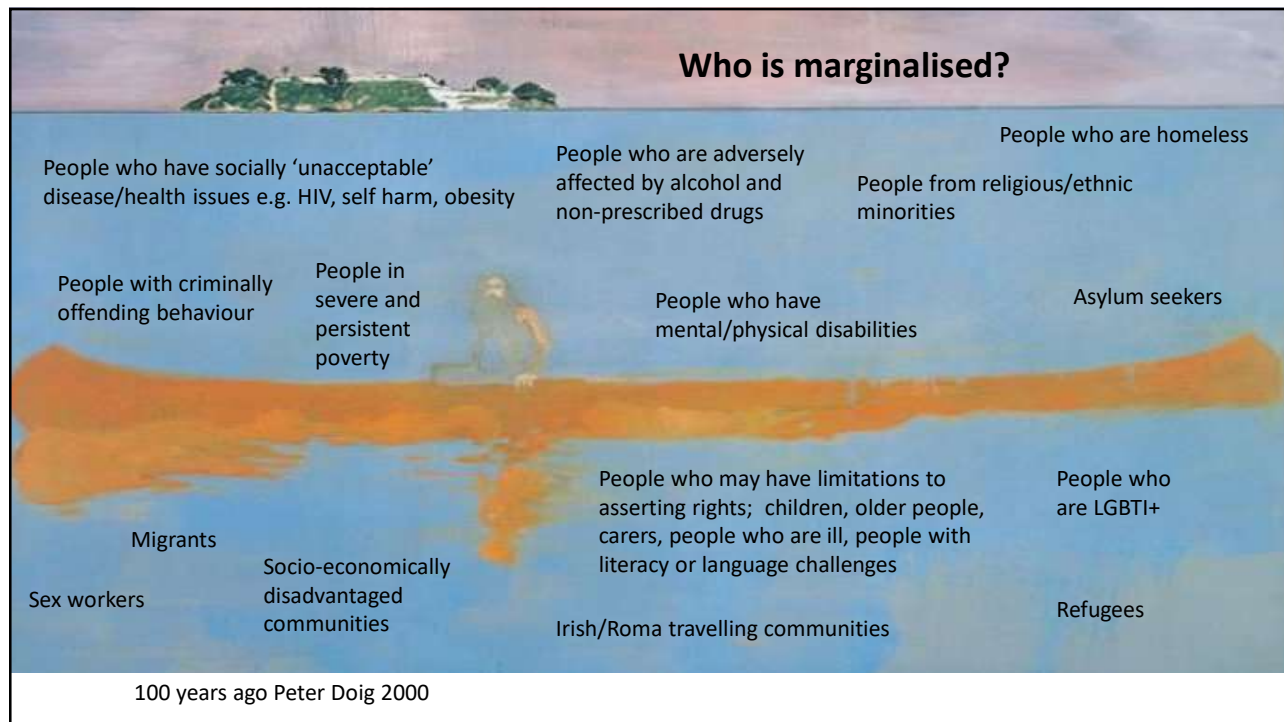
'An environment where uniqueness of beliefs, backgrounds, talents, capabilities, and ways of living are welcomed and leveraged for maximum engagement (including decision-making) by members of the learning or working community' (Bleich, MacWilliams, & Schmidt, 2015)

Marginalisation

Distanced from power and resources that enable self-determination in economic, political, and social and health settings...It is an inherent characteristic of 'those on the margins', that they have poor access to economic and other recourses such as education, adequate housing, social and health care services. In addition, community participation and self determination are often on a low level.' (Daniel et al 2002).

Marginalisation and social exclusion of individuals and groups are a reality in virtually every society and in every period of human history.

2



3

Health inequalities

“Preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged.”

Institute of Public Health in Ireland
<http://www.publichealth.ie/healthinequalities/healthinequalities>

As one of the more unequal and stratified societies in the OECD, health inequalities in Ireland are a significant issue (OECD, 2015)

4

Attendant Health and social issues – what we know

- Stigma and discrimination – social exclusion impacts mental and physical health (Fielding 2012, Dunne et al 2018)
- Non-participation in the key activities of the community in which one lives and is recognized as both a cause and a consequence of poor health (Burchardt et al 2002, Hartung et al 2015).
- Compared to the general population, people in marginalised groups suffer from an increased number of complex medical and psychiatric conditions and as a result are more likely to need acute care (Casey 2014, O’ Reilly et al 2015).
- Up to three quarters of homeless people have experienced trauma or adversity in childhood (Milaney et al 2020)
- People who are homeless have poorer health outcomes on a range of indicators including self-reported health, life expectancy and morbidity (IMO 2012, Layte et al. 2015, Rigby et al 2017). **The life expectancy of a homeless man in Ireland is 44 years and 38 years for a woman.**

5

- Healthcare inequity (access, treatment) is widely experienced by marginalised populations (O’ Reilly et al 2015)
- Women from marginalised groups, particularly asylum seeking women, women of colour and traveller women are not well served by Irish maternity services, particularly in relation to their mental health (Pangas 2019, Huschke, et al, 2020).
- Marginalised groups can overlap and individuals often have multiple and complex needs with a range of clinical and social challenges (Davis and Lovegrove 2015)
- Some people are doubly disadvantaged; experiencing both health inequality and difficulty of access to health services generally, and primary care in particular. (Burke and Pentony 2011)
- Because the incidence of comorbidity is high among marginalised populations, and patterns of engagement with services are problematic, widening access is a crucial prerequisite to improving the effectiveness of healthcare delivery (Wright and Tompkins 2006, Clifford and Casey 2013).

6

Inclusion Health

- Recognition of the negative effects of marginalisation and social exclusion on physical and mental health has led to the development of inclusion healthcare as a model and practice of ensuring equity in healthcare provision.
- “Inclusion health aims to prevent and redress the harms of extreme inequity among the most vulnerable and excluded populations, through advocacy, policy, research, education, practice and service provision.” (Luchenski et al 2018 p226),
- Inclusion health involves interdisciplinary and integrated care approaches within the community with active involvement and collaboration with the service user(s) wherever possible.

7

Nursing/Midwife Roles and Activities in Inclusion Health

- Pregnancy, newborn and family health
- Providing direct physical and mental healthcare across the lifespan in diverse contexts
- Health promotion, harm reduction
- Welfare rights
- Health screening
- Brokering /advocating for health service access
- Liaising with services to ensure co-ordinated care - ‘glue’
- Finding, assessing and treating health needs of ‘hard to reach’ populations – migrants, travellers, sex workers
- Skill in therapeutic communication techniques especially with people who have difficulty trusting/engaging
- Risk assessment
- Interdisciplinary work
- Education and Research in Inclusion health

8

Where do Nurses/Midwives work in Inclusion Health?

EVERYWHERE!-but more specifically in the Irish context:

- Public Health Nurse Service
- Safety Net Primary Care
- St James'/Mater Inclusion Health and Liaison Nursing
- Sexual Health Services
- Mental Health services
- Prison and Forensic Nursing
- Traveller and migrant health –refugee centres
- Addiction and Detox Services
- Homeless services
- Health –Link Team
- Outreach and Inreach services

9

Nursing/Midwifery in Inclusion Health – Diversity in Practice



10

Challenges

- Intensive, skilled nursing/midwifery care is invariably required for this population due to higher rates of mental and physical illness, complex co-morbidities and a lack of continuity of care (Wong, 2008)
- However, nurses/midwives working in these areas tend to be isolated and lack resources to support their practice including opportunities for educational/practice development and research (Valaitis 2011; O Carroll, 2013).
- Scope of Practice?????
- Slaintecare????

11



Nurses and Midwives for Inclusion Health: Partnership in Practice

12

Nurses and Midwives for Inclusion Health – Partnership in Practice (NMIH)

- NMIH is a professional interest group of nurse and midwife practitioners working in contexts where access to/uptake of health services is limited as a result of marginalisation, discrimination or lack of awareness.
- Examples of these practice areas include: homeless health, migrant/refugee health, Traveller health, mental health, disability health, forensic and prisoner health, addiction health, sexual health.
- The group is supported by the School of Nursing, Psychotherapy and Community Health, Dublin City University.

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NMIH Aims

- Develop and share excellence in nursing and midwifery inclusion health
- Support practitioners in professional and practice development, education and research.

The NMIH network is developing a range of practice, education and research initiatives which can be viewed on our website:

<https://sites.google.com/dcu.ie/nmih/home>

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NMIH latest project

An analysis of nurse-led COVID-19 interventions among homeless populations – a mixed methods study

Background, aims and methods

- Those who are homeless are particularly at risk from COVID-19.
- This research, which is funded by RCQPS, aims to examine the characteristics of a selection of nurse-led COVID-19 interventions among homeless populations in Ireland.
- Through analysing the strengths and limitations of these initiatives, the most effective practice in preventing, identifying and treating COVID-19 among homeless populations will be identified and communicated to guide practice and policy development.
- Additionally, the research aims to capture inclusion health nurses' experiences, perceptions and support needs in the context of COVID-19 to inform appropriate/useful clinical /psychological assistance.
- The research methodology involves a case study approach using mixed method data collection and analysis of five nurse-led COVID-19 intervention services among homeless populations. A specially designed questionnaire will capture inclusion health nurses' experiences, perceptions and support needs in the context of COVID-19

15

Case Studies

Case Study 1:

The innovative use of remote interventions (eMedicine) for the assessment and monitoring of those in cocooning/isolation. Lead - Maxine Radcliffe, Grade VII Team Lead, HSE Homeless Health link, CHO Area 7. Collaborator Raul Menendez (RPN), HSE Homeless Health Link Team CHO Area 7

Case Study 2:

Nurse-led initiatives in Liaison Inclusion Health. Lead: Ann-Marie Lawlee, Inclusion Health Clinical Nurse Manager, St James's Hospital. Co-lead Sarah Jayne Miggin, Inclusion Health Clinical Nurse Manager, Mater Hospital.

Case Study 3:

The development and implementation of an emergency nurse-led response in a primary care service. Lead – Fiona O Reilly CEO, Collaborators - Emma Coughlan, Sinead Grogan, Lydia Barry, Lauren Fitzsimons (Nursing Staff), Safetynet Primary Care.

16

Case study 4:

Establishing a Step-Up Step-Down unit for COVID-19 positive homeless service users. Lead - Niamh Murphy (Clinical Nurse Manager), Collaborators - Michelle Connolly (Research and Advocacy officer), Joao Amaral (staff nurse), Dublin Simon

Case Study 5:

Infection control and substance use harm reduction among homeless service users in an isolation unit. Lead - Noelle Woods (Clinical Nurse Manager), Collaborator – Elizabeth Pena (Head of Services – Central Supports) Peter Mc Verry Trust

With support from – Brieghe Casey, SNPCH (Research lead); Fiona O Reilly Safetynet Primary Care, (Knowledge User Lead), Claire Cullen Post doc researcher; Eric Whelan, Research assistant; Denise Proudfoot and Mary Rose Sweeney SNPCH, Steve Pitman INMO (co investigators/academic support).

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Public Health & Community Nursing

International Year of the Nurse & Midwife

INMO on-line Webinar 28/11/20

“Caring for people in Direct Provision – a nursing experience”



Dr P.J. Boyle,
Clinical Nurse Specialist
HSE Refugee Health Centre
The National Reception Centre
Balseskin
Dublin



1



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2

2

The National Reception Centre Baleskin

- The National Reception Centre (temporary 1st phase e.g. Emergency Accommodation) opened in 2001 for newly arrived asylum seekers / specific migrant cohorts. (2019 expanded - new facilities)
- Direct Provision (DP) System (2000)
- 2020 Dept. of Children Equality, Disability Integration and Youth (www.dcy.gov.ie) International Protection Accommodation Service (IPAS) (www.ria.gov.ie) *** (up dating)
- International Protection Office (www.ipo.gov.ie)
- Health centre opened in April 2002 - HSE PCCC, Community & Public Health Nursing, HSE Social Inclusion www.hse.ie/socialinclusion
- Maximum number of residents: 500+ (Baleskin)
- NOT detention centre – freedom of movement
- Nationally in D.P. (7,000+) (Day Report 2020)
- D.P. to be phased out by 2023
- Refer to Mc Mahon Report (2017), Day Report (2020).
- www.gov.ie
- www.nasc.org
- www.irishrefugeecouncil.ie



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3

3

Context: “*what happens globally impacts locally*”

- Migrant health and global health, **is ‘local’ health**
- *Nursing knowledge and experience are fundamental contributions to improving individual, community & public health.* <https://europeantransculturalnurses.eu>
- *Professional and ethical nursing obligations in responding to the needs of migrants and vulnerable populations.* www.icn.ch (Position Statement on Migrants, Refugees and Displaced People)
- *Nurses as professionals, advocates, fellow-human beings informing government policy, local national & international* - www.nmih.ie
- Local health service provision requires local responses and resourcing!
www.hse.ie/socialinclusion

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4

PTT Model for Developing Cultural Competence - Underpinning Values used in Migrant Health / Transcultural Nursing (Papadopoulos, Tilki, Taylor 1998)

- Human Rights
- Socio-Political Systems
- Intercultural Relations
- Human Ethics
- Human Caring

“The failure to provide culturally appropriate services is not always deliberate but is underpinned by ethnocentricity which assumes people of other cultures find mainstream provision acceptable and effective”
(Tilki 2006)



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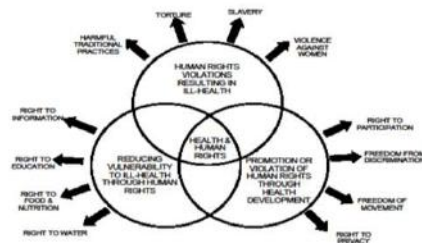
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LINKAGES BETWEEN HEALTH AND HUMAN RIGHTS 

Promoting and protecting health and respecting, protecting and fulfilling human rights are inextricably linked:

- Violations or lack of attention to human rights can have serious health consequences (e.g. harmful traditional practices, slavery, torture and inhuman and degrading treatment, violence against women and children).
- Health policies and programmes can promote or violate human rights in their design or implementation (e.g. freedom from discrimination, individual autonomy, rights to participation, privacy and information).
- Vulnerability to ill-health can be reduced by taking steps to respect, protect and fulfil human rights (e.g. freedom from discrimination on account of race, sex and gender roles, rights to health, food and nutrition, education, housing).

Examples of the linkages between health and human rights:



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6

HSE Primary Care Services provided at Baleskin

Health Screening Assessment

(HSE PCCC – CHO9)

- Community Nursing & Midwifery
- Area Medical Officer / P.H. /
- HSE Social Work
- HSE Psychology
- HSE Children's services (pre-school, play therapy)
- HSE PHN Visiting Child health Clinic
- Visiting GP Clinic
- HSE / Community Partnership with NGO / Voluntary Agencies



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7

7

Baleskin Refugee Health Centre 2019

Activities:

- Invited for health screening 1,578
- Attended for health screening 1,222 (75% uptake)
- Reviews / emergencies / walk-in 2,301
- MDT (GP, SW, Psych, Paeds) 3,219
- Overall attendance / interventions **6,742**



International Protection Applicants: Top 5 countries:

Nigeria, Somalia, Zimbabwe, South Africa, Pakistan, (others) www.inis.gov.ie

Infectious Diseases identified: (referrals to I.D departments / consultants):

- Hepatitis B, (PHx 19% / Chronic 2.5%) Hep C, (0.8%) HIV (5.2%)
- Tuberculosis pulmonary active (3 cases) latent (4 cases), extra-pulmonary (0 cases)

Examples Chronic ill health:

T2 / T1 DM, HTN, synovial sarcoma, sickle cell / thalassaemia, M.S., Non-Hodgkins lymphoma, wound-care, IVDUs, mental health illness (PTSD, psychiatric illness,) palliative / life-limiting.

Others: Dysentery, Listeria Monocytogenes, Syphilis, Shistosomiasis, Extra-Pulmonary TB, Talaromyces.

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8

Baleskin Health Centre: (contd)

- Refugee health screening service is **voluntary annual average uptake 80-85%**
- Referral pathways to Consultant specialist hospital clinics (adults & children)
- Interagency / NGO – collaborative/ community development model re: health promotion, health literacy, Parenting, / Childcare, Sexual Health / mental health& wellbeing, social integration, refugee / migrant organisations, cultural and linguistic advocacy.
- In 2020 COVID 19 - significant impact on our nursing activities and provision of services (doubled workload - different way of working)
- Baleskin COVID Testing site: Prevention and management of COVID 19 and responding to outbreaks with HSE PH / referrals etc

9

Maternal & child health 2019

Nurse midwives – Ann Maria O’ Brien & Kay Murphy (2019 report)

- 50 pregnant women (47 at initial health screening +3 returns with positive pregnancy test)
- 32 women delivered at Dublin maternity hospitals
- 9 women transferred ante-natally to other areas
- 7 still pregnant at year end
- 2 women left DP for private address with no forwarding info or notice.

ACTIVITIES: Provision of care, support and advocacy: establishing referral pathways.

Complications midwifery care: pregnancy induced HTN, HIV positive, Hepatitis, gestational diabetes, FGM, post partum haemorrhage, Mental health, (human trafficking and sexual abuse), bereavement support.

Post Natal: mother & new born checks, New born Blood spots, NICU liaison, MSW, liaison & referral to PHN clinics. Education and peer support, breast feeding, post natal depression risks, - links with local NGOs / community based programmes.

10

Reflection:

“.....people who are in need, damaged, vulnerable, abused are afraid of revealing themselves and opening up to those who are trying to help them. They need people who will listen to them, with all their wounds and needs. They need to sense that they are not being judged. They need people who will help them to rediscover their self esteem, self respect, pride, dignity and sense of empowerment. Most of all they need acceptance”.



Sister Stanislaus Kennedy

Gardening the Soul

A Spiritual daybook through the seasons.

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11

11

Thank You!


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12

12

 **Trinity College Dublin**
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Community nursing
Professor Amanda Phelan



1


2016 study

Missed care: 64 questions-all had missed care.

50% threshold for health promotion, care management, disadvantaged groups, older people, administration, family support, the provision of other services and home nursing care, education (typically continuous professional development) and within primary healthcare teams.

16 recommendations

(Phelan & McCarthy 2016)



2

Questions???

Address relative invisibility.

Structure, purpose and delivery for 21st Century?

Mark out territory

Get (more) into position for integrated care.



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Trinity College Dublin, The University of Dublin



1




2




INMO Professional

- Learn to identify areas of Self- Care
- Set your own goals of Self Care
- Explore the barriers of Self- Care
- Assess your own Self- Care activities
- Develop a personalised Self- Care Plan
- Learn to celebrate yourself
- Experience Mindfulness Thought Labelling and Breathing Meditation

Self Care- In this session you will



3



INMO Professional

WHO Definition of Health


– “a state of complete physical, mental and social well- being and not merely the absence of disease or. infirmity”

(WHO constitution, signed on 22 July 1946 by the representatives of 61 states and entered into force on 7 April 1948)

The Most important components of this definition are

- Physical wellbeing
- Mental Wellbeing **Wellbeing is the Keyword in this definition**
- Social Wellbeing

– **We are in the middle of the Pandemic and pressure is High**



4

Identify Self Care Deficient areas

-
- As per WHO's Definition where do you think you are not paying enough attention, time and energy in self-care & why?
 - Orem's Self-Care Deficit Nursing Theory.
 - List out all Self-care activities undertaken in the last month.....
 - According to Self-Care research article by Reigel Barbara et. al benefits of self care include improved wellbeing & lower morbidity, mortality, and healthcare cost. This article also gives important reasons why people struggle to perform Self-Care.....
 1. Attachment to unhealthy behaviour
 2. Lack of motivation to change
 3. Difficulty in deciding when to adopt a healthy lifestyle
 4. Difficulty in maintaining healthy behaviour over time

5

Write Self Care Goals

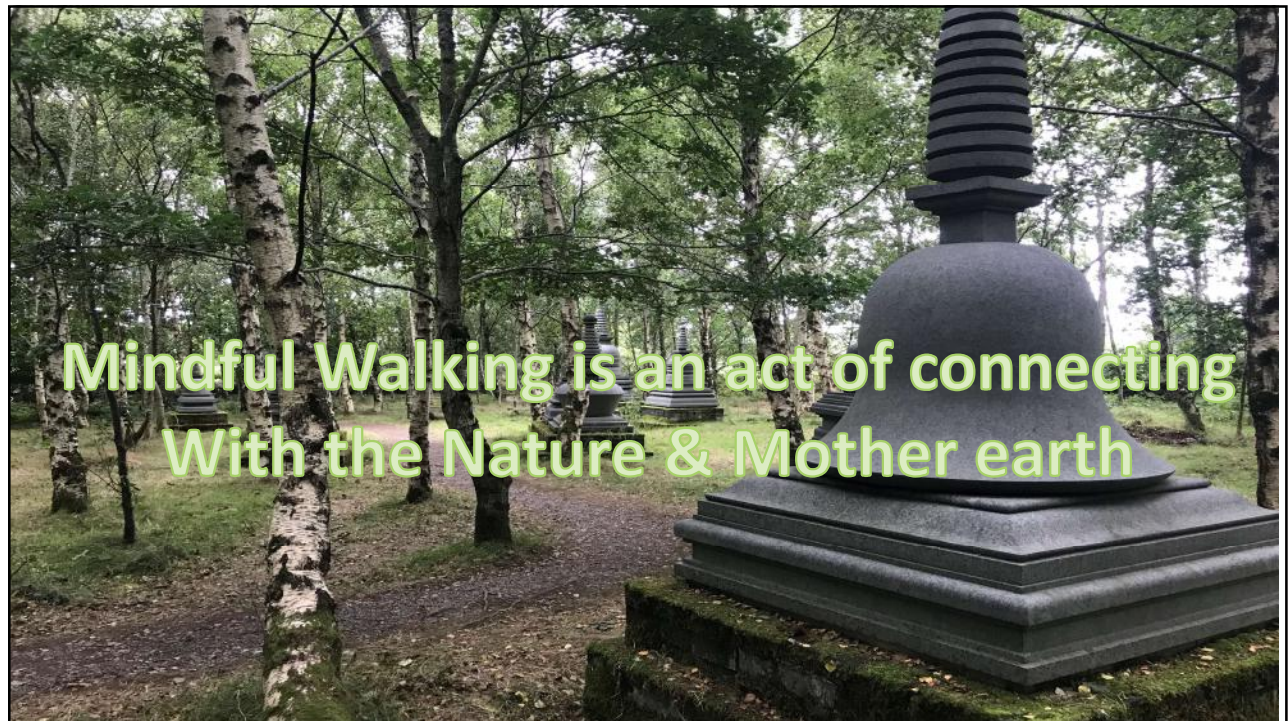
-
- Based on your assessment write your personal goals **and be as specific as you can** in writing your goals. For Example.....
 - I will reconnect with food in a whole new way and buy more organic foods and cook most of my meals with very occasional ready meals or takeaways. I will include a more plant based diet in my meals.
 - I will focus my energy on things I can control and not on things that are not in my control.
 - I will change my thinking habits and watch negative thinking when it is repetitive habitual pattern and I am getting caught up in the spiral of thoughts and consciously change the course of my thoughts.

Now write down all activities that you want to include in your self care plan

6



7



8

Finally- Self Care Kit

Self Love

Laugh often

Self
Compassion

Self
Acceptance

Follow your
Passion

Add More Items

11

INMO Professional

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12





Shining a light on children's nursing in Ireland

Rosemarie Sheehan
Project Officer



1

- New children's hospital
- New government policy
Sláintecare
- Changing patterns of needs
- Increasing complexity and chronic disease
- Diversity
- Technology
- Pandemic

Transformation







2

1

- National Steering Committee
- Expert Advisory Panel
- Scoping review of the literature
- Extensive Consultation

WORK TO DATE









3

- Stakeholder Conversations
- Workshops
422 participants
- Survey
608 respondents
- Submissions
45 written submissions
- Key Expert Informant Interviews
8

DATA




4

2

- Vision
 - Being a Children's Nurse
 - Integration of practice, education, research and policy
- Adapting to changing patterns of needs
 - Beyond the hospital walls
 - Child and Family health and wellbeing
 - Advanced Practice
 - Specialist Nursing
- Governance
- Education and training
- Valuing the Profession

EMERGING EARLY THEMES



5

- Merging all data with the findings from all the consultations
- Defining the Vision and Strategic Framework
- Recommendations
- Action Plan
- Preparation of Final Document
 - Project title
- Launch of Document

NEXT STEPS



6

3



QUESTIONS AND THANK YOU

