Antimicrobial Resistance (AMR)
Why Psychiatric/Mental Health Nurses Need to Have AMR in Their Alphabet

Frances Hughes, CEO of the International Council of Nurses (ICN), recently visited me in New Jersey from Geneva. I was asking her about where and how psychiatric nursing fit into ICN’s agenda, and she proceeded to tell me how her plans included making psychiatric/mental health nurses more aware of physical dimensions of health care that should be equally as important as psychosocial dimensions. I suggested she let me interview her for a short news report. Instead, she suggested that I ask her to write a guest editorial, as she has done in the past (Hughes, 2008). I did, and here it is.

In my first 100 days at ICN, I have been involved with many health policy issues. Nurses have a distinct and crucial role in the development and implementation of sound health policy. The reason for this is the unique role and relationships nurses have in the provision of health services to patients, carers, families, and the community. In addition to having good scientific reasoning, they also undertake a holistic approach to the needs of patients, often managing them throughout the continuum of care. As such, nurses with insight into managing and treating conditions also undertake the critical role of patient advocate.

One key policy area that stands out for me is antimicrobial resistance (AMR). I believe it is the largest threat to global health today. AMR threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses, and fungi, and requires action across all government sectors and society (World Economic Forum, 2013). Its impact is at multiple levels—individual, systems, economies, and trade.

Patients with infections caused by drug-resistant bacteria are generally at increased risk for worse clinical outcomes and death, and consume more health care resources than patients infected with the same bacteria that are not resistant. AMR leads to longer hospital stays, higher medical costs, and increased mortality.

AMR is present in all parts of the world. New resistance mechanisms emerge and spread globally. The World Health Organization (WHO; 2016) indicated that AMR is responsible for 25,000 deaths in Europe every year, 38,000 per year in Thailand, and more than 23,000 deaths per year in the United States. In 2013, there were more than 480,000 tuberculosis cases alone that were resistant to all forms of antibiotic treatment (WHO, 2016).

AMR has huge economic cost effects. It is estimated that the direct costs of AMR in the United States are up to $20 billion per year and $35 billion per year for indirect costs (Matlar, 2016). A recent review on AMR projected that by 2050 it would be the cause of more than 10 million deaths per year globally and result in a cumulative cost of $100 trillion, roughly the same as removing the United Kingdom economy from global output each year (O’Neill, 2014).

So why then is this important for us as psychiatric/mental health nurses? We already know that our population is vulnerable and that physical health
Five main objectives were identified:

1. Improve awareness and understanding of AMR.
2. Strengthen knowledge through surveillance and research.
3. Reduce incidence of infection through sanitation, hygiene, and infection prevention.
4. Optimize use of antimicrobial agents.
5. Develop the economic case for sustainable investment that takes account of the needs of all countries and increase investment in new medicines, diagnostic tools, vaccines, and other interventions.

In collaboration with other health care professionals, nurses’ local knowledge can inform decisions in relation to antimicrobial therapy and enhance the multidisciplinary approach to antimicrobial management. Nurses also have a role in infection prevention and control, ensuring responsible use of antimicrobial treatment, and monitoring and evaluating treatment and the reporting of AMR events.

Nurses have a crucial role in supporting and strengthening infection prevention and control policies and practices, supporting patients’ adherence to antimicrobial treatment and correct use of antibiotics, and promoting vaccination.

Our continuing education on this topic is critical. It is not just about those of us who have authority to prescribe and administer. We are key to surveillance and monitoring of patients’ health, as we have the most consistent presence as patient carer.

In May 2015, the 68th World Health Assembly (WHO, 2015b) endorsed a global action plan to tackle AMR, including antibiotic resistance, the most urgent drug-resistance trend. Five main objectives were identified:

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As psychiatric/mental health nurses, we have a clear role in helping meet these objectives. I would go further to state it is through our privileged relationships with our clients and patients that we can ensure that they are well prepared and not disadvantaged. We should be advocating for greater health literacy, increased immunization, and ensuring objectives of our care plans include physical health improvements.

It is not only important that we keep abreast of AMR trends but also that we act as role models in our health care settings and teams. We need to fight the myths on immunization and be discerning with our colleagues on medication advice, we must speak out when infection control practices are not being adhered to, and we should always advocate for our patients on issues of medication side effects.

REFERENCES