

Rights, Relationships and Recovery

The Report of the National Review of
Mental Health Nursing in Scotland

Main Report

Mental Health Nursing contribution to service delivery

(adapted from The Capable Practitioner Framework. (SCMH 2001);
and Promoting Psychosocial Interventions -
a Strategy for Nursing (Brannigan, 2005)

- Clinical supervision and training of practitioners and other health care workers.
- Delivery of a range of interventions as above applied to particular client groups or service.
- A stepped approach to developing professional leadership in practice and service development, clinical practice, training, education and research.
- Teaching, support and supervision of practitioners and experienced practitioners.

Rights, Relationships and Recovery

The Report of the National Review of
Mental Health Nursing in Scotland

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Section 1

Forewords and Key Messages

Forewords



by the Deputy Minister for Health and Community Care

Mental Health is a major priority for NHS Scotland. We want to improve the quality of life and increase opportunities for social inclusion for people experiencing mental health problems and their families and carers.

We can take pride in our distinctive and rights-based mental health legislation in Scotland. *The Mental Health (Care and Treatment) (Scotland) Act 2003* is rightly recognised as groundbreaking, rights-based legislation, and is admired throughout the world.

We can also take pride in our transformational policy for the NHS. *Delivering for Health* sets out a radical and progressive new vision for NHS Scotland and partner agencies and signals a new direction for services. It reaffirms our vision of better prevention, better health promotion and better services to meet the mental health and physical needs of people within their communities.

We now have all the ingredients for a new environment for mental health care in Scotland. An environment in which people with mental health problems are valued as full members of their communities, in which their rights are respected, and in which they and their families are supported by experienced mental health practitioners in all aspects of prevention, care and recovery. And an environment in which the support and contributions made by families and carers are truly valued.

Mental health nurses are the largest professional group in NHS Scotland mental health services. They have an enormously important role in shaping, changing and developing the culture of services. Service users highly value nurses' contribution, as do I.

We need to keep focused on the potential the Act sets before us and make sure the contribution nurses make is enhanced and developed as we move forward with mental health services in Scotland.

We want to ensure we can support and empower nurses to enable continual improvements in the experiences and outcomes of care by doing more of what is most helpful for service users and their families and carers. This will enable us not only to deliver more effective care and treatment, but also to increase the professional satisfaction of mental health nurses. That is what has driven this important review.

The review process has actively reached out to and engaged with people who often have limited opportunity to drive policy development. I welcome that involvement and participation, and I also welcome the positive direction set out in this report.

The accompanying action plan sets in train the momentum we need to develop our mental health nursing workforce. Properly delivered and maintained, it will make a significant contribution to shaping the services and processes we all want to see delivered for people with mental health problems, their families and carers.

A handwritten signature in black ink that reads "Lewis Macdonald". The signature is written in a cursive, slightly slanted style.

Lewis Macdonald, MSP
Deputy Minister for Health and Community Care

by the Chief Nursing Officer



This is the first Chief Nursing Officer's review of mental health nursing in Scotland and is set in the context of innovative and progressive policy and service agendas.

This is an exciting time for mental health nursing in Scotland. We now have the ingredients and opportunities to enable us to progress a new era of mental health care and services, and mental health nurses will be central in enabling this to happen. This is therefore an appropriate time to review the contribution mental health nurses make and set out an action plan for developing the profession to take its place in the mental health services of the future.

The review and its report and action plan should be seen as part of a suite of initiatives designed to inform service development and new ways of working. Progress on delivery will only be made through the adoption of a service development, organisational and multi-disciplinary, multi-agency ethos.

The methodology used in the review maximised involvement and ownership of a range of stakeholders. The process successfully enabled joint and productive working among service users and carers, individuals holding senior organisational posts in the mental health field in Scotland and 'champion' practitioners, all of whom devoted considerable time and energy to shape the outcomes. We learned that regardless of the stakeholder group people might belong to, we share a common vision and want the same things for the future.

I had the privilege of chairing the review's Steering Group, so could see at first hand the enormous shared commitment and desire to improve services for people with mental health problems and their families and carers. The group's drive, energy and imagination have shaped this report and action plan - this is

most definitely a piece of work that has service users, families and carers and mental health nurses at the centre and which has heard their voices loud and clear.

The review has enabled existing strengths and innovations in mental health nursing practice in Scotland - and there are many - to be explored and celebrated. It has also highlighted the challenges that lie ahead. Most importantly, it has identified the way forward to help us meet these challenges and grasp them as opportunities.

The action plan that accompanies this report now calls on everyone involved in mental health services to play their part. It is a wide and challenging agenda, but one that is achievable, and which must be achieved.

My challenge to mental health nurses is to own this report and drive implementation of the action plan. To do this, you need to positively exercise your accountability, voice, influence and leadership to bring about the changes you want for yourself and others, harnessing and strengthening alliances to make a difference. Be brave, challenging and productive in promoting service users' rights and recovery.

Paul Martin, RN, RHV, DMS, MBA
Chief Nursing Officer

by the Service User and Carer Reference Group and the Practitioner Reference Group

The policy context for mental health services in Scotland is admired all over the world. We now need to see cultural change to deliver our enlightened policy agenda for the benefit of service users, families and carers.

For too long, mental health nurses have known what they would like to do to improve service users' lives, but have sometimes felt constrained. The review of mental health nursing in Scotland now gives us the instrument to support, develop and liberate mental health nurses' undoubted skills and talents.

We have heard service users, carers and nurses throughout the review process tell us what they value most in a nurse, and the same messages come through time and time again.

People want nurses who care about them, who listen and engage with people, who spend time with them, who can develop relationships that inspire hope, and who can equip people with the skills and techniques they need to work towards recovery. The action plan developed from the review sets in place the strategic, managerial, education and practice infrastructure we need to ensure those kinds of nurses become the norm in mental health services.

One of the key ingredients in making the action plan happen in practice is leadership. We need nursing leaders at every level of the profession, not just the top echelons. We need leaders who show through example every day in their practice that they are committed to the agenda set out in the review and action plan and are prepared to challenge any obstacle to achieving their goals for service users and their families and carers.

'Hope' is an important word for us all. It encapsulates the aspiration of a better future, building on the strengths and aspirations of people using mental health services and enabling positive engagement with life. The review of mental health nursing gives us hope - hope of nurses doing more of the things that help people, hope of nurses adopting models of care that have been proven to be effective and reflect what service users and their families and carers know helps them most, and hope of nurses reaching new heights of professional satisfaction as they work together with service users, families and carers to create better lives for all.

Shaun McNeil

On behalf of the Service User and Carer Reference Group

Karen Robertson

On behalf of the Practitioner Reference Group

Our Key Messages

Culture and values - strengthening the climate for care

- Mental health nursing is focused on caring about people, about spending time with people, and on developing and maintaining helpful relationships with service users and their families and carers.
- We need to continue to develop rights-based and person-focused mental health care by promoting values and principles-based practice in mental health nursing.
- The recovery approach should be adopted as the model for mental health nursing care and intervention, particularly in supporting people with long-standing mental health problems.
- We need models of practice that are centred on relationships between mental health nurses and people, maximise nurses' contact time with service users, families and carers, and promote rights and recovery-based working.

Practice and services

- We need to support the development of mental health nurses' roles in priority areas of acute inpatient, crisis care and intensive home treatment services.
- In particular, we need to support and develop the role of mental health nursing in acute inpatient care.
- Mental health nurses will continue to have a key role in contributing to supporting people with long-term and complex mental health problems and need to adopt strengths-based approaches to working with people towards recovery.
- Mental health services and mental health nursing must make the support of older people with mental health problems a priority. We need to make sure mental health nurses are prepared and developed to deliver this.
- The role of mental health nursing in providing early intervention to people at risk of developing mental health problems needs to be developed and enhanced.
- Mental health nurses must continue to develop their roles in health improvement, health promotion and tackling inequalities.

- People who use mental health services want more access to 'talking therapies' such as psychosocial interventions and psychological therapies, but demand outweighs supply. We need to increase opportunities for mental health nurses to be developed to deliver these therapies.

Education and development

- We need to attract the right people into mental health nursing and make sure they are prepared in the right way. A national framework that will ensure consistency of content and standards throughout Scotland is necessary to achieve this.
- All mental health nurses, whatever their area of work, need opportunities to continue to learn and develop.
- We need to actively involve service users, families, carers and practitioners in the design and delivery of education programmes for mental health nurses.
- We need to develop the role of health care support workers in mental health, matching the roles and skills of health and care workers to people's needs.
- Leadership is the key ingredient to realising the potential of mental health nursing in Scotland. We need nursing leaders at every level of the profession, not just the top echelons - people who lead through example in their practice and are prepared to challenge obstacles to achieving their goals for service users and their families and carers.
- We need to continue to strengthen capability for research and evaluation in mental health nursing.
- The mental health nursing community in Scotland is relatively small. It should be able to, and must, share and build on existing innovation on a national basis to inform developments. We need to develop a much more robust learning climate across the mental health nursing community, enabling innovations to be shared and a common approach to finding solutions to challenges to develop.

To make this happen

- Everyone involved in mental health services needs to play their part and work together to form strong alliances to bring about change.

Section 2

Context and process

Introduction

The review gathered evidence from a variety of sources to examine the current and future contribution of mental health nurses in Scotland to meeting health policy objectives for the care and support of people with mental health problems. It takes its place as part of a number of initiatives considering the nursing response to the new health policy agenda in Scotland.

The review was driven by a single core purpose: *to enhance and develop mental health nursing so that service users and their families and carers gain continual improvements in their experiences and outcomes of care.*

It explored issues across the whole mental health nursing profession, taking account of concurrent initiatives impacting on the wider nursing community (Appendix I) and other mental health workforce-specific initiatives. Separate work has been progressed alongside the review, including:

- a forensic mental health workforce planning project (Forensic Network, 2005)
- a framework and workforce planning project for children and young people's mental health services (Scottish Executive, 2005 a and b)
- an exploration of the training needs of community mental health teams.

The objectives of the review were to draw on a range of evidence and adopt an engaging and consultative process with key stakeholders to:

- identify, analyse and disseminate existing strengths and areas of good practice in mental health nursing

- explain the conditions necessary to enable mental health nurses to fully realise their potential in improving the experience and outcomes of care for services users and their families and carers
- identify and analyse gaps in mental health nursing practice
- prioritise areas for development linked to legislative and policy agendas in Scotland to reflect the current and future mental health needs of the Scottish population
- identify the organisational, education and developmental strategies that will support and enable the mental health nursing profession to realise its full potential
- identify priorities for the development of mental health nursing over the next five years.

This report:

- outlines how the review was done
- describes the policy and service drivers that informed the review
- explores the issues, challenges and opportunities facing mental health services and mental health nursing
- looks at how the profession can be supported and developed in future to deliver on this agenda
- sets out an action plan to take mental health nursing in Scotland forward.

While the report focuses on mental health nurses employed by NHS Scotland, many work in other health care sectors. The report and its action plan are also applicable to them and their employing organisations.

The action plan of this report is presented as a separate document.

How the review was conducted

Project Steering and Reference Groups

The following steering and reference groups were established at the outset of the review process:

- Project Steering Group
- Practitioner Reference Group
- Service User and Carer Reference Group
- Expert Reference Group (the existing Scottish Mental Health Nursing Forum).

Details of the groups' remits and membership are outlined in Appendix II.

Review methodology and process

The process of the review was consultative, with the specific focus of key stages determined as the review progressed. A wide range of evidence was accessed to address key questions within the review.

A literature review was undertaken to support Chief Nursing Officers' reviews of mental health nursing in England and Scotland. The literature review was conducted collaboratively by the Institute of Psychiatry in London, Manchester University and Sheffield University. It drew upon UK and international literature to explore:

- the evidence base for interventions delivered by mental health nurses
- service users' and carers' views on mental health nursing
- stress and satisfaction in mental health nursing
- issues relating to recruitment and retention.

A summary and synthesis of the literature review is presented in Appendix III. A full copy of the review can be accessed at:
<http://www.nursing.manchester.ac.uk/projects/mentalhealthreview>

Calls for contributions were made throughout the review process. Written contributions were submitted by members of the Project Steering and Reference Groups at the start of the review, setting out their priorities and aspirations for the future development of mental health nursing and services. A call for submission of examples of positive and innovative practice in existing mental health nursing practice in Scotland yielded in excess of 90 submissions and provided a crucial source of evidence for the review. And a call for contributions on mental health nurses' roles in supporting and promoting recovery was taken forward by the Scottish Recovery Network (SRN).

Briefing and update papers and interim reports were produced throughout the review process. They were circulated to Steering and Reference Group members for comment and helped to establish key issues and priorities.

The review website was set up to ensure openness in the process and involvement of as wide an audience as possible. Notes from meetings and reports emerging from the review were posted on the site, with publicity about related events and calls for contributions.

Two national conferences were held during the review process, in June 2005 and January 2006. Presentations were also given at a number of conferences and forums.

The Project Officer conducted **focus groups** throughout NHS Board areas. Twenty-eight groups were conducted, engaging in excess of 400 mental health nurses and other workers in the review process. Members of the Practitioner and Service User and Carer Reference Groups supported discussion about specific questions and issues relating to the review within their own areas and networks.

Visits were made to **sites of practice innovation** and **service users' forums** to discuss the review. Specific forums were held with **educationalists** and **student mental health nurses**, and a focus group was held with mental health nurses who had selected to leave NHS employment to work in the voluntary sector.

Sub-groups involving cross-working between members of the Project Seering and Reference Groups developed specific work in the following areas:

- the vision and values base for mental health nursing in Scotland
- the future role focus for mental health nursing and matching mental health nurses' contribution to service development, service tiers and population need
- models for career progression and development
- issues specific to developing the role of mental health nursing in acute inpatient care.

In addition, a sub-group of the Expert Reference Group examined how to enhance and develop nurse prescribing in mental health.

National and international links were made with people involved in both the CNO Review of Mental Health Nursing in England and the Mental Health Nursing Review in New Zealand. Additional links were made with senior nurses in New Zealand, who generously shared information about progressing recovery-focused practice in mental health nursing and services.

The context of the review

Mental health nursing in Scotland

Mental health nurses represent the largest paid workforce of direct care deliverers to people with mental health problems in Scotland.

As of September 2005, there were approximately 6708 whole-time equivalent registered mental health nurses employed in NHS Scotland, working in a diverse range of hospital and community-based services. In common with the total health care workforce, the age profile indicates a significant number of the profession are 45 years and older.

Nine universities across Scotland provide the three-year pre-registration programme that leads to registration as a mental health nurse. The Scottish Executive contracts approximately 580 new students each year, with a total of 1500 students undertaking pre-registration programmes in any given year. There is, however, approximately 10% under-recruitment to courses annually and attrition rates from mental health nursing programmes average 25%.

The review had to consider:

- how we can continue to attract a diverse range of people to, and retain them within, the profession
- how we can best match the skills of mental health nurses to the needs of Scotland's population
- how we can continue to support and develop an increasingly scarce and valuable mental health nursing resource to realise a new vision for mental health services in the future.

The mental health policy context

The Mental Health (Care and Treatment) (Scotland) Act 2003 came into effect in October 2005.

The Act contains much more than simply legislation for new forms of compulsory power and safeguards. Its underpinning principles herald a new era of rights-based care for people who use mental health services.

The Act also has profound implications for service delivery. As well as providing care and treatment, services are now required to promote social inclusion and a wider citizenship agenda. The requirements of the Act are influencing new models of service delivery and the practice of mental health nurses, including:

- a variety of models of service delivery within the community to act as alternatives to inpatient care, such as crisis care and intensive home treatment services
- new inpatient facilities for children and young people and for mothers with perinatal illness and their babies
- the provision of least-restrictive environments for people with mental health problems who have committed criminal offences
- the rights of people to be able to access a range of therapies including psychosocial interventions and psychological therapies, meaningful activity, employment and support for recovery
- the provision of evidence-based services and treatment for people with a diagnosis of borderline personality disorder.

The National Programme for Mental Health and Well Being in Scotland has placed an important focus on the public mental health agenda, with programmes of work aimed at:

- raising awareness and promoting good mental health and well being
- eliminating stigma and discrimination
- preventing suicide
- promoting and supporting recovery from long-term mental health problems.

These had particular relevance for the review of mental health nursing in Scotland.

The Framework for Mental Health Services in Scotland was published in 1997 (SODoH, 1997). It subsequently has been extended in response to the need for service development, with additional guidance issued on postnatal depression, psychological therapies, eating disorders, services for adult survivors of childhood sexual abuse, services for people with dementia and access to mainstream services for people with sensory loss and a mental health problem.

Delivering for Health (Scottish Executive, 2005c), the new policy for NHS Scotland, was published in October 2005. It sets out a new vision for delivering services based on:

- a fundamental shift in the way the NHS works, from an acute, hospital-driven service to one that is community based
- a focus on meeting the twin challenges of an ageing population and the rising incidence of long-term conditions
- a concentration on preventing ill-health and treating people faster and closer to home
- a determination to develop responses that are proactive, modern, safe and embedded in communities.

Delivering for Health also identifies the main issues that will inform the development of a new mental health delivery plan, due to be published in December 2006.

The review process explored and reported stakeholders' aspirations for the future vision of mental health services and mental health nursing. These articulate well with the vision for services set out in *Delivering for Health* (see Table 1).

Other professional reviews - common messages and shared opportunities

Mental health services rely on the contributions of many professions from the health, social and voluntary sectors. Mental health nurses do not work in isolation. They operate as part of multi-disciplinary, multi-agency teams, and the progression of mental health services depends

upon whole-team approaches to development. Several other professional reviews and initiatives have progressed alongside the review of mental health nursing in Scotland, including:

- *Changing Lives: the report of the 21st Century Social Work Review Group* (Scottish Executive, 2006)
- *New Ways of Working for Psychiatrists - enhancing effective person-centred services through new ways of working in multi-disciplinary and multi-agency contexts*

(National Institute for Mental Health in England and the Royal College of Psychiatrists, 2005)

- the development of an action framework for psychology in Scotland (NHS Education for Scotland) and a review of new ways of working for psychologists (National Institute for Mental Health in England) are in progress.

Table 1. Future visions for mental health services in NHS Scotland expressed during the review of mental health nursing.¹

Past model	Evolving model	Mental health nursing response
Most resources geared towards episodic treatment of acute episodes of ill health/distress.	Geared towards supporting recovery from long-term problems.	<ul style="list-style-type: none"> • Continuing to develop key roles in the support of people with complex and long-standing mental health problems and for older people. • Adopting strengths and recovery-focused models, maximising self management and peer support. • Adopting frameworks for practice that promote values-based practice, maximising therapeutic contact time and the therapeutic management of individual risk. • Recognising and valuing diversity and delivering culturally competent care. • Continuing to build capability to increase access to psychosocial interventions and psychological therapies. • Continuing to develop and maximise roles and capability in anticipatory care and early intervention. • Continuing to develop and maximise roles in health improvement, health promotion and tackling health inequalities. • Playing key and extended roles across the spectrum of acute inpatient, crisis care and intensive home treatment services (hospital and community based), incorporating new whole-systems ways of working. • Recognising carers as partners and supporting them in their caring role.
Hospital centred.	Embedded in local communities, based on local community need with increasing alternatives to hospital care and enhanced quality of inpatient care provision.	
Lack of choice in alternatives to pharmacological therapies; focused on illness and deficits, and risk averse.	Enabling, person-centred recovery and strengths-based focus with a move towards positive management of individual risk. Maximising choice and access to evidence-based interventions.	
Disjointed care.	Continuous whole-systems care.	
Reactive care.	Preventive care and focus on early intervention.	
Service user as passive recipient.	Service user as active partner and expert in his or her experience and recovery.	
Low emphasis on self care/management.	Emphasis on facilitating self management and peer support.	
Carers undervalued.	Carers supported as partners.	
Low tech. With recognised problems with information systems.	Improved technology with the potential for innovative use of technology to support access to care.	

¹ Table adapted from *Delivering for Health*, p.11, to demonstrate resonance with future service visions for mental health expressed during the review of mental health nursing.

BOX 1. Common and shared messages from professional reviews.

- The need for organisational and systems change and for strengthening the infrastructure to support and develop the professions in the context of, and closely matched to, service development.
- The need for new ways of working across all professional groups to enable an organisational cultural change to drive service improvement towards person-centred care and services.
- While each professional group seeks to find certainty in its own distinctive contribution, much is shared across different practitioner groups, particularly in relation to aspirations to adopt person-centred approaches.
- The need to develop treatment, care and responses to maximise choice for people by increasing access to psychosocial interventions and psychological therapies, recognising the contribution that all professional groups can make to delivering on this agenda.
- The need to challenge traditional professional boundaries, power bases and tribalism and work together in alliance to develop capable teams, matching different team members' skills and contributions to people's particular needs and journeys through care and treatment.
- The need to develop new roles and new ways of working, taking into account the diverse needs and backgrounds of service users, families and carers.

Similar messages on the future direction for professionals and services are emerging from these reviews (Box 1). There is a need to consider the key messages from each review and 'join up' findings to address key challenges and opportunities for progression across disciplines to deliver the future vision for mental health services in Scotland.

Section 3

Culture and values -
strengthening the climate for care

Section 3

Rights, principles and values-based practice

Mental health nursing is fundamentally about caring, about spending time with people, and about developing and sustaining therapeutic relationships with service users and their families and carers.

The review devised a statement that articulates a values base for mental health nursing which reflects these core elements (Box 2). It should act as a checkpoint for mental health nurses, those who are involved in their initial preparation and ongoing education, those who provide leadership and management, and the organisations that employ mental health nurses.

BOX 2. The values base for mental health nursing.

Relationships	Putting positive working relationships supported by good communication skills at the heart of practice. Maximising time to build relationships and challenging systems that detract from this. Recognising when relationships are unhelpful and taking steps to address this.
Rights	Based on principles in legislation, safeguards and codes of conduct.
Respect	For diversity of values and placing the values of individual users at the centre of practice. Listening to what people say and not basing practice on assumptions about what people need. Seeing the whole person and not just his or her symptoms. Seeing the person as the 'expert' in his or her experience. For the contribution of families and carers. For the contribution of other professionals and agencies. For the social context of people's lives.
Recovery	Promoting recovery and inspiring hope – building on people's strengths and aspirations. Increasing capacity and capability to maximise choice.
Reaching out	To make best use of resources available in the wider community. To other agencies involved in mental health care. Being proactive about opportunities for change and mobilising opportunities to work with others to bring about change.
Responsibility	At corporate, individual and shared levels to translate the vision and values into practice by evolving current models for practice and challenging and shaping institutional systems and procedures to accommodate this.

Support for the human rights principles underpinning mental health legislation in Scotland was present from the outset of the review. The principles are seen as the 'blueprint' that will guide the practice of mental health nurses (and others) (Table 2).

Table 2. The principles of the Mental Health (Care and Treatment) (Scotland) Act 2003

Non discrimination	People with mental health problems should, wherever possible, retain the same rights and entitlements as those with other health needs.
Equality	There should be no direct or indirect discrimination on the grounds of physical disability, age, gender, sexual orientation, language, religion or national or ethnic or social origin.
Respect for diversity	Service users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities and diverse backgrounds and properly takes into account their age, sexual orientation, ethnic group and social, cultural and religious background.
Reciprocity	When society imposes an obligation on an individual to comply with a programme of treatment or care, it imposes a parallel obligation on health and social care services to provide safe and appropriate services and ongoing care.
Informal care	Wherever possible, care, treatment and support should be provided without the use of compulsory powers.
Participation	People should be fully involved, as far as they are able to, in all aspects of their care, treatment and support. Their past and present wishes should be taken into account. They should be provided with support and information to enable them to participate fully.
Respect for carers	Those who provide care to service users on an informal basis should be afforded respect for their role and experience, should receive appropriate information and advice, and should have their views and needs taken into account.
Least restrictive alternative	Any necessary care, treatment and support should be provided in the least restrictive manner and environment compatible with the delivery of safe and effective care.
Benefit	Any intervention under the Act should be likely to produce for the service user a benefit that cannot reasonably be achieved other than by the intervention.
Child welfare	The welfare of a child with mental health problems should be paramount in any intervention imposed on the child under the Act.

Putting the principles into practice and ensuring that the real developmental opportunities afforded by the new Act are maximised requires cultural change, which needs to be supported and developed at every level of organisations. Mental health nurses will be key in bringing about cultural change, and individual nurses need to take responsibility for engaging with the process.

To make the principles work in practice, the capacity for values-based care needs to be supported and developed. Values-based practice recognises that decisions taken in mental health care are based on values as well as evidence, and that practitioners, service providers, service users, families and carers may have differing and sometimes conflicting values. It aims to support mental health workers to provide care and services that reflect people's rights and the underpinning principles of practice, and to:

- achieve the space to reflect on their practice
- understand different values
- negotiate conflicts
- make decisions based on strong value systems
- reaffirm, shape and challenge roles and practices.

People at the most senior levels in organisations delivering mental health services need to acknowledge this, ensure values and principles are embedded in organisational policy, and facilitate the change necessary to translate values and principles into practice.

Positive practice example **An organisational approach to embedding rights-based practice**

The State Hospital is the only hospital providing care in conditions of special security in Scotland.

Since 2002, innovative work based on using the Human Rights Act (1998) as a vehicle for cultural change has been undertaken there. Using the Act as the bedrock to support other rights-based legislative drivers (including the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003, racial equality and diversity agendas and freedom of information), a range of policy development and training activities has been developed.

These have included an ambitious review and organisational audit of policies and procedures, leading to the development of standards for rights and responsibilities that now provide a supportive framework for rights-based clinical decision making.

Rights-based training has also been developed and is being rolled out to all staff, supported by Human Rights Champions.

For further information,
contact Stephen Milloy, Nursing Director.
E-mail: Stephen.Milloy@tsh.scot.nhs.uk

This also calls for focused education and training. Training in values-based practice should be a central feature of pre-registration programmes for mental health nurses, and all mental health nurses must have access to values-based training.

NHS Education for Scotland has led the development of education to support the implementation of the Act. The Ten Essential Shared Capabilities (ESCs) that all qualified and non-qualified mental health staff working in the NHS, social care, voluntary and independent sectors should acquire as part of their core training were developed by the Sainsbury Centre for Mental Health in 2004 and have a strong emphasis on values-based practice (Sainsbury Centre for Mental Health, 2004).

Learning materials have been developed and piloted to support the application of the ESCs to values-based practice, service user participation, socially inclusive practice, race equality and cultural capability. A workbook providing a framework to encourage professionals to analyse values in their practice has also been developed (Woodbridge and Fulford, 2004). These resources should be disseminated and used throughout NHS Scotland. The exploration and development of values-based practice also needs to be embedded in individual practitioners' personal development plans and clinical supervision.

WE NEED TO:

- ***Ensure all mental health nurses have access to values-based training. Training should be multi-disciplinary team-focused and should involve service users and carers.***
- ***Ensure that mechanisms are in place to embed values-based practice in practitioners' personal development plans and clinical supervision.***

Respecting diversity

Respect for diversity is a key principle enshrined in the Act. The focus on promoting equality in health was reinforced in *Fair for All: Towards Culturally Competent Services* (Scottish Executive, 2002a). Following the publication of *Fair for All*, the National Resource Centre for Ethnic Minority Health (NRCEMH) was established in 2002 to work with NHS Scotland to promote the race equality agenda.

The NRCEMH note that people in Scotland from Black and minority ethnic communities may have difficulty accessing mental health services that meet their specific needs, and may also have to cope with individual and institutional racism (NRCEMH, 2005). Since only around 2% of the Scottish population classify themselves as belonging to 'Black and ethnic minority populations', there is a risk that this issue might not be recognised.

Staff working in mental health services must have access to training in cultural competence, awareness and sensitivity, including training to tackle overt and covert racism and institutional racism. Furthermore, evidence suggests the needs of the diverse range of people accessing mental health services will be better met if the mental health nursing workforce reflects the diversity of the Scottish population. This needs to be addressed through future workforce planning and recruitment initiatives.

Equal Services, the report of the race equality assessment in mental health in NHS Boards published by NRCEMH in 2005, builds on the recommendations made by the Department of Health in England (DoH, 2005) and the Mental Welfare Commission's 2005 report *Respect for Diversity* (MWC, 2005a). It notes the progress made in developing culturally competent services and care across NHS Scotland and makes specific recommendations about further training needs. These must inform the pre-registration preparation of mental health nurses.

Recovery, relationships and models for practice

Recovery

The recovery approach has evolved out of service users' movements around the world. Several states in the USA have committed their mental health services to a recovery ethos, and the approach has been adopted as the national mental health strategy in New Zealand.

Scottish health policy complements the concept of promoting and supporting recovery with a focus on social inclusion and citizenship. *Delivering for Health* outlines a model for the management of long-term conditions that reflects the recovery approach, building on the strengths and aspirations of people using services. Promoting and supporting recovery from long-term mental health problems also forms an important cornerstone of the National Programme for Mental Health and Well Being, progressed via the Scottish Recovery Network (SRN).

Recovery is often described as a long-term process or 'journey' and is not simply the absence of symptoms. It is based on hope, involvement, participation, inclusion, meaning, purpose, control and self-management, and emphasises the importance of peer support, meaningful activity, employment, maintaining social networks and activities when distressed and having the chance to contribute, or give back, in some way.

The approach belongs to and is led by the person, and there are risks in attempting to 'professionalise' it. But of the key elements known to promote recovery, staff attitudes and values - particularly the extent to which optimistic or pessimistic messages are shared - are prominent. Current initiatives designed to enhance professional roles in recovery are outlined in Box 3.

BOX 3. Initiatives designed to enhance professional roles in recovery.

- Training for trainers initiatives in recovery-based practice are currently being supported and evaluated by the SRN.
- Values-based practice training.
- The Tidal Model - a specific recovery-focused nursing model for inpatient care.
- Strengths-based models have been developed and evaluated in community mental health teams in the UK and New Zealand.
- Recovery and values-based competencies for mental health workers have been developed in New Zealand.
- Recovery audit tools have been developed.

Examples of positive and innovative practice submitted during the review process have shown that recovery-based approaches are influencing and being embedded in some aspects of mental health nursing practice. These initiatives need to be evaluated, with new learning disseminated on a national basis.

Positive practice example 'Putting Recovery into Practice' – NHS Tayside

With the support of the **Scottish Recovery Network**, a group of mental health nurses, carers, social workers, service users and occupational therapists in **NHS Tayside** have taken 'training for trainers' courses in recovery.

The Tayside Recovery Network has now been set up to support culture change to embrace recovery-focused practice. The network has devised a vision and strategy for supporting the dissemination of recovery into practice which includes:

- recovery awareness-raising sessions
- training others as recovery trainers
- an e-mail network and intranet forum
- the development of recovery training packages.

Early indications show that the principles of recovery are taking root in NHS Tayside. The network is increasingly being asked to comment on new procedures and policies to ensure they are consistent with the principles of recovery.

There is a strong belief among nurses in the network that recovery principles are the vehicle to support cultural change and to allow mental health nurses to reclaim and strengthen their art.

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Existing recovery environmental audit tools are proving useful to practitioners in gauging their current practice and developing a recovery-based approach, and their use should be encouraged in Scotland (see, for instance, Onken et al, 2002). The Developing Recovery Enhancing Environment Measure (DREEM) was developed in the United States (Ridgeway and Press, 2004) and has been adapted for use in the UK. The use of tools such as DREEM provide a valuable opportunity for mental health nurses to work together with service user organisations to aid the development of practice and services towards a recovery orientation.

In addition, practitioners should form local networks with service users, carers and other mental health workers to support each other in putting recovery-based approaches into action.

WE NEED TO:

- ***Encourage charge nurses in mental health settings to work with service user organisations to use existing recovery environmental audit tools to gauge their current practice and to help in the development of recovery-based approaches.***

Relationships and models for practice

Previous reviews of mental health nursing have affirmed that the relationship between the nurse and person requiring support, based on partnership and mutual respect, is at the heart of mental health nursing practice (SMH and SNAC, 1966; Department of Health, 1994). This report makes no apology for restating this core element of mental health nursing. Aspirations for role development and expansion have to be built on this foundation.

The relationship between the mental health nurse and the person requiring support is what service users value most. It is about more than the nurse being 'someone nice to talk to'; in developing positive, therapeutic relationships with service users, the nurse requires self awareness, engagement skills and advanced interpersonal skills, applied at times in difficult and highly charged situations.

The review found, however, that in some areas of practice, fulfilling this key part of the role can be challenging.

Evidence from the Mental Welfare Commission (2005b) and others suggests that at times, service users and their families and carers are not getting sufficient access to nurses. Mental health nurses report that competing demands mean they often have little time to spend with people. Some find a significant amount of their time is being spent in meeting the needs of other professional groups, plugging service gaps by fulfilling roles best met by other workers, and managing organisational bureaucracy and risk. At times, they feel they have little authority or opportunity to exercise influence over shaping, controlling, challenging and changing systems.

Mental health nurses, other professionals and mental health services need to embrace models of practice and new ways of working that focus on meeting the rights and needs of people, maximise therapeutic contact time and promote recovery-based working in line with the shifting focus of health care detailed in *Delivering for Health*. The key components of such models are outlined in Box 4.

BOX 4. Models of mental health nursing practice.

Models of mental health nursing practice need to:

- acknowledge and promote people's central role in assessment of their own care needs and in planning and evaluating care, decreasing their need to rely on formal services and support
- respect people, value their contributions and views and preserve their dignity
- focus on people and maximise individual choice
- enable people to take greater control of their lives and instil hope and belief that recovery is possible
- encourage people to retain or regain social networks, work, education and community connections as early as possible
- build on people's strengths and aspirations, emphasising strengths rather than deficits or dysfunction
- foster partnerships between people who need support and people who support them
- acknowledge the key role played by families and carers in the person's recovery
- shift the emphasis of mental health nursing interventions and services from managing organisational risk towards therapeutic management of individual risk.

WE NEED TO:

- *Develop a national framework for training in recovery-based practice to support the dissemination of recovery-focused models into practice.*
- *Support mental health nurses in reviewing and revising assessment and care planning frameworks and documentation in their organisations to ensure they:*
 - *reflect the key models of mental health nursing practice*
 - *maximise therapeutic contact time between mental health nurses and service users*
 - *support values and recovery-focused practice.*

Section 4

Practice and services -
understanding the issues
and planning for the future

Matching the contribution of mental health nursing to service tiers, service development and community need

Mental health nurses practice within multi-disciplinary, multi-agency care environments in full engagement with the Joint Future agenda.² This is focused on promoting joint working primarily between health and local authorities to deliver better services to all people in the community.

Mental health nurses fulfil a range of core functions across a variety of service settings to meet the needs of people with different mental health needs (Box 5). They have a key contribution to make across all tiers of service provision, with the complexity of service users' needs determining the role focus at different tiers.

The review had to take account of workforce capacity issues and consider how best to match the role focus and skills of mental health nursing to community and population needs.

Work progressed during the review drew on existing capability frameworks (Sainsbury Centre for Mental Health, 2001; Brannigan, 2005) to map the role focus, capabilities and contribution of mental health nursing to service delivery in relation to service tiers and community and population needs. The outcomes of this work are presented in Appendix IV, which provides detail of the core general capabilities mental health nurses require to meet community needs and contribute to service delivery. This should usefully inform the design of pre-registration programmes and shape the focus of continuing professional development opportunities for mental health nurses.

BOX 5. Core functions of mental health nurses.

- Providing care and interventions based on meeting people's physical, emotional, social, psychological and spiritual needs.
- Engaging people in care and treatment.
- Working with people to assess, plan, implement and evaluate programmes of care and support.
- Assessing risk and supporting the therapeutic management of risk.
- Creating and sustaining therapeutic environments in inpatient settings.
- Delivering psychosocial interventions and psychological therapies.
- Supporting people receiving pharmacological interventions, including medication management and prescribing.
- Providing case co-ordination and care management services, co-ordinating inputs from other professionals, services and agencies.
- Assisting people to connect with mainstream activities by working with a range of agencies outwith health and social care.
- Practising therapeutic management of a range of challenging situations, including aggression, violence and self harm.
- Adopting an illness-prevention, health-promotion focused stance.
- Tackling health inequalities.
- Advocating for people, and supporting people's access to independent advocacy services.

² See: <http://www.scotland.gov.uk/health/jointfutureservice/>

The pre-registration mental health nursing programme must recognise and value the variety of mental health nursing practice represented in Appendix IV, and post-registration development opportunities must support nurses to meet the needs of people in different service contexts.

Plans for workforce development have been progressed in children and young people's mental health and forensic mental health nursing, involving:

- induction to the area of practice
- progressive competency development frameworks
- opportunities for career pathways
- underpinning continuing professional development opportunities to enable skill and competency development and clinical career progression.

These kinds of opportunities must now be made available in all areas of mental health nursing practice.

Developing and enhancing the role and capability of mental health nursing in acute inpatient, crisis care and intensive home treatment services

Acute inpatient care

Acute inpatient care is an area of practice where the ability to deliver care and services based on the rights-based principles of the Act will be most tested and challenged. It is also the area in which mental health nurses sometimes feel most compromised in their ability to deliver rights, principles and recovery-focused care.

Lafferty and Davidson (2006) describe concerns (also expressed during the review process) that inpatient care is struggling against a culture of risk-averse, defensive practices. This serves to stifle some aspects of practice development and undermine efforts to meaningfully engage with service users and carers. There is a perceived risk that the prevention of untoward incidents and physical harm is becoming the sole focus of the nurse's role in inpatient care settings. While this is an important aspect of practice, nurses also have a critical part to play in supporting people to recover control of their lives.

External commentators of the review have suggested that 'what happens with acute inpatient care should be the barometer of evolution in mental health services in the future', and that reinvigorating the therapeutic role of nursing in acute inpatient care should be one of the outcomes on which the success of the review should be judged (Allan, 2005). Mental health nurses, service users, families and carers also gave a clear message to the review - there is a need to reshape/ remodel acute inpatient services to meet today's challenges.

Numerous reports (Sainsbury Centre for Mental Health, 1997, 2005 and 2006) produced over a number of years have highlighted areas for development in acute inpatient care, including the need for:

- improvements in environments in terms of size, mix of client groups, locality, provision of single-sex environments and enabling privacy
- structured activities and access to 'talking' therapies as alternatives or adjuncts to pharmacological therapies
- increased recreation and social activities

- service user involvement in their care and treatment being maximised
- actions to address staff morale and occupational stress to enhance the retention of skilled and experienced staff
- consistent and person-centred assessment and care planning systems
- good multi-disciplinary team working and inpatient and community team linking and working
- actions to address levels of aggression and violence, with a move from a custodial approach to observation towards an approach that maximises engagement and therapeutic contact time
- a shift in focus from managing organisational risk to the therapeutic management of individual risk
- robust structures for clinical leadership and increased access to education, training and career progression opportunities
- clear criteria and systems for admission and discharge to be developed.

A sub-group of the review specifically progressed work in relation to acute inpatient care, but issues they investigated are applicable across all inpatient mental health services, including children and young people's services, older people's services and continuing care and rehabilitation settings. Many of the issues they explored and their recommended actions reflect the pilot work taken forward by the Sainsbury Centre for Mental Health in the Searching for Acute Solutions projects (Sainsbury Centre for Mental Health, 2006).

There needs to be greater recognition of changes in the nature of acute inpatient care, which include increased levels of acuity of need and complex needs. For example,

substance misuse is common among people with mental health problems and poses particular challenges in inpatient care.

There also needs to be greater valuing of and support for the highly skilled nature of working with people with acute mental health problems. Much education and training currently available in Scotland is not grounded in the work and challenges facing acute inpatient care. The Sainsbury Centre for Mental Health and NIMHE (Clarke, 2004) have produced guidelines on the education, training and continuing professional development needed for all members of the multi-disciplinary team working in acute inpatient care, including creative solutions to problems of releasing staff for training and maximising whole-team training opportunities. These should inform the creation of a national development programme for staff working in acute inpatient units in Scotland.

WE NEED TO:

- ***Create a national development programme for education, training and continuing professional development for acute inpatient care staff.***

Working in partnership with multi-disciplinary, multi-agency team colleagues, charge nurses in acute inpatient care settings must be supported and enabled to have greater influence over activity in their wards, notably in relation to:

- decisions about admissions, discharges and transfers
- risk management activity
- the organisation of care to protect time for therapeutic contact.

Other disciplines have a responsibility to work with and support charge nurses to ensure that nursing resources are directed towards therapeutic contact time. Initiatives such as the Tidal Model (Barker, 2002) and 'refocusing' activities (Dodds and Bowles, 2001) outline approaches that help to direct nursing interventions in acute inpatient care in this way. Significant work has been undertaken in Newcastle, Birmingham and NHS Greater Glasgow on piloting the Tidal Model, with encouraging findings reported.

Benefits from these initiatives need to be more widely spread and adopted into practice. Good practice facilitators in mental health settings are well-placed to facilitate this through practice development initiatives aimed at implementing and sustaining change. A network for good practice facilitators would provide a suitable means of allowing exchange of information, evidence and opinion to develop this process even further.

WE NEED TO:

- ***Ensure all inpatient units develop models of care based on the principles of the Act and the recovery approach.***

Developing the role of nursing in inpatient care necessarily depends on having adequate numbers of appropriately skilled staff to enable them to practice within the type of framework described above, maximising therapeutic contact time and initiating programmes of therapeutic group work. This is the kind of issue the National Workforce Planning Framework (Scottish Executive, 2005) was created to address (see Box 6).

Positive practice example Person-centred care in practice - implementing the Tidal Model in inpatient care in NHS Greater Glasgow

The Tidal Model builds upon the nursing profession's core concepts of caring about people and is based on collaborative working that promotes people's strengths and attributes to bring about change in their own lives. The values of the model link well to the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003. Focused individual and group work promotes recovery-centred working.

NHS Greater Glasgow has implemented the Tidal Model in several inpatient units across the city. Encouraging results have been found, including reductions in rates of physical and verbal aggression, self-harm, complaints and the use of restraint and observation. Additionally, nursing staff have consistently reported a greater sense of professional purpose and job satisfaction after the introduction of the model, and service users and carers are very positive about the recovery-focused approach and the opportunities the model provides for meaningful involvement in their care.

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WE NEED TO:

- ***Ensure the workforce implications of models of care recommended in this report are accounted for in the production of workforce plans.***

BOX 6. National Workforce Planning Framework (Scottish Executive, 2005d).

The framework was published in August 2005 to allow NHS Boards and regions to plan workforce numbers for the future, aligned to service planning and financial planning arrangements. It introduced a planning cycle that will allow for a 'bottom up', evidence-based approach to future workforce planning and will help inform national decisions on future training numbers and supply. Workforce plans will help articulate the impact of a number of issues on future demand, including *Delivering for Health* and the *Mental Health (Care and Treatment) (Scotland) Act 2003*.

Crisis care and intensive home treatment services

Acute inpatient care is part of a continuum of services aimed at supporting people during acute periods of distress. Significant progress is being made throughout Scotland in developing crisis and intensive home treatment services. They act as adjuncts or alternatives to inpatient care and nurses are playing a key role in their development and delivery. Evidence shows that such services can reduce the need for admissions and enable more people to remain in the community.

Delivering for Health has set a specific target to develop national standards for crisis services. These will provide a benchmark against which the development of flexible, responsive and appropriate services to meet the needs of individuals in crisis and their families can be measured. Crisis services fit with prevention, intervention and continuing care services.

We also need to ensure that the continuum of community and hospital-based services is 'joined up' in a way that supports people's transitions across different parts of services. New whole-systems approaches to working in mental health will enable this. Evolving models of 'in reach' and 'outreach' by community and inpatient staff to support people at transitional points of their journeys through services and provide continuity of care should be further developed and supported.

There should be planned rotation of staff across different service elements as the spectrum of services develops to increase integration and enhance staff development.

WE NEED TO:

- **Support and develop whole-systems models that promote continuity of care across service boundaries for the service user, family and carers, with planned rotation of staff across different service elements.**

Delivering for Health outlines nurses' potential to develop extended roles in unscheduled and acute care, including nurse-led admission clinics, nurse-led discharge and nurse-led services. *New Ways of Working for Psychiatrists* supports this change agenda in advocating development of nursing and other professional roles. Mental health nurses should be encouraged and supported to develop and extend their roles and contributions in this way.

To support this process, a managed knowledge and practice development network for mental health nursing that initially focuses on acute inpatient care before developing to embrace the spectrum of crisis care and intensive home treatment services should be developed. A progressive competency-based framework should also be established for work in this

area, ranging from initial registration to consultant-level practice.

Strong professional leadership by practitioners working at advanced levels is needed to drive service and practice development in these directions, and nurse consultant posts should be developed to support this aim.

Positive practice example Intensive home treatment and crisis intervention

An Intensive Home Treatment Team (IHTT) has been established in **NHS Forth Valley**. Its aim, wherever appropriate, is to provide intensive care and treatment at home for people with acute mental health problems, rather than admitting people to hospital.

The service, based on a multi-disciplinary, multi-agency model, operates extended hours over seven days. An evaluation of the IHTT conducted jointly with the Scottish Development Centre for Mental Health has shown that support from the team significantly reduces the likelihood of admission and enables earlier discharge from inpatient care. Occupancy of inpatient beds has reduced, and there is a high level of satisfaction about the service among service users and clinicians.

The evaluation also shows that the IHTT is offering a recovery-focused alternative to hospital with high levels of user and carer involvement in decision making.

For further information, contact Graham McLaren.
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The crisis intervention team in **NHS Grampian** is a nurse-led, out-of-hours service covering seven nights a week and weekends. The service aims to prevent hospital admission by providing a rapid response to a person experiencing a mental health crisis, enabling the person to remain within his or her own environment whenever possible.

Service users have access to the crisis service via a direct-line number, which enables them to feel there is someone at the end of a phone who will respond quickly, and support is also provided for families and carers. The team accepts referrals from GPs, the police, social workers, NHS24 and others for people experiencing a crisis who are not currently service users.

The team works alongside out-of-hours emergency doctors and liaises closely with acute hospital at night and daytime services to ensure a seamless service and that appropriate follow up is provided during the working day.

For further information, contact Paula Hall.
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Positive practice example

Whole-systems ways of working

The perinatal mental health service in **NHS Greater Glasgow** provides a comprehensive service for women and their infants and families. Staff nurses are rostered to work each week across the spectrum of services in the inpatient unit and community. This means the service and key worker follow and support women across their entire care episode, enabling continuity of care and support.

For further information, contact **Clare Donnelly, Clinical Nurse Manager**.
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In **NHS Highland**, a transitional discharge pilot has been completed in collaboration with **Stirling University**, with encouraging results. The transitional discharge model is well established in some parts of Canada and involves the nurse who cares for an individual during an inpatient stay maintaining involvement during the transitional period after discharge while the person establishes a relationship with community staff. The Highland pilot also included volunteer peer support for people post discharge. The outcome of the pilot produced evidence that transitional care was effective in reducing readmission rates.

For further information, contact **Tom Allan**.
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WE NEED TO:

- *Develop a managed knowledge and practice development network for mental health nursing, initially focusing on acute inpatient care.*

- *Develop a progressive competency-based framework for mental health nurses working across the spectrum of acute inpatient, crisis care and intensive home treatment services, ranging from initial registration to consultant-level practice.*
- *Create nurse consultant posts to lead the development of mental health nursing's contribution across the spectrum of acute inpatient, crisis care and intensive home treatment services.*

Enhancing capability in services for people with complex long-term health problems and older people

Complex long-term health problems

Delivering for Health emphasises the need for multi-disciplinary, multi-agency services for people with long-term health problems. It also promotes measures to improve people's self-management capacity and enable service users and their families and carers to take greater control over their own care. These priorities are already the foundations for much mental health nursing practice in community settings.

The 'strengths' model of case management has been used by assertive outreach teams in the UK and has been widely applied in New Zealand as the preferred approach to case management in supporting people with long-standing mental health problems. The model is evidence based and has been subject to several studies that have produced consistently positive results in comparison with other models of case management. Benefits include reduced hospitalisation, increased quality of life and social functioning and increased access to social supports (Marty et al, 2004; Rapp and Goscha, 2006).

The key principles and functions of the strengths model of case management provide a framework that should inform the roles of mental health nurses (and the focus of whole teams) in supporting people with long-term health problems in the community (Box 7).

BOX 7. The 'strengths' model of case management.

- Focus on strengths rather than deficits.
- The community is viewed as an 'oasis' of resources - the emphasis is on engaging people in existing community services rather than 'disability' services.
- Interventions are based on the principles of client self determination.
- The case manager/client relationship is primary and essential.
- Staff should outreach to see people in their own and preferred environments.
- People have the ability to continue to grow, learn and change.

There is an important link between social justice, social capital and mental health. Mental health nurses, particularly those working in the community, are well placed to identify and respond to social needs. This part of their role is likely to become even more important in the context of emerging care and case management roles mental health nurses will fulfil in integrated health and social care teams. The strengths model of case management provides a useful framework to enhance this.

Developments in the support of people with long-term health problems are contingent on new ways of working across multi-disciplinary teams. The *New Ways of Working for Psychiatrists* framework signposts the need

for service redesign to move towards more person-centred care models and the use of tools such as the 'capable teams toolkit' to enable teams to reflect on their key functions and make best use of the expertise of all concerned.

Older people

Delivering for Health sets out the health challenges Scotland's ageing population will pose over coming years. Mental health services and mental health nursing must make the support of older people with mental health problems a priority, backed by appropriate competency development, education and training activity and leadership through the creation of nurse consultant roles.

A substantial amount of mental health work in Scotland currently involves supporting people with dementia and their families and carers, and a dramatic increase in the number of people affected by dementia is expected. There needs to be greater consistency in the quality of care available in dementia services across Scotland, and nurses could do much to reduce current divergence.

Much of the care offered to people with dementia in care home settings is provided by care assistants or general nurses. There are opportunities to continue to support and enhance this important area of care through enabling staff in this sector to access mental health nurses' knowledge, skills and experience for clinical advice, education and support.

Many examples of positive and innovative practice submitted during the course of the review illustrate mental health nurses' key role in providing support and education to other workers. Mental health nurses also provide education and counselling support to families and carers, particularly in the early stages

of dementia. Such practice should be disseminated and built upon nationally.

The Scottish Executive funds the Dementia Services Development Centre at the University of Stirling to support and provide multi-disciplinary, multi-agency education initiatives, and these should continue to be promoted.

WE NEED TO:

- ***Develop a progressive competency-based framework to support skills escalation for mental health nurses working in older peoples' mental health services, from initial registration to nurse consultant-level practice.***
- ***Create nurse consultant posts to lead the development of mental health nursing's contribution to older people's mental health services.***

Developing capability in anticipatory care, prevention and early intervention

Delivering for Health stresses the need to promote anticipatory care focused on providing early intervention to at-risk groups. Early intervention approaches are applicable in supporting people with a range of mental health problems. They emphasise mental health workers' contribution to mental health promotion, supporting people during their first experience of problems and first contact with services, and supporting families and carers.

Mental health nurses also play a key role in early intervention to both prevent admission to hospital and prevent referral into the secondary care system. Early intervention is embedded in recovery-based and strengths-focused approaches. It emphasises preventing and minimising crisis and relapse and enhancing

Positive practice example Anticipatory care and early intervention

Anticipatory care with people experiencing homelessness

People who experience homelessness also experience inequalities in relation to their physical and mental health. Moving into Health is a joint initiative involving **West Lothian Council** and **NHS Lothian (West Lothian Division)** in which a team of community mental health nurses, using the principles of assertive outreach, provide open access to health assessments for people who are, or are at risk of becoming, homeless.

The service includes a comprehensive programme of health assessment and promotion, support plans for homeless people and education of other workers supporting homeless people.

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Gillian Wilson.
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Early intervention in accident and emergency liaison

A significant number of people present at accident and emergency (A&E) departments following deliberate acts of self harm, but many leave without a comprehensive psychosocial assessment.

Improved services for people who self harm lead to better detection and support for people at risk of suicide. A nurse-led initiative in **NHS Forth Valley** has been developed to offer assertive follow up to all people leaving A&E following acts of self harm, including a comprehensive assessment and access where appropriate to solution-focused therapy.

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people's resilience and self-help strategies. The principles of early intervention should be embedded in the practice of all mental health nurses, regardless of the service context within which they operate.

The role mental health nurses play, and should continue to play, in liaison services are also key - for example, in liaison roles in primary care, general hospitals, accident and emergency services with people who self harm and in the early detection of dementia in older people. Mental health nurses can make very positive contributions to the care of people with physical health problems accessing these services, and their contribution and capability within a broad spectrum of liaison services should continue to be developed and enhanced.

Enhancing capability in health improvement, health promotion and tackling inequalities

People with long-term mental health problems have higher rates of physical ill-health and a lower life expectancy than the general population. Historically, people with mental health problems have been disadvantaged in accessing health promotion advice and health screening in relation to physical health (Scottish Executive, 2005e).

Improving the physical health status of people with mental health problems is one of the actions outlined in the mental health delivery plan in *Delivering for Health*. The health improvement agenda is also at the heart of community health partnership developments and is an area where mental health nurses should play a considerable role.

The links between positive mental health and positive physical health are well recognised, and mental health nurses are suitably placed to promote and enhance the physical health and well being of people with mental health problems. This should be a prominent feature of the role of all mental health nurses, regardless of service context within which they practice.

Similarly, efforts should be made to ensure that nurses in other branches of the profession (adult, learning disability and children's) and midwives are aware of mental health issues for people accessing their services. This should be considered by the reviews of nursing and midwifery's contribution in relation to *Delivering for Health* and nursing in the community being taken forward by the Scottish Executive.

Several positive and innovative practice examples submitted to the review show mental health nurses effectively promoting physical health and tackling health inequalities faced by people with mental health problems. They include:

- supporting people to access primary care services for health screening and health advice
- using exercise, health promotion work and meaningful occupation activities in inpatient and forensic mental health services as a means to improve mental and physical health, self-confidence and self-esteem
- implementing smoking cessation support
- engaging in 'community referral', or 'social prescribing'.

Positive practice example

Health improvement, health promotion and tackling health inequalities

The East Ayrshire Well Person Service in **NHS Ayrshire and Arran** and the Health and Well Being Clinic at the Riverside Resource Centre in **NHS Greater Glasgow** are nurse-led initiatives aimed at tackling physical health inequalities experienced by people with long-standing mental health problems.

Both services provide a systematic, holistic and comprehensive approach to improving the physical and mental health of people, incorporating a range of interventions including health screening, health promotion and the management and treatment of physical health problems.

The initiatives emphasise a socially inclusive and collaborative approach which involves a number of agencies including primary care, organisations offering smoking cessation support, drug and alcohol services and specialist practitioners in the management of particular physical health problems.

Emphasis is also placed on detecting physical health problems associated with medication, such as identifying unwanted effects and supporting people to manage their medication.

Both services have led to the detection and treatment of previously unidentified physical health problems experienced by people with long-standing mental health problems, and have created an enhanced health improvement role for practitioners.

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Community mental health nurses, in particular, are well placed to develop roles in community referral (see Box 8), maximising service users' access to recovery by promoting support within their local communities. Recent work progressed on behalf of the National Programme for Improving Mental Health and Well Being makes several recommendations to fully integrate community referral as a patient pathway for primary care practices in Scotland. Potential exists for similar initiatives in secondary care mental health services (Scottish Development Centre for Mental Health, 2005).

BOX 8. Community referral.

Community referral (also known as social prescribing) aims to promote social inclusion by strengthening the provision of and access to socio-economic solutions to mental health problems by linking people with sources of support in the community which might lead to opportunities to engage in:

- creative arts
- physical activity
- learning and volunteering
- mutual aid
- befriending
- self help.

It also offers support on a range of issues including legal advice, benefits advice, and support with parenting issues.

WE NEED TO:

- ***Develop mental health nursing's contribution to community referral.***

Mental health nursing's role in health improvement, health promotion and tackling inequalities should be further developed, with existing good practice evaluated and disseminated to inform learning and practice nationally.

Mental health nurses should also be encouraged to recognise and deal with symptoms of physical and psychological ill health among carers. Programmes of carer education and support should be provided to alleviate symptoms, backed by an adequate allocation of resources to support the nurse-carer alliance.

Enhancing capability in increasing access to psychosocial interventions and psychological therapies

Scottish mental health legislation makes it clear that all service users have the right to expect and be able to access a range of interventions and support to aid their long-term recovery.

Service users and professionals view 'talking therapies' as a key part of delivering recovery-centred services and treatment, and the literature review commissioned by the CNOs in England and Scotland to accompany the review have established the efficacy of a number of psychosocial interventions and psychological therapies (see Appendix III for a summary).

Despite national initiatives aimed at increasing capacity to deliver such services, demand across all care groups far outweighs supply.

The National Mental Health Services Assessment (Grant, 2004) noted positive moves to train a range of clinical staff in psychosocial interventions and psychological therapies in many NHS Board areas, but this was not found to be happening systematically across the country.

Mental health nurses in Scotland have made significant progress in developing and extending their skills in psychosocial interventions and psychological therapies, but more needs to be done. Access to training should be increased and progressed in the context of service development alongside robust infrastructures that support dissemination of skills into practice and ensure the necessary governance arrangements for quality assurance and clinical supervision are in place.

It is important that psychosocial intervention and psychological therapy skills are developed within all areas of mental health nursing, and not only within specialist services and roles. For that reason, a stepped approach should be adopted in which all nurses have opportunities to develop their skills, with some progressing to advanced levels.

There is also a need for nurses with expert skills in psychosocial interventions and psychological therapies. Where nurses with these levels of skills practice in Scotland, they have been key in developing the capability of the wider nursing workforce and ensuring that the training, support and supervision infrastructure is in place to ensure skills are developed and disseminated into practice.

Positive practice example

Increasing access to psychosocial interventions and psychological therapies

A nurse-led strategic approach has been taken to increasing access to psychosocial interventions for people experiencing psychosis and their families and carers in **NHS Ayrshire and Arran**. Using a stepped approach to training, psychosocial interventions have now been embedded into the everyday practice of mental health nurses working in community mental health teams in East Ayrshire. A model of clinical supervision and professional development has been created to ensure skills are disseminated into practice.

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There is a pressing need to improve access to psychological therapies for people during their stay in acute inpatient units. A nurse-led initiative in **NHS Argyll and Clyde** enables people to access psychological assessment and therapies during their admission, helping them to increase their understanding of their problems and explore psychological treatment options that will support their ongoing coping and recovery. Nurse therapists also provide training, supervision and support to the wider nursing team to promote psychological thinking and embed psychological therapies into practice.

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WE NEED TO:

- ***Support mental health nurses' contribution to psychosocial interventions and psychological therapies services using a stepped approach to competency development.***
- ***Create nurse consultant posts to lead the development of mental health nursing's contribution to psychosocial interventions and psychological therapies services.***

Some NHS Board areas have developed strategies to mainstream mental health nurses' capability in delivering psychosocial interventions and psychological therapies. The strategy developed by Brannigan (2005) for NHS Greater Glasgow outlines a tiered approach that could usefully inform the effort to enhance capacity and capability in this area on a national basis.

Enhancing capability in nurse prescribing

Enhancing the capability of nurses in supplementary and independent prescribing is a strategic objective of the Scottish Executive and is currently being supported via education initiatives. As yet, developing mental health nurses' roles in nurse prescribing is in its infancy in Scotland.

Any future development of mental health nurses' prescribing roles must be grounded in the context of a broader medication management approach that focuses on making sure people have the information and education they need to understand their medication and make informed choices about their treatment, and supports people to manage unwanted-effects of medication.

Research evaluating the outcome of nurse prescribing in mental health is extremely limited. Evidence that exists and consultations carried out for the review suggest positive and negative implications.

On the positive side, nurse prescribing may increase service users' access and choice in medications and improve detection and management of unwanted effects. It may be cost-effective and seems to sit well with service redesign and professional role change initiatives.

On the negative, there is a perception that current nurse prescribing courses in Scotland are not designed to meet mental health nurses' needs. Service users have expressed some concerns about mental health nurses' skills and knowledge base to support prescribing, which may be lacking in subjects such as psychopharmacology and polypharmacy. The costs of mental health nurse prescribing are unknown.

The Mental Health Nursing Forum, which acted as the Expert Reference Group for the review, has undertaken exploratory work on enhancing the role of nurse prescribing in mental health. In addition, the Scottish Executive is developing a national framework for nurse prescribing.

WE NEED TO:

- ***Develop mental health nursing's contribution to nurse prescribing.***

Section 5

Education and development -
preparing for the future

Section 5

Many of the issues explored during the review in relation to education and development are applicable across the whole nursing profession, while some are specific to mental health nursing. The Directorate of Nursing, Midwifery and Allied Health Professions of the Scottish Executive Health Department has developed a range of initiatives to progress some of these issues across the nursing and allied health professions workforce (Appendix I).

Pre-registration preparation

Pre-registration preparation of mental health nurses is designed to meet the statutory requirements determined by the Nursing and Midwifery Council (NMC, 2004). Generic proficiencies are prescribed in terms of outcomes students must achieve at the end of Year 1 (Common Foundation Programme) and the end of years 2 and 3 (the Mental Health Branch Programme) to become eligible for registration. The NMC started a review of pre-registration programmes across the UK in 2005, and this is ongoing.

Questions were raised during this review about the robustness of the pre-registration programme in preparing students for practice. The generic nature of the NMC framework does not detail specifically the core values and competencies expected of registered mental health nurses. Consequently, there is no nationally agreed or consistent framework for pre-registration preparation of mental health nurses in Scotland.

The overall conclusion was that pre-registration mental health nursing programmes need to be redesigned within a national framework that will ensure consistency of content and standards throughout Scotland. The generic nature of the NMC competencies, which also form the basis for practice assessment in Scotland, need to be

urgently revised and a national mental health nursing practice assessment framework developed.

Ten Essential Shared Capabilities (ESCs) have been developed by the Sainsbury Centre for Mental Health (2004). These detail core capabilities for all mental health workers, taking account of values-based practice, the recovery approach and person-centred care. A range of materials to support teaching, learning and development in relation to the ESCs is now available and must become firmly embedded in pre-registration curricula in Scotland.

The emphasis on holistic care and health and well being in pre-registration programmes should be strengthened, and this should be addressed in the national framework. There should also be a commitment to developing greater awareness of the benefits of caring for older people with mental health problems, highlighting and promoting the many positive aspects and examples of good practice in this area.

Students must have the right practice placements and practical experiences to ensure they have access to appropriate learning experiences, role models and supervision in practice on which to base values and to develop competence and capability. This must also be reflected in the national framework for pre-registration mental health nursing education in Scotland.

The capabilities outlined in Appendix IV should also inform the redesign of pre-registration programmes.

WE NEED TO:

- **Redesign the pre-registration mental health nursing programme to ensure a clear and consistent national framework.**

The meaningful involvement of service users and carers in programme design and delivery of pre- (and post-) registration mental health nursing education must continue, with existing models of good practice guiding developments nationally.

Positive practice example Promoting service user and carer involvement in education

The Mental Health Team at **Napier University** has worked with service users and carers to develop a strategy for user and carer involvement in their programmes. This included the appointment of a dedicated development worker. Education is being used as a means to bring about changes in practice that improve experiences and outcomes of care for service users and their families and carers.

The value of meaningful service user and carer involvement is a central part of education at Napier and influences all classroom teaching and learning. The strategy has now grown to include working among informal partnerships of lecturers, service user and carer groups, practitioners and students.

The 'partnership' is working on two specific projects:

- attitudes and responses to self harm workshops for student nurses
- developing service user and carer-defined proficiencies that will be used to assess students during practice.

The partnership approach is also helping all involved to continue to learn about involvement and is bringing about positive change in practice through joining forces to work together.

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Higher education institutions (HEIs) should maximise the involvement of practitioners in programme design and delivery. Secondments of clinical staff to higher education institutions to

inform particular parts of programme design should be considered. The appointment of part-time or sessional lecturers should continue to be progressed as a means of enabling expert practitioners to contribute to programme design and delivery.

There is also a need for lecturers in higher education to maintain links with clinical practice through clinical work, supervision of practitioners and joint working on particular practice development projects.

WE NEED TO:

- ***Meaningfully involve service users, carers and practitioners in the design and delivery of pre-registration and post-registration mental health nursing programmes.***
- ***Identify and disseminate examples of good practice in service user and carer involvement in education to inform development on a national basis.***
- ***Enable lecturers in higher education institutions to have direct links with clinical practice.***

While there are constant pressures to recruit adequate numbers of students to pre-registration programmes, the focus must be placed on recruiting the right people, with the right values base. People who have personal experience of mental health problems and those who are carers often fit this description.

Service user, carer and practitioner involvement in the selection of candidates for pre-registration mental health nursing programmes is key in ensuring appropriate candidates are selected to enter programmes. Involvement can take a variety of forms, including participation in interviews, forming of interview schedules and questions, and contributing to guidance on selection procedures.

Good practice guidelines about involving service users and carers in mental health education and student recruitment and selection have been produced by the Social Care Institute for Excellence (2004) and Tew et al (2004).

WE NEED TO:

- **Maximise service user, carer and practitioner involvement in selection procedures for student nurses.**

Pre-registration preparation needs to reflect the multi-disciplinary, multi-agency context of mental health services by maximising opportunities for learning with other disciplines and agencies involved in mental health care. This should be reflected in the redesign of the pre-registration programmes in Scotland, including the Common Foundation Programme, which comprises a third of the preparation programme for mental health nurses.

Health care support worker staff development

Health care support workers make a significant contribution to the work of NHS Scotland. Natural, flexible and employer-supported pathways towards registration have been developed via a Facing the Future initiative that encourages support workers, with employer support, to access the NHS Education for Scotland-endorsed Higher National Certificate (HNC) in Health Care. Successful completion of the programme enables direct entry into Year 2 of pre-registration nursing programmes.

Uptake of this initiative has, however, been variable. There is a need for all NHS Boards to develop a structured education programme for support workers through Scottish Vocational Qualification (SVQ) levels 1, 2 and 3, followed by HNC-level study if appropriate.

The potential to enable part-time study of the Mental Health Branch Programme while retaining employment in NHS Scotland should also be further explored and developed. For example,

the Open University pre-registration work-based programme has been established in both adult and mental health nursing in remote and rural areas, enabling NHS-employed support workers to complete a four-year diploma programme while retaining employment throughout the duration of their studies.

The creation of an 'associate practitioner role' in mental health nursing has been suggested, and will be further explored through work undertaken by the Facing the Future group. While having a less academic focus than nursing, the role could be a 'stepping stone' leading to the post holder accessing pre-registration nursing programmes at an appropriate level. The NHS Modernising Clinical Careers framework supports the progression of non-registered staff and outlines a framework that enables the progression of staff from support worker grade to senior health care assistant and assistant/associate practitioner. This enables NHS Boards to develop careers within the context of 'capable teams' built to meet the needs of local communities.

WE NEED TO:

- **Maximise and develop the role of the support worker in mental health services.**

Activity on developing support workers should be informed by the significant contribution people who have experienced mental health problems could make to mental health teams in both inpatient and community-based settings. The employment of peer support workers is well established in services in the USA that have embraced recovery and strengths-based service and practice models. Maximising peer support, self help and the key role of 'expert patients' are central messages in *Delivering for Health* and should be progressed as part of the Mental Health Delivery Plan.

Development of newly qualified nurses

Many newly qualified nurses start their career in inpatient care (often the most challenging area of practice). Consequently, the least experienced nurses are often providing care for people with the most complex needs.

NHS Education for Scotland has developed the 'Flying Start' one-year national development programme for newly qualified nurses, and will support NHS Boards in its implementation. Findings from the review suggest that Flying Start should include a planned rotation for mental health nurses through various areas, including community, to ensure consolidation of skills and knowledge.

WE NEED TO:

- ***Support newly qualified mental health nurses through the 'Flying Start' programme and provide a planned rotational development and consolidation experience.***

Leadership in mental health nursing

While there are variations across NHS Board areas, the perception of a gradual but significant erosion of frameworks, roles and systems that provide clear professional leadership and a strong professional voice for mental health nursing emerged as a theme within the review process.

The landscape of health care in Scotland is evolving towards integrated models. In the future, leadership frameworks in the NHS will become less dependent on formal management structures and more dependent on the capabilities of individuals at all levels. Findings from the review show that strategically placed and robust professional leadership

structures are essential for driving clinical practice development in parallel with, and in support of, wider service and organisational developments.

WE NEED TO:

- ***Strengthen and enhance leadership capacity and capability in mental health nursing.***

The Scottish Executive leadership development plan set out in *Delivery through Leadership* (Scottish Executive, 2005f) provides a practical action plan for implementing leadership development in NHS Scotland at national and local level. It also details descriptors of leadership qualities and behaviours.

The plan notes that leaders and managers often emerge through clinical routes and in the past have had to 'pick up' leadership and management skills and behaviours on an 'ad hoc' and 'do it yourself' basis. It emphasises the need to change this with the provision of comprehensive leadership development opportunities and attention to succession planning and growing people into leadership posts. As part of this aim, NHS Education for Scotland will commission clinical leadership development packages for all front-line NHS staff.

NHS Board Nurse Directors have had a responsibility since 2001 to ensure that all ward sisters/charge nurses have access to a leadership development opportunity (Scottish Executive, 2001). Access to leadership development in mental health should also be extended to staff nurses to ensure succession planning for more senior clinical, managerial, academic and research posts.

WE NEED TO:

- **Continue to ensure that all senior mental health nurses have access to leadership development opportunities, and extend access to staff nurses.**

Nurse consultants fulfil key leadership roles, shaping and influencing care delivery, service strategy and professional development. There are, however, limited opportunities for mental

health nurses who wish to progress their clinical careers to acquire the leadership, education, practice development and research skills necessary for consultant-level posts. NHS Education for Scotland has designed a nurse consultant development programme that will prepare people for consultant posts and enable succession planning.

While this report and its action plan call for specific actions to develop nurse consultant

Positive practice example Nurse consultants making a difference

Nurse consultants are central to practice and service development. The nurse consultant for perinatal mental health in **NHS Greater Glasgow** has played a key role in the design, commissioning and development of comprehensive specialist secondary and tertiary care services for perinatal mental illness, including a West of Scotland Regional Mother and Baby Mental Health Unit, a Community Outreach Team, a Maternity Liaison service and an Integrated Care Pathway. She is also consulted by NHS Boards and other agencies in relation to service development and clinical practice issues.

The direct impact of the post on practice includes implementing evidence-based clinical practice across disciplines and introducing a whole-systems nursing model to service delivery, involving nursing staff working across community and inpatient services to facilitate continuity of care.

Professional leadership and consultancy activities at local, regional and national levels have included:

- providing nursing leadership across maternity, health visiting and mental health nursing within NHS Greater Glasgow
- chairing a short-life working group on perinatal mental illness and joint mother-infant admissions, which produced a service profile addition to the Mental Health Framework for Scotland
- chairing the Practitioner Reference Group that played a central role in shaping the outcomes of the National Review for Mental Health Nursing in Scotland.

Excellence in clinical practice is central to the nurse consultant role. Fifty per cent of the post is devoted to delivering direct evidence-based care to women affected by perinatal mental health problems in the community and maternity liaison service, while also providing clinical support and supervision to mental health nurses, midwives and health visitors.

Research and education activities include delivering in-house education and training across professional and organisational boundaries, lecturing on undergraduate and post-graduate nursing, midwifery and public health nursing courses, and acting as grant holder for a 3-year Chief Scientist Office-funded national audit of postnatal depression.

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posts in priority areas, they recognise and emphasise the urgent need generally to expand the number of nurse consultant posts in mental health throughout NHS Scotland.

There are very few mental health nurses occupying specialist roles in Scotland, with inconsistency in the grade and nature of such posts signalling a need to harmonise roles and titles across Scotland. The NHS Modernisation Career Framework provides a vehicle for charting role development from senior/specialist practitioner, through advanced practitioner, to consultant practitioner and beyond.

Continuing professional development (CPD)

All nurses should have access to CPD activities and the opportunities to extend knowledge and skills vertically (enabling role extension and progression) and horizontally (supporting practitioners to develop within their existing roles).

CPD opportunities are not just about formal accredited courses, but also involve a range of activities such as secondments, visits to clinical areas, and skills-based programmes delivered within service settings. Personal development gained via individual study and peer supervision is also significant.

As services integrate, CPD activity will most meaningfully be delivered in multi-disciplinary, multi-agency contexts involving teams of workers, and with the active and meaningful involvement of service users and carers.

The action plan sets out several items that will lead to increased provision of CPD opportunities, particularly in relation to acute inpatient care, intensive home treatment and crisis care, older people's mental health and

psychosocial interventions and psychological therapies. Nationally developed programmes will need to be tendered and developed in key areas. There is also a need for greater joint working among higher education institutions and NHS Boards and across professional groups to share existing expertise and collaborate on new programme developments.

Regular clinical supervision is important for all nurses and midwives, but is considered particularly important in mental health nursing, which is reported to have higher levels of occupational stress and 'burnout' than other branches of nursing and, indeed, other mental health professions. Any role progression in psychosocial interventions and psychological therapies is dependent on practitioners being able to receive high-quality clinical supervision, as is the maintenance of skills in forming and sustaining helpful relationships. Clinical supervision is also essential in promoting values and strengths-based practice.

WE NEED TO:

- ***Ensure regular clinical supervision opportunities are provided for mental health nurses.***

Support for nurses in remote and rural areas and isolated situations

The challenges of staffing and providing training for NHS services in remote and rural areas are addressed by *Delivering for Health*. It commits to establishing a 'virtual' School of Rural Health Care to build on existing initiatives and develop world class approaches to the development and training of the rural workforce. It also pledges to bring together a group involving NHS Education for Scotland, Scottish Medical Royal Colleges, NHS Boards and other partners to:

- consider the evidence around standards of care in remote and rural areas
- consider operational issues associated with the delivery of health care in remote and rural areas, including how staffing can be assured and clinicians' skills maintained in low-volume procedures
- develop appropriate training for remote and rural practitioners
- consider how training can best be incorporated into posts in these areas.

These initiatives are likely to have significant positive impacts on mental health nurses working in remote and rural areas of Scotland.

Research culture and capability in mental health nursing

Mental health nurses have a significant role to play not only in delivering evidence-based care and interventions focusing on values, rights and recovery, but also in generating the evidence that will contribute to the continual development of mental health services in Scotland.

While the evidence base that helps to inform mental health nursing practice has grown significantly over the last few years, it needs to continue to grow.

The literature review supporting the mental health nursing reviews in England and Scotland has made several suggestions for programmes of research that could add to the knowledge base of mental health nursing (see Appendix III) including:

- further large scale, user and carer-led research projects examining user and carer views of mental health nurses, in particular focused on children and young people, older people and people from Black and minority ethnic communities

- more high-quality clinical trials to establish the efficacy of interventions delivered by mental health nurses
- research that establishes the efficacy of interventions for deliberate self harm and the prevention and management of violence.

Future clinical trials will best be progressed if they:

- are truly embedded in the context of the 'real world' of mental health services and service developments in NHS Scotland
- progress with multi-disciplinary and multi-agency involvement
- reflect the diversity of people who access mental health services.

Approaches to generating evidence need to be based on the best evidence-gathering methods. Research into recovery in Scotland must progress with the aim of developing a national evidence base, to which mental health nurses should make a significant contribution. Berzins (in press), in a review of the literature on implementing a recovery approach in policy and practice (funded by the National Programme for Improving Mental Health and Well Being), notes that:

- research methods traditionally viewed as 'strong' in the field of evidence-based practice are not easily applied to values and recovery-focused practice
- traditional outcome measures may not necessarily reflect what helps progress towards recovery - we need to re-think these to best capture the meaning of recovery, as defined by people who have made this journey.

The review has shown that many initiatives are already progressing values, rights, recovery-focused and evidence-based care and interventions. The elements of mental health nursing practice that enable this need to be captured, along with indicators of how organisations can support the effort.

As a starting point, mental health nurses must be supported to undertake evaluations of new initiatives, an activity that is not common at the present time. Involvement in evaluation often introduces practitioners to the knowledge and skills they need to enable fuller engagement in research activity. Learning from evaluations can be shared on a national basis as new initiatives and services evolve. Higher education institutions should play a key role in supporting mental health services and mental health nurses in developing this.

The national strategy for research and development in nursing and midwifery, *Choices and Challenges* (Scottish Executive 2002b), supported by significant funding from the Scottish Executive, has driven the creation of three regional consortia in Scotland to oversee and develop nursing and midwifery research within a multi-disciplinary context. Priorities for developing the research and evidence base supporting mental health nursing practice should inform research programmes undertaken by the consortia.

The Scottish Mental Nursing Forum was established in 2004. The Forum consists of senior mental health personnel from all NHS Board areas, academic institutions and other key organisations concerned with progressing mental health nursing practice, research, education and service development. It should play a key role in shaping and influencing the research agenda for mental health nursing in Scotland, and in promoting collaboration across NHS Board areas and higher education institutions.

WE NEED TO:

- **Ensure mental health nurses:**
 - **are involved in evaluations of new initiatives and services**
 - **can continue to build capacity and capability in developing the evidence base for mental health nursing interventions**

- **are involved in contributing to research into recovery in Scotland**
- **can influence the research agenda via the Scottish Mental Health Nursing Forum.**

Enhancing the mental health nursing learning climate

One of the review objectives was to identify, analyse and disseminate existing strengths and areas of good practice in mental health nursing in Scotland. The examples of positive and innovative practice gathered as part of the review process show that many initiatives are already developing mental health nursing in the direction proposed in this report and action plan.

The mental health nursing community in Scotland is relatively small. It should be able to, and must, share and build on existing innovation on a national basis to inform developments. More robust mechanisms are needed to enable networking, sharing innovation and learning, and disseminating learning about the conditions necessary to support, enable and maintain positive and innovative practice.

The Scottish Mental Nursing Forum has similar aims to the mental health nursing review, and importantly provides a key platform to bring the community of mental health nurses in Scotland together to share learning and progress developments on a national basis. It should be active in supporting and progressing the actions arising from the review.

WE NEED TO:

- **Create a more robust climate of learning, development, evaluation and research across the mental health nursing community in NHS Scotland.**

Section 6

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Appendix I

Associated initiatives

The following associated initiatives are being progressed by the Directorate of Nursing, Midwifery and Allied Health Professions of the Scottish Executive Health Department.

- **Facing the Future**, an initiative with a number of work streams that focuses on maximising recruitment and retention.
- **The Nursing Workload and Workforce Planning Project**, developing systematic planning tools with a specific sub-group developing those across the spectrum of mental health services.
- **A Framework for Developing New Nursing Roles** was launched in July 2005 to provide guidance on developing new and extended nursing roles.
- **Caring for Scotland** is the strategy for nursing and midwifery in Scotland. It is currently being reviewed in the context of *Delivering for Health*. Many of the recommendations made in the original report are still relevant to developing the infrastructure to support culture, capability and capacity in the mental health nursing workforce.
- **Choices and Challenges** outlined a strategy for research and development in nursing and midwifery for Scotland which resulted in a range of concurrent activities, including initiatives on providing pre-and post-doctoral training opportunities for staff and other activities to enhance the capability of novice researchers. In 2004, the Scottish Executive Health Department supported the development of three regional consortia with the specific purpose of increasing capacity and capability of nurses, midwives and allied health professionals in research.
- The Scottish Executive Health Department commissioned NHS Education for Scotland to develop two education and development programmes: the **Flying Start Programme** is focused on the support and developmental needs of newly qualified staff during the first year after their initial registration; and a **Nurse Consultant Development Programme** has been designed to develop practitioners towards consultant-level practice to enable succession planning into these posts.
- **The Occupational, Professional and Regulatory Standards Work Stream** is being lead by the CNO in Scotland. It will result in a framework for occupational and professional standards for NHS Scotland, including a framework for regulatory processes and work on the regulatory requirements for health care support workers.
- A CNO **Review of the Role of Nursing in the Community** will report in 2006, and a review of the **role of the senior charge nurse** will commence in 2006.

On a UK-wide basis, work is progressing on:

- **Modernising Nursing/Clinical Careers and Careers Frameworks**
- **the development of academic/clinical career pathways.**

Appendix II

Project Support, Steering and Reference Groups

The Project Team

Robert Samuel Project Lead
Susanne Forrest Project Officer
Katherine Lawson provided administrative support

The Project Steering Group

A multi-disciplinary and multi-agency group of key mental health stakeholders, including representatives from health, social care and voluntary organisations, academic institutions, professional nursing organisations and trade unions and other key mental health organisations concerned with progressing the mental health policy and service agendas.

Group purpose

To provide strategic guidance and direction for the review, by:

1. Informing the review process by suggesting key questions, priorities and the focus, scope and overall aims of the review.
2. Advising on the review process methodology.
3. Receiving and commenting on interim reports.
4. Considering, commenting on and approving the final review report.

Membership

Paul Martin, Chief Nursing Officer, Scottish Executive Health Department (Chair)

Anne Armstrong, Divisional Director of Nursing - Primary Care, NHS Lanarkshire, Chair of the Mental Health Nursing Forum/Expert Reference Group

Simon Bradstreet, Network Director, Scottish Recovery Network

Dr Peter Rice, Consultant in Alcohol Problems, NHS Tayside (representative from Royal College of Psychiatrists)

Professor Sue Cowan, University of Abertay

Susan Donnelly, Care Commission

Sharon Duncan, Mental Health Nurses' Association

Geoff Earl, Royal College of Nursing

Houston Fleming, Service User and Carer Reference Group

Susanne Forrest, Project Officer, Scottish Executive Health Department

Steven Hodgson, Association of Directors of Social Work representative

Jamie Malcolm, Nurse Commissioner, Mental Welfare Commission

Shaun McNeil, Service User and Carer Reference Group

Mary Melvin, Scottish Chair, Mental Health Nurses' Association

Eileen Moir, Director of Nursing, NHS Borders

Victoria Murray, Service User and Carer Reference Group

Shona Neil, Chief Executive, Scottish Association for Mental Health

Dr Ian Pullen, Principle Medical Officer, Scottish Executive Health Department

Karen Robertson, Chair of the Practitioner Reference Group

Salma Siddiqui, Lecturer, Napier University, Edinburgh

Robert Samuel, Nursing Advisor, Scottish Executive Health Department

Joe Nichols, Professional Advisor, Nursing and Midwifery Council

Irene Souter, Director of Nursing, NHS Fife (representative from the NHS Board Nurse Directors Group)

Carol Watson, Associate Director of Nursing, Midwifery and Allied Health Professions, NHS Education for Scotland

Mary Weir, Chief Executive, National Schizophrenia Fellowship.

The Service User and Carer Reference Group

A national group of representatives from key service user and carer organisations

Group purpose

To ensure that service users' and carers' priorities are at the fore of the review process and outcomes, by:

1. Identifying strategies and methodologies for meaningful involvement of service users and carers in the review process.
2. Enabling a two-way free flow of information about the review within members' organisations and networks.
3. Identifying and understanding areas requiring development in mental health nursing practice.
4. Identifying and understanding existing areas of good practice.
5. Facilitating and supporting activities aimed at engaging and involving service users and carers in the review process.
6. Considering the findings of the review as they emerge to inform the review outcomes.
7. Contributing to shaping the outcomes of the review.

Membership

Trish Burnett, Scottish Association for Mental Health

Houston Fleming, Dykebar Patients' Council

Agnes Thomson, Scottish Association for Mental Health, Augment Tayside

Michael Coull, Mental Health User Network, Aberdeen

Annette Callow, Falkirk Service Users' Reference Group

Eddie Kelly, Falkirk Association for Mental Health

Lynne Edwards, Service User Commissioner, Mental Welfare Commission/ Service User and Carer Involvement Worker, Napier University, Edinburgh

Victoria Murray, Scottish Carers' Alliance

Anna McGill, Carers of West Lothian

Shaun McNeil, User Forward (now VOX) and Penumbra

Chrissie Wright, Eating Disorders Association

Practitioner Reference Group

A national group of mental health practitioners representing a range of different fields of mental health nursing practice.

Group purpose

To ensure that practising mental health nurses' priorities are at the fore of the review process and outcomes, by:

1. Identifying strategies and methodologies for meaningful involvement of mental health nurses in the review process.
2. Enabling a two-way free flow of information about the review within members' organisations and networks.
3. Identifying and analysing areas requiring development in mental health nursing practice.
4. Identifying and analysing existing areas of good practice.
5. Facilitating and supporting activities aimed at engaging and involving mental health nurses in the review process.
6. Considering the findings of the review as they emerge to inform the review outcomes.
7. Contributing to shaping the outcomes of the review.

Membership

Tom Allan, Ward Manager - acute inpatient care, NHS Highland

Sarah Armour, Senior Addictions Nurse, NHS Fife

Jacqueline Barclay, Clinical Manager - Perth Prison, Scottish Prison Service

Mari Brannigan, Senior Nurse Practitioner - CBT NHS Greater Glasgow

Alan Bruce, Ward Manager - Eating Disorders Edinburgh Huntercombe Hospital

Stephen Cook, Practice Development Nurse NHS Argyll and Clyde

Michael Crawford, Staff Nurse, The State Hospital

Sarah Cullen, Community Mental Health Nurse - Children and Young People's Mental Health, NHS Lothian

Lorraine Currie, Ward Manager - acute inpatient care, NHS Greater Glasgow

Alison Drinnan, Community Mental Health Nurse, NHS Lanarkshire

Lousie Fulton, Liaison Psychiatry Service, NHS Greater Glasgow

Kelvin Frew, Community Mental Health Nurse, NHS Dumfries and Galloway

Heather Glennie, Lead nurse - inpatient care, NHS Greater Glasgow

Helen Grier, Community Mental Health Nurse - Primary Care NHS Ayrshire and Arran

Ann Haugh, Community Mental Health Nurse - older people, NHS Forth Valley

Ron Johansen, Clinical Nurse Manager- Learning Disabilities, NHS Tayside

Theresa Kelly, Nurse Therapist Cognitive Behavioural Psychotherapy NHS Argyll and Clyde

Michael Keyes, Ward Manager - IPCU, NHS Greater Glasgow

Claire Lamza, Clinical Nurse Specialist, The State Hospital

Ross Mackie, Charge Nurse - Acute inpatient care, NHS Ayrshire and Arran

Gerry McKelvie, Clinical Nurse Specialist - early intervention service, NHS Greater Glasgow

Sharon McMenemy, Charge Nurse - acute inpatient care, NHS Lothian

Stephen Park, Community Mental Health Nurse, NHS Fife

Karen Robertson (Chair), Nurse Consultant-perinatal mental health, NHS Greater Glasgow

Douglas Seath, Nursing Officer Mental Welfare Commission

Kaye Skey, Community Mental Health Nurse, NHS Lothian

Kate Sloan, Nurse Practitioner - Psychotherapy NHS Argyll and Clyde

Craig Stewart, Team Manager - East Ayrshire Community, Mental Health Teams, NHS Ayrshire and Arran

Linda Stewart, Staff nurse - rehabilitation service, NHS Forth Valley

Carol Richards, Charge Nurse - Early Intervention Service, NHS Greater Glasgow

Eileen Ross, Team co-ordinator, Community Mental Health Teams, East Kilbride, NHS Lanarkshire

Jennifer Russell, Primary Care Practitioner, NHS Greater Glasgow

Gilly Waite, Charge Nurse - acute inpatient care, NHS Borders

Chris Weir, Practice Development Nurse/AWI Manager, NHS Argyll and Clyde

John Wilson, Charge Nurse - acute inpatient care, NHS Forth Valley

Diane Woodward, Charge Nurse - acute inpatient care, NHS Highland

Expert Reference Group

The existing **Mental Health Nursing Forum** acted as the Expert Reference Group for the review. The forum was established in 2004 and aims to positively influence the strategic vision for the future delivery of mental health nursing in Scotland and contribute to the shaping of future national policy. It is committed to helping ensure that the profession is appropriately equipped in terms of values-base, knowledge, skills and competencies to meet the needs of mental health service users and their families and carers. The forum's agenda includes the identification of challenging issues facing the profession and consideration of the impact of developing health and social care policy on the role and function of mental health nursing.

Group purpose

To inform the review process and outcome through existing expert opinion in mental health nursing, by:

1. Informing the review process by suggesting key questions, priorities and the focus, scope and overall aims of the review
2. Informing the review process methodology and facilitating access to a range of stakeholders to support the review process
3. Contributing to sub-groups or working groups that will aid the review process

4. Contributing to the analysis of the findings of the review by debating and discussing key issues
5. Informing and shaping the review outcomes.

Membership

Membership includes senior mental health nurses and academics from across Scotland.

For further information about the forum, contact: Anne Armstrong (Chair):
Anne.Armstrong@lanarkshire.scot.nhs.uk
Robert Davidson (Vice Chair):
Robert.Davidson@gartnavel.gla.comen.nhs.uk

Appendix III

Mental health nursing: literature review synthesis and recommendations

Dr Richard Gray,¹ Ms Pamela Barnes,² Dr Penny Bee,² Professor Charlie Brooker,³ Joe Curran,³ Professor Karina Lovell,² Dr Philip Keeley,² Mr John Playle,² Jo Rance,¹ Deborah Robson.¹

¹King's College London

²University of Manchester

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This review is divided into four parts:

1. Service users' and carers' views of mental health nursing.
2. The efficacy of interventions delivered by mental health nurses.
3. The clinical effectiveness of these interventions when delivered by mental health nurses.
4. The experience of being a mental health nurse in specific relation to satisfaction and stress.

The review will locate, review and synthesise existing literature (particularly focusing on systematic reviews), identify the current gaps in this literature and provide recommendations for practice, education, service provision and research in relation to mental health nursing. Each of the four parts of the review will be addressed using a different review methodology.

Background to the project

Mental health nurses make up the largest proportion of the mental health workforce; 96,269 mental health nurses are registered in the UK. They are pivotal to the delivery of the NSF and the delivery of clinical guidelines. It is timely to review their role and the contribution that mental health nurses can make to the delivery of modern effective mental health care.

Understanding service users' and carers' views of mental health nursing and the experience of mental health nurses themselves will also inform an understanding of the part the profession can play in the modern NHS.

Part one: service users' and carers' views of mental health nursing

Part one dealt with service users' and carers' views of mental health nursing. We undertook a systematic search of the academic and grey literature. Broad inclusion criteria enabled the systematic review to be exploratory and inclusive. Each study was rigorously assessed against pre-defined quality criteria. We identified 143 studies, the majority of which examined service-user experiences in adult settings. There was a lack of evidence regarding the views of Black and minority ethnic groups, child and adolescent users and elderly users.

There was evidence that service users view mental health nursing as a multi-faceted role that requires both human qualities and specific clinical skills. Generally, mental health service users held mental health nurses' listening skills in high regard. However, service users report a lack of adequate information, poor inter-professional communication and a lack of opportunity for collaboration in care. Service user views of inpatient mental health nurses were less positive than in other settings. Service users expect mental health nurses to deliver both practical and social support alongside clinical skills and more formal psychological therapies. Service users expect mental health nurses to:

- have a positive attitude to working with mental health service users and treat users with respect and dignity.
- have both human qualities (such as warmth, empathy and compassion) and therapeutic clinical skills
- recognise their symptoms and deliver the relevant treatment
- provide honest and appropriate information.

There was evidence that carers are most satisfied with mental health nurses' professional skills and comparatively less satisfied with their abilities to provide information and involve an individual's relative in their care. People who care for people with mental health difficulties have unmet needs and require their own psychological and practical support.

Part two: interventions

Mental health nurses are involved in delivering a range of discrete interventions to service users with mental health problems. The aim of this review was to explore the evidence for the efficacy of interventions considered to be important to the role of the mental health nurse. The highest form of evidence is a meta analysis of randomised controlled trials. Cochrane systematic reviews and meta analyses and National Institute for Health and Clinical Excellence (NICE) guidelines are highly regarded by clinicians and academics and are a rich source of evidence about the efficacy of interventions.

We generated a consensus list of ten interventions that were considered important to the role of the mental health nurse. Of these, there was good evidence for the efficacy of CBT (in depression, PTSD, anxiety, bulimia nervosa), family interventions, psychoeducation, counselling (modest short-term improvements), and assertive community

treatment. There was equivocal evidence for the efficacy of medication management, CBT (in psychosis, early intervention, deliberate self harm, anorexia nervosa, cognitive rehabilitation for dementia), and physical health promotion. There was a paucity of RCT evidence for the efficacy of interventions in the management of violence, and engagement. There was evidence for a lack of effect of case management. The majority of the evidence we reviewed was focused on the efficacy of interventions in working-age adults.

Part three: effectiveness of interventions delivered by mental health nurses

We undertook a systematic review of the evidence on interventions delivered by mental health nurses. We identified 52 randomised controlled trials that involved mental health nurses delivering a clinical intervention. Thirty studies focused on interventions - for example, CBT, medication management and case management for psychosis delivered by mental health nurses (either individually or as part of a team). Eighteen studies focused on interventions for people with a non-psychotic disorder. Interventions included exposure and response prevention, behavioural psychotherapy and group cognitive therapy. Few studies focused on interventions for older adults. The results of individual trials suggest that mental health nurse-delivered interventions, broadly speaking, have a positive effect.

Part four: stress and burnout

We undertook a comprehensive search of computerised databases and hand searched key academic journals. Compared to other nurses, there was evidence that mental health nurses experience higher levels of stressors and lower job satisfaction. There was evidence that mental health nurses experience less positive affirmation, receive less help than other

nursing groups and are not good at dealing with their own psychological needs. We also identified that mental health nurses have the highest rate of burnout of any mental health professional group and that job satisfaction is lower for nurses than for other mental health professions.

Recommendations for practice

- There is a set of fundamental clinical skills (that include listening and sharing information) that are the essence of mental health nursing and are valued by mental health service users and carers.
- Mental health nurses should exchange information with service users and carers about a holistic package of care and treatment options and facilitate a process of shared decision making.
- Mental health nurses should focus on delivering interventions that have established efficacy.

Recommendations for education

- UK-registered mental health nurses should be provided with the necessary skills and opportunities to fulfil a multifaceted nursing role. To this end, nurse training programmes should focus equally upon the development of clinical skills and the development of more generic skills associated with relationship building, engagement and communication.
- Mental health nurses should receive education in delivering interventions with established efficacy. Ideally, these education programmes should have been subject to their own evaluation.
- The attitudes of mental health nurses towards service users should be improved. Interventions most likely to facilitate this process include nurse education programmes.

Recommendations for service provision

- Future models of service provision must include at their core genuine opportunities for collaborative care and effective systems for information provision, both written and verbal. These measures must be fully accessible to both service users and their carers.
- Organisational barriers to the implementation of effective nursing care, including nurses' ability to deliver discrete interventions, must be identified and overcome. Particular attention should be focused on providing a consistent, regular and therapeutic alliance through a re-evaluation of staffing levels, staff turnover and occupational health.
- Organisational measures designed to alleviate staff apathy and increase staff morale may have a positive effect on service users' perceptions of mental health nurses.
- Mental health nurses should be encouraged both to recognise and to deal with symptoms of psychological ill health among carers. Programmes of carer education and support should be provided to ameliorate such symptoms and facilitate an adequate allocation of resources aimed at improving the nurse-carer alliance.

Recommendations for research

- There is a need for further large-scale, user and carer-led research examining user and carer views of mental health nurses where findings are implemented and evaluated. In particular, research efforts should focus on child and adolescent, older adults and Black and minority ethnic groups. Research should use measures developed in collaboration with service users and carers.
- There is a need for more high-quality clinical trials (meeting Cochrane criteria) to establish the efficacy of interventions delivered by mental health nurses. Mental health nurses need to be involved in and lead these trials.

- Mental health nurses need to participate in the development of emerging health technology and to be actively involved in establishing an evidence base for the efficacy of those interventions.
- There are two key areas identified in the review of intervention where there is a clear need for research that establishes the efficacy of interventions. They are:
 - deliberate self harm
 - prevention and management of violence.
- Mental health nurses must become more involved and skilled in clinical trials research that establishes the efficacy and effectiveness of interventions.
- There is an urgent need to develop interventions that address the high levels of stress, burnout and dissatisfaction among mental health nurses.

Appendix IV

Role focus, capabilities and contribution of mental health nursing to service delivery in relation to service tier and community and population needs

Service Tier/Community and Population Need	Role Focus of Mental Health Nursing	Mental Health Nursing Practice Capabilities (adapted from The Capable Practitioner Framework. (SCMH, 2001) <i>Capabilities are applicable through each service tier levels 1-4</i>
<p>Tier 1 Community Health and Well Being in the Neighbourhood and Local Community</p>		
<p>Prevention of mental health problems in high-risk groups.</p> <p>Community awareness of psychosocial aspects of mental health impacting families and individuals.</p> <p>Information on maintaining mental well being.</p> <p>Anti-stigma and discrimination awareness and education and information about self help and other support services.</p>	<p>Public health and mental health promotion at various population levels including communities, schools, non-mental health workers, voluntary organisations and families and carers.</p> <p>Anticipatory care with 'at-risk' groups.</p>	<ul style="list-style-type: none"> • Capable of understanding and applying the principles and practice of mental health promotion, including: the continuum of mental health promotion and prevention; the interplay between mental health and physical health. • Capable of increasing others' understanding of the wider implications of mental health promotion practice. • Capable of educating the public, communities, other disciplines and organisations, service users and carers about mental health and the role function and limitations of mental health services.

Mental Health Nursing contribution to service delivery

(adapted from The Capable Practitioner Framework. (SCMH 2001);
and Promoting Psychosocial Interventions -
a Strategy for Nursing (Brannigan, 2005)

- Work with others to assess the prevalence and nature of mental health needs among local populations.
- Advise, consult, educate, supervise and support non-mental health professionals, including education and social care workers.
- Work with others to contribute to national public mental health initiatives (progressed via the National Programme for Mental Health and Well Being), including mental health awareness raising and stigma reduction, 'mental health first aid', 'choose life' and other prevention initiatives.
- Develop and contribute to regional and local mental health improvement and prevention initiatives.
- Contribute to the empowerment of individuals through information sharing and resource utilisation in a range of community settings, including schools and further and higher education institutions.
- Engagement, information sharing and partnership working with self-help, user and family/carer forums.
- Engagement, information sharing and partnership working with patient councils and other advisory and monitoring groups.

Service Tier/Community and Population Need

**Tier 2
Primary, Health Care,
Primary Care Mental Health
Teams, Liaison Services,
Out-of-Hours Primary Care
Services**

Mental distress and health problems caused by distressing life transitions and events, traumas and physical health problems.

Large proportion of the population presenting with problems associated with depression and anxiety in primary care.

Role Focus of Mental Health Nursing

Screening and recognition of people with more complex mental health needs who require support from secondary care services, and facilitating referral, access and links with services if required.

Consultation, education, support and advice to other health workers including primary care, A&E staff and acute general hospital workers.

Anticipatory care, prevention and early interventions with 'at-risk' groups.

The early detection of mental health problems such as postnatal mental health problems, eating disorders and dementia.

Preventive interventions to avoid unnecessary referral to secondary mental health care systems.

Delivering time-limited psychosocial interventions and psychological therapies in primary care and liaison services.

Supervising and supporting other workers in delivering interventions.

Mental Health Nursing Practice Capabilities

(adapted from The Capable Practitioner Framework. (SCMH, 2001) *Capabilities are applicable through each service tier levels 1-4*

- Capable of recognising and understanding various mental health problems from biological, psychological, social and spiritual perspectives.
- Undertaking or participating in comprehensive, collaborative, holistic needs and strengths-based assessment.
- Capable of identifying and collaborating with the range of local community, voluntary and health and social care resources available to service users and carers to assist them to attain or maintain quality of life.
- Capable of participating in the provision of a range of evidence-based psychological therapies including systematic assessment of needs, negotiation of goals and targets and the evaluation of outcomes.
- Capable of self-reflection, development and maintenance of skills and knowledge through continuing professional development activities.
- Capable of communicating effectively with service users, carers and families and other members of the therapeutic team.
- Capable of listening to service users and maximising opportunities for users, carers and families to be heard.

Mental Health Nursing contribution to service delivery

(adapted from The Capable Practitioner Framework. (SCMH 2001);

and Promoting Psychosocial Interventions -

a Strategy for Nursing (Brannigan, 2005)

-
- Screening, assessment and diagnosis of people with, or at risk of developing, mental health problems.
 - Ensuring communication needs of service users and carers are met through utilisation of sensory aids, translators, interpreters, sign language, Braille, and advocacy.
 - Assessment of individual history: strengths, individual goals and resources; mental state, signs and symptoms; health and social care needs, including factors relating to impact of ethnicity, gender, social class and lifestyle; risk - self harm, neglect, harm to others or suicidality; functional needs; family needs - carers and dependants; complex social and co-morbidity needs; need for compulsory measures.
 - Facilitating the participation of users, carers and families in the development, delivery and evaluation of individual care plans.
 - Delivery of a range of short-term interventions and assisted self-help interventions at specialist and practitioner levels for service users with transient needs or moderate mental health problems.
 - Advice and consultation to non-mental health professionals.
 - Supervision and support of other disciplines in the delivery of assisted self-help interventions and modified psychosocial interventions and psychological therapies.
 - Early intervention and prevention strategies and interventions.
 - Mental and physical health promotion, including facilitation of physical health screening.
 - Referral to, and collaboration with, secondary care and specialist mental health services to meet the needs of service users with enduring and complex problems.
 - Partnership working with other agencies.
 - Training and education of others.
 - Collaboration with, and critical understanding of, the team, clinical work delivered by the team, services provided and outcomes to be achieved for service users, families and carers, skills in multi-disciplinary, multi-agency team working, professional boundaries and the willingness to flexibly negotiate these to provide individualised care.
 - Understanding of the roles, tasks, systems, structures and processes essential for multi-disciplinary, multi-agency team working.

Service Tier/ Community and population need

**Tier 3a
Secondary Mental Health Services including: Community Mental Health Teams and other community based services; Early Intervention Services; Crisis Care, Intensive Home and Inpatient care; Secondary Care Crisis Resolution Services**

Role Focus of Mental Health Nursing

Mental Health Nursing Practice Capabilities
(adapted from The Capable Practitioner Framework. (SCMH, 2001) *Capabilities are applicable through each service tier levels 1-4*

People experiencing acute episodes of mental health problems or who are at risk of relapse.

People with long-standing and/or complex mental health problems requiring ongoing support and treatment within secondary care mental health services.

Key roles as direct providers of care and interventions in a range of community and hospital-based settings.

Supporting people during acute periods of mental health problems in inpatient and intensive home treatment settings.

Care and case management role with people with long-standing and complex mental health problems.

Delivery of psychosocial interventions and psychological therapies using a stepped approach provided in various care settings.

- Capable of participating effectively in multi-disciplinary, multi-agency team working across the statutory, independent and voluntary sectors.
- Capable of participating in the development and documentation of written care plans either as the main case manager and co-ordinator or as a member of the therapeutic team.
- Capable of participating in the provision of a range of evidence-based psychological therapies, including systematic assessment of needs, negotiation of goals and targets and the evaluation of outcomes.
- Capable of implementing strategies to safely and effectively manage anger, violence and aggression, including de-escalation and conflict avoidance, negotiation and crisis resolution, breakaway techniques, physical control and restraint.
- Capable of participating in and facilitating arrangements to address the physical health needs of service users by joint working with primary care.
- Capable of facilitating choice about and concordance with effective treatments.

Mental Health Nursing contribution to service delivery

(adapted from The Capable Practitioner Framework. (SCMH 2001);

and Promoting Psychosocial Interventions -

a Strategy for Nursing (Brannigan, 2005)

-
- Facilitation of engagement and therapeutic co-operation through the use of flexible and responsive engagement strategies for people with complex needs.
 - Where health needs of the service user are the predominant need, ensure seamless delivery of care by co-ordinating care and acting as the point of contact for the service user and carer, making use of other agencies, professionals and specialist services (such as crisis intervention, out-of-hours and social care services) as need demands.
 - Recognition of the health and social factors that precipitate acute relapse and crises, and the recognition and monitoring of early warning signs, working collaboratively with the service user and carers to identify individual relapse signatures.
 - Support and intervention for crisis resolution in the least restrictive setting consistent with effective treatment and safety, involving social and family networks of support and initiating strategies for recovery.
 - Identification of risk categories and specific risk factors while recognising and acknowledging individual strengths and opportunities for positive risk taking.
 - Participate in the complex care planning process surrounding care plans for hospital admission and discharge/transfer.
 - Establishment of safe and consistent mechanisms for continuing communication with service users when they disengage from services.
 - Implementation of a range of risk management strategies, including interventions to reduce the risk of suicide and self harm.
 - Supporting people managing medication and make informed choices about medication. Assessing the effectiveness of medication and intervene to manage unwanted effects.
 - Supplementary prescribing of medication within a psychosocial medication management framework.
 - Commitment in providing interventions which emphasise strengths, promote independence and enhance the autonomy of service users.
 - Arrange or provide a range of therapeutic, social, occupational and leisure activities, including group therapies based on individual preference and need.
 - Work with others to support and facilitate service users' opportunities to obtain meaningful and independent work where they can develop skills, receive an income and contribute to the community.
 - Contribute to community referral, or social prescribing.
 - Delivery of a range of interventions using a stepped approach such as relapse prevention, CBT, DBT, family interventions, problem solving.

Service Tier/Community and population need

- Tier 3b**
Specialist services (community or inpatient):
- Children and Young People's Services
 - Addictions Teams
 - Eating Disorder Services
 - Forensic Services
 - Perinatal Mental Health

- Tier 4**
Highly specialised service for rare or particularly complex conditions provided on a regional basis:
- Children and Young people's Services
 - Eating Disorder Services
 - Forensic Services
 - Perinatal Mental Health.

Role Focus of Mental Health Nursing

Role focus as for Tier 3a, with application to the needs of particular client groups or specialist service settings.

Mental Health Nursing Practice Capabilities

(adapted from The Capable Practitioner Framework. (SCMH, 2001) *Capabilities are applicable through each service tier levels 1-4*

- Capable of developing effective working relationships with service users, families and carers, including people who have disengaged from services.
- Capable of diagnosis, treatment or care of service users, including the comprehensive assessment of mental and physical health needs initiating appropriate action and interventions to meet identified needs, prescribing and administering medications and other treatments, and monitoring and managing any adverse effects.
- Capable of supporting people during transitions from secure to less secure environments.



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