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Educating students for mental health nursing practice: Has the UK got it right?

Improving mental health is an international priority and much attention focuses on whether there are sufficient numbers of adequately trained nurses to care for clients with mental illness and promote mental health[1]. Many countries are debating how best to educate nurses for mental health practice including the UK[2]. Here we present evidence from a review of mental health nurse education in order to explore the range of models and relative merits of different approaches[3].

We reviewed experiences in 17 OECD countries (12 European and 5 others) selected for economic comparability[3]. Information was obtained between June and November 2007 from: computer and hand literature searches; national and international professional and government websites; and personal communication with senior nursing personnel[4].

Models of Pre-Registration nurse education

There are several models of pre-registration nurse education. These range from wholly specialist to wholly generalist preparation[3].

Model 1: Specialist qualification following a direct entry specialist course.

Model 2: Specialist qualification following a common foundation programme (CFP) and a specialist branch course.

Model 3: Generalist qualification following a generic course with optional specialist components.

Model 4: Generalist qualification following a generic course with students all taking the same components.

While the UK moved from direct entry specialism (Model 1) to specialist qualification following a common foundation programme (Model 2) with the advent of 'Project 2000' in the 1990s, most countries moved from direct entry specialism (Model 1) to a generalist qualification (Models 3 or 4) as nurse education moved into higher education. Considerable debate exists about the benefits and problems of specialist and generalist models[5,6].

As part of its consultation on pre-registration education, the Nursing and Midwifery Council (NMC) is inviting comment on whether to retain Model 2; move to Model 3, or move to Model 4. One key rationale for moving towards a generalist model in the UK is to achieve consistency with other countries[2]. UK debates can usefully be informed by experiences elsewhere of such a move and our review provided information in relation to mental health nurse education.

Only Ireland now offers direct entry to mental health nursing. Germany has a direct entry system but not to mental health and in Canada, western provinces offer direct entry while eastern provinces have adopted a generic model. 14 countries offer a generalist qualification with (Model 3) or without (Model 4) specialist options in mental health.

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What are the impacts of generic training?

There is scant formal evaluation of the impact of a change to generic training. Moving from specialist to generalist training (of 3 or 4 yrs. length) is perceived as having adverse impacts on mental health nursing[3]. Concerns are expressed by employing organizations, national and/or regional governments about effects on service delivery because graduates are perceived as inadequately prepared for mental health practice, especially for clients with complex and/or multiple conditions. Other issues identified include:

- Insufficient time allocated to mental health clinical experience and theoretical content, a dominance of general nursing, and a lack of distinction between psycho-social concepts required by all nurses and specialist knowledge and skills required by nurses caring for clients with a mental illness.
- Insufficient numbers of faculty staff with mental health nursing experience and qualifications and problems providing all students with mental health clinical placements, especially in community settings.
- Reduced numbers embarking on mental health careers at course completion.

What is the response to concerns about generic training?

- Increasing mental health nursing content in generic courses (Model 4) has been recommended but when attempted, competes with other claims for curriculum time. Hence some countries have decided to introduce specialist mental health options (Model 3); for example in the form of branches (Holland) and major subjects running through the course (some universities in Australia).
- Some success has been reported in developing post-registration courses and/or periods of supernumerary practice as a means of gaining mental health nursing knowledge and skills not obtained during initial training. However, problems have been encountered with: providing funding for courses; student willingness for further study; and having sufficient staff to provide supervision and support.
- Widespread consultation in Ireland led to rejection of the generic model since it was perceived that this would be dominated by general training to the detriment of gaining specialist knowledge needed at the point of registration by the minority branches[7].
- Elsewhere, little enthusiasm emerged for returning to direct entry on grounds that all nurses need an introduction to physical and mental health concepts.

Policy implications for the UK

International experience suggests that changing from the CFP plus branch model to a generic model is likely to present substantial challenges in producing competent beginning practitioners in mental health nursing.

These include:

- Balancing the curriculum to ensure that sufficient mental health content is delivered to produce competent mental health practitioners at qualification without having a negative impact on 'general' nursing competence.
- Providing sufficient mental health experience for ALL students.
- The need to fund post-registration courses/periods of supervised practice to achieve competence in mental health practice if this is not achieved through a generalist initial training.
- Challenges in attracting students into mental health careers.

References

1. World Health Organization (2007) Atlas: nurses in mental health. Accessed on 24.09.07 at: http://www.who.int/mental_health/ evidence/nursing_atlas_2007.pdf
2. Nursing and Midwifery Council (2007) The future of pre-reregistration nurse education. Nursing and Midwifery Council, London
3. Robinson S, Griffiths P (2007) Approaches to specialist education at pre-registration level: an international comparison. National Nursing Research Unit, King's College London. Available at: www.kcl.ac.uk/schools/nursing/nnru/reviews/specialist
4. Personal communication with senior personnel in nursing professions in Australia, Belgium, Denmark, France, Holland, Norway, Switzerland, Sweden, USA
5. Cutcliffe J, McKenna H (2006) Generic nurses: the nemesis of psychiatric/mental health nursing. In: Cutcliffe J, Ward M (eds) Key debates in psychiatric/mental health nursing. Churchill Livingstone, Elsevier, London
6. Younge O, Boschma G (2006) Debating the integration of psychiatric/mental health nursing in undergraduate nursing programs. In: Cutcliffe J, Ward M (eds) Key debates in psychiatric/mental health nursing. Churchill Livingstone, Elsevier, London
7. An Bord Altranais, University College Dublin (2005) An examination of the rationale for and impact of maintaining the five points of entry to the register of nurses. An Bord Altranais, Dublin.

Key issues for policy

- International experience identifies issues that need to be considered if a move to generic training is to avoid adverse impacts on mental health nurse education.
- Benefits of the current UK system need careful assessment.
- Achieving consistency with other countries, many of which are in the process of debate and change themselves, may not necessarily be consistent with meeting community jobs