
An exploration of ID and mental health nurses' perspectives on co-working in the Republic of Ireland

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- **Growing recognition across both sides of the Atlantic that PWID should have equal access to mainstream mental health services**
- **Ongoing debate as to the ‘best model’ (Chaplin, 2004, Davidson & O’Hara, 2007):**
 - mental health services provided by generic ID teams (Joyce et al., 2001)
 - specialist mental in ID teams (Bouras et al., 2003)
 - PWID supported to access mainstream mental health services (Charlot et al., 2002)

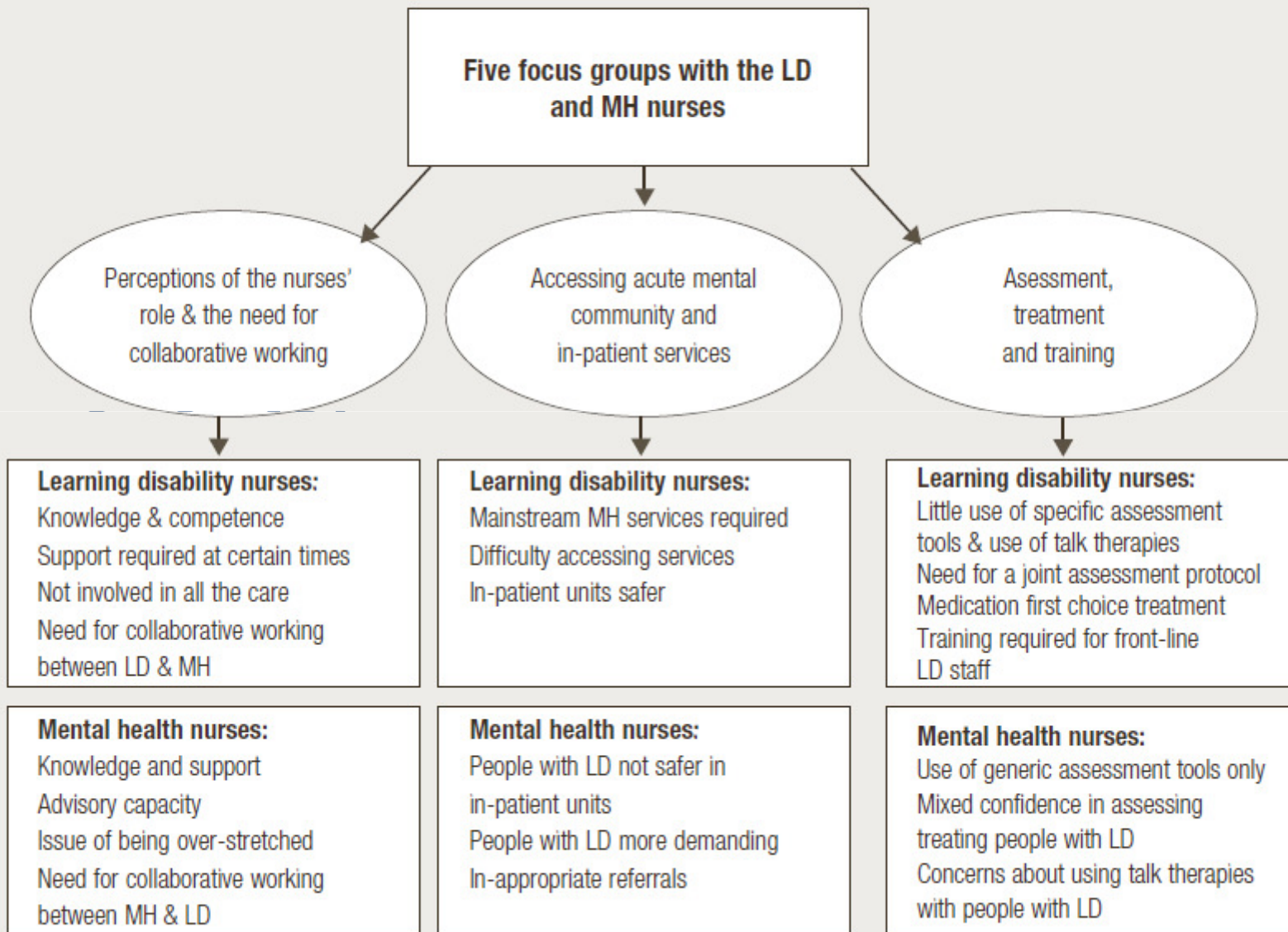
- Like other countries the majority of PWID in the ROI live within their own family home or residential accommodation
- According to the NDA (2003) these residential facilities manage PWID who present with CB and / or mental health problems
- There are few specialist mental health teams
- ICP (2004) stated that PWID have difficulties accessing mainstream mental health services

- **A Vision for Change (DoHC, ROI, 2006):**
“Generic adult, and child and adolescent mental health services should deal with the majority of PWID” (p. 127)
- **Twin track approach to addressing the mental health needs of PWID:**
 - Use of mainstream mental health services
 - Specialist mental health in ID teams
- **How do we make this happen?**

**To explore the perceptions of ID nurses
and mental health nurses with regards to
co-working within the ROI with PWID**

- **Qualitative using five focus groups (N= 18 nurses: nine ID and 9 mental health nurses)**
- **Semi-structured interview format developed**
- **Newell & Burnard's (2006) Thematic Content Analysis employed**
- **Ethics obtained**
- **Part of MSc Thesis**

Figure 1: Themes and sub-themes from the focus groups



Key

Implications

- Nurses expressed a positive attitude to each other and the need for co-working
- But differences were acknowledged with IDN seeking a greater input into clinical care: with support from their mental health colleagues
- Mental health nurses held reservations in taking a lead role and queried an already over-stretched and safe service for PWID
- Specialist skills (i.e. assessment, 'talk therapies', etc) were poor: the need for both ID and mental health nurses to have specific training / education in this area is required

Implications

- For the DoHC (2006) twin track model to become a reality in the ROI, the following needs to happen:
 - Mainstream mental health nurses need to be engaged with and supported by the ID community to work successfully with PWID who have mental health problems
 - ID nurses need to develop specialist teams and also their therapeutic skills in assessing and treating PWID; modifying many of the mainstream mental health therapies for this population
 - Clear care pathways need to be developed
- Government policy has to ensure co-working principles are at the heart of any service development
- There is a need for clear national guidelines in how to implement this twin track model (Greenlight Toolkit, 2004)

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