THE DELIVERY OF SENSORY MODULATION BY PERSONS OTHER THAN REGISTERED NURSES, OCCUPATIONAL THERAPISTS, PSYCHOLOGISTS OR SOCIAL WORKERS: A POSITION PAPER May 2011/version one

Sensory modulation is a supported intervention that mitigates distress for service users and has attracted widespread interest from mental health clinicians throughout New Zealand. Te Pou's work in this area has been to increase the small, but growing, evidence base of the use for sensory modulation, and support its safe and effective implementation within district health boards (DHBs). The implementation process has included the trialling and roll-out of both a sensory modulation familiarisation workshop, and a package to train sensory modulation workshop facilitators within most DHBs.

There has been considerable interest in the implementation of sensory modulation within DHBs and some non-government organisations (NGOs) in a number of clinical areas. Within acute mental health inpatient wards, sensory modulation often involves a service user choosing to use a dedicated space called a sensory room, preferably before s/he is very distressed. The service user is guided to use sensory equipment under the direct supervision of another person trained in sensory modulation usage.

In most DHBs the supervision of sensory modulation is undertaken by registered nurses, or occupational therapists. There are also instances where psychologists or social workers provide supervision. Some DHBs however, are considering whether other persons, such as enrolled nurses or peer support workers, could provide supervision. Te Pou has been asked to offer an opinion on this possible development. This paper is the result of that request.

LITERATURE AND OTHER EVIDENCE OF THE USE OF PERSONS OTHER THAN REGISTERED NURSES, OCCUPATIONAL THERAPISTS, PSYCHOLOGISTS OR SOCIAL WORKERS TO DELIVER SENSORY MODULATION

Te Pou has been unable to find explicit references to the delivery of sensory modulation being undertaken by persons other than those stated above. Almost all references to disciplinary groups name registered nurses or occupational therapists only.

DELIVERY OF HEALTH CARE BY OTHER HEALTH WORKERS, AND THE POSSIBLE RELATIONSHIP TO SENSORY MODULATION DELIVERY

Health care delivery in a number of New Zealand mental health and physical health settings is routinely provided by a range of health workers that include, for instance, enrolled nurses, peer workers and nurse aides. In these instances health care is usually given under direction and delegation from a health professional within a framework of direction and delegation. We recommend that a similar approach be followed in the supervision of sensory modulation to service users.



The NATIONAL CENTRE of MENTAL HEALTH RESEARCH, INFORMATION and WORKFORCE DEVELOPMENT

The Nursing Council of New Zealand (2009) Decision Making Process for Delegation by a Registered Nurse is a useful document when considering who can supervise sensory modulation safely. We have adapted some of these points, which include the following.

- Consider whether the person doing the delegating has the skills to delegate in this context. We believe that this person should have completed requisite sensory modulation training, such as the two-day Te Pou sensory modulation familiarisation workshop.
- Ensure the health status of the service user is stable enough to receive delegated sensory modulation supervision. This should remain the responsibility of the delegating clinician.
- Ensure health workers providing sensory modulation supervision have sufficient skills and experience to safely undertake this role. In addition, individual health workers need to know how, when and from whom s/he should ask for help. We suggest that the health worker should also have completed requisite sensory modulation, such as the two-day Te Pou sensory modulation familiarisation workshop.
- Ensure the supervision can be routinely performed without the need for complex observation or decision-making.
- Ensure there are organisational processes in place for the delivery of sensory modulation, including the delegation of supervision for both parties. In particular, it is vital that policies and procedures are developed for sensory modulation delivery, and these should include delegation processes.

RECOMMENDATION

While no clear evidence was found about the ability of health workers other than registered nurses, occupational therapists, psychologists or social workers to deliver sensory modulation, there is some DHB support for other health workers to take on sensory modulation supervisory roles. Te Pou therefore recommends that DHBs or NGOs that have decided to proceed with delivering sensory modulation by persons other those stated above should ensure:

- robust processes for delegation, such as outlined above, are in place
- all persons involved in sensory modulation delivery have had appropriate minimum training
- ongoing evaluation of efficacy of outcomes and acceptability to service users be undertaken.

Te Pou would be very interested in knowing about such developments in the future.

REFERENCE

Nursing Council of New Zealand (2009). *Decision making processes for delegation by a registered nurse*. Wellington. Nursing Council of New Zealand http://www.nursingcouncil.org.nz/download/97/poster/pdf downloaded 8 https://www.nursingcouncil.org.nz/download/97/poster/pdf https://www.nursingcouncil.org.nz/download/97/poster/pdf https://www.nursingcouncil

KEY CONTACT

Tony Farrow
Clinical project lead
(03)339 3799
027 298 5854
tony.farrow@tepou.co.nz

For the most up to date information on this project please visit www.tepou.co.nz



