

Meeting the needs of people with complex emotional needs: what's wrong with genericism in the mental health nursing curriculum?

OBJECTIVES: In this presentation we take a critical stance to the current Nursing & Midwifery Council (NMC) standards underpinning nurse education and consider their potential impact upon the future of mental health nursing care for people with Complex Emotional Needs (CEN) in the UK.

BACKGROUND: Over the years, Mental Health Nursing as a profession, has fallen foul of controversy and criticism; and rightly, its most vocal critics are amongst those to whom we deliver care. In 2018, the NMC introduced new standards for nurse education, framed as developing future Mental Health Nurses with a more holistic skillset. Widespread dissatisfaction, however, is felt by Mental Health Nurse Academics who feel mental health nursing content has been diluted and that the preparation of new mental health nurse graduates has shifted from relational understanding and psycho-social skills development, towards a biomedical focus.

METHOD: As a collective of Nurse Academics, we acknowledge that changes to mental health nursing care are warranted. This presentation critically examines how the recent changes to the education standards underpinning mental health nurse education in the UK prioritise procedural-based, *often redundant*, physical health interventions and skills above mental health nursing-specific knowledge / skills needed to work effectively with people who are distressed. We argue that University curricula and practice assessment documents underpinned by the current education standards, undervalue the mental health nursing skills and qualities required to effectively support people with CEN.

RESULTS: As a consequence of this foundational shift in the NMC standards, and without any focus of meeting the needs of people with CEN, we predict poorer outcomes and experiences for people with this demographic.

LIMITATIONS: Service Users have not been involved in the development or presentation of this conceptual argument, however by bringing this debate to colleagues with Lived and Occupational Experience, we argue for solidarity and collective action.

CONCLUSIONS & IMPLICATIONS FOR PRACTICE: This current period marks a critical time for the mental health nurse profession and the people we work with. Collective action and innovations are required to bridge the gaps, especially if we are to better meet the needs of people with CEN.



MEETING THE NEEDS OF PEOPLE WITH COMPLEX EMOTIONAL NEEDS:

What's wrong with genericism in the
mental health nursing curriculum?

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THE MISIMPROVEMENT OF MENTAL HEALTH NURSE EDUCATION

20 years ago it was argued mental health professional education did not prepare people to work with complexity (Bateman & Tyrer, 2004)

Mental health nurses would welcome changes to education, acknowledging the need for improvement

Willis Report (2015) proposed improvements to nurse education, these influenced the NMC's (2018) Future Nurse Standards

NMC set standards, but these are interpreted and implemented by approved education institutions (AEIs), then the NMC approve these courses. This has led to:

- Wide variation in field specific content students receive in University across the UK
- Weakening of many UK mental health curricula with 'generic' course content and practice assessment document shaped to suit adult nursing
- Increase in physical health focus, not contextualized to field, and included at the expense of mental health content

“Growing dissatisfaction with mental health nurses on what is perceived to be a dilution of mental health nursing as a distinct specialty” (RCN, 2022), multiple concerns raised by academics (Connell, *et al.* 2022; Haslam, 2023; McKeown, 2023; RCN, 2022; Warrender, 2022a; 2022b)

Huge implications for preparation of mental health nurses to work effectively with people with complex emotional needs, who may be diagnosed with 'personality disorder'



WHAT IS IT THAT WE ARE AT RISK OF LOSING?

Loss of specific content in mental health nurse curricula and the unnecessary prioritisation of physical health proficiencies lowers the quality of mental health care (Warrender, 2022b)

Communication and skilful navigation of complex interactions between the nurse and the service user needed (Hurley, *et al.* 2022), especially when people are experiencing high levels of distress and at the point of crisis

Circumnavigation of conflicting values over multiple clinical settings (Connell, *et al.* 2022). Wishes/expectations Vs risk issues/organisational constraints

There is a need to create a psychologically aware workforce understanding;

- The potential for complex power dynamics
- The importance of distress tolerance
- Relational working and knowledge of psychological frameworks underpinning this, especially when working with individuals with histories of trauma (Warrender, 2022b) and misuse of power in their lives (Johnstone, *et al.* 2018)





WHAT IS WRONG WITH GENERICISM ANYWAY?

Mental health nurse-specific skills and service user's needs at best, misunderstood; at worse, ignored

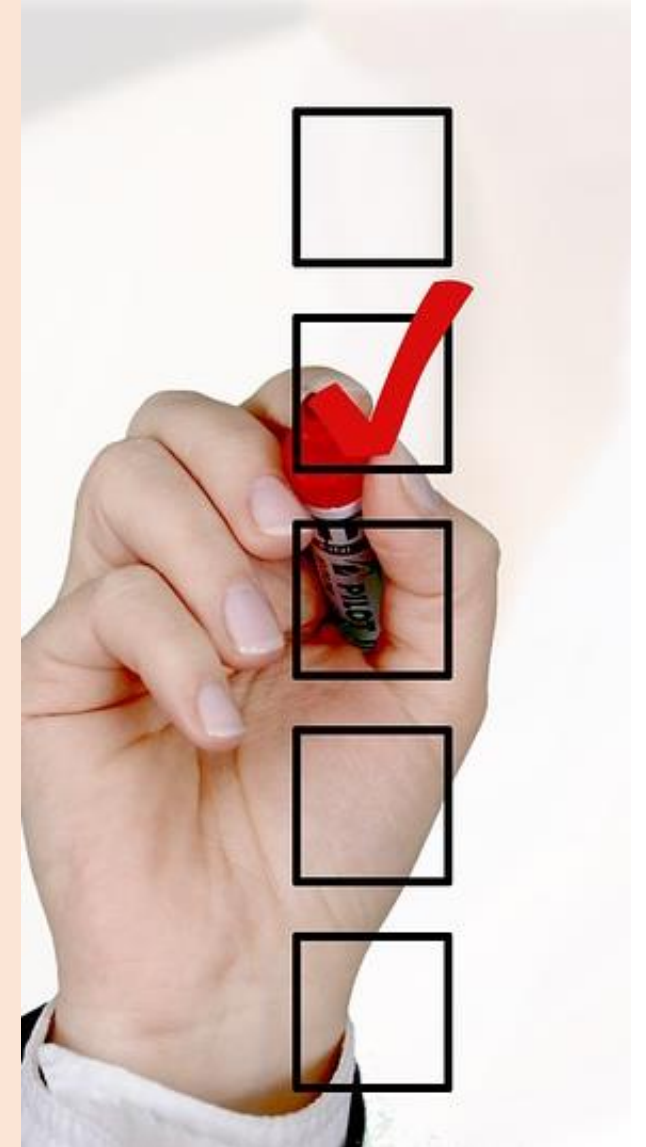
Procedural-based, outcomes-focused education promote tick box cultures and a target-driven nursing workforce, aligned with metrics that are necessary for the maintenance of production-line processes (Warrender, 2021)

Representing a step backwards, towards paternalism and coercive, social control, typical of neoliberal policies and the biomedical model

Promoting a reductionist approach to individuals by assigning to diagnostic boxes

Stigmatising attitudes are perpetuated - 'illness' (and blame for such) situated within individuals (Esposito & Perez, 2014)

Risks of iatrogenic harm increased? (Johnstone, *et al.* 2018)



OTHER ISSUES FOR CONSIDERATION...

Pandemic-enforced changes have probably impacted upon Mental Health Nurse Training Provision

Force to do the must do's (NMC Proficiencies without these being met we would not have registered nurses)

For too long Mental Health Nurses have neglected physical health, but has the rebalance gone too far?

The NMC suggest creative and innovative approaches to address the field specificity and field identity, so what are we doing to recorrect this balance?...



THE SPOTLIGHT HAS BEEN SHONE NOW TIME FOR ACTION!

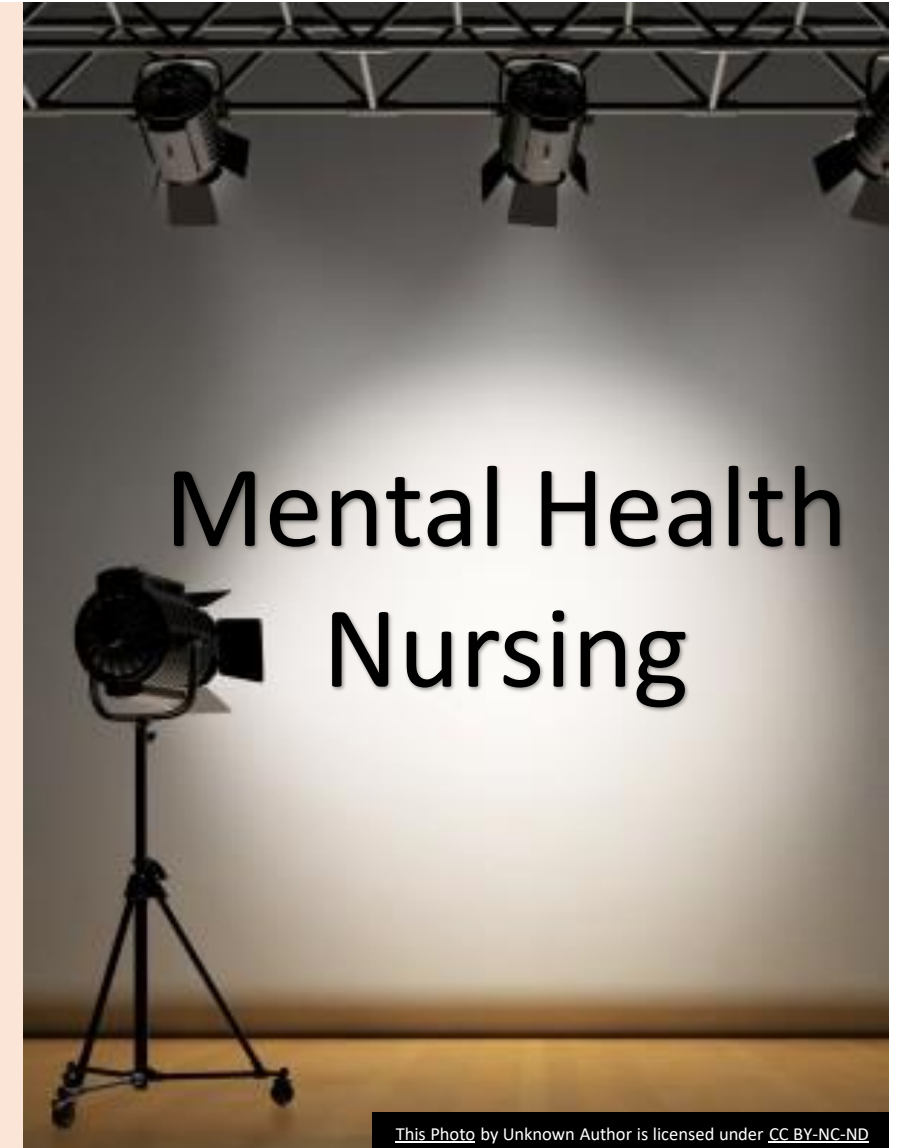
Changes to nursing curricula already taking place nationally

Some options of Bridging the Gap through CPD Education (Lamph, *et al.* 2022) though potential to exacerbate the postcode lottery, lack of CPD investment and lack of time to release staff = Attention at Pre-Reg and Ambition for CPD

Students and Mental Health Nurse Academics want more field and to teach 'readiness' for working with complexity in our pre-registration students

NMC however states its each organisations responsibility to be creative and innovative in the teaching of field specifics

Mental health nursing leadership and vision needed – What is in our control, what is not, and knowing the difference



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MENTAL HEALTH DESERVES BETTER (#MHDeservesBetter)

MH nursing education needed to improve, but has been steered in the wrong direction

The quality-of-care people will receive is under further threat, and they deserve better

#MHDeservesBetter

Group formed January 2022

Manifesto published November 2022 (Mental Health Deserves Better, 2022)

Open Letter addressed to NMC, Council of Deans, AEs, Chief Nurses (Mental Health Deserves Better, 2023)

To learn more and get involved follow @MHDeservesBett and email MHDeservesbetter@hotmail.com

#MHDeservesBetter



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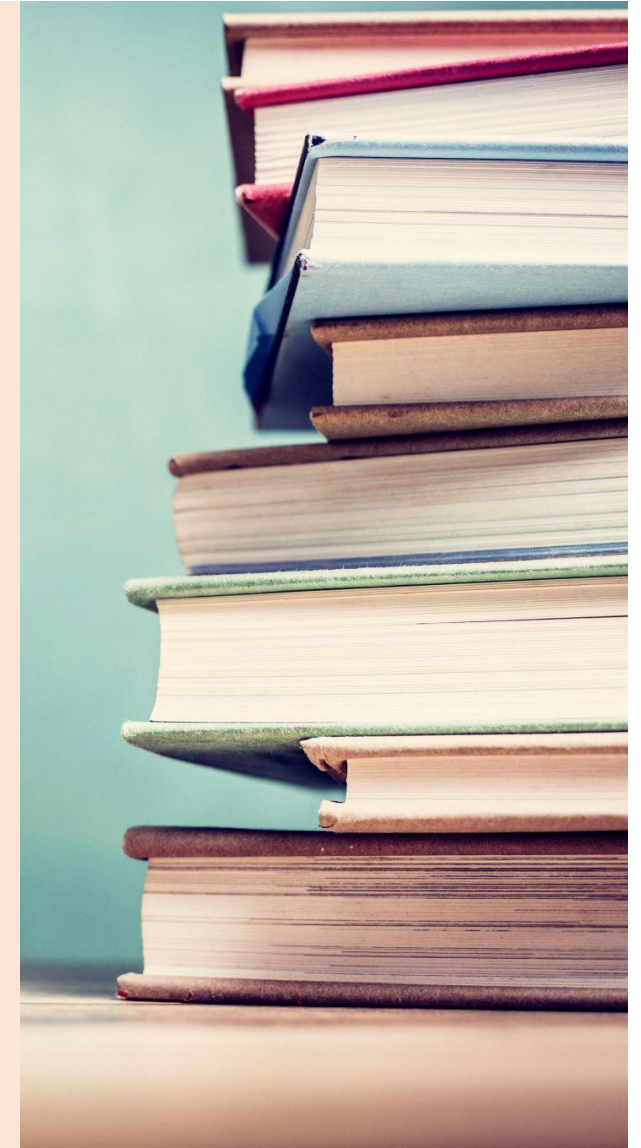
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