APPENDIX A: RESPONSE TO THE CONSULTATION DOCUMENT

The information that you send to us may need to be passed to colleagues within the Department of Health, and/or published in a summary of responses to this consultation. We will assume that you are content for us to do this and, if you are replying by email, that your consent overrides any confidentiality disclaimer that is generated by your organisation's IT system, unless you specifically state otherwise below.

Please keep my response confidential (add X in box)

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Introduction

MHNAUK welcomes the CNO's review and the opportunities it provides to shape the future of mental health nursing. MHNAUK felt that the review should be independent of the Department of Health in order to enhance its' impartiality. Mental health nurses are in the majority of professions providing mental health services. As such they are in a powerful position to exert significant influence over the direction, nature and quality of mental health care. MHNAUK believes that mental health nurses make a difference to the lives of people using mental health services.

MHNAUK held an extraordinary meeting on Tuesday 20th September 2005 to discuss the review and prepare our response. Following this meeting, the Chair of the group produced a draft response and circulated this to members for further comment and give members who were unable to attend the meeting an opportunity to comment. We have framed our response along selected themes. Where appropriate, we link our response to the review questions.

The consultation document

We welcomed the challenging and provocative issues raised in the consultation document. However, we felt that the document could have been more visionary and stimulating. Some of the questions posed appear rhetorical and leading, questions 1 and 10, for example. There was concern that the context in which mental health nursing occurs was overlooked throughout the document; too many of the issues raised appear to suggest change must occur at the level of the individual at the expense of identifying the conditions in which mental health nursing occurs. Paragraph 16 of the document refers to values. MHNAUK felt that there was an implicit assumption being made that the values of mental health nursing are clear and shared by all mental health nurses. Little attention is placed on seeking to identify the values, attitudes and beliefs that should underpin mental health nursing practice, beyond the recovery model, and how to demonstrate these values in practice. We were pleased to note the attention to evidence-based practice. A serious oversight, in our view, is the absence of questions related to the nature and direction of mental health nursing research in relation to developing the evidence base for mental health nursing.

Defining key values and models in mental health nursing

This relates to question 1 of the consultation document. MHNAUK acknowledges the merits of the Recovery Approach in providing a values and evidence-based approach to support good practice. MHNAUK values a user-led approach centred on, and driven by, the needs of the person using services. We believe that values are valid, but become rhetorical and invalid if staff don't have the specified skills and are able to demonstrate these skills to underpin these values. We recognise the importance of working in partnership with users and their carers as well as with the wider communities and agencies with which users and their carers interact.

Psychological therapies

This relates to questions 2, 3 and 6 of the consultation document. MHNAUK believes that mental health nurses should be trained in evidence-based psychosocial interventions where required, and should use these interventions in circumstances where they are needed, and where evidence indicates that they will

improve outcomes for users. At the point of registration, MHNAUK believes that mental health nursing students should demonstrate capabilities in user-centred assessment, interviewing and education, measuring problems and their impact using standard measures, forming and sustaining helpful therapeutic alliances with users, their carers and other agencies, shared decision-making, case formulation and working in partnership with users and their carers, families and significant others. MHNAUK believes that mental health nurses should contribute to facilitating therapeutic milieux where care is occurring, using evidence-based approaches such as those demonstrated in the '*Acute Solutions Project*' and by Bowers and others' work on acute psychiatric wards as indicated in the consultation document. MHNAUK believes that mental health nurses should have adequate support in using evidence-based psychosocial interventions and that such support will include clinical supervision - which we believe should be mandatory - and education and training in these interventions.

Leadership and organisational issues

This relates to question 24. MHNAUK believes that strong leadership at the level of practice, policy, research and education is needed to support mental health nurses. The links between leadership and practice must be coherent, and strengthened. There needs to be synergy between leaders in practice, education, research and policy. It is our view that effective leadership can best be developed by leaders role modelling their skills close to the point of delivery of care, sound education and training and effective supervision. MHNAUK believes that the leadership skills outlined in the *Improvement Leaders Guides* produced by the Modernisation Agency offer good guidance on the leadership skills necessary to facilitate positive improvements in practice.

Question 18: What are the key mental health-related competencies (including skills, attitudes and knowledge) that all mental health nurses should have at the point of qualification, and what changes could improve the pre-registration training provided in both academic and practice settings?

MHNAUK believes that the *Ten Essential Shared Capabilities* framework provides a set of key skills that mental health nurses should have at the point of qualification. We believe that those involved in the education and training of mental health nurses should develop a skills schedule identifying the specific behaviours within each capability that mental health nursing students should demonstrate at different stages of their programme. We believe that there should be a national curriculum for mental health nursing education and that the four countries of the UK should move towards ensuring standards of care and education and training are benchmarked. We believe that the minimum exit qualification for mental health nursing education and subsequent registration should become a degree, that innovative means of providing better clinical experience, e.g. client attachment should be introduced, and that there should be an increase in the number of roles linking education and practice where mental health nurse education is delivered.

We believe that the *Values-based Practice* model provides a set of key values that all mental health nurses should demonstrate. Recruitment and selection procedures for entry to mental health nursing education programmes should assess the extent to which people demonstrate these values. Nursing education programmes at the pre-registration level for mental health nursing must focus largely on mental health nursing and should not be generic. The demonstration of these values should be a pre-requisite for entry to education programmes.

MHNAUK believes that there needs to be a strong practice infrastructure to support the 50% of the curriculum that is delivered in practice. Strong partnerships between Universities, Strategic Health Authorities and service providers are needed to deliver effective mental health nursing education.

Question 20: What systems need to be in place to support MHNs in continuing to develop their knowledge and skills after initial qualification?

There should be an internship period of at least one year following qualification during which newly qualified mental health nurses will have provisional registration status until they have demonstrated further capabilities through formative assessment, whilst working under supervision, before they achieve full registration status. MHNAUK recommends that all mental health nurses have one day per week dedicated to research and development. Strong partnerships between Universities, Strategic Health Authorities and service providers are needed to deliver the systems needed to support mental health nurses to develop their knowledge and skills after initial qualification.

Providing holistic care

This relates to paragraph 18. MHNAUK believes that mental health nursing care should be driven by the needs of service users and that a holistic approach should be used only where it is indicated by users' needs. We believe strongly that the enforcement of a holistic approach against the wishes of service users to be unhelpful.

Helping overcome social exclusion

This relates to paragraph 23, question 7. MHNAUK recognises the complexity of social exclusion/inclusion. We believe that mental health nurses can best help to promote social inclusion by enabling people to work or engage in productive occupation and use and maintain social contacts that they perceive to be supportive. MHNAUK recognises that not all people wish to be socially included; we believe that social inclusion activities should not be used as a mask for social surveillance.

Ensuring equality and meeting diverse needs

This relates to questions 15 & 16. Mental health nurses can best contribute to equality through demonstrating capabilities in providing care that does not discriminate on the grounds of race, gender, sexuality, age, ability and personal status. We believe that using the *Values-based Practice* model and demonstrating the *Ten Essential Shared Capabilities* will facilitate the provision of such care.

Increasing choice

This relates to question 4. MHNAUK believes that mental health nurses can best promote service user choice by helping people to access information to enable them to make decisions to inform their choice of services.

Mental Health Nurse Academics UK's future vision of mental health nursing

MHNAUK hopes for a future in which:

1. Services users and carers report a high level of satisfaction with mental health nursing care

2. Service users report that mental health nursing care meets their expectations

3. There is a national mental health nursing curriculum

4. The values, attitudes and beliefs of mental health nurses lead to mental health nursing practice that promotes people's health and well-being through clear teaching and demonstration of skills

5. Mental health nurses are able to demonstrate the ten essential shared capabilities in practice

6. The public image of mental health nursing is positive