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Caring About the Shape of Mental Health Nursing: A survey investigating practitioner's perceptions towards potential changes to undergraduate education

Introduction

Whilst there is a growing disquiet about the future of mental health nursing there is little in the way of an organised, unified response from mental health nurses. The Health and Social Care Information centre report a fall in the number of mental health nurses of more than ten percent over the past five years and lower levels of qualified staff have been associated with higher patient mortality (Griffiths et al. 2015). Debate around the preparation of pre-registration nurses for practice is ongoing due to concerns around patient experience within health provision (Willis 2012, Francis 2013, Berwick 2013, Keogh 2013 and Bubb 2014). Whilst concerns around poor care have focussed on adult and learning disability care facilities thus far; they raise questions about the skills, attitudes and behaviour of all staff (Wells, 2015).

These reports interpret failures of care in the context of professional expectations and leave nurse education increasingly scrutinised in regards to context and quality of care delivery (Health Education England, 2014). This discourse is exacerbated by resurgence of the debate around the necessity for degree-level nurses. Concerns that nurses have become over-qualified and undertrained can be summarised by the accusations that they are '*too posh to wash, too clever to care'* (Beer, 2013). This increased scrutiny of nursing takes place within an embattled and evolving health service facing increased financial restrictions, responding to the needs of an aging population and moving to place more services in community settings.

It is perhaps unsurprising then that the recent Shape of Caring review (Willis, 2015) signals an intention to overhaul nurse education and training. The Shape of Caring Review offers 34 recommendations recognising the importance of nursing but stating that change is needed. One of the proposals is that nursing students should undertake a three year degree with a formal fourth year in clinical practice. This four year course would be restructured with nursing students undertaking a two year core generalist nurse training with adult, child, learning disability, mental health and newly added public health nursing specialisms beginning in the third year and continuing in into a fourth year preceptorship period (Rosser, 2015). The recently released Leading Change, Adding Value: A framework for nursing, midwifery and care staff (NHS England, 2016) appears to give tacit support to the Willis agenda although it rightly notes the importance of parity of esteem between physical and mental health.

The rationale is that this refocussed training will ensure nursing students receive a more holistic education to meet the demands of complex care presentations where mental and physical health issues present concurrently (Kleebauer, 2015). For this more generalist grounding to occur within undergraduate nurse training the 'silos' created by nursing specialisms or the four 'Fields of Practice' (Adult, Mental Health, Child, Learning Disability) would need to be addressed. Time spent studying specialist areas is seen from this perspective as taking the emphasis from core clinical skills (Pearce, 2015). These proposals are still under consultation (and educationalists are awaiting new educational standards from the Nursing Midwifery Council which may shift priorities), however this report suggests changes in how nursing specialisms are prepared and delivered at undergraduate level.

Arguably, the Shape of Caring review impacts on mental health nursing as a speciality as the move towards generalist nursing undermines the inherent values and core skills needed to successfully support mental health service users (Stickley et al, 2009). Although the changes proposed by the review allow for 'fields of practice' there are concerns among some MHNs that increased emphasis on a shared core could result in a potential loss of mental health content and focus in curriculums (Baker et al., 2010). Ion and Lauder (2015) note the impossibility of training mental health practitioners in two years of 'bio-medically focused' care and then expecting them to give care underpinned by socially aware, values-based practice using theories of recovery, co-production and normalisation.

Stickley et al., (2009) suggest that economic and workforce pressures result in specialist fields of practice being seen as a luxury and there is an ongoing concern that the generalist approach used in countries such as Australia will influence the Nursing and Midwifery Council as they consider future trajectories for nursing (Robinson & Griffiths, 2007). This has been actively resisted (Baker et al., 2010), with calls for a commitment to mental health nursing theory and its application to practice. It is also notable that some Australian services have been trying to move back from generalist to specialist undergraduate nursing courses citing concerns that their loss has reduced service effectiveness (Happell, 2015,).

At present pre-registration nurse education has a generic core, with mental health clinical experience making up 50% of the whole course (2,300 hours of 4,600 hours), highlighting the value of learning in the workplace, a fundamental aspect for nursing students to assume the identity and skills of mental health nursing (Hurley &

Lakeman, 2011).   Many authors argue that generalist nursing programmes result in a reduction of career choice paths, especially those into mental health work. Indeed it is suggested that specialisation makes a major contribution to recruitment and retention (Hercelinskyi, 2013; Hurley et al., 2011; Hurley & Ramsay, 2008).

Detractors to the Shape of Caring review question have questioned the potential changes to the way that mental health nurses are recruited and socialised in the context of care as in the United Kingdom when this lack of this emphasis has resulted in poor recruitment and retention worldwide (Jansen and Ventner, 2015). This situation shortage of mental health nurses especially in areas where the cost of living is high are unlikely to be improved with the removal of bursaries for student nurses. It is within this troubling context that the future of mental health nursing is under discussion.

Methodology The stakeholders most affected by changes to mental health nurse education have been notably absent from this debate so a survey using a qualitative approach was employed to gather their responses. Data was obtained through an online survey using purposive sampling. Participants were recruited through professional networks by email and a link to the survey was also made publically available through Twitter between Feb-April 2015. This survey was designed to identify the views of those who may be impacted by potential changes to nurse education – that is service users, carers, nurses, students, the public and allied health professionals of all backgrounds and the questions were developed be reviewing the current literature.

> **Survey Questions: Three short questions were selected in order to maximise response rate.**
>
> 1. *What do you think the future holds for mental health nursing?*
>
> 2. *What should an undergraduate curriculum contain to facilitate the knowledge and skills needed to be a registered MHN?*
>
> 3. *Should we keep championing mental health nurse undergraduate education as a specialty? Why?*
>
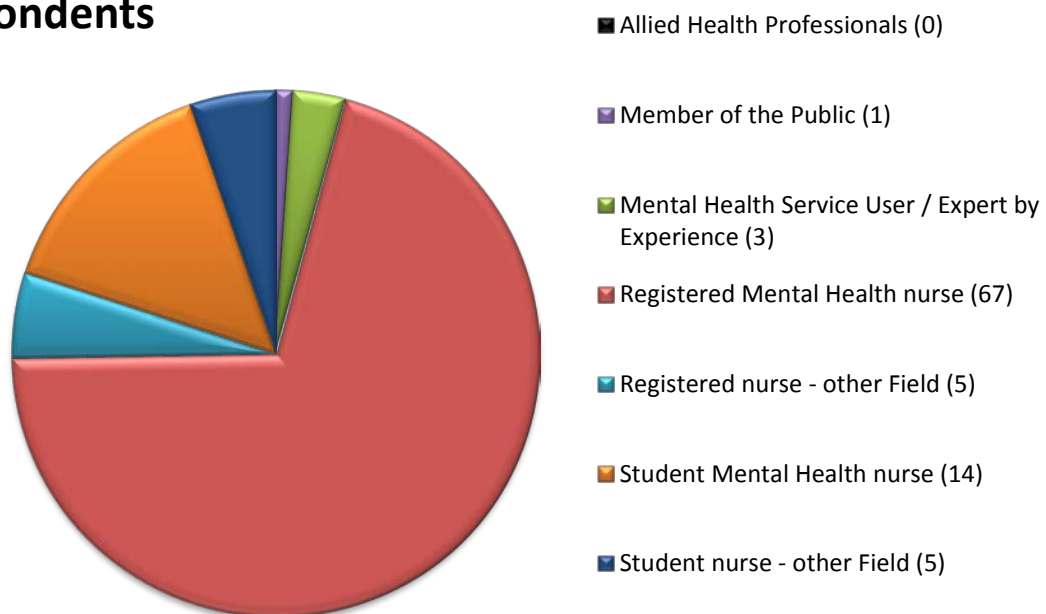> *Is there anything else you would like to add?*

The link to the survey and the accompanying information specified that the data would be anonymised, collated and used to generate stakeholder commentary for publication. It also made clear that completion of the survey would imply informed consent to participate. There was also a facility to contact the survey's administrators and clarify any questions or have data removed if requested up until to the point of publication.

Using Braun & Clarke's (2006) *Six Phases of Thematic Analysis,* patterns within the qualitative data collected from the participant responses were identified and analysed. Thematic analysis is an established approach to consider individual experiences in terms of wider theories and whilst Taylor and Ussher (2001) note that authors sometimes describe themes as 'emerging' from collected data; the thematic analysis here is an active, intellectual activity (Thorne, 2000). The themes within this paper were identified by the authors working as an analysis team (Dixon-Woods, 2011)

Results: There were 86 complete survey responses, with the majority from mental health nurses and student nurses. There was a limited response from service users,

despite the survey being linked to Twitter feeds of third sector organisations and some key influencers in Mental Health. Several nurses from other fields participated although no one identified as an allied health professional. There are benefits to using a platform such as Twitter in that it is a convenient, cost-effective, and ostensibly open access means of intervention delivery for researchers (Stephens and Gunther, 2015). For example there was a broad spread of responses with 56% from England, 33% from Scotland, 7% from Wales and 4% from Northern Ireland. Using Twitter in this way removes geographical constraints from the data collection.

Respondents

- Allied Health Professionals (0)
- Member of the Public (1)
- Mental Health Service User / Expert by Experience (3)
- Registered Mental Health nurse (67)
- Registered nurse - other Field (5)
- Student Mental Health nurse (14)
- Student nurse - other Field (5)

Limitations: However there are limitations to this dissemination strategy, for example 90 responses were completed however it is not possible to state how many people were exposed to the link and at what stage they declined to participate. Although Twitter is open access, Robinson (2013) found that usage by nurses lags behind that of the general population with approximately 11% of nurses using Twitter compared with 20% of adults in general. Moorley and Chinn (2014) note that some NHS organisations block or discourage the use of social media as Twitter is not seen as a professional tool, this continues despite championing by respected bodies; and

Archibald and Clark (2014) acknowledge that low confidence and skills can impact on engagement via social media.

Themes: Respondents commented on a range of subjects: from the future of mental health, the content of undergraduate curriculum, views on mental health nursing as a speciality - they were also offered free text space to comment. There were a range of responses and opinions were divided in regards maintaining Mental Health Nursing as a speciality. Whilst a majority spoke in favour of separate fields there was a vocal minority who were in favour of generalism - the comments are anonymised to allow people to freely express themselves on this political topic and they were submitted via Survey Monkey**.** After conducting a thematic analysis (Braun & Clarke, 2006) on the use the qualitative survey data, four themes were identified which are noted below (Fig 1).

- *Financial pressures:* Stakeholders noted the impact of uncertainty on their practice and the future of mental health nursing; this was frequently in regards to the privatisation of NHS services, challenges in the face of austerity and reduced funding

to services. There was a sense that the language, tone and expectations of health are changing faster than the profession is and practitioners are finding it hard to find meaning in the systems in which they work.

[There is a] *'Continuous struggle to be heard in an ever increasing 'business' environment where easily measured outcomes matter and the harder 'human' outcomes are not counted at all'*

There was a keen sense of the impact of financial pressure shaping mental health nursing directly *by 'opening the door to less skilled workers'* at lower bandings and top bandings being *'especially targeted'.* It was felt that the reduction in managerial, specialist and nurse consultant levels affects *'nursing aspiration to either continue in profession and build experience or to even join in the first place'.*

The increased profile of generic nursing was placed under scrutiny in terms of its mooted financial benefits.

'Generic nursing appeals to those who see economies of scale in pre-reg. programmes'.

'It would suit the purse string holders to create a single point of entry … [but] It would be non-effective in the care of patients for many reasons including lack of continuity as I believe nurses may be rostered within a health service & be placed in any specialism on any given day with no regard to the patient'.

Professional identity: There was an acknowledgement that mental health nurses can experience stereotyping and vicarious stigma, which affect the perceived desirability

of the profession: *'We do not just drink coffee and talk to folk'.* The acknowledgement of reflected stigma was voiced alongside clear statements of specialist skills and identity.

'… it will take a lot more time, education and awareness before mental health nursing is perceived to hold the same value and worth as adult or child nursing'

'Mental health is as specialised as paediatrics or ITU. Get it wrong and the consequences could be disastrous. People need to be interested and motivated to work in this area, de-specialise it and it will become an add-on that anyone will think they can do it without understanding'

However some respondents were equally certain that separate fields were unsustainable and indeed damaging to public health and that nursing skills should be general, with specialism if necessary occurring with further training.

'I think that adult and MH should be integrated to provide more efficient person centred approach'.

[We] *'…need to have combined education with adult nursing for future-proof nursing care'.*

There were a number of respondents whose desire for generalist training stemmed in large part from concerns about poor physical health outcomes for people with mental health issues.

'nurses need to have a good grounding in whole person care and the physical health needs of the mentally ill have been neglected for too long by our profession'.

Others felt that generalist training should mean specific mental health skills should be more prominent as part of core nurse training and that there is an opportunity for integration to bring benefits to the *adult field* rather than losses to *mental health*.

'There are a core set of skills that all nurses require … There needs to be more 'mental health' within the curriculum. The NMC appear to be ignoring this'.

- *Changes in Roles and Responsibility:* Many respondents described mental health nursing as '*under siege'*, there were comments noting the encroachment of other staff groups on areas traditionally ascribed to mental health nurses. This led to a sense of uncertainty about the future.

'we'll be replaced by generic MH workers if we're not careful as nurses in substance misuse have been'.

'If MHN remains a distinct nursing speciality (i.e.: as distinct as Midwifery is) and does not become subsumed by general nursing it will have a future. If not, the future is precarious'.

'I think mental health nursing is being eroded by other professions esp. social work and OT. Soon other professionals will be trained to administer medication and mental health nursing will be a concept of the past'.

The diminishing of traditional MHN roles was felt to leave nurses with areas of work which were less rewarding and bereft of opportunities to develop expertise.

'Allied health professionals are slicing chunks from areas of work, e.g. anxiety … leaving nurses with custodial roles and making it harder for nurses to progress within mental health… '.

Some respondents focussed on areas that could be potential areas of growth for mental health nursing noting the development of roles in primary care and the need for greater public mental health awareness.

'in an ideal world, I'd like to see more primary care services for mental health and more opportunities to work as part of general nursing teams'…

'The future lies out in community nursing. A challenge to educate service users and families that long term in patient stay is not an option, invest in recovery based care with focus on health focused behaviour such as diet, exercise, medication, sleep hygiene'.

Others saw opportunities in areas relating to social justice and were concerned by a lack of moral and political discourse within the profession. Notably there was a feeling that the care of older adults, especially where a presentation involved dementia should naturally fall towards mental health rather than adult services. There were requests for increased educational focus on this area and even a suggestion that the complexity of this population merited its own speciality. Despite concerns about the blurring of roles with other members of the multi-disciplinary

team some respondents looked to colleagues of other disciplines to help secure a professional foothold for mental health nursing.

'Mental health nursing to my mind [still] needs to establish itself as a discipline in its own right... '

'Social workers provide care management without the ability to give medication and shows that we should be recognised for being more than we are (nurses are what we are and we should learn to value what it means to be a nurse)'.

Concerns were voiced that mental health nurses are not articulating their practice effectively. This was felt to contribute to mental health nursing being misunderstood and undervalued as a profession and would lead to its end.

'if we are not [seen] as effective in assisting people back to health we will go the way of the dinosaurs'...

'The future would seem to be precarious if we cannot articulate what it is we do...'

Parity: The statements grouped under the theme of parity are concerned with the fair and equal treatment of people with mental health issues and the devaluing and stigmatisation of services which provide their care. There were concerns that generic nurse training would impair the service provided to people with mental health issues. It was also noted that if the focus of core nurse training will be on the adult field it is

likely to deter people with an interest in mental health from entering the profession or devalue mental health skills.

'*Patients will suffer by being treated by staff who have little knowledge or understanding of mental illness'.*

'It is such an important and undervalued role … to stop it as an undergraduate programme would be a message that it's not important or on a level with other nursing branches'.

'if we lose this particular training route then we run the risk of driving mental health care backwards and this can only compromise the treatment, care and importantly the understanding of the complexity mental health issues bring'.

'I wouldn't want someone who hadn't specialised in caring for children look after my children, so why would I want to be monitored and ask for advice and support from someone who is not specialised appropriately in mental health. Life experience is all well and good, but when people are in crisis they require specialist interventions'.

Discussion: This survey set out to establish stakeholder opinion on firstly what they perceived the future holds for mental health nursing, secondly what an undergraduate curriculum should contain to facilitate the skills and knowledge to become a registered nurse in mental health, thirdly and finally whether the undergraduate education should be continued to be supported. Four interlinked

themes emerged from analysis of the literature (see fig 1); Financial pressures; Professional Identity; Changes in roles and responsibility; Parity of esteem.

The uncertainty noted by participants regarding the privatisation of care has been echoed in the way undergraduate nursing will be funded by individuals with bursary support removed. Where the state previously socially invested in the recruitment and training of nurses, the free market concept of demand and supply is expected to remedy the fact that mental health nursing is not as attractive to potential students as it once was due to low wages and increasingly challenging working conditions. In addition the introduction of an apprenticeship model and the return of the second tier nurse, the nursing associate (previously an enrolled nurse) signals a back step in the pre-registration preparation of nurses. Over 3000 mental health nurses across the UK have been lost to the profession in the last 5 years (Royal College of Nursing 2014) it is a concern that they may be replaced by generic and unprepared workforce. The participants were well aware of the financial pressures facing health care but genericism was not seen as the solution to this issue by most.

Hercelinskyj et al (2013) Edward et al, (2015) and Happell et al, (2015) have all noted the importance of professional identity and related socialisation in the recruitment of potential students and in retention of future mental health nurses. They describe how the introduction of the 'comprehensive programme' in Australia has eroded the popularity of students considering mental health nursing as a career and (Wynaden, 2010) has commented that students are qualifying with minimal mental health experience. There is less surety that a nurse recruited for their potential in delivering quality mental health care will work within that field having been exposed to a broader working culture that does not value it (Coffey et al, 2015).

The respondents in general expressed grave concerns about the threat to their professional identity and there was an awareness of the impact of political expediency on the health and social care professions generally.

Respondents who supported a generic model often cited the injustice of mental health service users having a greater morbidity and mortality than the general population (Hemingway et al, 2014). The respondents rather than viewing an adult-dominated curriculum as diminishing mental health specific skills, suggest it could enhance the ability of the future MHN's to provide appropriate physical health interventions (Gray, 2015). Arguably the rhetoric of the Shape of Caring has influenced the tone of this debate – with the word 'silo' being used in place of 'specialism' and the idea that 'proper' nursing can only be situated in a biomedical context (Lintern, 2014 and Coffey et al, 2015). There was no suggestion by any of respondents that the physical health needs of people with mental distress could not be better served, however there was vehement disagreement as to how that could be achieved.

Happell (2015) commented that although the comprehensive system should in theory provide MHNs in Australia with enhanced physical health skills this did not materialise and the issue of mental health service users experiencing poor physical health is still comparable to that of the UK. The public health agenda though, is becoming a major driver and promoting positive health for people diagnosed with mental health problems is a welcome emphasis of the Five Year Forward plan for mental health (Bressington & White., 2015).

The growing need for a holistic approach to support people with dementia also links physical and mental health (Wattis and Curran, 2013). However there must be a

focus in the undergraduate curricula for mental health and adult nursing to understand the unique set of circumstances a person with deteriorating memory, cognition, changed behaviour, poor physical health presents (Johnson & Bressington, 2015).

Many of the concerns regarding the future of mental health nursing focus on the dilution of its identity and purpose (McKeown &White, 2015). Commentators have described this increasingly marginalised and fragmented professional voice as the profession '*sleepwalking to oblivion'* (Hurley & Ramsay, 2008; Stickley et al., 2009). More positively there were also suggestions that the role of the MHN may evolve toward primary care, develop a public health role and a community focus concentrating on non-medical interventions. There was critique of nursing leadership from the respondents particularly where representation of mental health was concerned.

It is important to note that there were some issues that were notably absent from the responses: for example; there was limited consideration of social media and technology or resource efficiency in systems. Despite inpatient services shrinking and explicit policy drivers there was less reflection on the potential growth of primary care and health promotion than might be expected and most significantly there was little in terms of coproduction or partnership with service users.

Conclusion: The '*Five Year Forward View for Mental Health*' summarises problems with current mental health service provision and proposes wide reaching change but has little to say to or about the nursing staff who deliver the majority of care. In a recent commentary Hart (2016) wrote '*it's years since [nurses] led the debate about the nursing care we should be providing'*. If mental health nurses continue to be

bystanders of the changes to provision of mental healthcare and the focus of nurse education they may find themselves superseded and obsolete. The interest in and the analysis of this survey indicates that we are at the start of a key discussion rather than at the end point of consensus. It is vital that mental health nurses have opportunities to consider and test their opinions on these issues and the confidence to speak up and be heard.

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