

# **REPORT OF THE MENTAL HEALTH NURSING EDUCATION AND RESEARCH GROUP**

## **'THE 876 GROUP'**

### **INTRODUCTION**

In order to assist in meeting the challenges associated with the National Health Service framework for Mental Health, NADG, the Nursing Advisory and Development Group (England) for mental health nursing has been set up as a sub-group of the National Institute for Mental Health (E) under the leadership of Rachel Munton. A variety of members have been invited to join this group from across the country to represent clinical practice, education and research and management in mental health nursing. It was agreed in principle to set up 3 sub-groups of the Advisory Group to provide both a reference group for issues in relation to mental health nursing in each subject area and also to give advice and support to the Chair of the Nursing Advisory Development Group. The sub-committee for Research and Education held a preliminary scoping day under the leadership of Professor Len Bowers from City University and Professor Mary Watkins from the University of Plymouth. The preparation and agenda for the day was facilitated by Dr Julie Repper from Sheffield University.

### **Education and Research Group membership**

In order to try and ensure representation from across England, the Deans and Heads Group for Nursing and Midwifery was utilised to seek nominations. Fortunately the Deans and Heads group was most facilitative in sending out an e-mail asking for representation of all departments of mental health nursing associated with Faculties which hold membership with the Deans and Heads group. This resulted in requests, not only going to England, but also to Wales, Northern Ireland and Scotland. Over 30 academics attended the first group and although a high proportion were from England, representation was also identified from the other 3 countries in the UK. It was noted that whilst the National Institute for Mental Health only covered England, all members were welcomed to the preliminary day and it was felt that the Group could only benefit by having 4 countries represented. Representatives from Scotland, Northern Ireland and Wales asked if they could continue to be members, understanding that this may well develop into a Gingerbread Group to take mental health nursing education and research forward and that it need not necessarily be linked only to England. The majority of individuals in the room thought that this was completely appropriate although it was noted that if particular opinion was to be sought on a particular issue, it would be requested that representatives from England responded to feed into the English strategies.

It was also noted that the Deans and Heads Group for Education, together with the Nursing and Midwifery Council had a 4 country responsibility and therefore there were advantages in mental health academics meeting together to represent the 4 countries.

### **Initial Scoping Exercise**

The initial day was structured in order to share the work that the Nursing Advisory Development Group had been conducting and to explain the sub-committee structure. Unfortunately Rachel Munton had to send her apologies but she was well represented through Len Bowers who introduced the group to the concept of a Nursing Advisory Development Group and the relevant sub-committees. He then conducted a session examining the possible nature of the Education and Research sub-committee. He explained that the National Institute of Mental Health for England had been set up with the aim of improving quality of life for people of all ages who experience mental distress. The Institute works beyond the NHS to help all those involved in mental health to implement change, providing a gateway to learning and development. The central NIMHE team, which is the National Institute for Mental Health (England), is Chaired by Lewis Appleby, the Director. It was explained that NIME is structured through regional development centres and that future meetings of the Nursing Advisory and Development Group would focus on undertaking each meeting in a different region to meet with regional teams.

### **NIME Research Network**

The Mental Health Research Network was explained by Professor Bowers and it was indicated that this was a new structure to:

- manage and coordinate a research network
- coordinate and provide coordinating centres for large scale studies, eg clinical trials
- to provide a network of academic and clinical services
- to cover a range of services.

It was further explained that the Mental Health Research Network is managed through a partnership approach with London and Manchester being the 2 hubs. The Institute of Psychiatry at Kings College forms the London base together with South London and Maudsley Hospital, and the Manchester base links the University of Manchester with the Lancashire Care Trust. Questions were then asked about how the Mental Health Nursing Advisory and Development Group might link the Mental Health Research Network. Considerable discussion took place and it was agreed that this would be a necessary to identify a way in which communication could be constructed between the research network and the group.

## **Mental Health Nurse Academics Forum**

Discussion then took place in relation to the concept of the Mental Health Nurse Academic Forum. It was agreed that membership would be invited from all 4 countries in the United Kingdom and that we would need to develop a work programme to examine what we could contribute to mental health development and also how, as a group, we could best exert influence to enhance the position of mental health nursing and its relevance to the community it serves.

### **Commencing the Development of a Work Programme**

The afternoon session was facilitated by Professor Mary Watkins. Small group work took place and it was decided that we should attempt to develop our priorities in relation to research and education and teaching. As part of a warm-up exercise all individuals were asked to identify the number of years they had spent nursing in health care practice relating to mental health nursing. There were 30 people present, and remarkably, the simple addition of the number of hours and years declared by each individual resulted in identifying that there were 876 years of experience in mental health care within the room. It was decided to christen ourselves 'The 876 Group'.

### **Priorities for Research**

The following areas were identified as key for research:

- To develop budding researchers
- To support clinical research
- To identify clinical research frameworks

Debate took place in relation to research utility and the tensions between the Research Assessment Exercise and other drivers associated with clinical developments. Small groups identifying particular areas for further work, the results from the data provided, are illustrated in Table 1.

### **Education, Teaching and Learning**

A similar exercise was undertaken to identify priorities in teaching and learning. The Group felt that there was clear need to undertake effectiveness evaluation for some mental health nursing programmes that are currently running and to ensure that curriculum is evidence based. The extent to which curriculum is always intellectually rigorous was debated and in particular whether there has been some 'dumbing down' as a result of shared learning with other professions.

At least 2 buzz groups articulated the need to further identify a contemporary definition of mental health nursing. Issues for further development included the need to review nurse prescribing and post-registration courses to ensure that programmes would meet the changing needs of health and social care. Issues relating to mental health nurses capability and competence as senior

practitioners were also highlighted as requiring further analysis. Some debate commenced about the relevance of continuing community mental health programmes as post-registration training when community nursing is central to the delivery of mental health care. The need to prioritise interpersonal skills and address ethical issues in practice were also discussed. Table 2 indicates the areas which the group wish to further refine for a work plan and summarises the need to preserve the specialism whilst ensuring that recruitment and retention are achieved through identifying clear career pathways for mental health nurses.

### **An Influencing Leadership Role**

Discussion took place about where, and to whom, the group should target their activities. Possible links that were identified included:

- the Heads and Deans Group
- the National Institute for Mental Health (England)
- Health Departments in England, Wales, Scotland and Northern Ireland
- Universities UK
- the Royal College of Nursing
- benchmarking groups at the QAA.

Further work was conducted in this area in small groups and it was agreed that it would be important to target our activities to ensure that users and carers had the opportunity to influence the group's development and work stream. The Royal Colleges Psychiatrists, the British Ecological Association, Occupational User and Carer Groups, Occupational Standards Groups, the Workforce Development Confederation and other professional groups were also identified as centres which should be influenced. It was also agreed in principle that academics representing Scotland, Ireland and Wales would consider how to directly link back to the relevant nursing departments in the 3 countries as it was clear that England would report back through Rachel Munton's group to the Nursing Directorate in England.

### **Inter Group Communication**

The final session of the day examined how to communicate as a group. The e-mail approach was accepted as most useful for all members and it was agreed that a web-based 'Chat Room' might be developed over time. It had been suggested that taking a Task Group approach to elements of the work stream identified for the group could be a useful one. There was some debate as to how Task Groups would be set up and individuals wanted assurance that this would be undertaken on a democratic basis. Everybody felt that if requests for membership of Task Groups was conducted by e-mail this would be democratic, cheap and effective as long as there was a time limit for responses.

It was also agreed that it would be necessary to elect a Chair and Deputy Chair of the Group in the future and that these need not necessarily be taken

from individuals who were already members of the Rachel Muntton England group. Instead it was considered that once the Chairman was elected it would be appropriate to request that they become members of the English group. This issue would be taken back to Rachel Muntton for discussion and, as the Department of Health group is currently only England orientated, it may be necessary to identify a lead for England if the Chairman is elected from another country. Some debate took place in relation to electing a key representative for each of the 4 countries and from that the concept of a rotational Chair was aired for consideration.

In conclusion, there was unanimous support for holding a further meeting to further refine the group's objectives. Professor Bowers agreed to produce Terms of Reference for the Group for its following meeting. Professor Watkins agreed to produce a short summary of the day including the areas identified for work streams. It was felt that the next meeting should be held in a central venue in England and Dr Sarah Owen very kindly offered Nottingham University as a host site for the next meeting. The agenda for the next meeting will be jointly drawn up by Julie Repper, Len Bowers and Mary Watkins. Subsequent meetings will clearly be organised by those members that are elected to Chair and Co-Chair and represent individual countries.