Chief Nursing Officer's Review of Mental Health Nursing

Consultation document
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Published separately:
  Appendix A: Response to the Consultation Document  
  Appendix B: Good Practice Examples Pro Forma
Summary

The Chief Nursing Officer’s Review aims to identify a new strategy for mental health nursing in NHS funded care in England. The central question to be answered by the Review is: ‘how can mental health nursing best contribute to the care of service users in the future?’

This consultation document seeks views from all interested parties as to the best way forward.

- The document contains a range of questions that can be answered using the format in Appendix A. Replies need not be limited to the questions provided.
- We are also seeking examples of existing good practice, using the format in Appendix B.
- All responses should be sent to cnomhreview@dh.gsi.gov.uk by 21 October 2005.
Purpose of the Document

1) We are writing to consult you regarding the developments that you believe will enable mental health nursing to best contribute to improving the experience and outcomes of mental health service users in the future.

2) This consultation is part of a Review of Mental Health Nursing by the Chief Nursing Officer (CNO) that will produce a strategy for mental health nursing in NHS funded care in England. The CNO will be working closely with the National Director of Mental Health in both the Review and implementation processes. The Review will cover all areas of practice: for example, child and adolescent and older people’s mental health services, and the independent sector where funded by the NHS.

3) The consultation abides by the six consultation criteria set out in the revised Code of Practice on Consultation published by the Cabinet Office (www.cabinet-office.gov.uk/regulation/consultation/code.htm).

This consultation provides organisations with an important opportunity to help shape the future development of mental health nursing. Nurses constitute the largest professional group providing mental health care today.

The context

4) Relationships with mental health nurses are typically highly valued by service users (Healthcare Commission, 2004). In recent years, the context in which mental health nurses (MHNs) work has changed as a result of government reforms, lessons from serious incidents, views of service users and carers, and the new professional roles that have grown across the health and social care system. In light of this, professional bodies and MHN leaders are asking for a clarification as to the future role of mental health nursing. In order to make the most effective contribution towards the care of mental health service users, and to deliver government reforms, it is, therefore, a good time to take stock of what these changes mean for the profession and to provide MHNs, their representative bodies, their employers, and their educational commissioners and providers with a clearer future direction.

For ease, throughout this document Mental Health Nurse(s) is abbreviated to MHN/MHNs
Process and Timing

The CNO’s Review of Mental Health Nursing seeks to identify how MHNs can best meet service users’ needs in the future.

5) This consultation document has been developed as a key element of the CNO Review. The views received in response to this consultation will help to inform the final report of the Review. A Review Reference Group has advised on the content and focus of this document. The group consists of service users, representatives of a range of professional organisations (e.g. Royal College of Nursing, NHS Confederation, Mental Health Nurses Association, Royal College of Psychiatrists and UNISON) and leads from the National Institute for Mental Health in England (NIMHE) and the Department of Health. The document has also been informed by discussions with policy officers from a number of major mental health charitable organisations.

6) In addition to this written consultation, the views of service users and carers, organisations and individuals, are being sought through a concurrent series of open meetings to be held around England.

7) The consultation gives you the opportunity to give us your views on the specific questions raised by this document. It also provides other information that you may wish to bear in mind in framing your overall response. We would welcome your views on any other issues arising that you see as significant, as well as on the questions specified. The questions provided afford one means of contributing to the Review process. Not all questions need to be responded to and they need not limit the range or focus of comments made. A pro forma is attached as Appendix A for responding to the questions.

8) Appendix A provides a table that can be used in writing your response to the questions specifically raised in this consultation, or in raising other issues that you consider important.

9) We are also seeking examples of good practice, in relation to each question asked and also for other developments that you may feel are important and that others might usefully learn from. A pro forma is attached as Appendix B for the reporting of areas of current good practice.
10) This document is intended for a wide audience. We have therefore attempted, where possible, to avoid the use of jargon. Definitions of terms, which may be unfamiliar to some readers, are listed in the glossary.

11) This consultation is open for 12 weeks and responses should arrive no later than 21 October 2005. Responses should be sent to cnomhreview@dh.gsi.gov.uk

12) This consultation will inform the development of recommendations to be included in the CNO Review of Mental Health Nursing final document. A literature review has been commissioned that will provide supporting information regarding the current research evidence relating to mental health nursing practice. We plan for the CNO Review of Mental Health Nursing document to be published in early 2006.
Mental Health Nursing in England: An Overview

13) The scope of mental health nursing practice

Up to 80% of current direct NHS care is provided by nurses, working in all settings and across all age ranges. In mental health, nurses are the largest occupational group both in new services, such as assertive outreach, community forensic, criminal justice and crisis teams, as well as in established services such as inpatient units, community mental health teams, specialised drug and alcohol services, and child and adolescent mental health. MHNs work across the whole range of service provision and frequently play key roles in the non-statutory and independent sectors as well as within the NHS. Mental health nursing is an important component of multi-disciplinary care. To work effectively requires working closely with other established professions, e.g. psychiatrists and social workers, and increasingly with new types of worker, such as support, time and recovery workers (DH, 2003a) and graduate primary care mental health workers.

MHNs are essential to the delivery of modern mental health services. The broad base of MHNs’ training, covering biological, psychological and social aspects of care, allows them to work in all mental health settings and specialities.

Particularly within inpatient settings, nursing is provided 24 hours a day, 7 days a week, 365 days of the year. Thus, for the vast majority of such “out of hours” services, nurses are the only direct care providers. Such extended and close contact with service users often leads to a detailed knowledge of the individual and their carers and families.

14) Numbers and distribution

In 2004, in England, there were 47,000 qualified nurses and 31,000 support workers within the speciality in the NHS (DH, 2005a). Although the number of MHNs working in the community has been the main area of growth, a majority of MHNs still work in inpatient settings. The ratio of female to male MHNs is nearly 2:1. The ethnic makeup of the MHN workforce is not known in detail, although substantial proportions are from non-UK and non-white backgrounds. In addition to MHNs working in the NHS, large numbers provide NHS funded care in the independent healthcare sector, particularly in medium secure and continuing care areas.
Despite growth in numbers of MHNs, relatively high numbers of long-term vacancies remain in some areas. Opportunities to extend nursing roles raise questions about how the resource of mental health nursing should be best focused in the future.

Numbers of MHNs have grown significantly in the last few years; however, vacancies are particularly common in the south-east of England and especially in inpatient care areas. This leads to a high use of bank and agency staff that may have an adverse effect on the care provided (Sainsbury Centre for Mental Health, 2005). The continued growth in mental health services to meet the demands of the Mental Health, Older People’s and Children’s National Service Frameworks (NSFs) and the NHS Plan has stretched the resource of nursing. Commissioned student places have risen; however, there is great variation around the country as to whether these places can be filled.
Key Issues for Mental Health Nursing

15) Introduction

The sections below provide information about, and request for comment on, issues particularly significant for mental health nursing in its attempts to improve care in the future:

• Core values and roles
• Providing holistic care
• Meeting the needs of others
• Ensuring equality and meeting diverse needs
• Developing inpatient care
• Developing nurses to better meet the needs of service users
• Working in teams
• Improving recruitment and retention
• Leadership

These sections are not exhaustive and we would welcome comments on other areas felt to be particularly significant. Please note that in responding to this consultation, not all questions need to be answered.

Core values and roles

16) Defining key values and models in mental health nursing

The values of MHNs will influence the focus and style of practice, training and educational needs, and the experience of service users.

Historically, mental health nursing developed in large institutions, and until relatively recently has focused on providing care in inpatient settings. Typically, attitudes to people with severe mental health problems within mental health services have tended to be rather pessimistic and, at times, have focused more on symptom control than on more general social inclusion needs, self-management and personal growth. Mental health nursing can play a key role in helping services adopt a more positive, holistic and recovery focused approach to care.
In order to work towards good practice in mental health care, it is necessary to understand the importance of the role of values and of how diverse values relate, interact and impact on experiences, actions and relationships (Woodbridge and Fulford, 2004). A values-based approach identifying foundation capabilities for all staff working in mental health settings based on service user needs is ‘The ten Essential Shared Capabilities – a framework for the whole of the mental health workforce’ (DH, 2004a).

The Recovery Approach (NIMHE, 2005) is increasingly being cited as a broad values-based approach to support good practice in all settings and with all forms of mental health problems, including individuals with degenerative illnesses. The approach focuses on identifying realistic life goals for service users and enabling them to take control of their lives. The approach does not necessarily imply that an individual will return to the way they were before becoming unwell. Social exclusion, for example from employment and social relationships, must often be tackled in order to enable individuals to achieve valued roles (see section 23 below, regarding social exclusion).

The six NIMHE meanings for recovery are stated as:

1) A return to a state of wellness (e.g. following an episode of depression)
2) Achievement of a personally acceptable quality of life (e.g. following an episode of psychosis)
3) A process or period of recovering (e.g. following trauma)
4) A process of gaining or restoring something (e.g. one's sobriety)
5) An act of obtaining usable resources from apparently unusable sources (e.g. in prolonged psychosis where the experience itself has intrinsic personal value)
6) To recover optimum quality of life and have satisfaction with life in disconnected circumstances (e.g. dementia)

Q1) Do you believe that the Recovery Approach provides a values and evidence-based approach that would support good practice and be applicable in all areas of mental health nursing practice?

17) Defining core roles of mental health nursing

Mental health nursing is an increasingly varied profession. MHNs practise in all specialities within mental health services; from high secure settings to primary care and from children’s services to older people’s services. New specialist roles are
developing, such as those of modern matrons and nurse consultants (see section 28). Despite this range of activity, we believe that it is possible to identify the core roles common to all settings.²

The identification of core roles for all MHNs will help to strengthen a common sense of identity, make the planning of services easier and offer a focus for training and development.

Q2) What do you see as the core roles of mental health nursing, common to all settings and specialities?

Providing holistic care

18) Introduction

The CNO Review aims to identify how mental health nursing can provide effective, truly holistic care, helping meet the needs of those with mental health problems as whole individuals as opposed to simply tackling their illness.

Mental health nursing is a profession that aims to provide truly holistic care, i.e. that which meets the needs of the whole person. All people have a wide range of needs: psychological, social, biological and spiritual. However, traditional working, lack of suitable training and a narrow focus of some services may tend to encourage MHNs to have a more limited focus on psychiatric symptoms, certain behaviours or on psychological needs to the detriment of social and/or other needs. This section highlights some of the issues that need to be addressed in order to allow the provision of truly holistic care for people with mental health problems.

19) Forming and sustaining relationships

The ability to form relationships with service users and carers is central to all mental health nursing practice.

The ability to form relationships is a feature of nursing that is highly valued by service users and carers – and it is a cause of concern to them when this ability is absent.

The nature of the difficulties experienced by people with mental health problems may make forming positive relationships at times very demanding, with high levels of anxiety, cognitive impairment or, at times, aggression all presenting major challenges. Furthermore, many MHNs practise in places where people may be held against their

² Question 18 asks about key competencies for MHNs at the point of registration
will under mental health law. The need to try to form a positive relationship is vital, whether the nurse is carrying out a relatively technical task, such as administering medication or intervening briefly in a crisis situation, for example during a violent incident, or in developing a long-term psychotherapeutic relationship.

Q3) How can MHNs best be supported to build positive relationships with service users and carers in all practice settings?

20) Increasing choice

Surveys of users of mental health services reveal that many do not feel adequately involved in decision-making and do not feel that they receive enough information about their care, diagnosis or treatment.

The need to provide greater choice to service users in all healthcare settings is a clear priority for the NHS. This can take place at many levels, from the way that services are commissioned, to providing service users with adequate information about the options available at an individual clinical level. MHNs may, for example, be involved in providing information about choices relating to treatment or choice of key worker.

Q4) How can MHNs best promote service user choice in the entire range of care settings, e.g. from child and adolescent, to high secure, to services for people with advanced dementia?

21) Improving physical healthcare and health promotion

The Public Health White Paper *Choosing Health* (DH, 2004b) emphasises the need for providing everyone with opportunities to adopt more healthy lifestyles. There is clear evidence that mortality rates of people with severe mental health problems are unacceptably high. People with mental health problems are interested in their physical as well as mental well-being and often feel that their physical healthcare needs are overlooked (NIMHE/Mentality, 2004). It is important for mental health services to ensure that physical healthcare needs of all age groups are recognised and suitably managed.

MHNs’ training incorporates aspects of physical healthcare, yet in many settings there is little evidence that these skills are actively applied to meet the physical healthcare needs of service users.
The White Paper (DH, 2004b) advocates that every encounter with an NHS employee should be used as an opportunity to promote health. This includes nurses working in mental health settings. For example, high levels of smoking amongst people with severe mental health problems are rarely addressed by mental health services. MHNs might also usefully help service users make healthier lifestyle choices in areas such as exercise, diet and alcohol/drug use. Health promotion activities may also relate to mental health promotion strategies, such as stress management and helping people identify early signs of mental health problems or relapse.

**Q5)** How can MHNs most effectively help improve the physical well-being of people with mental health problems in both community and inpatient settings, and with all age groups?

**22) Improving access to psychological therapies**

There remain clear deficits in the ability of mental health services to provide psychological therapies (DH, 2004c).

This deficit is despite this need for access to psychological therapies being both frequently requested by service users and recommended by NICE Guidelines (e.g. National Institute of Clinical Excellence (NICE), 2003). Psychological therapies are of proven efficacy in most practice settings.

Many MHNs (probably over 5,000) are qualified to provide psychosocial interventions to people with psychosis. Significant numbers also have training in working with a range of different approaches, e.g. cognitive behavioural therapy with service users without a psychotic illness. There is clearly a need to apply the existing psychological treatment skills of MHNs and, generally, to continue to expand the number of mental health workers able to provide psychological therapies. The possibility exists of training up large numbers of MHNs to provide psychological therapies in the future, yet this presents challenges in terms of service organisation and prioritising such interventions over other important needs.

**Q6)** Should MHNs be trained to provide psychological therapies? If so, in what circumstances, in which practice settings and with what support would this be most effective and appropriate?
Helping overcome social exclusion

Many individuals with mental health problems, both young and old, experience severe social exclusion. Both employment and supportive social contacts are strongly associated with improved health outcomes.

People with mental health problems can endure social isolation, suffer abuse and are often unable to find employment. The five main reasons suggested by the Social Exclusion Unit as to why mental health problems often lead to and reinforce social exclusion are: stigma and discrimination against people with mental health problems; low expectations of what people with mental health problems can achieve; a lack of clear responsibility for promoting vocational and social outcomes; a lack of support to enable people to work; and barriers to engaging in the community. Health and social care services play a critical role in enabling people to work and maintain social contacts, both of which are strongly associated with better mental health outcomes and reduced reliance on services (Office of the Deputy Prime Minister (ODPM), 2004).

MHNs may work in settings where the traditional focus has been on providing a safe environment, containing disturbed behaviour and symptom reduction. This focus may lead to a relative lack of focus on the social inclusion needs of individuals.

Meeting spiritual needs

MHNs may need to better understand the role that spirituality can potentially play in helping service users.

There has been increasing recognition recently of the importance and the potential relevance of service user spirituality or religion in clinical care, an often neglected issue in practice. There is also a growing body of research on the importance of spiritual issues, and how a personal sense of meaning, identity and issues around community support keep people healthy and help them to recover their health (NIMHE, 2003).
25) **Addressing substance misuse**

In the last few years, there has been increasing recognition that many service users have mental health problems that are exacerbated or complicated by substance misuse problems.

Substance misuse is common rather than exceptional amongst people with severe mental health problems (DH, 2002a). It is widely acknowledged that there is a requirement to provide integrated and high-quality care for such individuals, meeting their entire range of needs. MHNs will work with individuals with dual diagnoses in many settings, from inpatient and forensic care to the whole range of community settings. Substance misuse problems are also common in all age groups. Although perhaps less likely to be recognised in older people, the Health Advisory Service dual diagnosis standards (Abdulrahim, 2001) note the need for older people’s services to tackle misuse of alcohol, analgesics and tranquillisers and highlight the risk of falls in this population.

Q9) **How can MHNs best be supported to provide responsive and appropriate care for people with substance misuse problems in all settings and in all age groups?**

26) **Utilising evidence in practice**

The evidence base regarding specific interventions that nurses could apply to improve outcomes and the experience of service users has grown over the last few years.

Examples of research particularly applicable to the work of MHNs can be found in areas such as medication management approaches (Gray et al, 2004) and inpatient interventions (Bowers et al, 2003). Furthermore, the increasing amount of guidance produced by the National Institute for Health and Clinical Excellence (NICE) provides an important resource for MHNs. However, even when large numbers of MHNs have been trained in evidence-based clinical skills, such as psychosocial interventions, there is also evidence that new skills are often not applied in practice (Brooker, 2001).

Q10) **What needs to happen to ensure that MHNs incorporate evidence-based skills into day-to-day practice?**
27) **Risk assessment and management**

MHNs are frequently central to the process of risk assessment and the management of risk.

While there is an important public safety agenda, many service users themselves are at far higher risk of self-harm, serious self-neglect and suicide, as well as attack, abuse or exploitation from other members of the public. Positive risk-taking focuses on service users’ strengths and positive attributes, and while many MHNs will have been working collaboratively with service users in this way for some time, for others this represents a new/different way of working. In respect of reducing suicide, the first national suicide prevention strategy for England was launched in September 2002 (DH, 2002b). One of the principal goals of the strategy is to reduce risk in key high-risk groups, namely people under mental health care, people who harm themselves, young men, prisoners and those working in certain occupations. MHNs may have a key role to play in this, for example in harm minimisation.

Q11) How can the abilities of MHNs to intervene with high-risk groups and assess and manage risk in a therapeutic way best be developed and supported?

28) **Improving services through new roles**

In the last few years there has been a range of new roles introduced within mental health care to respond to diverse service user needs, e.g. gateway workers (DH, 2003b), support time and recovery workers (DH, 2003a) and community development workers. In addition, many professions, for example psychiatrists (DH, 2004d) are examining the need to work in new ways to improve care in the future.

Over the last few years, opportunities have grown for MHNs to enhance the holistic nature of the services they provide to users in an expansion of new roles.

MHNs have also developed a range of new roles to respond to changing needs and developing policy priorities:

- Nurse-led services have increasingly been established in areas such as court diversion schemes and accident and emergency liaison.
- Up to 400 modern matrons provide leadership, largely in inpatient settings, and have specific authority to improve the environment.
Chief Nursing Officer’s Review of Mental Health Nursing: Consultation document

• Currently, around 120 nurse consultants practise in a wide range of specialities and offer clinical expertise and professional leadership; they also educate, offer consultation and carry out research.

• Supplementary nurse prescribing allows a suitably qualified nurse to implement an agreed service user specific clinical management plan with the service user’s agreement (National Prescribing Centre, 2005). So far, this has provided an opportunity for 300 MHNs to make better use of their existing knowledge and skills in providing a more responsive and holistic service to users. A prescribing nurse, working on a more consistent basis with a limited number of clients, may have a better opportunity to build relationships, be able to provide relevant information about the purpose and potential effects of medication and involve service users in decisions about their treatment.

• Nationally, nurses of all specialities are increasingly taking the lead in the provision of care for people with a range of long-term conditions, frequently supported by the utilisation of care management and prescribing skills.

• The draft Mental Health Bill may, in the future, allow for nurses to take on roles previously held by other professionals in order to allow service users to have the most appropriate person involved. For example, suitably experienced and trained MHNs may be able to take on roles such as that of an approved mental health professional, similar to current approved social workers, or the role of clinical supervisor, similar to the current responsible medical officer.

Q12) How and where should nursing roles best be extended to improve the service provided to users, and how would they need to be supported to be most effective?

Meeting the needs of others

29) Introduction

In addition to the primary aim of directly meeting the needs of service users, MHNs are frequently in positions where they also need to consider the needs of others.

30) Safeguarding children

The Government’s ‘Change for Children Programme: Every Child Matters’ (Department for Education and Skills (DfES), 2003) and the National Service Framework (NSF) for Children, Young People and Maternity Services (DH/DfES, 2004e) provide the context for mental health nursing to examine its role in helping to safeguard children.
All professionals, including MHNs who work with service users of all ages, share a responsibility for safeguarding children.

Safeguarding children not only means protecting them from abuse and neglect, but also from mental and physical ill health, educational failure and offending behaviour. Whether they work with children, working age adults or older people, there is much that MHNs can do to help vulnerable children reach their fullest potential. To do this they must embrace new and innovative ways of working to improve partnership working, interagency communication and effective care planning.

**Q13) In what ways can MHNs, working with all age groups and in both community and residential settings, help to safeguard children?**

31) Carers

The assessment of the needs of carers and subsequent support for carers remains, in many instances, poor.

Up to 1.5 million people in the UK may be involved in caring for a relative or friend with a mental illness or some form of dementia. The recent review of progress on the NSF for Mental Health (DH, 2004f) highlighted that the number of services provided for carers has been increasing, for example by the creation of carer support worker roles although still more needs to be done. For some MHNs, as well as some other professionals, working with carers may be the primary intervention, such as those working with people with advanced dementia.

However, in a recent consultation with key stakeholders, it was suggested that many mental health workers saw their role as primarily about treating and caring for the person with the mental health problem and viewed supporting and involving carers as ‘extra work’ (Newbronner and Hare, 2002). Support for carers needs to be integrated into local mental health services and may be best achieved by changing attitudes, systems and practices. MHNs have contact with carers in all settings and are often the professionals with most contact.

**Q14) How can MHNs best help to effectively meet the practical, health, emotional and information needs of carers in all specialist settings?**
Ensuring equality and meeting diverse needs

32) Introduction

Achieving equality is about creating a fairer society in which everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense. Equality and diversity are at the heart of the NHS strategy in delivering a better service and improving patient care. While everyone concerned with health acknowledges the significance and value of working towards mainstreaming equality and diversity into policy-making processes and practice, MHNs also have legal obligations and duties to promote equality.

A lack of equality, a failure to meet diverse needs, or actual discrimination can potentially affect many groups. For example, gay men, lesbians and bisexuals report commonly encountering negative reactions from mental health professionals when being open about their sexuality (King and McKeown, 2003). Organisations representing older people note that, despite the NSF for Older People (DH, 2001a), older people still, on occasions, are not able to access the same services as other age groups. Similarly, people diagnosed with personality disorder have commonly been excluded from mental health services in the past, and even now appropriate services are not always available (DH, 2003c). In the area of prison mental health, there have been considerable improvements in prison health care and prison nursing since the introduction of the prison mental health strategy ‘Changing the Outlook’ (DH, 2001b). Prisoners, however, may still not have the same access to comprehensive services as others, despite high levels of need. People with learning disabilities who also have mental health problems may find that their needs are not well met by existing mental health services (DH, 2005b).

The sections below provide information and questions on just two equality issues. All are important for MHNs to tackle in day-to-day practice. We would welcome comments on how MHNs can improve services for all.

33) Gender needs

Delivering a gender sensitive mental health care system requires all mental health professionals, but particularly nurses, to provide mental health care that is informed by a knowledge and understanding of gender differences in women and men, and their inter-relationship with respect to service users.

Men and women commonly differ in their life experiences, economic circumstances, how they express and experience mental distress and what they want in terms of care.
In improving women’s experience of specialist mental health services, nurses need to particularly focus on maintaining women’s psychological and physical safety within inpatient settings. There is also a clear need to acknowledge and address the link between violence and abuse, most notably childhood sexual abuse, and women’s mental ill health. At least 50% of women in specialist mental health services are surviving childhood sexual abuse and the percentage is even higher when account is taken of adult abuse. Mental health services need to put all building blocks in place to establish the routine exploration of violence and abuse in assessment and care planning, nurses having a pivotal role in this process (DH, 2003d).

**Q15** How can MHNs ensure that they are providing gender-sensitive care and support, and begin to tackle more consistently the impact of violence and abuse, particularly on women’s mental ill health?

### 34) Delivering race equality

*Delivering Race Equality (DRE) in Mental Health Care* (DH, 2005c) is a five-year action plan for achieving equality and tackling discrimination in mental health services in England. The action plan has the potential to improve the care for any group affected by disparity in health and healthcare, including black and minority ethnic (BME) older people, children and adolescents, refugees and asylum seekers.

There are many challenges facing mental health nursing in delivering race equality, particularly in influencing and supporting the delivery of the patient choice agenda and lessening fear of mental health services.

The aims of *Delivering Race Equality* include:

- reducing fear of mental health services among BME communities and service users
- increased user satisfaction with services
- a reduction in the disproportionate rates of compulsory detention of BME service users in inpatient units
- reducing violent incidents that are secondary to inadequate treatment of mental illness
- a reduction in the use of seclusion in BME groups
- the prevention of deaths in mental health services following physical intervention
• a more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective

• a more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services

Q16) How should MHNs best contribute to improving race equality in mental health services?

Developing inpatient care

35) Introduction

MHNs work in the entire range of mental health care settings, from day centres to high secure hospitals, and from long-term rehabilitation to crisis resolution services. This section highlights one particular area of practice, that of inpatient care. Please also provide comments and good practice examples if you consider that other areas of MHN practice particularly require further development.

36) Developing nursing in inpatient settings

Inpatient care remains an essential component of mental health services. It remains one of the most challenging areas to work in and the area about which service users most commonly express dissatisfaction.

Inpatient care provides care for many of the most needy and disturbed people and presents enormous challenges to those who work in them. Existing implementation guidance has provided a framework for improving inpatient services to provide a more effective, safe and therapeutic inpatient experience (DH, 2002c). Although this guidance is designed for adult services, many features apply equally to inpatient settings for all ages. Recent changes in service delivery, with more investment in alternatives to hospital admission, have influenced acute inpatient service provision. Thus, a significant challenge for inpatient services is to maximise and maintain their connections to community services and supports. While there are many excellent inpatient services with dedicated professional staff, some common perceived problems that remain are those of boredom, poor environments, occasionally high levels of threat and aggression, and a perception that staff are not always available or responsive.
Some of the particular challenges for MHNs in inpatient care are, for example:

- **How to ‘let nurses nurse’** – increased demand relating to such activities as record-keeping, ward rounds/reviews, and observation can inappropriately monopolise staff time, leaving less time for therapeutic engagement with service users, or for providing direct supervision in practice to more junior staff or acting as a role model in their interactions.

- **Developing support worker roles** – support workers play a vital role in inpatient care, often spending a majority of their time directly with service users. By providing training to develop their role and skills, they could provide a better service to service users and also enable qualified nurses to concentrate on interventions requiring higher levels of skill and experience, or free them from the more administrative 'managerial' tasks.

- **24-hour care provision** – service users report that they often feel that care at night tends to be minimal and rigid. It is a challenge to develop nursing that facilitates users getting adequate rest, yet is still responsive to individual needs.

- **Improving engagement and observation** – MHNs strive to maintain the safety of service users, while at the same time allowing them as much freedom and choice as possible. Balancing safety needs, for example regarding the use of special observations or locking doors, with respect for privacy, dignity and self-responsibility is a continual challenge for MHNs.

- **Improving career pathways** – until recently there were few opportunities for MHNs to have a career pathway in inpatient settings, with many moving to other settings in order to progress. Modern matron roles, the effect of Agenda for Change grading and a small number of nurse consultant roles have begun to provide a structure that will encourage nurses to stay and develop high levels of skill and experience. Some service providers are developing advanced practice roles, for MHNs and others.

- **Maintaining a safe and therapeutic environment** – MHNs not only have responsibility for the direct clinical care of service users, but also for managing the inpatient environment. This can involve such diverse and important activities as: keeping the ward environment clean and taking appropriate actions to minimise the risk of healthcare-associated infections; making the ward as homely and non-institutional as possible; and minimising the risks of self-harm from materials and fixtures.

**Q17)** How can MHNs best improve service users’ experiences, and outcomes, in inpatient care settings?
Developing nurses to better meet the needs of service users

37) Introduction
In order to ensure that MHNs provide excellence in care, it is essential that they be developed throughout their careers. This applies whether they wish to progress through a career structure or to remain in a single role, but in a constantly changing environment where they need to respond to new evidence and new priorities. The Agenda for Change, use of the Knowledge and Skills Framework coupled with the Ten Essential Shared Capabilities (DH, 2004a) and the Mental Health National Occupational Standards offer structures to help in this process.

38) Pre-registration nurse training
Currently MHNs are educated at university to either diploma or degree level, typically for three years. In order to qualify, they need to have been assessed as being competent in a range of general competencies laid down by the Nursing and Midwifery Council (NMC). Nationally, service users, carers and service providers have expressed concerns that some nurses are not adequately prepared to practise on qualification. Specific concerns have been expressed that certain key basic skills, such as relationship-forming and basic physical healthcare skills are insufficiently developed. The NMC is currently carrying out a Fitness to Practise Review at the point of registration for all types of nurses and midwives.

The CNO Review will produce advice regarding specific mental health competencies to be achieved by the point of registration for Registered Nurses (Mental Health).

Q18) What are the key mental health-related competencies (including skills, attitudes and knowledge) that all MHNs should have at the point of qualification, and what changes could improve the pre-registration training provided in both academic and practice settings?

39) Developing support workers
Support workers play a vital role within mental health nursing, yet, too often in the past, they have been inadequately prepared for their roles, and their potential has not been truly tapped.
Support workers often have years of experience, both life experience and experience in working within mental health services. They are often local people with a strong commitment to working for their employing organisation and connections with their local community.

Opportunities are increasingly being used to help support workers to enter the nursing profession via secondments. Other schemes are developing to train and develop support workers utilising the Agenda for Change framework and a new career framework for staff. For some, this has meant entering into new roles, such as associate practitioners or support, time and recovery workers. Such roles can frequently play a crucial role in linking recovery-based practice to the communities in which people live and/or work. The future regulation of support staff is being considered within the terms of the review of non-medical regulation.

**Q19) How can support workers be developed to make the greatest contribution to providing care, and in what areas?**

**40) Continuing Professional Development and post-registration education**

Continuing Professional Development (CPD) is a process of lifelong learning to meet the needs of service users and to deliver NHS priorities. The Nursing and Midwifery Council’s Post Registration Education and Practice (PREP) CPD standard requires nurses to have undertaken and recorded their CPD over the three years prior to the renewal of their registration. It is a legal requirement which nurses must meet in order that their registration be renewed.

In order to meet service user need effectively, it is essential that MHNs continue to develop their skills, knowledge and attitudes after initial registration.

Learning within a multi-disciplinary team setting, through sharing of different perspectives and developing teamwork, may be a particularly valuable approach to post-registration education (DH, 2001c).

Multiple demands often make it difficult to prioritise training and development needs and it is sometimes difficult to have sufficient free time to do so. While there are many good examples of training being developed, there are also some areas where training does not meet the changing needs of services. There are other approaches to CPD such as having placements in other services, shadowing and journal clubs that are rarely used.
Improving working in teams

41) Working in teams

The vast majority of MHNs work as part of a multi-disciplinary team. This requires competencies/skills in communicating, understanding about other perspectives and mutual respect. Many new roles have recently been developed in health and social care, e.g. gateway workers (DH, 2003b), support, time and recovery workers and graduate mental health practitioners. Furthermore, other established professions have been examining and beginning to change the focus of their roles, e.g. new roles for psychiatrists (DH, 2004d). These all present opportunities for improving services, but may also present challenges to MHNs as to how they relate to these changing and developing roles.

Q21) What challenges are presented to mental health nursing by the development of new/changing roles, and how can the profession best respond to ensure that services are improved by such developments?

MHNs are professionally accountable for everything they do. No other professional can take that accountability and responsibility from them.

The Nursing and Midwifery Code of Conduct (NMC, 2002) makes it clear that nurses must always act in what they see as their service users' best interests. Inevitably this may require nurses, at times, to assertively, but professionally, put forward their view regarding what are the best interests of service users, even if this is contrary to other views within the multi-disciplinary team. Such teams should always strive for consensus. Anecdotally, it appears that some MHNs do not have the confidence to clearly state and evidence their views in such settings, and some service users feel that MHNs do not always assert themselves on the service user's account.

Q22) How can MHNs be supported to always act in a way consistent with their professional accountability and present their views in an assertive, coherent, professional and evidenced manner?
Improving recruitment and retention

42) Recruitment and retention

Despite a marked increase in the number of MHNs employed in the NHS and a continued rise in commissioned student nurse places, many areas of the country still experience serious staff shortages. These are most noticeable in inpatient ward areas. Increases in the range and number of services has tended to continue to draw nurses away from inpatient areas to community posts, seen by some as ‘more glamorous’ (Sainsbury Centre for Mental Health, 2005). Continued high levels of vacancy have encouraged a number of areas to develop new roles that have taken on activities traditionally provided by MHNs, particularly in inpatient settings.

Although vacancies are most commonly found in inpatient settings, the need for experienced staff in the new community teams has also led to hard-to-fill vacancies in other settings. Some Trusts have found that filling the most senior clinical posts, nurse consultants, is very difficult.

As part of the CNO Review of Mental Health Nursing, guidance is being developed to improve both the retention and recruitment of MHNs.

Below are examples of some of the areas that have been identified as important:

- Improving commissioning of educational training places for nurses to meet local and national needs
- Improving the public and professional image of mental health nursing, e.g. particularly for those working in inpatient and older people’s settings
- Meeting local need, e.g. recruiting from local communities, reaching possible future nurses when they are very young, and developing support workers
- Improving leadership, e.g. highlighting high-profile, ‘successful’ nurses and improving career pathways and succession planning
- Improving education, e.g. getting initial selection processes right and ensuring that courses adequately equip MHNs to practise effectively and confidently
- Improving working lives, e.g. flexible working, encouraging retired nurses to contribute in innovative ways, providing affordable housing, protected CPD time, shared posts and developmental posts, e.g. nurse registrars
- Taking innovative approaches, e.g. positive preceptorship, cadet schemes, shortened courses for graduates, secondment of support workers and recruiting individuals with a history of mental health problems
• Improving the experience of nursing, e.g. valuing assertiveness and professional independence and ensuring services ‘let nurses nurse’, ensuring that evidence-based training can be practised

Q23) How can we best improve the recruitment and retention of MHNs?

Leadership

43) Developing nursing leadership

Effective leadership is a key ingredient in modernising today’s health service, and all professions have a need to develop leadership skills. Better leadership means better service user care and improved working practices for NHS staff. This will include leading cultural change to achieve effective and inclusive practice. MHNs can continue to make major improvements to service user care, but in order to be able to do so they need the knowledge and skills both to lead and bring about change.

In providing leadership for advancing the future of mental health nursing, we need to consider the potential leadership roles, for example: a) promoting high-quality and accessible care for those who experience mental health problems of any kind; b) enhancing partnerships between all groups who work on addressing issues related to mental health; c) influencing the development of healthcare policy that respects the needs and concerns of people with mental health problems; d) promoting good practice by personal example; and e) increasing the evidence base for advancing practice in mental health nursing.

Without effective professional and clinical leadership, mental health nursing will not be able to reach its true potential.

Q24) How can effective leadership be best developed and supported for mental health nursing?
References


http://www.everychildmatters.gov.uk/_files/EBE7EEAC90382663E0D5BBF24C99A7AC.pdf


Department of Health (2001b) Changing the outlook: developing and modernising mental health services in prison. London, DH.

http://www.dh.gov.uk/assetRoot/04/05/88/96/04058896.pdf


http://www.dh.gov.uk/assetRoot/04/06/11/12/04061112.pdf


http://www.dh.gov.uk/assetRoot/04/08/73/54/04087354.pdf


http://www.publications.doh.gov.uk/learningdisabilities/access/


http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/LongTermConditions/fs/en


NIMHE/Mental Health Foundation (2003) *Inspiring hope: recognising the importance of spirituality in a whole person approach to mental health*.
http://www.mentalhealth.org.uk/html/content/spirituality_project.pdf


Social Exclusion Unit Report. London, ODPM.


**Agenda for Change**
A new NHS pay system based on the principle of equal pay for work of equal value.

**Assertive Outreach**
An active form of treatment delivery: the service can be taken to the service users rather than expecting them to attend for treatment. Care and support may be offered in the service user’s home or some other community setting, at times suited to the service user rather than focused on service providers’ convenience. Workers would be likely to be involved in direct delivery of practical support, care co-ordination and advocacy as well as more traditional therapeutic input. Closer, more trusting relationships may be developed with the aim of maintaining service users’ contact with the service and complying with effective treatments.

**Community Mental Health Team**
A multi-disciplinary team offering specialist assessment, treatment and care to people in their own homes and in the community. The team should involve nursing, psychiatric, social work, clinical psychology, and occupational therapy membership, with ready access to other therapies and expertise, such as specialist psychotherapy, art therapy and pharmacy.

**Continuing Professional Development (CPD)**
A systematic and planned approach to the maintenance, enhancement and development of knowledge, skills and expertise that continues throughout a professional’s career and is to the mutual benefit of the individual, the employer and the professional body.

**Court Diversion**
Court diversion is an assessment by a team who, where appropriate, divert offenders likely to be suffering from a mental health problem from the Criminal Justice System to the care of Health and Social Services. Diversion is the process of decision-making which results in certain offenders not being prosecuted or, where they are prosecuted, not being imprisoned.

**Crisis Intervention Team**
A team of mental health professionals whose job is to work with people with mental illness who are going through a crisis. The aim of the team is to bring about a rapid resolution of the problem and prevent admission to hospital.
Dual Diagnosis
The coexistence of mental health and substance misuse disorders.

Essential Shared Capabilities (ESC)
The aim of the ESC is to set out the shared or common capabilities that all staff working in mental health services should achieve as a minimum.

Holistic Care
A phrase used to describe care of the whole person. A holistic approach to mental health care would aim to meet the psychological, physical, social and spiritual needs of the client.

Knowledge and Skills Framework
A competency framework linked to Agenda for Change, that is designed to identify the knowledge and skills that individuals need to apply in their post, help guide their development and provide the basis of pay progression.

Mental Health National Occupational Standards (NOS)
The NOS are designed to provide a measurement of output or performance by setting out detailed descriptions of competence required in providing mental health services in three key areas: operating within an ethical framework; working with and supporting individuals, carers and families; and influencing and supporting communities, organisations, agencies and services.

Mental Health Nurse (MHN)
An MHN is a healthcare professional, with a specialist mental health nursing qualification, typically gained after three years’ university-based training. MHNs’ training is based around the ability to assess, plan, implement and evaluate, taking into account service users’ psychological, social, physical and spiritual needs. The activities of MHNs are guided by the Nursing and Midwifery Council’s Code of Professional Conduct.

Mental Health Services
NHS services specially designed for the care and treatment of people with mental illness/risk of developing a mental illness. Most now also incorporate specialist mental health social care services.

National Service Framework (NSF)
NSF’s set out a comprehensive vision for healthcare in England. The NSF for Mental Health, for example, sets out broad standards for mental health care.
**National Institute for Mental Health England (NIMHE)**
NIMHE is responsible for supporting the implementation of positive change in mental health and mental health services. NIMHE is part of the Care Services Improvement Partnership, the main sponsor is the Department of Health. There are eight development centres, through which the majority of NIMHE’s work is delivered.

**Nurse Consultant**
An expert practitioner with a remit to improve the quality of healthcare provision and to strengthen professional leadership. Nurse consultants spend a minimum of 50% of their time working directly with patients, ensuring that people using the NHS continue to benefit from the very best nursing skills. In addition, nurse consultants are responsible for developing personal practice, being involved in research and evaluation and contributing to education, training and development.

**Palliative Treatment**
Treatment that aims not to cure a patient, but to relieve symptoms.

**Personality Disorder**
Personality disorder is a clinical construct used to describe various clusters of human behaviour and experience that are generally regarded as functionally impaired or psychologically distressing, and that arise from inflexible and maladaptive personality traits.

**Psychological Therapies**
Talking therapies, for example motivational interviewing and cognitive behaviour therapy.

**Risk Assessment**
A gathering of information and analysis of the potential outcomes of identified behaviours. Identifying specific risk factors of relevance to an individual and the context in which they may occur. This process requires linking historical information to current circumstances to anticipate possible future change.

**Risk Management**
A statement of plans and allocation of individual responsibilities for translating collective decisions into actions. This process should name all relevant people involved in the treatment and support including the service user and appropriate informal carers (Morgan, 2000).
Service User/s
People who need health and social care for their mental health problems. They may be individuals who live in their own homes, are staying in care, or are being cared for in hospital.

Substance Misuse
Includes illicit drug use, such as heroin and other opiates, amphetamines, ecstasy, cocaine and crack cocaine, hallucinogens, cannabis, and prescribed drugs such as benzodiazepines, as well as substances such as alcohol. Substance misuse can cause psychological, physical, social and legal problems.

Supplementary Nurse Prescribing
Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber (a doctor) and a supplementary prescriber (for example, a suitably trained nurse), to implement an agreed patient-specific clinical management plan with the patient’s agreement.