ROLE OF THE ENROLLED NURSE IN MENTAL HEALTH

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ENROLLED NURSE
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Graduated in October 1978, from the Dunedin Hospital of Nursing School

Initially started in Male orthopaedics. I then shifted to Ward 3A, orthopaedics, when the then new Dunedin Hospital was built. I then worked in ward 3B, the acute Orthopaedic ward for a few years.

I decided to change my career pathway around 1986 and moved to ward 6C which at that time was a drug and alcohol unit with psychiatric patients as well. After doing this for some time I moved to Wakari Hospital and joined ward 9b an acute mental health area.

In the late 2000s Enrolled Nurses were told that they weren’t qualified enough to work in acute areas so, I moved to ward 10c which is now ward 11 and is a rehabilitation unit.
WAKARI HOSPITAL

- This was built in 1915 originally as an infectious diseases centre and later as the Wakari Sanatorium. In 1957 it was re-developed as a general hospital. In 1992 Mental health and Intellectual disability clients were shifted from the now closed Cherry Farm Hospital to Wakari and into the community.

- For the move, the forensic unit, and ward 9b were constructed. The Wakari Hospital former nurses home is where ward 11 is and the ID service. Ward 9c shifted to the Wakari site last year and is situated at the end of the main block.
Currently at Wakari Hospital there is a:

- A forensic unit called 9a and this caters for the folk who go through the Justice system and may spend a long time as an inpatient.
- 9b which is an acute admission unit which patients are admitted too for assessment and treatment up to 14 days and possibly longer.
- 9c which takes in the younger admissions and sub acute people who require care and time out.
- Plus there is an onsite I.D. Unit and a cottage for their clientele who require gradual reintegration back into society.
- 3 enrolled nurse’s work in 9a, and 5 FTE and 2 casual enrolled nurse’s work in my ward (ward 11).
3 enrolled nurses work at Lindsay Creek which is two houses and can cater for 10 clients. The clients there need support for mental illness and addictions. They attend day programmes in the community.

In the main block of the hospital is a unit for head injury and stroke type patients who are under 65 years of age and this is called ISIS.

Also in the main block of the hospital is the District Nursing Service, Public Health Nurses, Community Alcohol & Drug Service (CADS) plus various SDHB management.
Rehabilitation, this encompasses a multitude of input from all Health services and concerns. Referrals can come from all quarters of the Health sector.

Many referrals come from other wards and we also do direct entry from the community as well, some referrals come from the PDN services and some may come through EPS which is the 24-hour psych emergency centre which is based at Dunedin Public Hospital. Generally GPs aren’t involved in the admission process to the ward but can be via EPS.
Our services take anyone from the Otago and Southland areas.
This I have found to be very interesting and exciting as it has been a long time since our branch of Nursing has recommenced and the challenges and expectations will be immense and exciting.

As a preceptor I provide education in the role of the EN and expectations that are expected from them while in the ward environment, plus I also teach personal safety while on the ward and am the fire safety officer as well. I also provide them with information about the mental health acts that we use currently. The students that we have had at ward 11 stayed for four weeks which I feel is a good length of time as it allows the fear factor to subside.

and they actually get to know our folk and are able to interact appropriately and not out of ignorance and fear.

We have had positive feedback from those that have been with us, so must be getting something right. Just recently some new ENs HAVE been employed by the DHB in both the MH sector and the general areas at DPH and this is real good for our reintroduction back to the workforce.
In three words. **We are back.** Enrolled Nurses have a most valuable spot in the team. I feel that we provide alongside our R/N colleagues an immense resource which benefits both patients and nursing as a whole.