



Charting Progress

**Higher Education Institutions' implementation of
actions from *Rights, Relationships and Recovery*, the
Report of the National Review of Mental Health
Nursing in Scotland**

Annual report 2009

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Introduction and background

Rights, Relationships and Recovery, the Report of the National Review of Mental Health Nursing in Scotland and its accompanying five-year delivery action plan were launched in April 2006. The aim of the review and action plan is to support and develop mental health nursing in Scotland to produce continual improvements in the experiences and outcomes of care for service users, their families and carers.

The action plan charged higher education institutions (HEIs) with delivery of specific actions relating to pre-registration mental health nursing preparation (actions 15, 16, 17 and 18).

Specifically, Action 15 required that a new framework for pre-registration mental health nursing programmes in Scotland be produced to reflect the priorities in the main review report. This framework was launched in March 2008.

The framework:

- outlines principles to guide the design and delivery of programmes
- outlines *Best Practice Competencies for Pre-registration Mental Health Nursing Programmes in Scotland*, which should be used to guide programme content and assessments to ensure students gain the knowledge, skills and values they need to become registered mental health nurses.

HEIs were directed by the Scottish Government to review and develop their programmes in partnership with their key stakeholders in light of the principles and the best practice competencies for pre-registration programmes by the end of 2008.

NHS Education for Scotland (NES), on behalf of the Scottish Government, has been asked to support implementation by gathering and sharing existing good practice in mental health nurse education to guide developments nationally. The seven HEIs offering pre-registration mental health nursing programmes in Scotland were consequently asked to complete a reporting template which focused on their overall progress in relation to actions 15, 16, 17 and 18 and on two specific areas of implementation of Action 15. The HEIs and designated individuals who completed the reporting template are shown in Table 1.

Table 1.

HEI	Designated person
University of Abertay	Robin Ion, Director of Institute and Division Leader
University of Dundee	Ann Payne, Mental Health Nursing Programme Manager
Edinburgh Napier University	Hugh Masters, Senior Lecturer
Glasgow Caledonian University	Ken Taylor, Programme Leader Mental Health Nursing
The Robert Gordon University	Debbie Banks, Programme Leader
University of Stirling	Sandy McComish, Teaching Fellow
University of the West of Scotland	Glen Marland, Academic Director (Mental Health)

This report

The information provided by the HEIs has shaped the nature and content of this 2009 annual report. The report:

- charts national progress in HEIs' contribution to implementing actions from *Rights, Relationships and Recovery* and the *National Framework for Pre-registration Nursing Programmes in Scotland*
- showcases best-practice examples
- identifies shared opportunities and challenges.

The National Implementation Group that monitors and supports implementation of the review on behalf of the Chief Nursing Officer have considered this report and have provided a response to the main issues it raises (see: "Response by the National Implementation Group").

Action 16. Involvement of service users, carers and practitioners

The meaningful involvement of service users and carers and practitioners in the design and delivery of pre-registration and post-registration mental health nursing programmes must be further developed.

HEIs are required to:

Promote and support the meaningful involvement of service users, carers and practitioners in the design and delivery of programmes, evidencing progress on an annual basis.

Service user and carer involvement

The HEIs' responses indicate that each is putting measures in place to encourage meaningful engagement with service users and carers in the design and delivery of programmes, although a number of important issues are presenting challenges.

It is clear from the responses received that the HEIs value highly the richness of educational experience and special expertise that service users and carers can bring to students. Students are being encouraged to use their educational experiences with service users and carers – whether “actual” in organised sessions with service users and carers or “virtual” through the use of DVDs, role plays and group work – as a basis for reflection on their understanding, attitudes and behaviours.

While the HEIs are regarding service users and carers who provide education services as full partners and are according them “visiting lecturer” status, some universities are experiencing difficulties in securing appropriate remuneration for them.

Putting the action into practice – some examples

At the **University of Abertay**, service users and carers deliver one of the key modules on the BSc (Hons) mental health nursing programme. The module was developed and written by service users, who were also consulted on the development of the programme and attended the programme approval event. The university is now considering the possibility of extending service user involvement by developing a module that explores the needs of older people with mental health problems through direct teaching from older people.

Glasgow Caledonian University has set up a forum for service users and carers to look at how they can influence curriculum content and assessment and the recruitment of student nurses. The forum also ensures regular communication between service users, carers and academic staff. The university is working with the Glasgow Mental Health Network and other service user and carer organisations and individuals in developing this initiative.

The **University of the West of Scotland** saw the development of the 2008 scheme BSc/Dip HE pre-registration mental health nursing programme as an opportunity to enhance links with service user and carer groups. Campus stakeholder events were held to gather feedback from service users and carers as the curriculum was being developed, and programme team representatives visited service user and carer groups to canvass their views. The programme was commended at validation for its involvement of stakeholders, and enhanced contact has been continued post-validation as a platform for achieving meaningful involvement on an ongoing basis.

In relation to programme development, the university is using during year two Scottish Recovery Network group narratives as a focus for exploring stigma. In addition, a reflective self-assessment tool has been developed for those entering the mental health branch. The tool is based on a list of *“what qualities would you hope for in a mental health nurse?”* that was drawn up in partnership with service user and carer groups.

The Robert Gordon University recognises that meaningful involvement of service users and carers is important not only in mental health nursing, but also across all spheres of nursing and midwifery activity. It is therefore developing a strategy for service user and carer involvement that will apply across the entire school of nursing and midwifery.

The school’s determination to have meaningful involvement with service users and carers is evidenced across all its educational endeavours and is benefiting mental health nursing students through the volunteer patient scheme, through which students experience learning situations with “volunteer patients” in the faculty clinical skills centre.

Edinburgh Napier University has an established history of service user and carer involvement that dates back to 2000 and the development of its first involvement strategy. Building on this tradition, the university is now exploring new ways of involving people who use mental health services through a service user and carer resource group, which partners service users and carers with university lecturers.

Involvement in theory and practice assessment has been identified as an issue for development, and service users and carers are now actively grading student presentations in the “investigating service user and carer involvement” module. In addition, third-year students are required to elicit, record and reflect on service user feedback about their practice.

The mental health needs of children and younger people is identified as a priority by the university. Options for embedding young people’s views, opinions and contributions in programmes is being explored through lecturer representation on the NES National Learning and Development Group for Children and Young People’s Mental Health.

Best practice in focus

Service user and carer involvement

A two-day self-harm workshop for Level 9 mental health nursing students at Edinburgh Napier University has developed from a partnership involving a clinical nurse specialist from the Royal Edinburgh Hospital and a lecturer from the mental health team.

The workshop has evolved in response to service user and carer feedback that indicated a level of dissatisfaction about the values and attitudes displayed by some practitioners to people who self harm. It is delivered over two days, the first of which is devoted to exploring values, attitudes and language and promoting an understanding of self harm through a series of small group exercises and discussions, and the second to service users' experiences.

The workshop encourages a high level of participation and has a profound and positive impact on students.

One of the first peer support workers in Lothian has recently delivered teaching sessions to pre-registration nursing students at the university; the input reflected core themes of service user involvement and recovery and was evaluated positively.

Service user groups are actively involved in the delivery of education within the undergraduate mental health nursing programme at the **University of Stirling**. Service users, including those with dementia, provide a variety of learning opportunities through, for example, face-to-face teaching.

The resulting positive relationship that has developed between the university and the groups is enabling new initiatives to arise, such as the production of a DVD by the Highland Users Group about social inclusion. The Scottish Dementia Working Group has also developed a number of educational DVDs which are central to the delivery of the dementia content within the curriculum.

The university has now appointed a lead for service user and carer involvement. This position is viewed as being central to the department of nursing and midwifery and is being developed in partnership across education, research and clinical sectors.

The school of nursing and midwifery at the **University of Dundee** aims to ensure that service users' and carers' input into the curriculum will be assured from the inception of the development process. A new programme is being prepared for validation with a view to commencing in September 2010; it is anticipated that service users and carers will not only be involved in the design and delivery of the new curriculum, but will also take part in the initial interview and selection process for students and staff, in line with the school-wide strategy for the involvement of service users and carers.

Facing the challenges

The HEIs recognise that service user and carer involvement in education programme design and delivery can only be established and maintained if people are provided with the preparation, support and remuneration that enables meaningful, rather than tokenistic, involvement. The effort and resources required for this, the HEIs emphasise, should not be underestimated. It is clear from the responses of two of the HEIs that remuneration issues are posing problems. The particular challenges associated with working with service users and carers in remote and rural areas were also noted.

Practitioner involvement

Strong links between education and clinical practice have long been recognised as crucial. *Rights, Relationships and Recovery* called for practitioners' involvement in programme design and delivery to be maximised as part of a range of measures designed to reduce the perceived "gap" between education and service.

The indications from all the HEIs is that they recognise the value in this approach and are putting in place a range of measures and arrangements to increase practitioners' influence on programme design and delivery. Three gave specific examples of how they were going about this.

Putting the action into practice – some examples

Practitioners have been involved in the development and delivery of the mental health nursing programme at **Glasgow Caledonian University**, working with academic staff to develop modules at all levels. There are now five local practice education forums and a strategic Glasgow-wide forum in place, which are attended by members of academic staff, practice education facilitators (PEFs), senior management and clinical staff. Their functions include striving to effect continual improvement in students' experiences in practice and maintaining contacts between academic and clinical staff, particularly through joint work in maintaining the placement and mentor database.

The "partners in practice" agreement between **The Robert Gordon University** and partner health boards reinforces the meaningful involvement of practitioners in all aspects of the development, design, delivery and management of the school of nursing and midwifery's portfolio.

All pre-registration nursing management and development groups have practitioner involvement and practitioners are also involved in recruitment initiatives and selection processes. The innovative role of "marketing champion" has been developed to enable practitioners to have an even greater impact on recruitment. Practitioners who come forward to act as "marketing champions" have specific contracts with the school to support recruitment initiatives.

Practitioners from several disciplines and from a variety of settings are currently involved in teaching on the mental health nursing programme at the

University of Dundee on a sessional basis. They are employed as associate lecturers on a 0.5 whole-time equivalent (WTE) basis within the mental health team.

Action 17. Maintaining lecturers' links with practice

Lecturers in higher education institutions must be enabled to maintain the currency of their knowledge base by retaining direct links with clinical practice.

Academic heads in higher education institutions should devise mechanisms to support and enable lecturers to retain direct links with clinical practice.

While the HEIs are clearly trying to increase opportunities for academic staff to engage with clinical practice, and while they recognise the benefits of doing so, they are nevertheless facing some obstacles.

Putting the action into practice – some examples

Academic staff at the **University of Abertay** are enabled to maintain links with clinical practice in a number of ways, including visits to students in clinical areas, contact with clinical staff and engagement with service issues through involvement in strategic and practice-related groups. Some lecturers continue to engage in work with clients: one member of the team, for example, is a consultant nurse who is contracted to work in the clinical setting four days per week. Others continue to provide psychological therapy in the university's counselling clinic.

The **University of the West of Scotland** has set in place a number of measures that promote greater involvement of academic staff in clinical settings to support the delivery of its new mental health programme. Liaison/link lecturer posts have been established to support students and mentors in practice placements, with two site visits per placement from a liaison/link lecturer as standard.

Other developments include lecturers being involved in providing clinical supervision for practitioners, honorary contracts being offered to some lecturers by partner health boards, a lecturer/practitioner post being put in place with the State Hospital, and a lecturer developing "dementia champion" posts in acute hospitals in partnership with service colleagues and service user groups.

The Robert Gordon University, in conjunction with NHS Grampian, has developed a strategy that enables lecturers to obtain honorary contracts within the NHS. One lecturer currently holds an honorary contract and a senior lecturer is in the process of securing one.

Despite acknowledging the challenges to acting in a planned and sustainable way in this area, **Edinburgh Napier University** has been able to implement a range of innovative initiatives that enable academic staff involvement in clinical settings. They have, for example, supported a lecturer to deliver motivational interviewing techniques and other psychosocial interventions in a GP practice.

The development of an honorary nurse consultant post between Edinburgh Napier University and NHS Lothian aims to build formal sustainable links that encourage joint working. A senior lecturer has been seconded for one day per week to facilitate and support practice, research and education developments in acute inpatient care. Specific objectives include:

- developing specific and specialist education and continuing professional development (CPD) opportunities
- supporting staff to be involved in teaching in a structured and strategic way to develop the experience of student nurses in acute care
- developing staff research potential and skills through identifying potential research/evaluation studies and funding sources
- helping staff develop evidence- and values-based practice in acute care and assisting in the implementation of national and international acute care clinical policies, protocols and research
- offering supervision and support to staff.

Importantly, the mental health team at the university continues to offer opportunities to innovative and enthusiastic practitioners to become involved in education, with four practitioners regularly delivering pre-registration education in their specialist areas.

Best practice in focus

Maintaining lecturers' links with practice

A children and young people's mental health lecturer at Edinburgh Napier University facilitates groups in practice within local NHS specialist facilities. This has involved co-working in a group for young people on a day programme using psychodrama techniques and family/social sculpting exercises.

The same lecturer:

- has co-facilitated a group for young people with autistic spectrum disorders in collaboration with local practitioners
- is developing a group for young people who self harm
- has run psychotherapeutic support groups for young people at risk of being excluded from a local high school, in conjunction with teachers and local authority staff.

Academic staff at the **University of Stirling** are working with service users and carers on issues such as memory training for older people and the delivery of recovery training. There is also academic staff involvement in delivery of psychosocial educational programmes for people with dementia and their carers, in partnership with NHS Highland.

All lecturers at the **University of Dundee** have well-established links with clinical areas used for student placements, with each placement area having a designated link lecturer. Regular visits are made to clinical areas to maintain

links with students while on placement and to promote good communication with clinical staff.

The university employs associate lecturers from practice to help to ensure the clinical currency and relevance of educational materials. There is also ongoing collaborative research working involving academic and health board staff, including the development of an online toolkit on child and adolescent mental health for primary care workers and an evaluation of dementia nursing service models.

Facing the challenges

Limited scope for undertaking meaningful clinical practice due to their specific role and responsibilities within the university emerged as an ongoing challenge for academic staff, as did the challenges determined by the length of time since staff have had real clinical involvement.

It was also emphasised that there is as yet no real culture of nurse academics contributing directly to service provision and patient care, although some encouraging progress is being made in this area. The benefits of this approach need to be highlighted within both academic and clinical environments, HEIs felt.

The need for formal arrangements with all engaged partners to facilitate academic staff involvement in clinical practice was stressed, but not all of the HEIs had such an agreement in place. Some HEIs also referred to the need for resource to support implementation of this action.

Action 18. Involvement in student selection

Student selection strategies for pre-registration mental health nursing programmes should ensure service user, carer and practitioner involvement in selection procedures is maximised.

HEIs are required to:

review selection strategies in light of this.

Practitioner involvement in student recruitment and selection processes is already common among the HEIs. While all of the HEIs expressed commitment to building on this, and further developing service user and carer, involvement in this area, several challenges in implementing this action were cited. The HEIs are nevertheless committed to ensuring Action 18 is implemented in full. They are setting in place initiatives and strategies to revise the way selection is operated, some examples of which are highlighted below.

Putting the action into practice – some examples

At the **Robert Gordon University**, this issue is being addressed under a strategy being developed to support service user, carer and practitioner involvement in the school of nursing and midwifery's portfolio. The current selection strategy, developed with NHS partners, enables full practitioner involvement in the selection of students.

Best practice in focus

Involvement in student selection

The pre-registration nursing selection process at The Robert Gordon University was reviewed during 2007–2008, in line with Action 18.

The mental health pre-registration nursing curriculum development working group (which consisted of lecturers, practitioners and, at that time, service users and carers) recommended that an activity from the *10 Essential Shared Capabilities for Mental Health Practice: Learning Materials* focusing on the importance of values would be used for the group discussion element of the selection process. Candidates are given the scenario and related activities in advance and are facilitated to participate in a group discussion.

The university has employed a range of marketing and recruitment strategies to ensure achievement of target numbers on the mental health nursing branch programme. Among them is a “nursing summer school”, developed and delivered in conjunction with NHS Grampian. Participants at the first summer school requested more mental health nursing exposure; consequently, a mental health nursing exposure day was held in January 2009, supported by practitioners, service users, current students and academic staff.

Future nursing summer schools will be designed to provide all participants with a full-day mental health nursing experience in the practice setting.

A specific sub-committee has been established within the school of nursing and midwifery at the **University of Dundee** to consider involvement of service users, carers and practitioners in recruitment and selection of students. Practitioners are already involved in student selection interviews and in recruitment open days, and service users and carers are currently being asked to comment on research questions related to the selection of student nurses.

Edinburgh Napier University now involves service users and carers in the recruitment and selection of mental health student nurses as part of a move to develop a more inclusive working partnership with service users and carers, and in line with Action 18.

The university recognises that to fully embrace a non-tokenistic involvement strategy, service users and carers have to be acknowledged and valued as equals. The university's commitment to this was emphasised when it endorsed a payment agreement for such involvement.

Service users and carers now play a key role in the interview process, meeting all the candidates with lecturers either in a small group or in individual candidate interviews. Service users and carers are trained and supported by lecturers from the mental health team and the service user and carer resource group. Initial evaluation of this development has been positive from the candidates attending for interview, the staff team and the service users and carers involved.

Facing the challenges

General challenges around availability, training, support and remuneration were raised by the HEIs in relation to involvement of service users, carers and practitioners.

Some HEIs commented that while involvement of practitioners in selection is always desirable, it isn't always practicable. Their involvement, the HEIs stated, was largely dependent upon clinical commitments. This raised a question about the predictability of attendance of practitioners whose clinical responsibilities would always take precedence. One HEI reported specifically that "staff shortages in the clinical area and competing priorities for practitioners have prevented participation at times".

Two HEIs raised the issue of data protection disclosure of candidate criminal records to external interviewers. Access to confidential information in applications raises issues with respect to data protection, a particularly important issue for many nursing candidates, who may be under the age of 18.

Further points raised included the need for support and training of academic staff, service users, carers and practitioners and the potential costs that ensue (one HEI noted that inclusive selection of this nature requires "far greater

resources than traditional recruitment”). Concerns were also raised that in HEIs’ enthusiasm to be inclusive and to comply with the action, applicants do not become disadvantaged or fall victim to being “over-assessed”.

Some doubts were expressed that while HEIs can see the merit of involving service users, carers and practitioners in selection processes, some service managers, students and even academic staff may not. It was suggested that more time needs to be spent on “selling” the benefits of the approach to a wide audience.

Action 15. Implementing the National Framework

A new national framework for pre-registration mental health nursing programmes will be produced to reflect the priorities in the main review report

The [Scottish Government] will commission NES to lead the development of a new national framework in partnership with higher education institutions.

Higher education institutions will work with key stakeholders to review and develop their programmes in partnership with their key stakeholders in light of the principles set out in Part 1 and the best practice competencies for pre-registration programmes in Scotland in Part 2 by the end of 2008.

In reviewing the HEIs' progress in implementing Action 15, it should be recognised that the universities are at different stages of the process of programme approval. Consequently, there are acceptable reasons for disparities in progress achieved by individual institutions.

Putting the action into practice – some examples

The new mental health programme at the **University of Abertay** was designed and approved in 2007. It takes into account key policy and professional drivers and is being reviewed in light of new developments on an ongoing basis. The programme has an explicit commitment to recovery-based approaches, with the key mental health modules being recovery focused and person centred.

In common with other HEIs, members of the mental health team at **Glasgow Caledonian University** were involved in the national framework development group and implementation group. This has led to a great deal of networking between the institutions and the development of something of a common purpose in mental health nursing. The mental health programme at the university is now being updated in the light of actions made in the framework document.

A new BSc/DipHE programme at the **University of the West of Scotland** was validated on 28 January 2008. It fully reflects the spirit and tenets of the new framework and has recovery-based working at its core. Rather than studying mental health pathology within a "snapshot" individual focus, students study four family-based unfolding scenarios throughout the branch programme. These increase in challenge and complexity over time and enable an exploration of life problems stemming from mental health difficulties, rather than a reductionist "signs and symptoms" approach.

Best practice in focus

Action 15

With the growing recognition within mental health of the importance of people's life experiences on their development and recovery from mental health difficulties, the University of the West of Scotland has acted to more effectively meet this challenge in relation to the effects of childhood sexual abuse on survivors.

This has resulted in the university commissioning training from Sue Hampson, the national trainer in "Safe to Say", who is based at the Scottish Association for Mental Health (SAMH).

Sue's post has been funded by the Scottish Government and is part of the national working group's response to the need for training, as highlighted in research undertaken in Scotland which found poor care responses for survivors. The university's aim is for students, as the mental health nurses of the future, to be able to respond to, and provide more effective care responses for, survivors of childhood sexual abuse. "Safe to Say" training is therefore being embedded in year three of the new 2008 programme, commencing with the February 2009 cohort.

The school of nursing and midwifery at the **Robert Gordon University** has been engaged in close working with NHS partners in the development of a new mental health programme since November 2007. The revised pre-registration programme will be approved in April 2009 and will commence in September 2009. Currently, the university is at the stage of determining learning outcomes and content for modules within a generic programme for adult, children's and mental health nursing.

The mental health pre-registration programme at **Edinburgh Napier University** has been updated twice within the last two years to take account of new policy and practice drivers. The programme, which began in October 2006, has themes of values, rights and recovery-based practice centrally embedded. It underwent further changes in 2008, when the opportunity was taken to further embed the principles in the modules and to develop a clear recovery theme. This new programme commenced in October 2008.

Several students at the **University of Stirling** have been invited to reflect on their experience to date on the pre-registration programme in the light of the national framework. The aim now is to "capture" several recent graduates to do similar work. The university has also asked for comments on the framework from its service users and carers group, with a specific request for the group to identify areas in which they feel able to be, or wish to become, more involved. Recovery training and the general area of skills development have been acknowledged as areas of interest, in addition to work currently being undertaken by group members, such as the development of narratives.

The current mental health pre-registration programme at the **University of Dundee** already reflects many of the values and concepts identified in the

new national framework, but has been amended to specifically include the concepts of recovery-focused care and a shared values base. All key policy initiatives are incorporated in the current mental health nursing programme.

Facing the challenges

Implementation of the framework takes place in the context of some uncertainty regarding the future shape of pre-registration nursing preparation in the UK and what this will mean for implementation of the framework.

The Nursing and Midwifery Council's (NMC's) review of pre-registration preparation is now in its second phase.¹ Concerns have been expressed that the outcomes of the NMC's activity around the future standards and content of pre-registration nursing programmes may present challenges with respect to ensuring the integrity of mental health nursing as a field of practice and the aspiration to move towards a rights-, values- and recovery-based curriculum.

¹See:
www.engagespace.co.uk/engage/nmc/consultation_Dtl.aspx?consult_Id=464&status=2&criteria=1

Progress in the implementation of specific areas arising from Action 15

The HEIs were asked to comment on two specific areas of their progress in implementing the framework.

Values-based practice

The 10 Essential Shared Capabilities (ESCs) for Mental Health Practice

Pre-registration mental health nursing programmes must enable students to develop into practitioners whose practice embodies the 10 Essential Shared Capabilities.

NES developed a package of materials in 2007 to support teaching, learning and development in relation to the ESCs. These should become firmly embedded in pre-registration programmes in Scotland, and students' practice development in relation to the ESCs should be assessed in theory and practice.

Putting the action into practice – some examples

The mental health team at **Glasgow Caledonian University** mapped the curriculum against the ESCs. This will be used as a guide as modules are changed and new ones added. The university tries to ensure that the 10 ESCs are seen as a “way of being” and that their practice is mirrored in staff relationships with students.

Negotiations have taken place with training providers to ensure that all academic staff on the team undertake values and attitudes training and recovery-based training.

The ESC training materials have been embedded in the BSc/Dip HE mental health nursing programme at the **University of the West of Scotland**. Students in year-two practice placements must show evidence of ESC completion as a work-based learning requirement, while those in year-three practice placements must show evidence of “realising recovery” completion, again as a work-based learning requirement for both diploma and degree students.

The ESC learning materials are also embedded in programmes for all students on adult, mental health and children's nursing branches at the **Robert Gordon University**. Current mental health students are exposed to the materials in stages two and three. The intention now is to deliver the materials as part of a 30-credit module to all pre-registration nursing students in stage two of the new programme, scheduled for introduction in September 2009.

To date, two lecturers and a senior lecturer from the university, alongside NHS colleagues, have completed training using NES' ESCs learning

materials. Plans have been made to roll out a modified version of the training to lecturers within the school of nursing and midwifery who will be working with pre-registration students in stage two of the new programme.

There is a strong emphasis on “practice” of the ESCs at **Edinburgh Napier University** through the active development of interpersonal skills. This is achieved in a year-two core module through alternating formal lectures with experiential learning methods such as role play and small group work. A central aim of the module is to enable students to experience the dynamic components of the person-centred approach, encouraging the same ethos to be embedded in all nurse/client relationships.

Staff at the **University of Stirling** have been impressed by the willingness of service user and carer partners to participate in introducing the ESC learning materials into the programme. There has also been a positive response from staff in the department of nursing and midwifery regarding inclusion of the ESCs across all pre-registration branch programmes.

In common with the other HEIs, the **University of Dundee** has included the ESCs in its current programme and see them as a key driver for the development of the new curriculum.

Facing the challenges

One HEI remarked that while the NES training materials on the ESCs and recovery are well regarded, they do not readily fit with a modular approach and a structure focused on the award of academic credits. This HEI found that it had to adapt the content and structure of the materials and had concerns that the integrity of the training packages may be lost as a consequence.

Other highlighted challenges focused on creating the time and space in an already busy curriculum to accommodate the ESCs, but the HEIs seemed to be overcoming this problem in partnership with senior management.

Older people’s mental health care

Older people’s mental health care

Pre-registration mental health nursing programmes promote caring for older people as a positive and rewarding experience in both the theory and practical elements of the programme.

Putting the action into practice – some examples

The **University of Abertay** introduces students to the specific needs of older people with mental health problems in the common foundation programme and revisits the topic (in both theory and practice) across the branch programme. A specific module on working with older people with mental health problems is offered in year three.

The university also has Scotland’s first consultant nurse in dementia care as a joint appointment with NHS Tayside.

An unfolding scenario relating to care of an older person with mental health problems is embedded in the programme at the **University of the West of Scotland**. This spans all branch nursing modules in years two and three, employing a person/relationship-centred approach to explore quality of life issues, including sexuality and intimacy. The clinical skills necessary to promote activities of daily living for people with dementia are also coached and practised in simulation environments.

Best practice in focus

Older people's mental health care

The Domus development at University Campus Hamilton, part of the University of the West of Scotland, is a highly adapted domestic environment that is focused on the needs of the older adult. In essence, the total environment is the care-giving agent, reflecting the significance of the environment in the lives of older people and of people with dementia.

The environment is homelike, optimising control over normal stimuli. It is constructed to maximise independence and quality of life and compensate for disability. The innovation is supported by research and represents the collaboration between mental health nursing and adult nursing educationalists who specialise in older adult care. The development was constructed over the summer months of 2008 and will serve as the pilot development for future four-campus provision.

Edinburgh Napier University is actively encouraging students to see the care of older people as a rich and rewarding area of practice. This is emphasised through ensuring that classroom topics include older people: for example, there is a specific focus on older people in the study of evidence-based learning, as there is when students examine media influences on mental health.

Best practice in focus

Older people's mental health care

Students on the current mental health nursing programme at The Robert Gordon University undertake a 12-week placement in services for older people with mental health illnesses or disorders in stage three of the programme, which is either their penultimate or final consolidation placement.

At this point, working with older people's mental health care is promoted as a positive career option, resulting in the recruitment of a number of newly qualified nurses to this area of practice within NHS Grampian.

It is anticipated that mental health care for older people will continue to be given a positive profile in placement pathways in the new programme due to commence in September 2009. The theoretical component of the programme is being strengthened as a result of the curriculum development process. The intention is that the new programme will show a transparent emphasis on this particular area of practice.

Mental health service user groups and dementia-specific service user groups provide a variety of learning opportunities for nursing students at the **University of Stirling**, including face-to-face teaching.

The NES capability framework will be integral to the undergraduate curriculum at the university. Lecturers within the department of nursing and midwifery who have an interest and expertise in the area promote contemporary ideas on older people's mental health care and stimulate positive debates among students.

Stages of development, communication, values and attitudes towards older people are recurring themes throughout the common foundation and branch programmes at the **University of Dundee**. The provision of clinical placements in statutory and voluntary sector organisations stands as an example of good practice in the field of care of the older person.

Associate lecturers who are expert in the nursing care of older people have been employed to promote even higher quality in teaching standards. Innovative teaching practices include drama workshops for people with dementia, the use of the arts in mental health care and a range of alternative and complementary therapies for older people.

Facing the challenges

While HEIs saw the opportunity to pursue student placements in the independent sector as generally a positive development, there were also some concerns about the quality of learning experience provided in some of these environments. An audit of independent providers conducted by one HEI suggested the need for PEF roles in these areas to support the development of positive learning environments.

One of the HEIs found older people's care a difficult area from which to recruit practitioners who could facilitate teaching and learning for students. While the university had found two very capable and committed practitioners who were willing to operate as part-time lecturers, neither seemed to have strong support from their service managers and were meeting teaching and learning responsibilities largely in their own time.

The issue of "marginalisation" of education about the needs of older people within academic departments and schools, largely due to capacity issues, was also raised. HEIs are hopeful that the NES capability framework will be a fillip to promoting older people's issues within the curriculum, as it offers clear direction on the capabilities to be mastered during pre-registration programmes.

Response by the SGHD National Implementation Group

The National Implementation Group that monitors and supports implementation of the review on behalf of the Chief Nursing Officer has considered the issues raised in this report and offers the following response.

- The National Implementation Group believes the reports from the HEIs demonstrate that positive actions have been taken across the key actions from the review. The overall picture of progress, however, is inconsistent, and the group feels that greater determination is required from the HEIs to ensure consistent and comprehensive delivery on the actions.
- The group wishes to emphasise that delivery of the actions is not optional for the HEIs, but is a necessity; delivery of actions must be considered as “core business” for the HEIs.
- The action plan from *Rights, Relationships and Recovery* is currently being reviewed, and the group feels the refreshed action plan will support HEIs in driving this agenda. It is important to note, however, that the core actions specified in the HEIs’ reports will not be subject to radical change in the action plan review process, and HEIs must continue with their implementation.
- The group noted concerns expressed in the HEIs’ reports about the inability to appropriately remunerate service users and carers for contributing to the design, delivery and evaluation of pre-registration programmes. The group feels that the provision of support and appropriate remuneration for service users should be considered a priority within HEIs’ strategic and budgetary planning processes.
- Good examples of lecturers being supported to maintain links with practice settings have been set out in the reports, but the group feels the overall response to this action reflects an ad hoc and perhaps serendipitous approach that may not reflect full endorsement of partnership working with service. The group requests HEIs to redouble their efforts to develop considered and effective strategies to promote and support lecturer engagement with practice situations.
- The group emphasises that concerns about the potential impact on the national framework for pre-registration mental health nursing programmes in Scotland of the NMC review of pre-registration preparation need not deter or impede progress on the framework’s implementation by HEIs. The Scottish Government is unequivocally committed to the framework and confirms its hope that there will be no sense of hesitancy among HEIs about full implementation.