

MHNAUK statement on supporting mental health nursing during the coronavirus pandemic

Mental Health Nurse Academics UK

Mental Health Nurse Academics UK (MHNAUK) formed in 2003 and represents 70 higher education institutions engaged in mental health nursing education, research and policy development. We influence and promote education, research and values-based mental health nursing practice for the benefit of people using services and their families.

Purpose

This statement has three purposes:

- to assert the principle that mental health matters during the coronavirus crisis;
- to recognise and applaud the contribution that nurses and others working in the mental health field are making during this time, and will continue to make into the foreseeable future;
- to acknowledge the impact of the current crisis on mental health nursing students and educators, and on the conduct of mental health nursing and related research.

Context

No part of the world has been left untouched by the spread of the coronavirus (COVID-19). At the time of writing, the population of the UK is at the start of a second week of [lockdown](#) following instructions to stay at home, barring only the most essential of journeys outside. City and town centres are deserted, schools are closed and businesses have shut.

NHS acute care responses to the crisis

Whilst individuals, families and whole communities remain indoors in a shared effort to [flatten the curve](#) by slowing the virus' spread, health service staff have been working at pace to prepare for (and now, to meet) the challenge of caring for the most severely affected. This has been described by many, including (on March 16th) by [the Chief Executive of the NHS Confederation Niall Dickson](#), as the most demanding task ever asked of the NHS. The workforce is expanding, including through the opening of an [emergency COVID-19 register of nurses and midwives](#). Inpatient wards are being repurposed, [brand-new emergency field hospitals](#) are being built and practitioners are learning new respiratory care skills ahead of

being redeployed to where the need is greatest. Hospital staff are working in [extraordinarily testing conditions](#) as the number of people infected and in need of urgent care and treatment rises.

Mental health implications: learning from experience

Less widely reported are the present and future implications of the pandemic for the mental health of the population, or accounts of what is happening in mental health services. In China, where the novel coronavirus first appeared and spread, [reports have emerged](#) of intense psychosocial distress amongst patients directly affected, their families, and the health care staff serving them. In recent correspondence published in *The Lancet*, [people with severe mental illness are described as being particularly vulnerable to infection](#) and the case is given of a cluster of COVID-19 disease affecting people in a psychiatric hospital in Wuhan. Clinicians in China with direct experience of responding to coronavirus in inpatient mental health settings have [published what they have learned](#).

Mental health considerations: caring for self and others

As part of its global response to the COVID-19 crisis the World Health Organization has published a [mental health and psychosocial considerations document](#), whilst Public Health England has issued [guidance for the public on the mental health and wellbeing aspects of coronavirus](#). Organisations including [Mind](#), the [Mental Health Foundation](#) and [Rethink Mental Illness](#) have all offered practical advice on self-care and/or on caring for others.

Mental health services: responses and guidance for practitioners

Health and social care provision for people with mental health difficulties is changing, and at speed. If invoked, schedule 8 of the [Coronavirus Act 2020](#) would bring in temporary amendments to the Mental Health Act (1983) for England and Wales. Only one registered medical practitioner recommendation would be needed to accompany an application for compulsory admission to hospital, as opposed to the usual two. Extending treatment for detained patients would also become possible without the normal requirement for a second opinion. Working with NHS England and Improvement and the Royal College of Nursing (RCN), the Royal College of Psychiatrists has published [guidance for clinicians working in mental health settings](#) during the pandemic. The RCN has produced [a document specifically for inpatient mental health staff](#), and the National Association of Psychiatric and Intensive Care and Low Secure Units has issued [guidance on managing acute disturbance in the context of COVID-19](#). [Community mental health staff](#) have been guided to prioritise their work, including through the identification of more vulnerable people using their services and the assessment of risk, and to move to the increased provision of support using telephone

and audiovisual technologies. The full suite of resources published by NHS England and NHS Improvement can be found [here](#), and resources specific to mental health [here](#).

Mental health nursing

Mental health nurses are skilled and knowledgeable in supporting people with ongoing, and often severe, mental health difficulties. In fulfilling their roles they are part of the health and social care coronavirus frontline. As nurses know, people using specialist hospital and community mental health services are amongst the most vulnerable and stigmatised in society. Many now are frightened, struggling to cope and are at heightened risk of the social and economic (as well as the clinical) consequences of the virus. The additional mental health impact of COVID-19, now and stretching into the future long after the virus itself has been contained, will continue to be felt by many thousands of bereaved and traumatised individuals and families. Included amongst these will be large numbers of people working in health and social care. Nurses and those they work alongside in mental health services (including psychiatrists, psychologists, occupational therapists and other allied health professionals, social workers, lived experience and support workers) will be there, offering their help.

Supporting students

Now and for the future, maintaining the supply of newly qualified mental health nurses is important. The Nursing and Midwifery Council (NMC) has published [information for students and educators](#) alongside a set of [emergency standards for nursing and midwifery education](#). These standards increase flexibility for both approved education institutions and practice placement providers. Key, temporary, changes include students in their last six months of pre-registration nursing education being able to complete their programmes in practice (provided that all learning outcomes are met). Variations in the balance of theory and practice time are also permitted for students in earlier parts of their education, provided that no more than two-thirds of their overall 4600 programme hours are spent in practice placements. Many members of MHNAUK will be liaising with practice partners and supporting both students and mentors to realise these new standards and to make sure that new graduates are able to join the health care workforce. Many are also working hard, and at speed, to move their teaching, learning and assessment activities online. Mental Health Nurse Academics UK recognises how changes to the NMC's education standards have been made in entirely unprecedented circumstances. We look forward to the return of supernumerary status for students of nursing and to the removal of the NMC's emergency measures as soon as circumstances permit.

Supporting research

Research funding has been made available to [advance the understanding, diagnosis, prevention and management of the novel coronavirus](#). In order to better support this effort the National Institute for Health Research has [paused the set-up of new and ongoing studies at NHS and social care sites that are not nationally prioritised COVID-19 projects](#). This temporary cessation will be having an impact on many mental health nursing and mental health-related research studies requiring the generation of new data involving service users and/or staff. It will also be affecting the progress of many postgraduate research students. These temporarily paused mental health studies remain as important now as they were previously. With [mental health research already underfunded](#) MHNAUK looks forward to the timely resumption of projects, and to future investments in research capable of improving the understanding of mental health difficulties, approaches to care and treatment, and the organisation and delivery of services. With calls being made to [develop a mental health research response to the pandemic](#), MHNAUK welcomes a coordinated effort which draws on the expertise of mental health researchers from all disciplinary and methodological backgrounds. We also emphasise the importance of research questions which are sensitive to the expressed needs and priorities of people with lived experience and the practitioners working with them.

Conclusion

Mental health matters, including during the current crisis. Practitioners who provide care and comfort to people who are in psychosocial distress do vital, and often remarkable, work. Now more than ever, mental health practitioners, students, educators and researchers deserve support.

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