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Ghost or phoenix: the disappearance or rise of mental health nursing?

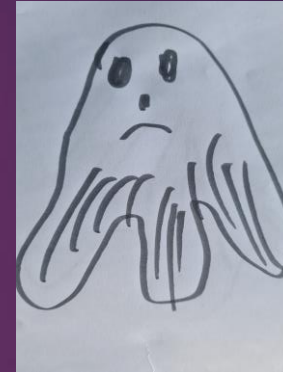
WARRENDER, D.

2022



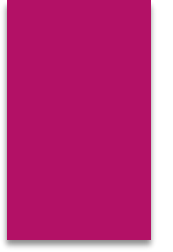
Ghost or Phoenix:

*The disappearance or rise of
mental health nursing?*



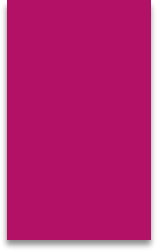
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PICTURES BY MEADOW, AGED 7



Mental Health Nursing

Mental Health **Nursing**





Mental Health Nurse



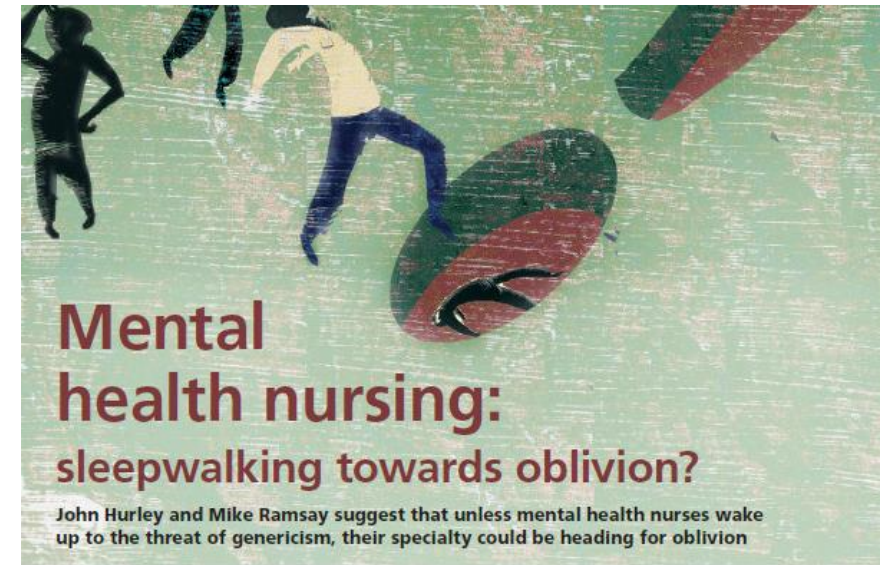
Nurse

who works in mental health settings

Profession being lost...

We need to wake up to the threats to mental health nursing:

- ▶ “Under siege” (Lambert and Hemingway 2016 p.114)
- ▶ “Under threat” (Connell et al 2022 p.8)
- ▶ “Threats to our profession are vast” (Warrender 2022)
- ▶ “Not able to decide its own future” (MHAUK 2016)
- ▶ “Sleepwalking into oblivion” (Hurley and Ramsay 2008)
- ▶ “High risk that this profession will be lost” (HEE 2022)
- ▶ “A zombie category” (Lakeman and Molloy 2018)



keywords

> mental health nursing
> nursing education
> history: nursing

Mental health nursing (MHN) has a rich heritage in the UK and has carved a unique niche for itself within the wider nursing profession. It seems impossible to conceive a future without specific MHN branch pre-registration preparation. But that situation has become a serious possibility with the spectre of a UK-wide review considering a new breed of generically qualified nurses

(NMC) last year circulated its *Nursing: Towards 2015* consultation that arguably fell only just short of outright support for generic pre-registration nurse training (NMC 2007). Other policies also advocated the necessity for a generic and flexible workforce to meet the future needs of healthcare delivery (Scottish Executive 2006a). These rumblings co-exist with MHN role expansion, which

Identity (Connell et al 2022)

- ▶ Mental health nurses work across such a variety of contexts, that defining the role can be a challenge
- ▶ Unclear role in between psychiatry, psychology and the rise of allied health professions, often exist as “sidekicks” (Warrender 2022)
- ▶ Confined within nursing itself (Warrender 2021)
- ▶ Flexibility in our role can be a benefit, so we can respond to the needs of the people we care for
- ▶ However, if we don't clearly assert who we are and what we do, others will
- ▶ Asserting who we are, needs to focus on reminding everyone who we are caring for

Mental health nursing identity: a critical analysis of the UK's Nursing and Midwifery Council's pre-registration syllabus change and subsequent move towards genericism

Chris Connell, Emma Jones, Michael Haslam, Jayne Firestone, Gill Pope and Christine Thompson

Abstract

Purpose – This paper aims to explain how and why the philosophical changes to the pre-registration nursing standards by the UK's Nursing and Midwifery Council (NMC) have resulted in a paradigm shift for mental health nursing.

Design/methodology/approach – This paper critically examines the changes to nursing education standards and offers an analysis of the problems associated with the shift towards a generic nursing syllabus.

Findings – The said shift prioritises physical health intervention, skills, procedures and tasks over the uniqueness of mental health nursing.

Practical implications – This paper argues that mental health nursing skills and qualities such as connection, genuine advocacy and therapeutic-use-of-self have been undervalued and under-represented by the new education standards.

Originality/value – This paper calls on the profession and service users to join the discourse and inform future mental health nursing identity. Ultimately, this paper calls on the NMC to reconsider the underpinning principles of the education standards and allot due consideration to the specific needs of the mental health nursing profession.

Keywords Identity, Mental health nursing, Nursing and Midwifery Council, Pre-registration education

Paper type Viewpoint

Introduction

In 2018, the Nursing and Midwifery Council (NMC [1]) redesigned the pre-registration nursing syllabus and introduced a vision for nursing that would seek to tackle the health of a nation. This paper examines the NMC's vision for nursing, as we, the authors scrutinise the current direction of the NMC and offer a careful examination of the move towards a genericism, which is at the heart of the philosophical changes. Consequently, this paper does not offer a full ontological account of what mental health nursing identity is, or should be, but opens the debate on what it is to be a good mental health nurse. We accept that the concept of professional identity and that of mental health nursing identity is imbued with complexity; therefore, this paper offers a critical analysis of the conceptual changes to the nursing pre-registration education programme, examining the unintended

(Information about the authors can be found at the end of this article.)

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Author contributions: C. Connell: conceptualization, methodology, writing, supervision, project administration; E. Jones, J. Firestone, M. Haslam, G. Pope and C. Thompson: investigation; C. Connell, E. Jones, J. Firestone, M. Haslam, G. Pope and C. Thompson: writing, review and editing. This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Improvements are needed

- ▶ Not everyone has nice things to say about mental health nurses. “Pot-luck”, whether you got someone who would be helpful or not
- ▶ Theory-practice gap: “a gift... received as a threat” (Warrender 2022)
- ▶ Medical model dominates, but education on alternative understandings of mental distress e.g. power threat meaning framework requires “fundamental and extensive revision of the curricula” (Grant and Gasby 2018).
- ▶ Responding effectively to trauma, ethical tensions regarding coercive practices, and improving people’s physical health (Ion et al 2020)
- ▶ Focus on therapeutic role, and de-emphasise medication, psychiatric diagnosis and custodial practices (Wand , Glover and Paul 2021)
- ▶ Willis Report (2015) holds a “simplistic view... that a return to genericism will solve these difficulties” (Ion and Lauder 2015)



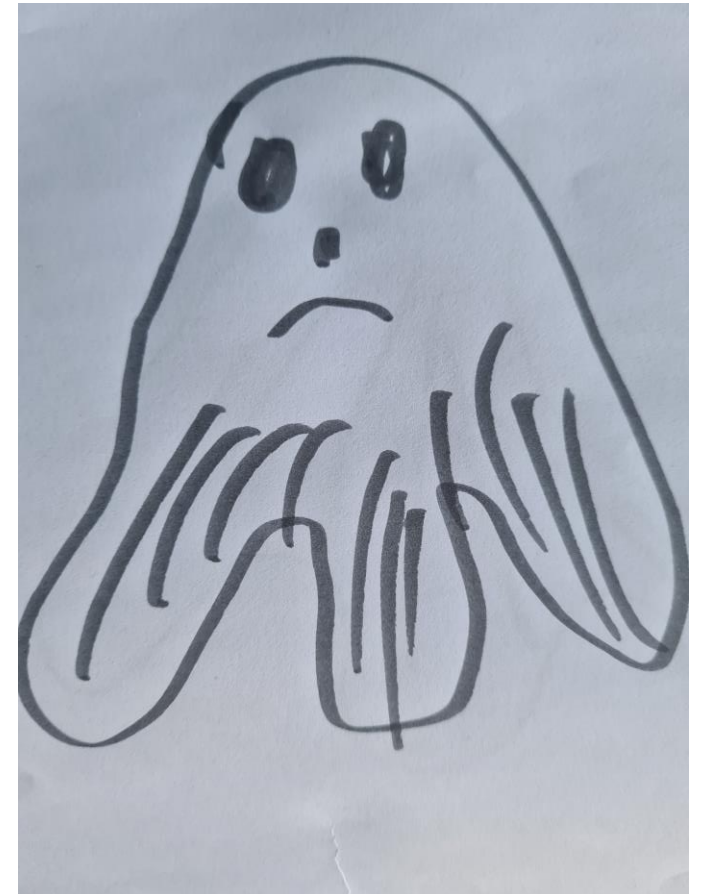
Current landscape of Mental Health Nurse Education

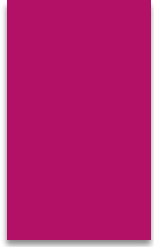
- ▶ Relentless focus on recruitment and not enough on retention
- ▶ NMC set standards, but these are interpreted and implemented by approved education institutions (AEIs), then the NMC approve these courses.
- ▶ Adult nursing dominates the profession through numbers. Voice of mental health nursing is not always heard.
- ▶ Wide variation in the amount of field specific content students receive across the UK
- ▶ Weakening of many mental health curricula with 'generic' course content and practice assessment document shaped to suit adult nursing
- ▶ “Growing dissatisfaction with mental health nurses on what is perceived to be a dilution of mental health nursing as a distinct specialty” (RCN 2022)
- ▶ Post-registration education is important, but on top of a solid specialist pre-registration foundation

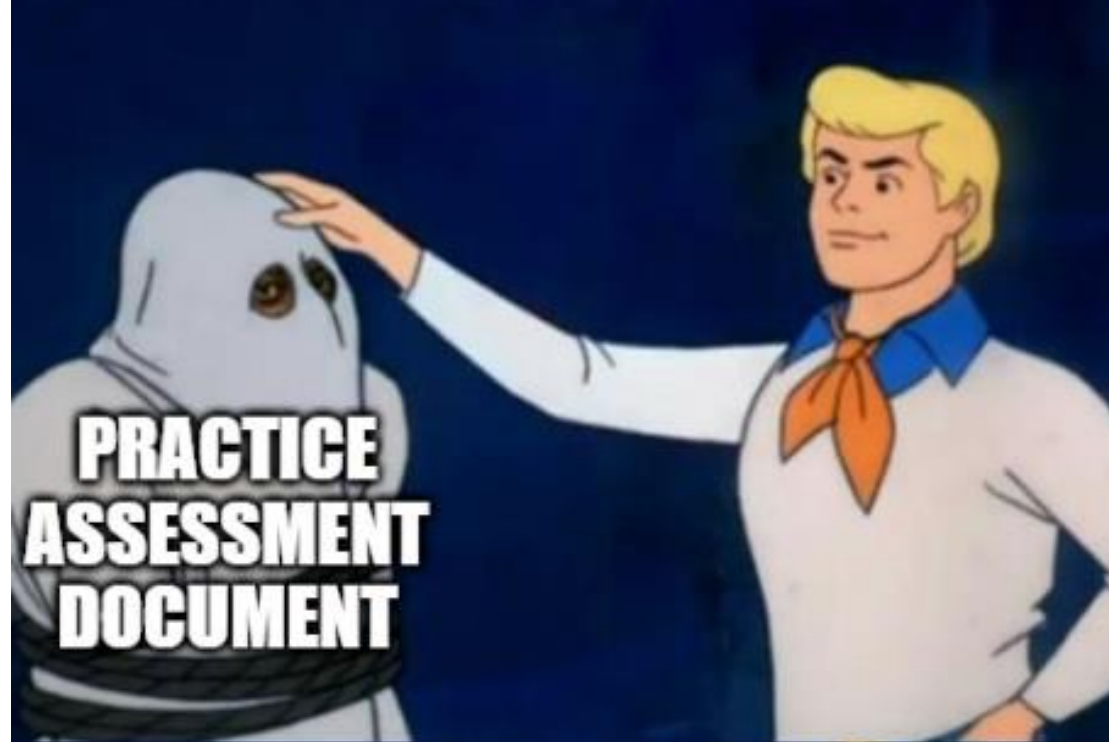
'Ghosts'?

Ghost is defined as:

- ▶ “vague, shadowy or evanescent form
- ▶ a mere shadow or semblance; a trace:
- ▶ wandering among or haunting living persons”









Impact

- ▶ 'Future Nurse' standards potentially condemning mental health nursing to history?
- ▶ Moral injury for academics, who may move post for stronger MHN courses, or leave nurse education
- ▶ Students disillusioned that courses are not as advertised
- ▶ Potential attrition and losing students to other professions.
- ▶ Stressed students feeling their practice assessment document has them 'chasing' skills, and that it doesn't value the skills they associate with a mental health nurse
 - ▶ Feels like there is *"a mismatch between our assessment and the service that we are being prepared to work within"* (Critical Mental Health Nurses Network 2022)
- ▶ Mental health nurses are not feeling adequately prepared for the job they will do
- ▶ Most important impact will be felt by people receiving mental health care

What we do...

- ▶ “Seminal differences... (and) an altogether different skill set” from other nursing fields (Connell et al 2022)
- ▶ Psychotherapist, advocate, physical health therapist, psychopharmacological therapist, relationship focused therapist, aggression management therapist (Hurley and Lakeman 2021)
- ▶ Navigating a swamp of grey areas – subjectivity and impact of how we understand distress, complex legislation relating to human rights, delicate power dynamics
- ▶ Enormous potential to help, enormous potential to do harm
- ▶ Need to be ‘experts of not knowing’, always carrying hope

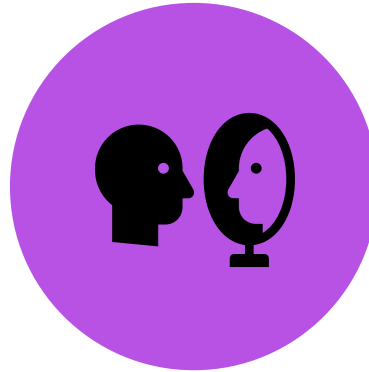
“You can’t have your cake and eat it – you cannot make training more generic and expect to produce graduates with necessary specialist knowledge to do this job well” (RCN Congress Speech)



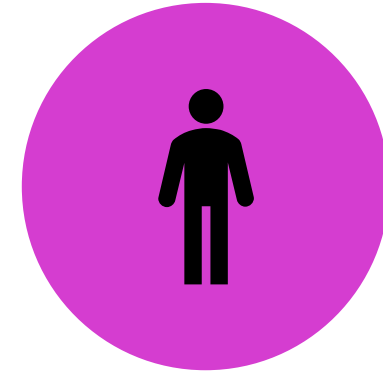
What matters to people...



“I ALWAYS FELT LIKE YOU
CARED”



“I REALLY APPRECIATED
THAT YOU SHARED SOME
OF YOURSELF”



“I FELT LIKE I WAS TALKING
TO YOU, NOT THE NHS”

To do list...

- ▶ Come together. Make some noise. Voice concerns. Advocate for the people we care for.
- ▶ Explore perceptions of MH nurse academics, clinical staff and students on current education being offered
- ▶ Re-address 'parity of esteem', including nurse leadership, in regulation, policy, practice and education
- ▶ Create and assert identity – Critically examine what we define as quality MH nursing, and how we measure it
- ▶ Propose the ideal curricula from MH perspective, considering lived experience perspectives
- ▶ Ensure physical health is clearly addressed, but contextualized
- ▶ Better bridges between academia, research and clinical practice

TO DO LIST

Strength in numbers...

- ▶ “Nursing schools often fail to explicitly promote academic freedom, not because they disagree with its tenets, but due to fear of possible threats to tenure or reputation” (Darbyshire et al 2021)
- ▶ Can't afford to have any bystanders, but people need to feel safe, and be safe, to have their voices heard
- ▶ Recognizing we are a minority group within nursing, the only way we can have strength is with numbers
- ▶ We don't need martyrs; we need a movement!



The future?

- ▶ Phoenix: a unique bird that lives, dies, and rises from the ashes with renewed youth to live through another cycle.
- ▶ Bespoke MH nursing courses built from the ground up, coproduced between mental health nurses and people with lived experience
- ▶ Or more radical shifts?:
 - ▶ Midwifery model – same regulator but respected as distinct?
 - ▶ Does the future of mental health nursing include the word 'nursing'?





Mental Health

Nursing

The choice for mental health nursing...



Mental Health Deserves Better

- ▶ “It seems contradictory that whilst mental health has never seemed so important to our society, the specialist education of mental health nursing is quietly disappearing” (RCN Congress Speech 2022)
- ▶ MH nursing is under threat. The quality-of-care people will receive is under threat, and they deserve better.
- ▶ Things need to change. We can only make this change together.

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#MHDeservesBetter



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