Mental Health Nurse Academics UK

Position Paper on the Future of Mental Health Nursing

HEADLINES

- Mental Health Nurse Academics UK (MHNAUK) insists that mental health nursing be retained as a pre-registration specialty
- Entrants into mental health nursing tend to be different from entrants into adult nursing
- MHNAUK acknowledges that physical health skills are an integral part of preparing mental health nurses but they should be complementary to, and not at the expense of, mental health skills
- Mental health nurses are eager to support integrated care by collaborating and sharing their expertise with physical health and social care colleagues
- Mental health nursing is a forward-looking profession that can respond to, and anticipate, current and future changes in the nature of health and social care delivery
- Mental health nursing has the resources, will and ability to drive any changes needed ourselves, collaborating with nursing colleagues from other fields and other mental health professions as necessary

In this paper, we outline our position on the future of mental health nursing in the UK. The context to our position is Health Education England's *Shape of Caring* review, its subsequent *Raising the Bar* report (Health Education England 2016) and the Nursing and Midwifery Council's review of its standards for pre-registration nurse education.

Generic vs. specialist pre-registration nursing

The UK is among a small number of countries that produces specialist mental health nurses at pre-registration level. That we are different is sometimes used as an argument for a move towards generic nursing but a counter-argument may be that the UK actually holds an advantage here. Significantly, genericism was not a conclusion drawn from the *Shape of Caring* review but it is frequently misinterpreted as so.

Happell (2009) summarises the argument in favour of generic pre-registration nursing as fourfold: (1) the physical health needs of service users tend to be neglected in pre-registration mental health programmes; (2) the move towards integrated (combined physical and mental health) care services means that workers employed in these services need generic skills; (3) generic qualifications provide the nurse with additional employment flexibility because they do not tie the nurse to mental health work; and (4) mental health nursing courses struggle with viability because, as a small speciality, there is small interest.

Below, we provide an evidence-based response to each of these arguments, together with some additional comments that set forth our case for retaining mental health nursing as a pre-registration specialty.

Mental health nurses' physical health skills

We acknowledge that there is evidence that mental health nurses lack sufficient physical health skills to care for people with (serious) mental health problems and **MHNAUK wholly accepts that physical health skills are an important aspect of preparing mental health nurses**. However, the lack of physical health skills may be an attitudinal, rather than curriculum, problem (Blythe & White 2012; Walker & McAndrew 2015) and we are not convinced that generic nursing programmes will resolve this skills gap and produce nurses with both high-level physical and high-level mental health skills.

Despite initial good intentions, generic nursing programmes tend to regress towards adult/physical health nursing at the expense of mental health (and learning disability). We saw this with Project 2000 and the Common Foundation Programme (Elkan & Robinson 1995). It has also been the experience in Australia: its move to generic nursing programmes in the mid 1990s has resulted in undergraduate nursing programmes with inadequate mental health content and practice and poor access to postgraduate mental health nursing programmes (Australian Health Workforce Advisory Committee 2003; McCann 2010). The deficits in Australian mental health nurse education have been serious enough to provoke remedial actions such as the establishment of Mental Health Nurse Credentialing by the Australian College of Mental Health Nurses (in direct competition to the State Licensing Boards) and a call for the introduction of mental health 'majors' in generic nursing programmes (Happell et al 2011). The position in New Zealand (NZ) is similar: MHNAUK members with experience of, and contacts in, NZ note that UK-educated mental health nurses are highly prized *because of their specialist training.* Moreover, despite 'comprehensive' (i.e. generic) programmes and physical healthcare forming the bulk of nurse preparation in NZ, the physical health of people with serious mental health problems has generally not improved and nurses still work in 'silos' (Cassie 2014).

Integrated care

The argument that integrated mental and physical health care or integrated health and social care requires generic workers reflects a naïve conflation of integrated care with genericism and assumes that any 'integration' must be at practitioner level. There are already good examples of mental health and physical health nurses working together – A&E liaison being the most notable – and MHNAUK sees ample opportunities for mental health nurses to play their part in future integrated care models. We would, for example, fully support more opportunities for mental health nurses to work in general practice, schools, prisons and industry.

At practitioner level, a better vision of integrated care is one where mental health nurses ensure they have *context-specific* physical health skills*.* In this set-up, mental health nurses acquire necessary physical health skills, not because of criticisms of 'silo' working or a drive towards genericism, but because of **the needs of service users**. Thus mental health nurses need knowledge and skills associated with obesity and diabetes because anti-psychotic medications carry a risk of weight gain. Likewise, we would argue that adult and children's nurses need mental health knowledge and skills to help them deal with the known psychological consequences of having a long-term physical health condition. Moreover, we would see it as clearly within our remit to support our adult and children's colleagues in helping their students achieve those skills.

Given this, MHNAUK is not especially opposed to the '2+1+1' model proposed in *Raising the Bar* **so long as there is real parity between physical and mental health** in any two year 'core'. To us, parity means 50% of learning that focuses on physical health/wellbeing and 50% on mental health/wellbeing and not, as we fear, the reintroduction of a common foundation programme. Though we could work with a 2+1+1 model, we would much prefer a standard, direct entry mental health nurse preparation programme where our nursing colleagues from other fields and our social care colleagues supported us with the physical and social aspects of mental health care and we supported those colleagues with our mental health expertise.

Employee flexibility

While it is fair to say that generic nurses have more opportunities than specialist nurses, **this argument assumes those who enter nursing want all of these opportunities**. Moreover, the argument that generic programmes improve employee flexibility is somewhat duplicitous in that it is *employers* who tend to want this flexibility. However, with the introduction of tuition fees in England, what the employer wants is not necessarily as important as what the employee (who will essentially be paying for their own education and training) wants.

Entrants into mental health nursing generally want to work in *mental health*, with nursing being a subsidiary element. If this opportunity is removed, or if it requires additional (self-funded) postgraduate training, the profession is likely to lose recruits to other disciplines such as social work (as is the case in the US and Australia) or the psychological therapy professions. This is in the context of it already being difficult to recruit into mental health nursing: in the UK, the highest vacancy rate has been in mental health nursing (Centre for Workforce Intelligence 2012) and both Australia and the US struggle to recruit.

The flexibility sought by employers could also backfire: a move to genericism with a postgraduate specialism in mental health could lead to employers having to choose between a pool of nurses with lower-level mental health skills or having to wait four-to-five, instead of three, years for a specialist.

Viability of mental health nursing programmes

Ironically, it is the very nature of genericism that elicits the argument that specialist pre-registration mental health nursing would be unviable because of an inability to attract sufficient numbers of students.

Mental health nursing has a different history to general nursing, having emerged from the asylum attendants of the late nineteenth and early twentieth centuries. Indeed, in the early days of the discipline, 'true' nursing did not want asylum workers associated with it (Nolan 1998) and training and regulation existed under the auspices of the forerunner of the Royal College of Psychiatrists. Mental health nurses have different outlooks, personalities (see for example, Pryjmachuk & Richards 2007) and life experiences, and mental health nurses tend to be older on entry.

As mentioned earlier, entrants into mental health nursing generally want to work in mental health rather than nursing and the links between these two domains, like the links between nursing and midwifery, are sometimes tenuous. Thus, the loss of a clear nursing pathway into the mental health workforce that would come with genericism would result in potential entrants looking at alternative pathways (social work, psychological wellbeing practitioners, counselling, etc.). What might look like disinterest in mental health nursing might actually be a disinterest in *nursing* rather than in mental health. Indeed, many MHNAUK members have expressly stated they would not have entered nursing if a direct pathway to mental health nursing did not exist.

Self-determination

For the profession, perhaps the most frustrating aspect of the whole generic-specialist debate is that mental health nursing feels it is being **denied the opportunity to determine its own future**. Many of the calls for generic nursing are from outside the profession: largely from non-mental health nurses and from managers. Consultations on the future of nursing inevitably bring proportionately more responses from the dominant field of adult nursing. Adult nursing does not always understand the history, philosophies and characteristics of mental health nursing and it sometimes uses its majority to, at best, drown out our voice and, at worse, completely dismiss it. We are sure those in adult nursing would be irritated if their profession was regularly undermined by 'outsiders'.

Nonetheless, we understand that the context of health (and social) care has changed significantly in the last decade and is likely to change in the future. We see this as an opportunity for us, as mental health nurses, to respond and determine our own future.

Importantly, physical health skills or flexible working do not feature in the most important characteristics of a good mental health nurse, as seen by the people that matter the most: service users. Service users identify relationship and interpersonal skills, a passion for the discipline and therapeutic clinical skills (as opposed to psychomotor clinical skills) as the key elements of a good mental health nurse (Bee et 2008; Gunasegaram et al 2014).

We conclude by reminding readers that a comprehensive literature review by the National Nursing Research Unit (2008) concluded that "international experience suggests that changing … to a generic model is likely to present substantial challenges in producing competent beginning practitioners in mental health nursing". The position is no different now.

October 2016

References

Australian Health Workforce Advisory Committee (2003). *Australian mental health nurse supply, recruitment and retention*. Available from: http://s3.amazonaws.com/zanran_storage/www.ahwo.gov.au/ContentPages/2463116602.pdf

Bee P, Playle J, Lovell K, Barnes P, Gray R, Keeley P (2008). Service user views and expectations of UK-registered mental health nurses: A systematic review of empirical research. *International Journal of Nursing Studies*, 45, 442-457.

Blythe J, White J (2012). Role of the mental health nurse towards physical health care in serious mental illness: An integrative review of 10 years of UK Literature. *International Journal of Mental Health Nursing*, 21, 193-201.

Cassie F (2014). Dying unequally: striving for mental health patients to be equally well. *Nursing Review*. Available at http://www.nursingreview.co.nz/issue/june-2014-vol-14-3/dying-unequally-striving-for-mental-health-patients-to-be-equally-well

Centre for Workforce Intelligence (2012). *Workforce Risks and Opportunities: Mental Health*. Available from: www.cfwi.org.uk

Elkan R and Robinson J (1995). Project 2000: a review of published research. *Journal of Advanced Nursing*, 22, 386-392.

Happell B (2009). Appreciating history: The Australian experience of direct-entry mental health nursing education in universities. *International Journal of Mental Health Nursing*, 18, 35-41.

Happell B, Moxham L & Clarke K (2011). Implementation of a major in mental health nursing in Australian universities. *International Journal of Mental Health Nursing*, 20, 237-246.

Health Education England (2016). *Raising the Bar: Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants.* London: HEE.

Gunasegaram I, Pentland T, Rodgers T, Patterson S (2014). What makes an excellent mental health nurse? A pragmatic inquiry initiated and conducted by people with lived experience of service use. *International Journal of Mental Health Nursing*, 23, 101-109.

National Nursing Research Unit (2008). *Educating students for mental health nursing practice: Has the UK got it right*? London: Kings College.

Nolan P (1998). *A History of Mental Health Nursing*. Cheltenham: Nelson-Thornes.

Pryjmachuk S & Richards D (2007). Mental health nursing students differ from other nursing students: Some observations from a study on stress and coping. *International Journal of Mental Health Nursing*, 16, 390-402.

Walker S, McAndrew S (2015). The same but different: discussing the literature regarding mental health nurses' difficulty in meeting the physical health needs of service users, regardless of differing education programmes. *Journal of Psychiatric and Mental Health Nursing*, 22, 640-64.

About MHNAUK

Mental Health Nurse Academics UK (MHNAUK) exists to influence and promote education, research and values-based mental health nursing practice for the benefit of people using services and their families. It was formed in 2003 and represents 65+ UK Higher Education Institutions involved in mental health nursing education and research. Its current Chair and Vice Chair are, respectively, Professor Joy Duxbury and Professor Steven Pryjmachuk. Twitter: @MHNAUK