POLITICAL PLATFORM FOR
MENTAL HEALTH AND
SUBSTANCE ABUSE

2013 - 2016

NORWEGIAN NURSES ORGANISATION
The Norwegian Nurses Organisation (NNO) will use this political platform for mental health and substance abuse, promote and provide direction for nurses’ efforts in this area in Norway. The platform formulates and details NNO policy within mental health and substance abuse. The platform is a tool to disseminate NNO’s policy to political authorities, employers, collaboration partners and the media. It will also contribute to understanding and involvement for policies in the organisation, and by elected representatives and members. This is one of seven NNO political platforms. The other platforms cover the following topics; Research, Innovation and Service Development, Public Health, Education, Management and e-Health. Certain topics in this platform will have areas in common with other platforms.

Mental health and substance abuse problems are increasing. These range from mild conditions to problems that are so severe that the person is completely incapacitated. They can affect everyone - regardless of age. There are often signs of these problems in childhood and adolescence, and early intervention is therefore very important. Greater knowledge about groups at risk will provide the basis for new insights and interventions. The increasingly ageing population will also increase the need for strengthened and accessible mental health services until the end of the life span.

Nurses have always provided care for people with serious mental problems and to drug addicts on the streets. The NNO is committed to decreasing the number of deaths due to overdose, improving infection preventive measures for injecting addicts, and provision of long-term services such as treatment and home care services for chronically ill patients and their next of kin. The NNO wants a clear, national health policy that obligates and creates predictability for people with mental health problems, substance abusers, and their next of kin.

Nursing care must be given unconditionally and without any type of discrimination. Nurses have a special responsibility when encountering vulnerable groups. The focus on reducing the use of restraint and safeguarding the needs of the minority for accessible healthcare is thus a natural part of this platform.

The primary objective of the platform is to contribute to the delivery of equal healthcare services and nursing to people who are in danger of developing, or who have developed, mental health problems and/or substance abuse problems. It focuses in particular on development of the services delivered by the municipalities, as well as on preventive and health-promoting aspects, increased user participation and reduced use of restraint. In particular, children, adolescents and older patients with mental health and substance abuse problems and their need for nursing services will be highlighted in this platform.

Eli Gunhild By
President of NNO
Nurses encounter people of all ages who have, or are in danger of developing, mental health and/or substance abuse problems. This affects not only the individual but also the family, the workplace and society in general. Nurses have a very central role in the prevention, detection and treatment of mental health and substance abuse problems.

The foundation of good mental health is laid in early childhood. Children who have a difficult time in childhood are particularly vulnerable.

Distinguishing between naturally-experienced crises, life challenges and disease can be demanding. Mental problems range from anxiety and depression that occasionally create problems in daily life, to serious mental health problems with permanent inability to function. There is often a relationship between mental health problems and substance abuse. Many drug addicts have both physical and mental health problems, some of them very serious. At the same time, many people with serious mental illnesses have a substance abuse problem. Issues associated with mental health and drug dependency often also result in poor somatic health.

Mental health illness and substance abuse problems not only mean a reduced life span and quality of life for the individual, but also high costs for society. It is therefore important for society to reduce the incidence of mental health problems and substance abuse. Early detection of disease, effective and good treatment as well as rehabilitation and follow-up, are essential. The "Escalation Plan for Mental Health [Opptrappingsplan for psykisk helse] (1999-2008)" and "Escalation Plan for Drug Abuse [Opptrapping for rusfelt] (2007-2012)" have contributed to the development of the services delivered. Drug addicts have been secured rights to healthcare services by changes in legislation. At the same time, the services delivered to people with mental illness and/or drug dependency have changed over several years from day treatment to ambulatory services, from receiving treatment in hospital to mastering daily life where one lives. This is dependent on the municipalities developing the necessary services with sufficient competence and resources.

Knowledge-based quality indicators are an important tool for quality assurance of delivered services. Quality indicators are not well developed in mental health and drug abuse. It is a challenge for the healthcare services to meet the patient’s need with the necessary competency. The Report to the Norwegian Parliament “See me” [Se Meg] (Report to the Norwegian Parliament no. 30, 2011-2012) on Drug Abuse outlines offered treatment services in which the municipalities intervene at an earlier stage, are better coordinated and have closer cooperation around those who need help.

Future healthcare services face enormous changes. Healthcare will be challenged with regard to capacity, access to resources, and increasing expectations by the general population. Patients, next of kin, and users are placing greater demands on the healthcare services, wanting more autonomy, participation in decision making and access to health information. More people are seeking help for minor mental illnesses, and more short-term services have been developed. This places high demands on the nursing care services in the municipalities.

Recent statistics also show that, to a large extent, nurses in psychiatric outpatient clinics treat and follow-up patients with psychoses/schizophrenia (Analysecentret, 2013) in total, nurses are responsible for 27% of all treatment and diagnostic consultations. Furthermore, nurses are the largest professional group within interdisciplinary, specialised drug treatment, with psychiatric nurses and other nurses undertaking one in four man-years.

Health-promotion and prevention has received increasing attention in Norway. There is professional and political agreement that it is better to prevent than to repair. However, the health-promoting aspect must not overshadow the fact that people do nevertheless become ill and need nursing care. In spite of the Escalation plans implemented in recent years, many patients, next of kin and users experience deficiencies in the services offered.

The Coordination Reform was launched to provide improved work distribution, satisfactory patient pathways, with increased focus on preventive and health-promoting services, and increased user participation. There has also been an increased focus on financial incentives linked to certain treatment options. This is particularly challenging when treating mental illness and drug addiction which often require complex services over a longer time period and more involvement of next of kin.

Currently, there is great uncertainty as to whether the municipalities’ healthcare services are sufficiently developed to meet the reduction in the number of days of hospitalisation and consultations within the specialised health services. More than 40% of the home care nurses responded in a study conducted by NOVA that they have inadequate competence particularly with regard to drug addiction (NOVA The Coordination Reform [Samhandlingsreformen] from 2013).

The number of older people who have, or who are in danger of developing, poor health due to alcohol or pharmaceutical drugs is considerable. "Network older people and drug addiction Oslo" [Nettverk eldre og rusbruk Oslo] is a project aimed at safeguarding the target groups through early intervention and communication. Nurses have a unique opportunity to intervene through their professional knowledge and wide network.

Experience from the project reveals that short-term interventions, simple guidance or advice from healthcare personnel are effective measures and contribute to a willingness to change. The project contributes to training and education of healthcare personnel in the municipalities and hospitals.
Nurses have long seen the need to help people in their own homes. At the end of the 1970s, nurses played a central role in establishing the home-based services in mental health work. The escalation plans for mental health in the 2000s and the Coordination Reform are

The Norwegian society is undergoing change. We are increasing in number, becoming more multi-cultural and we live longer. The nation has a healthy economy, and the majority of people in Norway have experienced an increase in purchasing power. At the same time there is increasing attention to inequalities in living conditions, children’s mental and physical health. Many people have problems getting into the labour market. More groups in society are vulnerable to mental and physical illness, and substance abuse is increasing.

The primary objective of NNO’s first focus area in the period 2013-2016 “Prioritisation and Organisation of the Healthcare Services” (Prioritering og organisering av helsetjenester) is a continuous and holistic healthcare service that is focused on quality and patient safety and organised, financed and staffed based on the patient’s needs. A sub-objective within this area is that the NNO will be a driver to strengthen the low-threshold services within mental health for all age groups in the municipalities.

The NNO will focus on dignity, respect and knowledge-based practice with the users, their next of kin and other important stakeholders in the centre. We want to secure sufficient and varied treatment options.

The NNO must be a driver for promoting service development in the municipalities in collaboration with relevant stakeholders in mental health, substance abuse, health promotion and prevention. (Strategic plan for 2013 - 2016). Furthermore, nursing competence must be an accepted part of the preventive and health-promoting work with drug addicts (AGM item 4 2011).

The NNO believes that it is necessary to increase research in mental health and substance abuse (Strategic plan to strengthen the services delivered in the municipalities) (Strategisk plan om å styrke tjenestetilbudet i kommunene).

The Norwegian Directorate of Health: “Together on Coping” (Sammen om mestring) draft guidelines for advisers in local mental health work and substance abuse work for adults. (IS-2076).
grounded in these principles. Even though the financial tools do not currently apply to mental health and substance abuse, the principles in the Coordination Reform will be a driving force for change in the coming years:

- Increased emphasis on prevention and early intervention.
- More treatment and rehabilitation to take place in the municipalities.
- Increased involvement and participation in decision-making for patients and their next of kin with regard to treatment, design of services provided and in research and knowledge development.
- Development of coherent and robust patient pathways across areas of specialisation and administration levels, to secure treatment and follow-up at the most effective care level (BEON Principle [BEON-prinsippet]).
- Reduction in injuries and increased emphasis on quality, patient safety and knowledge-based practice.

The strength of these drivers can be weakened since there is no obligatory payment for discharge-ready patients in the mental health and substance abuse services. The NNO believes that the requirement for professional and caring help should drive the services, not the economy. The NNO has received many concerned reports about the reduction in mental health services both in the specialised and municipal health sectors. There will be fewer specialised day places. Municipal initiatives generally funded by project funds will no longer be funded.

In 2004, drug addicts received a strengthened healthcare service through the introduction of the right to necessary medical help and establishment of interdisciplinary specialised healthcare services. Norwegian health authorities wanted to increase the treatment of substance abuse. Both private and public treatment initiatives were given increased requirements for implementation, evaluation, investigation and treatment.

### At-risk groups

- People who suffer from concurrent drug and mental health issues.
- Persons with serious and extensive conditions requiring specialized healthcare services to a greater extent or for long periods of time.
- Young people with highly complex needs.
- People who are unable to accept services (ill patients who refuse services in the specialised healthcare services and who do not meet the necessary criteria for compulsory admission; people who are too ill to make contact themselves).
- Families with few resources, poverty and social inequality that is reinforced by health status.
- Refugees, asylum-seekers and immigrants from war-torn countries.
- Children and adolescents (who are particularly vulnerable at the transition from conclusion of compulsory education to higher education; who have behavioural problems, etc.; adolescents where services are inadequate because they fall between child and adult services; and cases where help comes late or is not offered for long enough).

### Low-threshold service development in Tromsø

In the Tromsø municipality, the function of the Dementia Coordinator is considered to be «a door in» to dementia care. The idea is that there is one person/function with whom to relate in the municipal council. The Dementia Coordinator is a nurse who has specialised in ageing and care of older people, and as of 2013 is employed three days a week.

Anyone with questions related to dementia can contact the Coordinator. A referral is not needed. The service is open to patients, their next of kin, employees and collaboration partners, and can be contacted by phone, SMS, email, or just by dropping in.

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Annually, more than 200 people die of overdose in Norway, and we are among the countries with the highest registered number of overdose deaths in Europe. The government has therefore decided to implement a separate strategy to reduce the number of overdose deaths (Report to the Norwegian Parliament no 30). Many patients in Drug Assisted Rehabilitation (DAR) are in the at-risk zone for overdose and death. This applies in particular to patients who do not complete DAR treatment. Many drug addicts live longer and will therefore need a life-long and comprehensive health service.

There continues to be a lack of nurses in sections of the municipal healthcare services. This is in spite of the fact that nurses have general and special professional competence in mental health and substance abuse. The need for satisfactory professional nursing care to patients, their next of kin, and users in mental health and substance abuse has become unclear because of profession-neutral legislation and an interdisciplinary specialised education/ Master’s degree in mental health. A lack of recognition of topic-specific nursing competence and related in-depth experience can reduce the quality of the services to the patients, their next of kin and users.

The authority to use compulsory admission to protect patients who could harm themselves or others is described in the Mental Health Care Act. At the same time, there is often discussion of how compulsory admission is practised and the extent to which it is used in treatment. The rights of the individual hold a central position in Norwegian legislation.

Current legislation provides healthcare personnel considerable opportunity to conduct serious intervention in the individual’s life and freedom. The Paulsrud Commission [Paulsrudutvalget] (NOU 2011:9) proposed increased self-determination and strengthened rights for patients who are affected by compulsory admission. There is a national strategy to reduce the use of compulsory admission and to use it correctly (National Strategy [Nasjonal strategi], HOD, 2010). There are no national guidelines for use of compulsory admission initiatives. Force can be misused. Many patients and their next of kin tell of undignified experiences and injustice.

The use of restraint in mental healthcare has been the subject of attention. Many people with dementia have also experienced frequent use of restraint.

Compulsory admission in the field of substance abuse has been debated, and the practice is limited.
ETHICS

Nursing is inextricably linked with human rights, including the right to life and dignity, and the right to be treated with respect. Nursing care must be given unconditionally. Nursing must be given without any type of discrimination. Nurses have a special obligation to care for vulnerable individuals and groups regardless of the cause of their suffering.

Nurses have a professional, ethical and personal responsibility for their own actions when performing their nursing duties. This means the right to holistic nursing, the right to participation in decision-making and the right to dignity. The nurse supports hope, coping and courage, promoting health and preventing illness.

The nurse supports hope, coping and courage, promoting health and preventing illness. The nurse is updated on research, developments and documented practice within their specialisation. The nurse prevents offensive actions, unnecessary use of restraint and respects the patient’s right to choose.

The rights of the next of kin, particularly those of children, must be attended to. The nurse participates actively in public debates, and contributes to ensuring that social and healthcare policy decisions are based on professional and ethical norms. The nurse contributes actively to meet vulnerable groups’ special needs and contributes to prioritisations that benefit the patients with the greatest need of nursing care. The nurse safeguards a professional and ethical guidance responsibility for students and others (The Ethical Guidelines for the Nursing Profession [Yrkesetiske retningslinjer for sykepleiere], 2011).

TARGET AREA 1
Recognition and development of nursing knowledge within mental health and substance abuse

Nurses have long experience/traditions in the professional specialist fields of mental health and substance abuse. From early work in the country’s mental asylums, care for drug addicts in shelter homes and up until the present day where nurses work with mental health and substance abuse in all sectors of the healthcare services. Psychiatric nurses have been the drivers for the development of nursing for people with mental illness, through research, development and education.

Individuals with mental illness and/or substance abuse problems often have complex problems that require a comprehensive approach. With their knowledge of basic needs, understanding somatic and mental illness, and expertise in relationships and ethical guidelines, nurses must contribute actively to meet the special needs of vulnerable groups with mental health and substance abuse problems. It is therefore important to clarify the unique contributions that nursing makes in interdisciplinary mental healthcare.
In addition, the patient’s knowledge and experience, together with the nurses’ experience and research-based knowledge, comprise the foundation for knowledge-based practice.

Nurses have a tradition for research concerning patients, their next of kin, and users and the service they receive from the healthcare services. This has resulted in an increased understanding, influencing legislation and regulations in this field, and contributing to the development of new services including those in mental health and substance abuse. However, there has been limited opportunity to conduct research at the necessary scale to establish robust knowledge-based services in all areas.

It is necessary to improve the working conditions for nurses who wish to conduct research in mental health and substance abuse, not only in the specialized but also the municipal health services (see NNO’s political platform on Research). This is necessary for nurses to perform knowledge-based practice, documentation, developing and applying new knowledge and practice to a greater extent.

There is a need for increased knowledge concerning the particular needs of minority groups in mental health and substance abuse. Communication is essential with people from different ethnic, religious and cultural backgrounds if we are to secure equality in the healthcare services. Nurses should use an interpreter when necessary to ensure safe and caring healthcare services.

Nurses are demanding increased competence initiatives in mental health and substance abuse. A recently conducted study revealed that more than half of the nurses working in nursing homes or home care services state they have poor or very poor competence in substance abuse. More than 40% state that they have inadequate competence in psychiatry (Report NOVA, no. 8/13). It is necessary to increase the competence in mental health and substance abuse for all nurses. Furthermore, competence in mental health and substance abuse by public health nurses, midwives, and geriatric nurses is critical if we are to meet the challenges of prevention in children and adolescents, and to help increase the ageing population.

Interdisciplinary specialized education in mental health has resulted in a broad professional approach with an increased emphasis on user-participation and coordination. At the same time, joint multi-professional specialized education has weakened the specific specialist knowledge that the individual professional groups could bring to the interdisciplinary collaboration. (Report on Quality and Competence, the Norwegian Directorate of Health (Rapport Kvalitet og kompetanse, Helsedirektoratet) 2011). In the future, there will be a need to develop specialized nursing education and master degree education to give topic-specific in-depth study.

**NNO’S EXPECTATIONS**

- Sufficient use of qualified interpreters.
- Strengthened nursing research in mental health and substance abuse.
- Knowledge-based practice prevails in mental health and substance abuse.
- Strengthening of the subjects’ mental health and substance abuse in Bachelor and Master degree curriculum for nurses.
- Specialised education and clinical Master degree in mental health and substance abuse has nursing-related in-depth studies and guided practice.
- Multi-cultural health is a nursing-related specialist competence area in mental health and substance abuse.

**TARGET AREA 2**

**Development of services in the municipalities**

A municipal healthcare service must be competent and accessible when its services are needed. Robust, low-threshold services for mental health and substance abuse will save lives and contribute to improved somatic and mental healthcare. Low-threshold services with high competence are the key to increased independence and coping in everyday life. Efficient services are developed in collaboration between users, patients, their next of kin and relevant stakeholders in the healthcare services.

The majority of people in Norway have an active and good life. Nevertheless, many individuals are fighting varying degrees of mental illness, social isolation and substance abuse problems. An accessible municipal healthcare service is an important part of an inclusive and equal society.

Safer and more secure local healthcare services for people with mental illness and substance abuse problems are dependent upon collaboration with a competent and accessible specialised healthcare service. Many patients will need services from various service levels for shorter or longer periods to ensure satisfactory help and to prevent relapse. Accessible mental health services and satisfactory, home-based follow-up services must go hand-in-hand. Nurses in home healthcare services and in nursing homes can detect social isolation, mental illness and substance abuse in older people. In nursing homes, the increasing numbers of residents with substance abuse problems is a relatively new challenge, and it is therefore necessary to develop a better service for this group. In addition, there is a need for an improved overview of the needs of older people who live at home with regard to mental health and substance abuse problems, and for strengthening the nursing services for this group. Development of high-quality, low-threshold healthcare services will be an important contribution to meet the need for efficient services.
Overdose can be prevented and a number of initiatives have been tested in Norway and other countries. Effective measures must be instigated throughout the country with the objective of zero tolerance for death by overdose. As of 1 January 2012 there were just under 6,500 patients in DAR (Drug Assisted Rehabilitation). This is presumed to reduce the number of deaths by overdose. In addition to good housing, social networks and work, many of these patients will require long-term and coordinated healthcare services. There will also be a need for a professionally sound service for those who leave treatment in DAR. In addition, we have seen the importance of qualified nurses who visit drug addicts in the at-risk zone. The health team in Trondheim has reaped high recognition for its work in reducing overdose related deaths.

The Overdose Team in Trondheim

The Overdose Team in Trondheim offers low-threshold healthcare services to drug addicts who need help. The healthcare team is comprised of nurses who work on the street and in health centres. These outreach activities enable the team to capture trends which provides a better overview of the entire drug environment.

The team is well-known among Trondheim’s 1,500 injecting drug addicts and other services in the community. The team provides healthcare, coordinates efforts and promotes hope. The nurses’ health competence is critical for the outcome. This has produced excellent outcomes in the form of fewer deaths due to overdose.

Treatment at Akershus University Hospital

To improve the follow-up of patients who have been admitted to hospitals after self-harm or attempted suicide, Akershus University Hospital has developed a project related to treatment chains.

A treatment chain is a binding collaboration between several bodies, the purpose of which is to ensure that the patients receive satisfactory, seamless follow-up and treatment after they have been discharged from hospital.

The patients are offered follow-up from psychiatric nurses immediately after discharge from the hospital. The results reveal a significant drop in the number of re-admissions.

In collaboration with several stakeholders at Akershus University Hospital, treatment chains are in the process of being implemented for this patient group. The project is being implemented in three pilot municipalities and will be extended to the hospital’s entire referral area which includes 21 municipalities and three town districts that cover 10% of Norway’s population.

TARGET AREA 3

Early intervention for at-risk groups - preventive and health-promoting services

Mental health and substance abuse should form a substantial part of the health promotion and preventive work in Norway. Health promotion and prevention entails early intervention for at-risk groups by both the specialised and municipal healthcare services. The nurses’ competence will help enable identification of and early intervention in at-risk substance abuse and onset of mental illness.
The foundation for satisfactory somatic and mental healthcare starts during the pregnancy and the first years of life. A high focus on health-promotion and preventive care children and adolescents is essential. Better defined and more binding commitments on preventive health measures among children and adolescents would be highly effective. Children living with parents who have mental illness or substance abuse problems are particularly vulnerable. These children have a very high risk of mental illness or substance abuse problems are particularly highly effective. Children living with parents who have mental illness or substance abuse problems are particularly vulnerable. These children have a very high risk of developing similar health problems if they do not followed up. Healthcare personnel have therefore a legislated obligation to identify and support these children.

Another at-risk group is pupils who are often absent from school or who drop-out of school completely. For these groups, early intervention is important. Here the public health nurses have an important role (see NNO’s Political Platform for Public Health). There are several national initiatives on health-promoting and preventive measures for at-risk groups. Their objective is to promote health, to prevent harm and to save lives. This applies in particular to children as carers, older people with dementia, women subjected to violence in relationships, minorities with special health challenges, people who are at risk of self harm or suicide, and individuals of all ages with substance abuse problems. Nurses have a unique competence to see the relationships between somatic illness and mental strain. They will thus play a central role in developing preventive measures against mental health issues associated with serious somatic illness.

It is also important to understand the relationship between somatic illness and substance abuse and mental health. Increasingly, hospital admissions are due to intoxication or substance abuse. Up to 30% of admissions to somatic bed wards are caused by underlying alcohol-related problems. Therefore, early intervention and specialised competence are both necessary in hospitals.

Knowledge and a respectful approach will enable the nurses to detect at-risk intoxicant use and intervene early. If concerned by a situation, the nurse must have the courage to act accordingly. It is important that nurses in all areas of the healthcare services can identify and intervene in the event of hazardous and harmful use of intoxicants.

In order to promote health and prevent illness, the population must have knowledge of and conscious attitudes towards hazardous situations; they must know how they can protect themselves and their children against harm to their health; and they must know where they can apply for help if needed. Nurses have a natural place in the development of user information and attitude campaigns.

NNO’s expectations

- Children’s Health Centres and School Health Services deliver services for children, adolescents and families at-risk for mental illness and substance abuse problems.
- National efforts and campaigns are implemented to reach out to at-risk groups.
- Nurses in all areas of the healthcare sector have resources to identify and intervene in hazardous and harmful use of intoxicants.
- Nurses with special competence in substance abuse problems are employed at all hospitals.
- Health-promoting and prevention services in mental health and substance abuse for older people are expanded in the municipalities.
- Children’s rights as dependants of mentally ill/drug addicted people are monitored.

Oppland - follow-up of at-risk pupils

All new pupils are provided with a health questionnaire and an interview to find those that are at-risk. The at-risk pupils are closely followed-up at school, referring when necessary.

The public health nurse follows vulnerable pupils in collaboration with the Educational and Psychological Counselling Service (Pedagogisk psykologisk rådgivningstjeneste (PPT)), either through joint discussions or by allocating responsibility. The public health nurse devotes a considerable amount of time to pupils with mental issues, through conversations and collaboration meetings with the counselling service, the pupil and often the parents. There is also collaboration with the Child and Adolescent Psychiatry Services (Barne- og ungeoms-psykiatrien [BUP/VOP]) prior to and after referral. Follow-up is undertaken in collaboration with BUP. The public health nurse has talks with the pupil under the guidance of BUP.

Safety nurses

Bergen municipality has safety nurses in 50% part-time positions in each of their ten home healthcare zones. These nurses are experienced and almost exclusively have specialised competence in geriatrics.

Safety nurses are a preventive healthcare service for older people over 75 who live at home and preferably do not receive other municipal nursing services. Safety nurses contact individuals by a letter offering a home visit. The purpose of the visit is to generate a feeling of security and well-being by giving advice and guidance on maintaining health and preventive measures, as well as providing information on activities and offers in the local community. Safety in the home is a particularly important element of the conversation. If necessary, Safety Nurses can also help with applications for municipal services. In addition, they can apply for technical equipment or refer to the Memory Team [Hukommelsesteamet].

The Arena Model

Early intervention at Stavanger University Hospital yields results. Since 2008, nurses with specialist competence in substance abuse have been employed at the hospital. The objective has been to identify harmful use of intoxicants in patients who are admitted to the somatic departments and intervene to prevent further development of substance abuse. The personnel have become alert and refer patients who have a diagnosis in which they know or believe intoxicants can have played a part.

These can be patients admitted due to intoxication, abstinence or delirium, but also chest pains, a fall, infection, disease of the digestive system or poor general health. The number of referrals has increased. More than 30% of referred patients have not previously been treated for substance abuse or mental problems.
Norway should be among the best in Europe to quality assure the necessary use of restraint. To achieve this objective, law on the use of restraint in the health and care sector must be collected in common legislation. This will enable a common understanding of the use of restraint, and dedicated legislation will avoid stigmatisation of special groups.

Autonomy, freedom and human worth are the underlying pillars for understanding human rights. Many patients report breaches of human rights in the healthcare services. The use of restraint can also lower confidence in healthcare personnel and consequently reduce the quality of treatment. Healthcare personnel must pay greater attention to the rights legislated in the European Convention on Human Rights and the Convention on the Rights of the Child. Children’s rights include the right to be heard in matters that apply to them.

Norse have a major responsibility linked to the use of restraint and must have a conscious attitude to reducing this use. Research and competence development on the use of alternative options to restraint are necessary to reduce the use.

**NNO’S EXPECTATIONS**
- All use of restraint in Norway is safe and necessary
- Common legislation for the use of restraint in the health and social services
- Introduction of national guidelines relating to the use of restraint
- Clarification of the nurse’s responsibility with regard to the use of restraint
- New treatment options are established based on voluntary agreement.
- Patients’ and users’ experiences and competence will be listened to and heard.

**TARGET AREA 4**
Participation, use of restraint and human rights

Nursing is founded on respect for the individual and their inherent dignity. The nurse safeguards the patient’s dignity and integrity including the right to holistic nursing, the right to participation in decision making and the right not to be violated. The NNO believes it is necessary to reduce the use of restraint through enhanced voluntary decisions. Restraint can be necessary to safeguard life and health. The threshold for use of restraint must be high. Projects and research have been conducted that demonstrate the possibility of reducing the use of restraint at the individual and system level. Routines must therefore be developed for both the use of restraint and reporting of its use.