

Evidence to Royal College of Nursing Commission on Nurse Education 2012

Mental Health Nurses Academics (UK) brings together representatives from all UK Higher Education Institutions engaged in mental health nursing research and education. This influential national group advises on issues related to mental health nursing and shares good practice and innovation on the field.

MHNAUK has previously engaged in the NMC Review of Pre-registration Nursing (as expert members of NMC RPRNE advisory, generic and mental health field working groups) and contributed to the Chief Nursing Officers review of mental health nursing. The group has a strong commitment to strengthening the competence (via generic and specialist mental health competencies) of the future graduate nursing workforce to meet the needs of mental health service users and carers.

We are pleased to provide this initial response to the RCN Commission on nurse education. It is based on a necessarily quick consultation with our members and we would be pleased to contribute further if the opportunity presents itself.

Defining features of excellent mental health nursing education

MHNAUK has formed a view, supported by evidence, that the defining features of excellent mental health nurse education are those that can support the development of practitioners who are able to be person-centred and recovery- focused, can engage in authentic and genuine partnerships with service users and carers, who have the skills and understanding to communicate and engage therapeutically, assess, plan, deliver and evaluate care, inspire and lead others, work collegiately in a team, think critically and analytically ,be aware of their own values and beliefs, develop their practice through reflective thinking and clinical supervision, be aware of social policy and legal frameworks and practise ethically.

Feedback from service users, educational research and practitioner experience has informed the identification of the skills, knowledge and understanding that are required of an effective mental health nurse. The NMC standards for pre-registration nursing education (NMC, 2010) capture some of the essential features of what society , the profession and service users require of a mental health nurse. However what is less clear is how universities and clinical practice can work together in the future to plan educational programmes to produce effective practitioners.

Therapeutic engagement

There is substantial evidence to demonstrate that service users value effective therapeutic engagement skills from mental health nurses. Jackson and Stevenson (1998) reported that service users wanted time, energy, emotional commitment and knowledge from nurses. Barker (2001) suggests that closer therapeutic relationships provide an opportunity to share information and that service users value practical and interpersonal aspects of nursing care. Brimblecombe et al (2007) showed the value of a system of protected time for nurses and service users to engage therapeutically.

It is further suggested that such interventions make a significant contribution to recovery. In a meta-analysis of 84 papers Howgego et al (2003) demonstrated that there is a strong correlation between the therapeutic relationship and better outcomes of care. Similarly Bentall et al (2003) showed that effective therapeutic relationships equated to better outcome in terms of reduced medication. Hewitt and Coffey (2005) have shown that these relationships are necessary but not sufficient to enable change. Brief training in therapeutic approaches gave staff confidence and improved ward atmosphere (Hosany et al (2007) and Nettet et al (2009).

MHNAUK recommends that the greatest emphasis in mental health nurse education be placed upon the development of therapeutic engagement skills. A greater proportion of a student's time should be spent in developing these skills in classroom, simulated and real clinical practice settings. The student nurse's clinical learning should also be enhanced by methods for facilitating reflection upon and supervision of practice.

MHNAUK further recommends that mental health nursing programmes offer students the opportunity to acquire foundation skills in validated and certificated talking therapies such as cognitive behaviour therapy or counselling that would support further qualification after initial registration but enable the student to use these interventions, under supervision, in their clinical practice.

This may mean that the Mental Health Nurse Curriculum cannot be so easily aligned to learning alongside other fields of nursing that place more emphasis on psychomotor skills, performing procedures and following clinical protocols.

Remove barriers to best practice

The quality of pre-registration nurse training depends on a partnership between evidence and values-based teaching in Universities and caring compassionate practitioners in practice learning environments.

A significant barrier to best practice in mental health nursing is a lack of therapeutic optimism. Moves towards greater service user involvement and partnership in the delivery of mental health services have been slow but have gathered pace. In this field of practice more than any other involvement of recipients of care and their relatives is of utmost importance. This is because the context of mental health nursing care is shaped by strong legislative imperatives to force or compel people to have treatments that they may not want to have. Knowledge about the existence of mental health problems and their treatments is highly contested. This makes this field of practice unique and requires a sound grounding in values-based practice that shows respect and understanding for people in mental distress. Engaging service users and carers in the selection, education and assessment of student mental health nurses may be one way in which students learn to see that recovery is possible for those with mental distress and that people with this experience have an important contribution to make to their learning. It is important therefore that students are adequately supported in practice learning environments by experienced and regularly updated qualified mental health nurses.

Standards for clinical placements

A key component of the clinical learning environment is the mentor. The mentor has the potential to influence the development of the skills, attitudes, values and beliefs of the learner. It is the observation of members of the MHNAUK that students are allocated to learn alongside mentors in adult or older adult inpatient settings in the earlier part of their programme. It is likely that mentors in these settings are at an early stage in their careers and new to assessing and facilitating learning. MHNAUK recommends that a creative approach be taken to identifying who supports the learner in practice and when and how the student might have access to mentors with greater professional maturity, clinical expertise and ability to facilitate learning. Systems such as client attachment have been proposed that do support students to learn from expert practitioners (Turner et al, 2004). It is acknowledged that nurse education is delivered through the collaboration and partnership between two types of organisation, the Higher Education Institution (HEI) and the clinical service provider (CSP). The student has to integrate theoretical concepts with clinical experience to achieve skills acquisition and cognitive understanding. The student needs the two organisations to work together to achieve effective learning.

MHNAUK recommends that to create robust, effective clinical learning environments there has to be strong collaboration and partnership at all levels between the HEI and the CSP. Partnership might be achieved by jointly funded roles such as lecturer practitioners, researcher practitioners or consultant nurses or secondments and honorary roles. Executive level collaborative boards or committees who have a shared vision to direct policy and support change initiatives at a strategic level are needed to

promote and maintain an organisational culture . Future education commissioning might seek to allocate resources to encourage the development of collaborative working between these two organisations that have to articulate efficiently to produce excellent mental health nurses.

MHNAUK further recommends that better collaboration between HEI and CSP would facilitate the development of career pathways for mental nurses that are supported by robust preceptorship programmes and integrated continuing professional education.

Terry (2012) has described an “All Wales “ initiative where five HEIs have collaborated to join forces to produce selection and admissions principles, educational Clinical Audit, record of achievement in practice and evaluation mechanism. Regional collaboration on similar initiatives may make more efficient and effective use of resources

Promotion of a positive image of nurse education

A positive image of mental health nurse education is likely to be generated by practitioners who are valued by service users and carers because they are seen to make a genuine and significant contribution to recovery and social inclusion.

Applicants for mental health nursing education programmes are attracted to the concept of being able to make a difference in the lives of those who face social and psychological challenges.

Applicants are also attracted to the idea of acquiring knowledge and skills “talking therapies”. It is of fundamental importance that students are taught these skills both in University and in the practice settings where they should be able to learn from caring and compassionate qualified nurses.

Finally it is noted that the project to raise the level of nurse education for registration to degree level is almost complete. This constitutes a significant change to the education of all nurses. MHNAUK recommends that careful and systematic evaluation of the impact of graduate level education and the particular changes effected by the implementation of the NMC Standards for education should be fully resourced and results widely disseminated.

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