



Mental Health Nurse Academics (UK)

11th December 2014

Dear Sir

Shaun Lintern writes in the Health Service Journal (11th December 2015) that Lord Willis, chair of the Shape of Caring review envisages changes to nurse education that would see the loss of the current branches of nursing. One of those fields is mental health nursing. Those who practise in this area provide skilled compassionate care to some of the most marginalised and stigmatised people in society. We write on behalf of Mental Health Nurse Academics UK a group consisting of representatives of 65 Higher Education Institutions providing education and research in mental health nursing. As people long experienced in this field we are disappointed though not surprised to read your article presenting these views on the future of nurse education. We are disappointed because the evidence for the changes that Lord Willis claims are needed is largely non-existent. We are not surprised because we have been here before and can see that despite claims to the contrary, there is no evidence that this future for nurse education will deliver what it promises.

Nurses account for the highest number of professionals providing mental health care; the median average number of nurses per 100,000 of the population working in mental health is 5.8, more than all other professionals combined (WHO, 2011), making mental health nurses pivotal to the delivery of the WHO action plan. None of this is likely with a generic curriculum.

To be clear “the greater element of generalism” (which presumably means adult nursing) has been tried previously in the UK and found wanting. Internationally generalism has failed to deliver better care for people with mental health problems. The effect will be to dilute mental health nursing when there is increasing evidence that specialist knowledge, values and skills are required in the care of people with a range of long-term conditions and dementia. We remain unclear from your article what precisely is being proposed though our favoured suggestion would be for nurses to spend two years rigorously learning how to interact with people in compassionate ways that promote dignity and respect (core mental health nursing skills if you will) before launching themselves into the cold clinical world of high technology nursing.

The evidence from abroad and from evaluations here in the UK of the previous version of generalist frontloaded training (Project 2000; Robinson and Griffith 2007) show clearly that mental health nursing as a specialism suffered from a minimal focus on mental health in curricula and a depletion of mental health skills across the workforce. The strengthening of the mental health 'field specific' elements within the 2010 NMC standards reflected positive differences in areas such as language, the co-production of care and inter-professional practice. Any move to generic, or general (adult?) nurse 'training' as a start point for all will inevitably lead to a different set of values underpinning mental health nursing practice over time.

The expectation that the training of mental health nursing skills will be picked up and delivered in the workplace is without foundation despite the numerous examples to do this. The result will be that in an era of claims of parity of esteem people who use services will effectively be deprived of specialist trained nurses. Moreover, there is no evidence that current models of training are not fit for purpose or that a focus on generalist nursing skills will adequately address the needs of people with complex and enduring mental health difficulties.

The longer term effect of this approach is clear to see from countries who have moved down this road ahead of us, depleted services provided by unskilled workers, extra costs for employers in re-training and educating a workforce not fit for practice, difficulty in securing sufficient qualified staff to provide evidence based mental health care and longer term the stripping away of a set of skills in higher education that are unlikely to be replaced.

We don't know what advice Lord Willis has taken to come to his view. Our worry though is that already the language being used here is designed to undermine professional skills that have been long in the making. For example, the unhelpful rhetoric embodied in the use of the term "silo" downplays specialist skills for the purposes of promoting something far less specific like "flexibility". It is a largely hollow rhetoric and is never heard in relation to cardiologists, neurosurgeons or diabetes nurses. It seems that the pressure for change then is not one premised on the needs of people using healthcare services nor one based on the evidence of what works but driven by other factors that choose to position specialist nursing skills (and by corollary those who need these skills) as having little value.

We also note that any modification to the NMC's standards for pre-registration nursing education and to the four fields driven by the Shape of Caring review will be felt across all parts of the UK. As

an HEE-sponsored Review we are concerned that voices from parts of the UK other than England will not have opportunities to be heard.

We readily acknowledge that the full report is not yet due but wish to advance the notion of such a review democratically reflecting the voices of nurses and the people who use their services. In this regard we have been disappointed at the absence of any real attempt by the review to engage with our group specifically and have questions about the level of engagement with mental health service users more generally.

Yours Sincerely

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