MHNAUK
Mental Health Nurse Academics UK

Promoting and enhancing UK mental health nursing education, research, policy and practice

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MHNAUK response to *Facing the Facts, Shaping the Future*

Mental Health Nurse Academics UK (MHNAUK) formed in 2003 and represents over 60 higher education institutions (HEIs) engaged in mental health nursing education, research and policy development. Our member HEIs contribute to the mental health nursing workforce by educating the future supply of registered mental health nurses and providing continuous professional development (CPD) and postgraduate opportunities to qualified (registered) mental health nurses.

1. **Do you support the six principles proposed to support better workforce planning; and in particular, aligning financial, policy, best practice and service planning in the future?**

MHNAUK recognises how the environment for the present and future health and social care workforce is changing. Many of the pressures for change are outlined towards the start of this consultation document: growing population needs and expectations, the interdependence of systems for health care and social care, political and economic drivers and resource pressures, increasing prevalence of poor mental health and new technologies and interventions.

In this context we strongly support the principle of securing a future supply of staff. We are aware of reductions in the numbers of nurses (across all fields) from the EU registering with the NMC[1], and recognise Brexit as a real threat to registered nursing numbers. More specifically, in our field of mental health nursing we have observed major reductions in numbers and a corresponding rise in vacancies. These have been widely reported, and are summarised in figures 22 and 23 in this HEE consultation document. Data from NHS Improvement published in February 2018 indicates that, in England, mental health nurse vacancies are running at around 11%[2]. To the best of our knowledge there has been no comparable real-numbers decline in staff numbers in other mental health professions, and this loss of nurses in our field is a matter of serious, national, concern. It also needs to be reversed as a matter of urgency. Mental health nurses are the backbone of a modern mental health system, and fulfil roles as practitioners and coordinators of care, as service managers, innovators and leaders. We therefore urge joined-up and sustained action to recruit to, and retain people in, our field. Securing a supply of mental health nurses is not made easier, in our view, by the changes to funding for undergraduate nursing students[3] and by the announcement of similar proposed changes for postgraduate courses commencing in the 2018-19 academic year[4]. Mental health nursing attracts different students from other fields of nursing (for example, older applicants with previous work experience, graduates,

[1] https://www.nmc.org.uk/news/news-and-updates/increasing-number-nurses-midwives-leaving-profession-major-challenges/

[2] https://improvement.nhs.uk/documents/2471/Performance_of_the_NHS_provider_sector_for_the_month_ended_31_December.pdf

[3] https://www.gov.uk/government/publications/nhs-bursary-reform/nhs-bursary-reform

[4] https://www.gov.uk/government/publications/healthcare-education-funding-for-postgraduate-and-dental-students/healthcare-education-funding-for-postgraduate-and-dental-students

men, people with lived experience of mental health difficulties) and our fear is that funding changes, without incentives (financial or otherwise) for non-traditional students will put many potential new applicants off.

We support workforce flexibility, and do not think that the idea of blending professional responsibilities is in any way new. Mental health nurses have always embraced new roles, and have led innovations in both hospital and community mental health care. Without parity of pay or working conditions many have seized opportunities to become independent, advanced, practitioners of psychosocial interventions, non-medical prescribers and to fulfil new roles under the Mental Health Act. In this context we welcome the development of an advanced clinical practice framework specifically for the mental health field (see page 91 of this consultation document). However, we also recognise that where mental health nurses have expanded their roles in the past they have done so by drawing on the firm foundations of their core professional preparation. In this context we reiterate our absolute support for the preservation of mental health nursing as a distinct field at the point of initial registration[5].

We also welcome widening access and participation, and note that there have long been alternative routes into nursing. However, we restate the view we expressed in our written evidence to the House of Commons Health Committee's inquiry into the nursing workforce[6], which is that widening access should not mean a reduction in standards. These should be maintained so that the mental health nurses of the future enter the workforce with the values, knowledge and skill they need to lead and contribute to services.

Modern, inclusive, employment practices are essential, and we are aware of research[7] into the extent and damaging consequences of stress and burnout in mental health nursing. The prevalence of depression in student nurses has recently been reported at 34%[8]. As a matter of absolute priority staff need to be supported and valued, and this requires investments across a number of areas including clinical supervision, CPD and through the application of flexible employment practices. Enabling career progression is vitally important, and we regret the erosion of opportunities for nurses to remain in clinical posts beyond Agenda for Change (AfC) band 7. We also observe losses in consultant nurse and advanced practice posts, and trends towards the 'downbanding'[9] of positions so that (for example) current AfC band 5 job descriptions become similar to band 6 job descriptions used a few years ago. Nurses are particularly vulnerable to this type of practice, meaning that many remain stuck at lower bands in ways which would not be tolerated by other professions and which undermine the vital contribution nurses make.

The aspiration of connecting workforce planning to policy changes is long overdue, and we support this type of integrated approach.

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[5] https://mhnauk.files.wordpress.com/2017/01/position-paper-on-the-future-of-mental-health-nursing.pdf

[6] http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/nursing-workforce/written/71048.pdf

[7] Johnson J, Hall LH, Berzins K, Baker J, Melling K, Thompson C. Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. International Journal of Mental Health Nursing. 2018; 27 (1):20-32.

[8] Tung YJ, Lo KKH, Ho RCM, Tam WSW. Prevalence of depression among nursing students: A systematic review and meta-analysis. Nurse Education Today. 2018; 63: 119-29.

[9] https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/reps/downbanding-in-the-nhs.pdf

2. What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?

MHNAUK's view is that full-time undergraduate/postgraduate education is the most effective and efficient route into registered nursing, but recognise the need for flexibility (e.g., via part-time and accelerated routes, and via programmes that enable capable support workers and health care assistants to become registered nurses or other qualified mental health professionals). Nursing associates are not a replacement for registered nurses and should not be considered as such by employers, but without sufficient registered mental health nurses the risk exists of role substitution. Health Education England, universities, NHS providers and professional and representative organisations need to work together in integrated fashion to promote mental health nursing as an attractive career choice both for young people and for people looking for new opportunities. We agree with the Centre for Mental Health that a concerted publicity campaign to increase recruitment into the mental health professions is needed[10]. In this context we commend initiatives like #MHnursingFuture, set up by the Mental Health Nurses Association and now drawing on the efforts of the RCN, MHNAUK and colleagues in individual universities and NHS Trusts and health boards[11]. Retention of existing staff is key, and modern employment practices including flexible working and investment in staff development should be prioritised. We recognise trends towards the development of cross-profession competencies for the fulfilment of certain roles (e.g., in the operation of mental health law), and support these where they build on core, foundational, professional education. Here we state, again, that we support Health Education England's proposal for an advanced clinical practice framework for mental health practice. We also ask that this be properly funded, and provide parity for all professions.

3. How can we ensure the system more effectively trains, educates and invests in the new and current workforce?

In MHNAUK we restate our central point: that mental health nurses lie at the heart of the UK's mental health system, and should be supported and invested in as a distinct, pre-registration, field. Concerted efforts are needed to tackle the problem of lost mental health nursing numbers, both through drives to recruit and efforts to retain. The loss of CPD for nurses needs to be reversed as a matter of urgency. Local intelligence available to MHNAUK members is that nurses have suffered disproportionately from a decline in opportunities to develop and learn beyond initial professional education, where other groups have maintained greater access (e.g., medical practitioners). Anomalies also exist. For example, we have heard examples of further training in psychological therapies only being available to staff working in Improving Access to Psychological Therapies services, a situation which makes little sense.

At both pre- and post-registration level we recognise, and welcome, opportunities to promote interprofessional and shared learning using new learning technologies or more traditional methods. However, we are cautious when it comes to the setting of standards and strongly urge that advanced clinical practice frameworks are created in integrated fashion. It is not helpful when organisations like HEE, their equivalents in other parts of the UK, professional bodies such as the RCN, independent organisations like the Centre for Mental Health and regulatory authorities all produce separate standards and frameworks for pre- and post-qualification practice. A far more unified approach to work of this type is warranted.

[10] www.centreformentalhealth.org.uk/the-future-of-the-mental-health-workforce
[11] https://adaywithdave.wordpress.com/tag/mhnursingfuture/

4. **What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?**

MHNAUK supports efforts to attract all those able to make a contribution, in whatever role, into the NHS. This means flexible and modern employment practices, and proper investment in initial and ongoing education. The world of work is changing, and the NHS needs to work harder in the face of competition to recruit and retain. As we have already made clear, our field of mental health nursing is an excellent example of a profession for which concerted efforts are needed to attract new entrants. We also recognise other fields where work needs to be done. Over time, sporadic attempts have been made to create viable clinical academic career pathways, but generally these have had very limited impact.

5. **How can we better ensure the health system meets the needs and aspirations of all communities in England?**

Members of MHNAUK take different views on the likely, long-term, impact of funding reform for students of nursing in England. This said, as an organisation we are concerned over the risks that mature students looking for new careers, men, members of ethnic minorities and people from working class backgrounds will be put off by the perceived debt associated with taking out loans to become registered nurses. More generally, we point to the growth in numbers of peer support workers in the mental health field as evidence of innovation, and as a route to valued employment.

6. **What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?**

Our view in MHNAUK is that people who work in the NHS are committed to what they do, and more should be done to acknowledge their collective goodwill. However, this commitment to go the extra mile is not something which should be taken for granted. The NHS needs to lead the way in modern, flexible, and family friendly employment practices. This means improving flexibility in working hours, investing in CPD, and supporting staff wellbeing though provision of clinical supervision and other measures.

7. **Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?**

MHNAUK believes we need investments in health research, including in the mental health field, to generate evidence of what works in terms of therapies, interventions and models of service organisation. Only then will we know what 'delivering excellent care' means. In this context we regret the loss of Master in Research funding from the National Institute for Health Research (NIHR) for nurses and allied health professionals, a route which allowed numbers of mental health nurses (and others) to take their first steps on a clinical academic career pathway. We hope to see opportunities of this type sustained through the new HEE/NIHR pre-doctoral clinical academic fellowships[12].

Creating new occupational groups is not necessarily the best way of delivering care, and we speculate on the boundary disputes which will unfold between health care assistants, nursing associates and registered nurses. At a time when we need to invest in the education of registered nurses and other professionals we see human and financial resources diverted towards the preparation of people for new, untested, and often generic roles (such as nursing associates). Excellent care is provided by excellent professionals benefiting from

[12] https://www.nihr.ac.uk/funding-and-support/funding-for-training-and-career-development/training-programmes/nihr-hee-ica-programme/nihr-hee-ica-programme-pcaf.htm

higher education[13], and new non-professional roles (whilst providing welcome routes into the NHS) should not be seen as replacements.

As we have previously argued in our position paper on the future of mental health nursing[14], whilst integrated care is an important goal 'integration' does not need to be at the level of the individual, generalist, practitioner. We state here that good examples exist of mental health and physical health nurses working together (e.g., in A&E settings) and we see ample opportunities for mental health nurses and others to play their part in future integrated care models in primary care, schools, prisons and industry.

Reliance on agency staff is likely to reduce when NHS employment practices improve, and when flexible working becomes more possible. Clearly defined competencies and unified advanced practice frameworks linked to the available evidence, applied equally to multiple professional groups, are one way of opening up opportunities for role development and career advancement.

Much more effort needs to be invested in public health approaches, so that population wellbeing and the prevention of illness becomes everybody's business. More generally, we welcome mental health professionals working in much broader settings than they traditionally do. We recognise that mental health nurses, traditionally, are primarily involved in the care and treatment of people with existing mental health problems. However, their connections to communities (e.g., as members of locality community mental health teams) make them ideally placed to support community developments directed at improving health and wellbeing. Mental health nurses, with their core professional education, may be under-utilised in public health, primary care and wider settings (e.g., in schools) and could be supported to play more complete roles in the promotion of health and wellbeing.

We suggest that re(dis)organisations of the NHS create unhelpful distractions and uncertainty, emphasising the case for considering the workforce implications of all policy and service change.

8. What policy options could most effectively address the current and future challenges for the adult social care workforce?

MHNAUK recognises how the adult social care workforce has suffered from neglect, at a time when population change has heightened the need for well-prepared, well-supported staff in this field. We urge an expansion in this area, with the creation of clear professional career pathways with opportunities for ongoing development and role expansion.

Prof Steven Pryjmachuk Chair	Prof Ben Hannigan Vice-Chair	Prof John Baker Lead, Policy and Practice Standing Group

[13] See the work of the RN4Cast team: http://www.rn4cast.eu/

[14] https://mhnauk.files.wordpress.com/2017/01/position-paper-on-the-future-of-mental-health-nursing.pdf