

Draft Editorial – Emeritus Professor Tony Butterworth CBE.

National and International learning from ‘Playing our Part’; an exercise in consultation and debate with the public and the profession on the work of graduate and registered mental health nurses in the UK.

The Foundation of Nursing Studies is a Registered UK Charity holding an international reputation for nursing practice and organisational development (www.fons.org).

In 2016 the Charity was asked to consider looking more closely at the work of graduate and registered mental health nurses in the UK where a specialist pathway to professional registration as a mental health nurse still operates.

Although we are establishing creative mental health policies in the UK, a background exists in which there is a steady decline in the numbers of qualified mental health nurses in the workforce (a 15 % reduction in 5 years), poor policy engagement profile amongst the profession, a potentially disruptive review of professional educational pathways to registration, confusing descriptions of what mental health nurses actually do and a sense from mental health nurses that ‘no one loves or speaks for us’.

Establishing some principles and a process of engagement and consultation.

The last 2 reviews of mental health nursing the UK were carried in 1994 and 2006ⁱ. Both were funded and overseen by Government, however in an era in which the use of social media is considerable, that different platform, followed by small localised expert meetings were considered the most contemporary approach to taking views and opinions. Although the Foundation received some Government funding to support local meetings, the work of the review was independent, free of undue government and professional influence and actively sought and embraced the views of experts by experience. Advice to the Foundation suggested that building an initial data set gathered through an open social media platform would provide a robust approach to public and professional engagement.

Our first step was to create a blog site - mhnurses.wordpress.com onto which was placed a series of three discussion papers. The papers used a framework of primary, secondary and tertiary prevention – a public health model of psychiatry (Caplan 1964). At the end of each paper, questions were posed about the work or potential work of graduate and registered mental health nurses in each area. Three social media conversational events were created in May June and July to discuss each of the blogs. Using the two hashtags of the Foundation of Nursing ([#fons](https://twitter.com/fons)) and [#WeMHNurses](https://twitter.com/WeMHNurses) (well-respected and much used social media platforms) open twitter debates were held on each of the subject areas. It is estimated that there were up to 600 direct contacts with individuals and a potential ‘reach’ of between 3-3.5 million social media users.

All social media data from the twitter events were preserved and independently subjected to thematic analysis. Arising from this analysis, a discussion paper was placed on the blog site for critical consultation. This paper also formed the basis of a second stage of consultation – a series of ‘Roundtable events’ across the United Kingdom.

The six roundtable events were hosted either by health organisations or by Universities. Some basic ground rules were developed for the hosts and the Foundation attended all events.

Invitations were offered to up to 30 participants for each event and included graduate MH nurses, experts through experience, other health professionals, service managers and students. Each

participant received a background paper prior to the event. A common agenda covered 3 starter questions

- i) what do mental health nurses do now?
- ii) what would you like them to do differently?
- iii) what new things should mental health nurses do?

A second session at the events discussed 3 subject areas developed from our social media data -

- i) the education of graduate and registered mental health nurses
- ii) employment and graduate and registered mental health nurses
- iii) graduate mental health nurse identity.

Outputs in all sessions were rated by participants. A write up from each event was placed on the blog site for open comment and criticism.

The Foundation undertook to purposefully engage with students, experts by experience, key influencers and other health professionals and following these activities our work was presented to conferences, individuals and through email contact with key players and influencers. As before these outputs were placed on the blog site wemhnurses.wordpress.org.

There have been conference presentations to Directors of Nursing of Mental Health Trusts (NMHLD), a Nursing Times/HSJ Conference on mental health policy and we attended and spoke to 200 mental health undergraduate nursing students at their annual conference. Our work was also presented to the Network for Psychiatric Nursing Research and Mental Health Nurse Academics UK. We established an expert group of mental health nurse educators who provided important critical insights into undergraduate mental health nurse programmes.

The blog site mhnurses.wordpress.com holds the initial discussion papers, social media feedback, analysis and outputs from the workshops. It is still publicly available open data.

A final report was launched in February 2017 and has been widely distributed since then. It contains no 'instructions' to the profession rather a series of key messages and suggested step changes.

Some are discussed here but proper interpretation of them clearly require more underlying text.

The full report can be found on the blog site or on the FONS library web site www.fons.org.

In our report we suggest **6 step changes** with practical suggestions that can make a positive difference to service delivery and the profession and offer **20 key messages** that have emerged from our work with the profession, people and families who use services, researchers, policy makers and educators.

Some of our key messages

Offering a helpful description of mental health nursing in the United Kingdom

The need for a purposeful description of mental health nursing was seen as important by all our correspondents. It was recognised that although mental health nurses work in multidisciplinary teams, entering that team work supported by a strong sense of 'professional self' is critical. The following description was agreed to be suitable by most correspondents;

“mental health nurses offer person-centred and evidence-based therapeutic interventions, create safe places of positive asylum and give expert professional help to those in mental distress and their families”.

This was reinforced by a strong sense of the complex work undertaken by mental health nurses and the need to rebut views from some other professions that nurse work is somehow 'second order' and 'low level' activity. This was seen to be an ill-informed view. Indeed, it was agreed that;

“working with people who can be distressed, withdrawn, depressed, uncommunicative and

sometimes aggressive is particularly skilled work, mental health nurses have the necessary psychosocial and interpersonal skills in abundance”

People who use mental health services in the UK like the work of mental health nurses

There is strong support for the work of graduate and registered mental health nurses from people who use or have used mental health services. It was suggested to us during our work that one of the most valued experiences offered by nurses is one in which they can give sustained purposeful contact over time. However, nurses and service users have concerns about diminishing opportunities to sustain long-term supportive relationships with vulnerable people and this is largely to do with employers focussing on session based intervention programmes. We asked employers to look again at the consequences of this.

Becoming a registered graduate mental health nurse

In both our social media activity and roundtable conversations it became clear that the content and the curriculum spine of undergraduate programmes was varied and sometimes based on the personal preferences of academic staff. We convened an expert group of educators to consider these matters as well as the expectations of employers of newly graduating mental health nurses. There is a complete paper on our blog site www.mhnurses.wordpress.com reporting the outputs from the group but in brief there were several purposeful suggestions. There was broad agreement that there should be a ‘Standing Conference’ of mental health nurse educators.

There was a view that there is sufficient evidence-based material onto which an evidence-based curriculum spine can be placed. It was also seen that the work of graduate mental health nurses is very particular and is different to other more generic nursing activity. Moving towards a more generic education programme and away from a specialist mental health qualification at first registration was not supported by nurses or by experts through experience.

A view that specialist mental health nurse first registration should be discontinued has no support from people who use services or from nurses themselves.

The employment of mental health nurses in primary care, secondary care and tertiary care.

As our investigations had used primary secondary and tertiary care to describe the work of registered and graduate mental health nurses it seemed appropriate to look at their workforce footprint in these 3 sectors. Although workforce data is poor, it appears that the present workforce footprint is skewed towards posts based secondary acute care and tertiary care. Our report recognises the importance of the health and illness journey across the sectors but we suggest that tertiary care may need fewer nurses. We suggest that footprint should be re-drawn so that more posts are created in primary and secondary care and that graduating students gain a broader

Sharing and developing the skills of mental and physical health assessment for all UK nurses

It is well recorded that the life expectancy for people with serious and enduring mental illness is considerably shorter than the population at large and this is a gap that continues to grow. Employers have used general nurses to assess the physical well-being of those at risk and intervene where necessary. Equally, general nurses report their unease with mental health assessment and anxieties when dealing with people who are mentally unwell. To mitigate this, it was agreed that some simple strategies could make a difference and that to play their part in the physical health of those with mental illness and the general mental health of the population, all registered and graduating nurses, regardless of initial registration route should be competent in physical and mental health assessment skills. We asked educators and employers to examine ways of dealing with this with a better purpose.

Purposeful clinical supervision that supports and safeguards practice

The advantages of well found clinical supervision are well documented and variously evaluated. There was evidence from our work that opportunities for clinical supervision were unevenly

implemented. There is little doubt that staff wellbeing, the safety of people who use services and professional development suffers needlessly when clinical supervision is not part of clinical practice. Correspondents talked consistently about the importance of clinical supervision and welcomed that fact that in England, the national quality assurance agency (CQC) for the delivery of services seeks evidence that clinical supervision is in place but there are suggestions that this is a counting exercise rather than a focus on content and purpose. We urge more effort in sustaining and developing purposeful clinical supervision.

A need to develop the clinical academic careers of graduate and registered mental health nurses and take advantage of good research

The research of clinical academic mental health nurses is often at the cutting edge and highly relevant to people who use services. There appear to be two areas for further development. The first is to encourage the development of clinical academic career pathways for mental health nurses. A clear pathway for clinical academic development now exists in the United Kingdom but mental health nurses are not particularly successful in winning scholarship funds particularly at doctoral and post-doctoral level. Universities need to be more collaborative and purposeful in supporting applicants through the scholarship process.

Secondly, the research outputs of mental health nurse academics are of high quality and of great relevance to service users but little effort is made to make it easily understood and available to the population at large. Greater effort is needed from all concerned. We intend to pursue this further.

'no one loves or speaks for us'

One of the precipitants for the Foundation to undertake this work was a recurring theme raised by mental health nurses themselves in which they described sense that they were 'unloved' by policy makers, the Royal College of Nursing and the broader profession. In the UK although well represented by the trades unions there is not a College of Mental Health Nursing such as that in Australia. Many respondents wished to pursue the creation of a specialist College but finding motivated people to lead the way was hard. We approached the Royal College of Nursing and they hosted a 'summit' meeting of employers, senior nurses and academics. With a strong ambition to join forces a 'Collaboration' between the main players continues to progress. Of continuing concern is the poor representation of mental health nursing in policy development.

What has happened since the report was launched and are their international implications?

There have been various activities that can fairly be said to have been stimulated by our work. In Northern Ireland a country-wide strategy is being developed using the report as a part template for their work. In the north of Wales work is progressing to locally determine how some of our findings can be included in their strategic thinking.

Although this work was United Kingdom focussed, there are relevant messages to all countries. The material in our report that offers comment on mental health nurse identity, the continuous engagement of people who use services, public availability to the research of nurses, education curriculum and employment patterns will all have international echoes.

References

- 1 Department of Health (1994) Working in Partnership: a collaborative approach to care. London Department of Health
2. Department of Health (2006) From values to action: The Chief Nursing Officers review of mental health nursing. London Department of Health
