

Resisting extinction and creating a future: the last stand of mental health nursing?

Dan Warrender

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Resisting extinction and creating a future: the last stand of mental health nursing?

Dan Warrender: Mental Health Nurse, Mentalization-based practitioner, Lecturer in Mental Health Nursing

Email: d.warrender@abertay.ac.uk and
MHDeservesBetter@hotmail.com

X/Twitter: [@dan_warrender](https://twitter.com/dan_warrender)



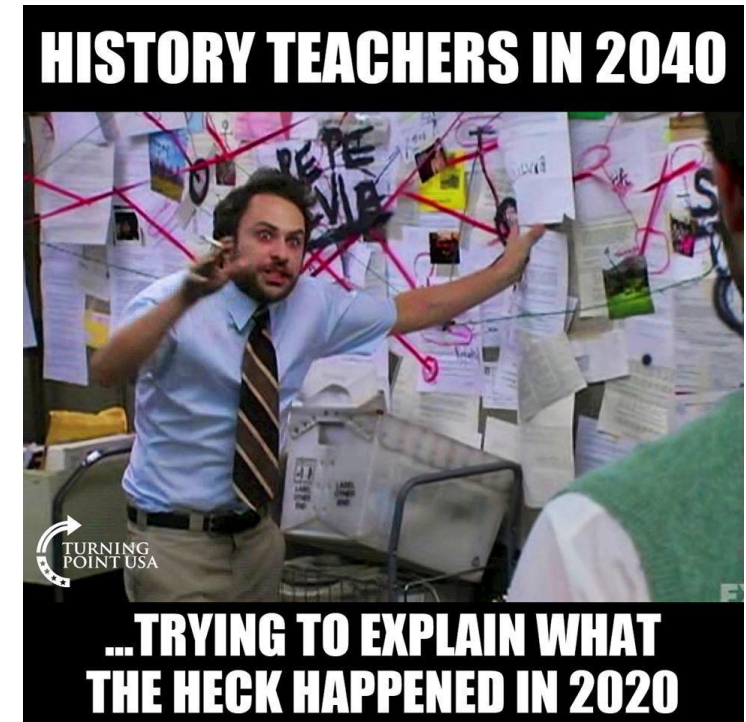
What am I talking about?

- ▶ The complicated world we find ourselves in
- ▶ The strange space mental health nursing is in
- ▶ The unique nature of mental health nursing
- ▶ A plea for action



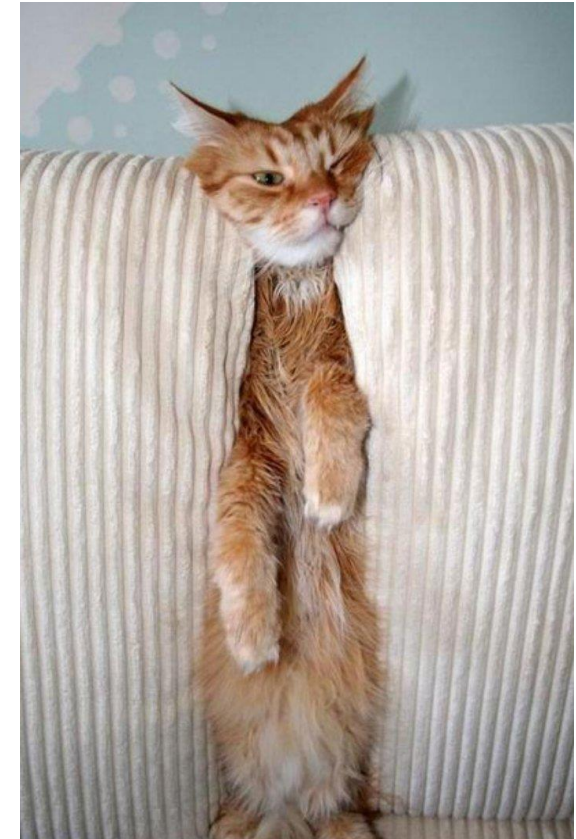
What is happening in the mental health world?

- ▶ Continued contested and polarized debates around mental health aetiology, epidemiology and treatment
- ▶ World health organization (2023) recognize human rights violations and coercion in mental health practice, and calls for care to respect rights and dignity
- ▶ Concern regarding the reduced life expectancy of 10-25 years for people with serious mental health problems (Jabbie, Walshe and Amhed 2023)
- ▶ Foulkes and Andrews (2023) argue for a 'prevalence inflation hypothesis' due to increased MH awareness
 - ▶ More accurate reporting of previously under-recognized symptoms
 - ▶ BUT ALSO... a self-fulfilling prophecy of milder forms of distress being interpreted as MH problems, leading to real MH problems
- ▶ Increasing demand for MH care despite a lack of resources
- ▶ Politicians desire for numbers, workforce flexibility, and to do things quicker and cheaper



The strange space we find ourselves in...

- ▶ Mental health nursing is the largest profession working in mental health globally (World Health Organisation 2021)
- ▶ Yet... our identity is squashed within nursing, and squashed within the mental health space
- ▶ MH nursing roles are context specific, so the work varies enormously
- ▶ Are we distinct and autonomous mental health nurses – or...
 - ▶ 'Psychiatrists assistants', or 'Psychology-lite'?
 - ▶ 'Therapeutic prison officers', or 'counsellors with keys'?
 - ▶ 'Medicalised social workers'?
 - ▶ The 'other nurses'?



Minions of the multidisciplinary team...?

- ▶ Barker (1990) argued that developments in mental health nursing depended on the beneficence of psychiatry
- ▶ Wand (2024) argues we need to cancel psychiatric nursing and forge a new way forward
- ▶ Do we play the 'doctor-nurse' game and do the 'dirty work' of psychiatry? (Felton and Stacey 2018)
- ▶ Rise of allied health professions (Lakeman and Molloy 2018) and disappearance of mental health nurse psychotherapist (Hurley et al 2020)
- ▶ 'Bullshitisation' of the role (McKeown 2023)
 - ▶ Through 'dirty work' overshadowing a 'wholesome professional ideal'
 - ▶ A rise in paperwork and retreat into the office
- ▶ "Perhaps viewed by society as the 'worker bees' (or minions) of the mental health care system" (Warrender 2022). Existing everywhere but belonging nowhere?
- ▶ We have less time in education, yet are closer to service users than any other profession, and operate in perhaps the most complex space in mental health



Dictionary

Definitions from [Oxford Languages](#) - [Learn more](#)

 **minion**
/ˈmɪnjən/

noun

a follower or underling of a powerful person, especially a [servile](#) or [unimportant](#) one.
"he gets oppressed minions like me to fob them off"

Similar: [underling](#) [henchman](#) [flunkie](#) [lackey](#) [hanger-on](#) [follower](#)

The ghosts of nursing...

- ▶ Now it seems that the development of mental health nursing also depends on the beneficence of dominant and orthodox paradigms of 'nursing'.
- ▶ 'Nursing' narratives can exclude MH nursing: "Histories of the nursing profession tend to focus on the care of people experiencing physical illness or injury. Mental health nursing is either totally absent from or receives only superficial mention within these historical texts" (Happell 2009)
- ▶ Pat Cullen - "Let's give nursing its fresh start and a new place in health care" (RCN Magazine 2024)
- ▶ But MH nursing needs a fresh start in nursing, as well as in mental health care
- ▶ A generic education for a unique job?:
 - ▶ 'Mental health' being subsumed into comprehensive Australian nurse training means graduates are not "job ready" (Lakeman 2023)
 - ▶ UK perspective sees "a startling absurdity; that the physical health of people with mental health problems is given more attention than the mental health of people with mental health problems" (Warrender et al 2024)



Nurse education: the emperor's new clothes

- ▶ New 'clothes':
 - ▶ New future nurse education standards – same generic standards for all fields
- ▶ People are reluctant to question (but some do), as truth by authority or truth by consensus is a powerful influence
 - ▶ A logical fallacy in thinking: “if the NMC have decided this it must be true, and it must be good”
- ▶ Communications with Mental Health Nurse Academics UK reveals many are concerned:
 - ▶ #MHDeservesBetter movement
 - ▶ Open letter (Mental health deserves better 2023)
- ▶ Emperor continues to proudly wear clothes – NMC and CNO's continue to defend the standards (NMC 2023)



What's in there? / What's not in there?

What's in...

- ▶ 2.4 manage and monitor blood component transfusions
- ▶ 6.2 insert, manage and remove catheters for all genders
- ▶ Annexe A: Communication and relationship management skills
 - ▶ Motivational interviewing / solutions focused therapies / cognitive behavioural therapy techniques / talking therapies
- ▶ Annexe B - 2.17 recognise and respond to challenging behaviour, providing appropriate safe holding and restraint.
- ▶ Annexe B: 2.2 undertake venepuncture and cannulation and blood sampling, interpreting normal and common abnormal blood profiles and venous blood gases

What's not in...

- ▶ No guidance around the degree of contextualization or depth for any proficiency for any field
- ▶ Mental health act
- ▶ Human rights
- ▶ Power and power dynamics
- ▶ Trauma informed care
- ▶ Diagnostic overshadowing
- ▶ The contested validity and impact of psychiatric diagnosis

The emperor has no clothes: Mental health nursing is naked

- ▶ No specific education standards for MH nurse education
- ▶ No hour requirement for field specific placements / no weighting requirement for field specific teaching in university
- ▶ Same practice assessment document for all fields of nursing
- ▶ Questionable quality assurance processes
 - ▶ Poor courses meet standards, and were approved
 - ▶ No need for the quality assurance visitor to be a mental health nurse, just a registered nurse
- ▶ Thus, there is no promotion of MH nursing identity, or protection for MH nursing identity



Usborne touchy-feely books



That's not my Mental Health Nursing



its standards are too generic.



**Fantasy of a generic
super-nurse who is good
at everything as well as
an expert in their field**

**The Nursing
and Midwifery
Council**

**Mental
Health
Nursing**



Teaching all nurses the same thing and saving money by having less modules, and needing less staff to teach

Universities

Mental Health Nursing

The 'dirty laundry' of nurse education

- ▶ Messy politics which varies depending on institution – no guarantee that MH nursing teams have autonomy over their courses
- ▶ “Monetised nurse factories” (Warrender et al 2024) where university reputation is more important than actual quality
- ▶ Specific experiences:
 - ▶ ‘Nursing’ is often seen as a single course, with a single course lead for all fields. Any shared learning is best suited to adult nursing.
 - ▶ Speaking out against the direction for MH nurse education met with disciplinary for harming university reputation, or polite ‘cease and desist’ from former Dean
 - ▶ Student leaving due to lack of MH content, attrition recorded as ‘poor course choice’
 - ▶ Research exploring student experiences into future nurse standards blocked from going to students
 - ▶ Mental health nurse academics experiencing moral injury and leaving



What does this mean for clinical practice?

- ▶ Students are in a lottery of field specific education
- ▶ Some universities have robust mental health nursing content, some have weak and generic offerings
- ▶ There is no consistency to the knowledge and skills of newly graduated mental health nurses, but they all achieve the same registration
- ▶ Varying degrees of upskilling may be required
- ▶ Use of restrictive practice argued to be linked to lack of education (Snipe and Searly 2023)
- ▶ May become a ghost in the multidisciplinary team
- ▶ “With limited specialist training, the nurse may become less influential and useful in the multi-disciplinary arena, carrying with them a deficiency of specialism, which was sacrificed for the illusion of holism” (Warrender et al 2024)



Mental health nurse wellbeing

- ▶ Wellbeing for MH nurses influenced by many factors – complex role in a complex world
- ▶ Mental health nurse experiences (unpublished PhD Data):
 - ▶ “My caseload's too big for me. It's fearsome”
 - ▶ “Managing and holding risk, high risk cases, is a frightening thing”
 - ▶ “We live in a blame culture, and we are sitting ducks”.
 - ▶ “(The patient is) too unstable, so let's give them to the nurses...”
 - ▶ “Halfway through a conversation and the alarm goes...”
 - ▶ “You cry in the toilet, and then you go back to work”
- ▶ It is reasonable to assume that underpreparing people for a complex role may exacerbate issues with wellbeing





**A generically trained
nursing workforce where
anyone can work anywhere**

**Health boards
and
employers**

**Mental
Health
Nursing**

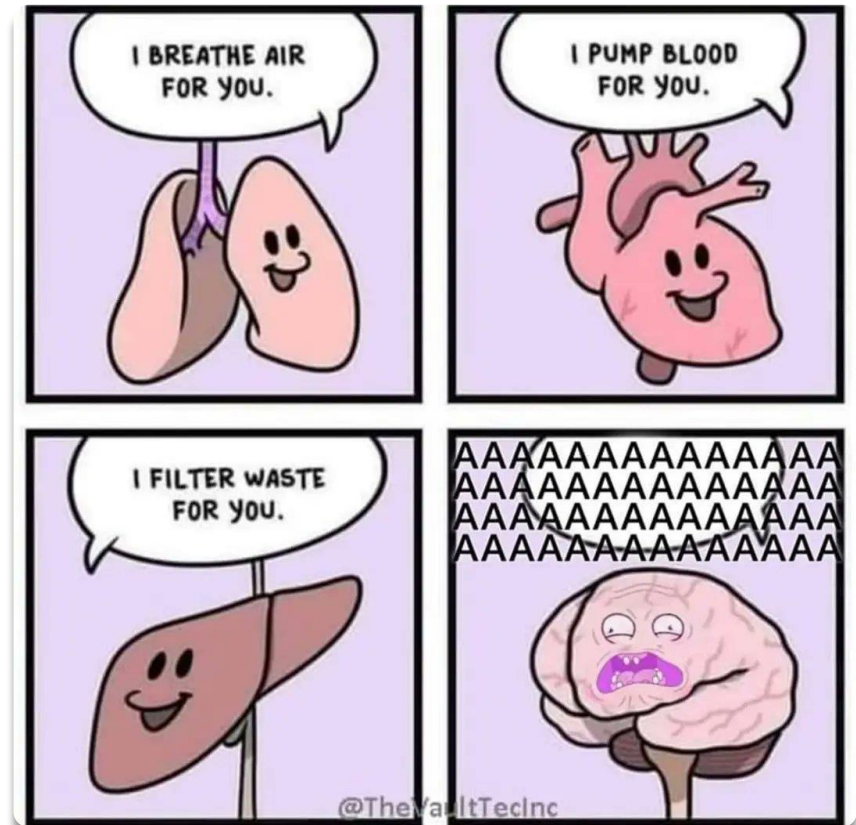
Replaceable in practice?

- ▶ Royal college of nursing (RCN) (2023) was approached by members, claiming inpatient mental health services are substituting learning disability and mental health nurses with children and adult nurses.
- ▶ 1/3 of 608 MH nurses asked (n = 110) claimed there had been shifts in their wards with no MH or LD nurses present (Jones 2023)
- ▶ 40% said this occurs sometimes, 30% said it happens often (Jones 2023)
- ▶ This is potentially unlawful given MH and LD nurses legislative authority to use nurses holding power (Stacey 2023)
- ▶ MH nurses SHOULD have specialist skillset, because we DO have unique legislative power



'A nurse is a nurse': why are we arguing that we are different*

- ▶ *Note: different means different, it doesn't mean better or more special
- ▶ "Gilles Deleuze put forth the notion that identities do not form and reform in isolation, but that differences are actualised into specific forms of identity" (Warrender, Ramsay and Hurley 2023)
- ▶ Mental health is a contested field, with no shared paradigm, and the answer is often 'it depends' (Seb via Warrender et al 2024)
- ▶ MH and LD nursing have undergone (and continue to undergo) "seismic shifts in philosophy and approach to care" (Ion and Lauder 2015, p.841)
- ▶ Nurses holding power, huge power dynamics, and enormous potential to help and harm
- ▶ Subjectivity and variables require an 'expert of not knowing' (Warrender 2022)



What constitutes 'evidence'?

- ▶ It can be difficult to advocate for the profession with limited evidence base
 - ▶ “Much mental health nursing practice is not supported by the highest-level trial evidence” but “significant findings were most likely to be identified in studies with people with non-severe mental illness” (Dickens et al 2023)
 - ▶ Evidence-based MH nursing interventions have varying involvement from MH nurses- sometimes leading, sometimes fractional involvement (Dickens et al 2023)
- ▶ David Graeber (2019, p. 262) in his theory of work describes the value of caring as “precisely that element in labour that cannot be quantified”.
 - ▶ It is (usually) easy to see when MH nursing care goes wrong or is unhelpful
 - ▶ It is hard to evidence exactly what happens when it goes well, or even define what success is
- ▶ Shedler (2018, p.320) says ‘evidence based’ often means ‘manualized’ one-size fits all psychotherapy
 - ▶ “Their benefits are trivial. Most patients do not get well. Even the trivial benefits do not last”.
 - ▶ Outcomes don’t measure ‘meaningful change’
- ▶ Encounters with service users are always unique with untold variables, and the exact mechanism of change (for better or worse) can be obscure

Unquantifiable but meaningful?: Being human inside a machine...

- ▶ Is there a 'complex simplicity' to helping? A skill to doing the simple things in a complex world and complex system?
- ▶ Service user experiences want MH nurses to “meet me where I am” (Horgan et al 2021)
 - ▶ “Quite often there is a fear of talking to a consumer”
 - ▶ “They should be trained from the very start to encourage the ‘personal touch’”
 - ▶ “There are different... techniques... it's important that they learn many of them.... if it doesn't work... try something else”
 - ▶ “You can feel that really soon if your doctor or your nurse think that you are a hopeless case... But you can also feel when that person has hope for you, even though you don't have it yourself”
- ▶ Billie (MH nurse) on 'understanding as an intervention': “I genuinely came in not knowing what to do with (Carole), so I just wanted to understand... and the more I've tried to get it, the more she's been able to get stuff out and make connections to things and also feel safe... I think that that's what she needed”
- ▶ Name-ness, authenticity and congruence: Carole (service user) described a MH nurse and “her Juliet-ness”

What might society need from a mental health nurse?

- ▶ Understanding the contemporary world and how this may impact mental health
- ▶ An excellent self-awareness – aware of personal world that comes with them, and how it impacts their behaviour and relationships
- ▶ Deep understanding of ethics, human rights and use of legislation
- ▶ Excellent relational practice and high-level communication skills, emphasizing ‘name-ness’, duty of candor and transparency
- ▶ Understanding mental health interventions, the evidence base, and limitations of that evidence base
- ▶ Advocacy skills which can help people navigate a complex health and social care system
- ▶ A focused understanding of common physical health issues which relate to mental health
- ▶ Political skills, and understanding how to influence change at micro and macro levels

Is holism possible?

- ▶ “Holism” is never defined by the NMC
- ▶ Holistic care has been defined as ‘a comprehensive style of care in which patients’ entire needs are addressed as a means of enabling full recovery’ (Jasemi et al 2017).
- ▶ Is any nurse able to be a ‘one stop shop’?
 - ▶ Services are often set up to be specialist – so how does a ‘holistic’ practitioner fit into a ‘specialist’ service?
 - ▶ Achieving holistic care isn’t achieved by individuals not being specific, but may be better achieved by an integrated service
- ▶ No. But it sure looks good.
 - ▶ 235 proficiencies, skills and procedures for any nurse to ‘know and be capable of doing safely and proficiently at the start of their career’ (NMC 2018)
 - ▶ “Box ticker [work] exists because, within large organisations, paperwork attesting to the fact that certain actions have been taken often comes to be seen as more important than the actions themselves”. (Graeber 2019, pp. 164–165)
 - ▶ This is the illusion of holism, in place of specialism

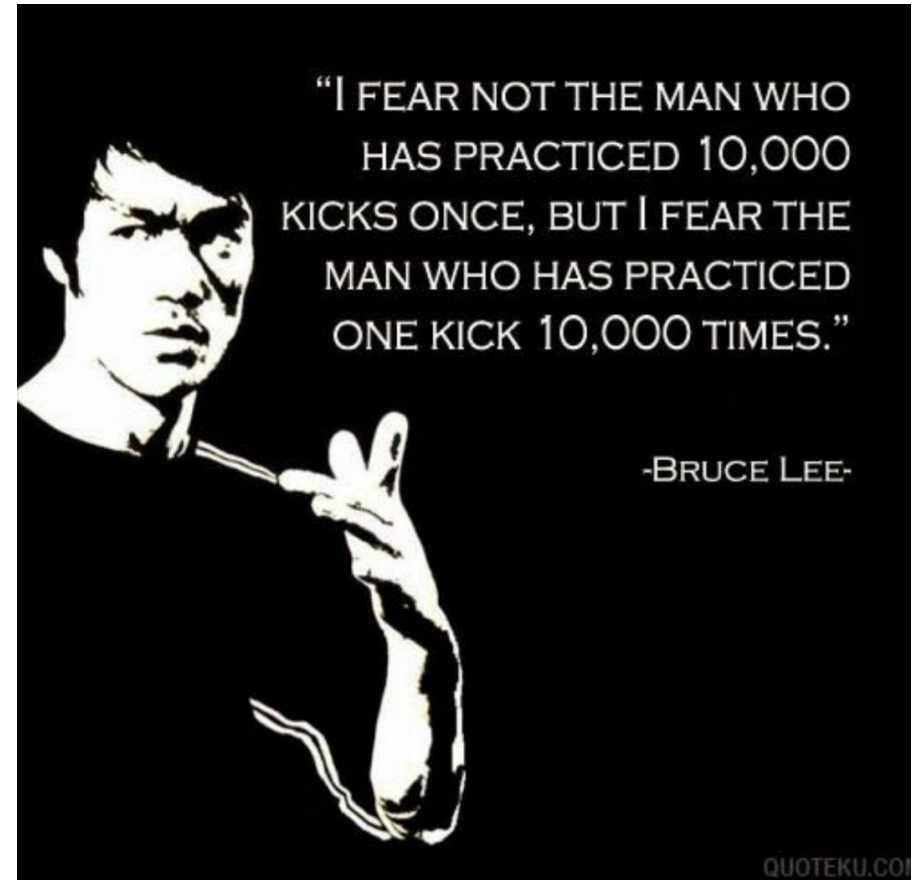


KEEP
CALM

IT'S
HOLISTIC

Less is more

- ▶ The NMC's standards are argued to try to be “all things, to all people, all at once” (Bifarin et al 2024, p.2)
- ▶ “The common-sense argument that generic training will upskill all nurses is easily countered by the claim that it leads to the unskilled Jack of all trades” (Ion and Lauder 2015, p.841)
- ▶ Upskilling, or simply diluting specialism?
- ▶ Shouldn't we aim to be very good at less, instead of having a vague idea of how to do everything?
- ▶ Not ignoring physical health, but being very good at the most relevant physical health to the job
- ▶ Primarily, 'doing what it says on the tin', being highly skilled and knowledgeable around mental health



Mental health deserves better: Resistance. Assertion. Creation.

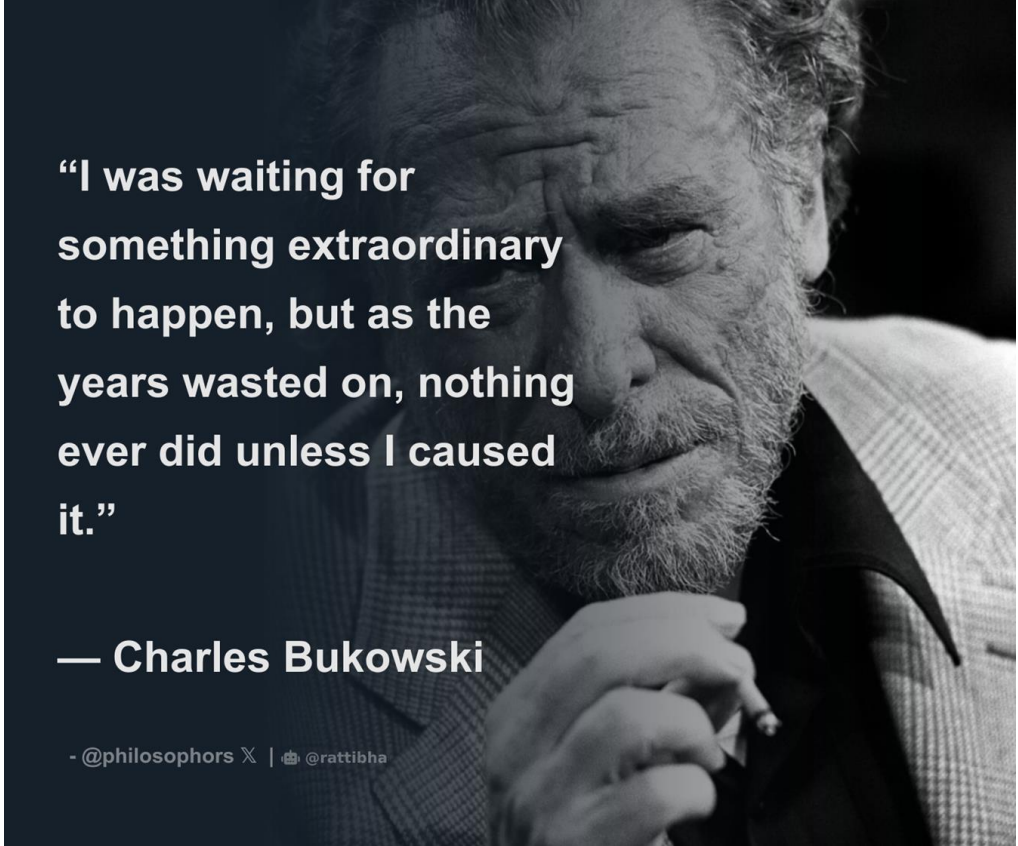
- ▶ Nursing and Midwifery Council are a government without an opposition
- ▶ Universities are a lottery and quality assurance of courses is inadequate
- ▶ No accessible channels for many in MH nursing – we needed to create a space with a voice
- ▶ The aim is to forward the profession of mental health nursing to best meet the needs of the population
- ▶ Anyone can join. Anyone can use the space and network.

#MHDeservesBetter



The last stand, or to step forward?

- ▶ The last stand? Maybe not. There have been many to stand before, there may be again.
- ▶ But... are we even standing, or is the profession now a cardboard cut out? – MH nursing in name, but with none of its own philosophy or substance. A PR exercise of saying MH matters?
- ▶ Maybe beyond standing up for ourselves, we can we walk forward, imagine, and create a future?
- ▶ Don't assume others will do it. If you do nothing, you are complicit in letting the profession die.
- ▶ **Creating, not waiting.**

A black and white close-up photograph of Charles Bukowski. He has a full, graying beard and is looking downwards with a thoughtful or somber expression. His hands are clasped near his chin.

“I was waiting for something extraordinary to happen, but as the years wasted on, nothing ever did unless I caused it.”

— Charles Bukowski


- @philosophors X | @rattibha

Thank you and any questions?


- ▶ Contact:
 - ▶ d.warrender@abertay.ac.uk
 - ▶ MHDeservesBetter@hotmail.com

#MHDeservesBetter



Usborne touchy-feely books 

That's not my Mental Health Nursing



NMC Nursing & Midwifery Council
**Future nurse:
Standards of
proficiency for
registered nurses**
Published 27 May 2018

its standards are too generic.

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