

# Victorian Taskforce on Nurses Preparation for Mental Health Work Report

September 2005

**Victorian Taskforce on Nurses  
Preparation for Mental Health  
Work Report**  
September 2005

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## Letter from the Chair

Hon Bronwyn Pike MP  
Minister for Health  
555 Collins Street  
Melbourne Victoria 3000

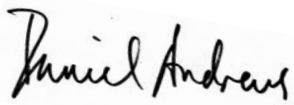
Dear Minister

It is my pleasure to submit for your consideration the Report of the Victorian Taskforce on Nurses Preparation for Mental Health Work.

The Taskforce was established in March 2005 to provide strategic advice and options to the Victorian Government regarding nurses' preparation for mental health work.

The taskforce was informed by a discussion paper on current literature, presentations from a variety of stakeholders and the in-depth knowledge and experience of taskforce members.

Our recommendations are designed to provide options for reform in the education and preparation of nurses for mental health work. I commend them to you and, on behalf of the taskforce, thank you for the opportunity to provide advice on these important issues.



**Mr Daniel Andrews MP**  
Parliamentary Secretary, Health  
Chair  
Victorian Taskforce on Nurses Preparation for Mental Health Work

## Background

Mental health services are experiencing significant workforce issues and the recruitment and retention of nurses is of particular concern.

According to the National Survey of Health and Well Being (ABS 1999), 17% of Australians will experience a mental health problem at some stage of their life and 4% will experience a severe mental disorder. Mental illness accounts for approximately 13% of the total disease burden (death and disability) and approximately 30% of the non-fatal disease burden of the population (Mayou & Sharpe, 1991).<sup>1</sup>

Physical and psychological problems can co-occur in general hospital patients, which requires nurses in all healthcare settings to have an understanding of mental health issues. However, concerns have been raised by some sectors that nurse graduates are insufficiently prepared for roles as beginner practitioners in mental health nursing and that this is of particular concern in mental health settings.

There are many specialties within the discipline of nursing, one of which is mental health. The education model currently in place in Victoria is that of a comprehensive program, delivered by the tertiary sector. Comprehensive nurse education has a responsibility to ensure that nurses are adequately prepared for beginner level practice in all areas of nursing.

In March 2005, the Minister for Health, the Hon Bronwyn Pike MP, established a taskforce to provide strategic advice and options regarding nurses' preparation for mental health work to the Victorian Government. The taskforce was chaired by Mr Daniel Andrews MP, Parliamentary Secretary, Health.

The recommendations arising from the Taskforce's deliberations were developed specifically to address critical issues regarding nursing workforce capacity in relation to mental health. Their relevance to other workforce challenges cannot be assumed and would need to be assessed against these challenges.

## Current Nurse Registration

The Nurses Board of Victoria (NBV) has responsibility for the accreditation of undergraduate courses in nursing in Victoria (Nurses Act, 1993). It has guidelines for such accreditation, which set minimum standards and facilitates consistency of course content. These guidelines require evidence through documentation as part of the accreditation process.

The NBV reviewed undergraduate bachelor of nursing courses with regard to their mental health/psychiatric nursing content in 2002. The NBV convened a working group including experts from the mental health/psychiatric-nursing field to inform this process. The group included representatives from many of the parties participating in the Ministerial Taskforce including Australian Nursing Federation (ANF), Health and Community Services Union (HACSU), Australian and New Zealand College of Mental Health Nurses (ANZCMHN), the Department of Human Services (DHS) and the NBV.

Fifteen recommendations were made by the working group to address the identified deficiencies. The recommendations have now been incorporated into the NBV Standards for Course Accreditation and it is envisaged that all Victorian Universities will have complied with these requirements by 2007<sup>2</sup> (see appendix C).

Currently, all nursing courses leading to registration as a nurse in division 1 are conducted in the tertiary sector. This sector receives funding through the Commonwealth Department of Education Science and Training (DEST) and other revenue sources. Universities allocate places to nursing courses according to internal priorities and in accordance with broad commonwealth direction. Course content and structure is influenced by a range of stakeholders including regulatory requirements, community needs and expectations, service providers and academic requirements.

<sup>1</sup> Mayou, R., & Sharpe, M. Psychiatric problems in the general hospital. In F.K. Judd, G.D. Burrows, & D.R. Lipsitt (eds.) 1991. *Handbook of studies on general hospital psychiatry*. Amsterdam: Elsevier Science Publishers B.V.

<sup>2</sup> Nurses Board of Victoria. Review of Mental Health/Psychiatric Nursing Component of The Undergraduate Nursing Program. Recommendations. July 2002.

## The Taskforce

A broad range of stakeholders were represented on the taskforce which met monthly between March 2005 and August 2005. The taskforce was chaired by Mr Daniel Andrews MP, Parliamentary Secretary, Health.

Terms of Reference were endorsed to address issues relating to the education of nurses for mental health. The taskforce explored a range of current issues and alternative models regarding nurse preparation. Models were considered in relation to their ability to provide a nursing workforce that is flexible; facilitates safe beginner level skills in mental health; and provides sufficient numbers of nurses committed to developing specialist skills in this field.

### Taskforce Representation

- Consumer Representative
- Undergraduate Nursing Course Co-ordinator
- Registered Nurse working clinically in Mental Health
- Area Mental Health Service Manager
- Director of Nursing
- Heads of Schools of Nursing
- Senior Psychiatric Nurse (Gr 6/7)
- Health and Community Services Union of Australia (HACSU)
- Australian Nursing Federation (ANF Victorian Branch)
- Australian & New Zealand College of Mental Health Nurses (ANZCMHN)
- Nurses Board of Victoria
- Nurse Policy Branch, DHS
- Mental Health Branch, DHS

### Terms of Reference of the Taskforce

- To identify the skills and knowledge required of a beginner level division 1 (graduate) nurse to work safely and competently in mental health.
- To determine the current skill and knowledge of beginner level division 1 nurses in relation to mental health nursing.
- To further examine the content and structure of undergraduate nursing programs to address any identified gaps in skills, knowledge and attitudes in the preparation of a safe and competent beginner level nurses, in the area of mental health nursing.
- To examine options for undergraduate mental health nursing education to address identified issues and evaluate the feasibility of implementing these alternatives. This includes developing strategies to overcome any barriers to implementing these options.
- To recommend a process for evaluating the successful implementation of options developed by the taskforce.
- To consider a potential pilot of one or more of the options, as presented by the Taskforce
- To provide the Minister for Health with an options paper as developed by the Taskforce.

## Methodology

The work of the taskforce was informed by a discussion paper, which briefly discussed the current literature relevant to objective 1 and 2 of the taskforce's terms of reference. A bibliography is attached that lists the documents used for the discussion paper, and also other documents tabled and circulated to taskforce members (appendix D). In addition to the literature, presentations were given to the taskforce from a variety of industry stakeholders. These presentations were made to the taskforce by:

- Dr Brenda Happell, Associate Professor and Director at the Centre for Psychiatric Nursing Research and Practice, in the School of Nursing at the University of Melbourne. Her presentation included information from her research findings and suggestions regarding the production of comprehensive nurse graduates with generalist skills to meet mental health needs within a broad range of health care settings, the attraction of graduates to mental health nursing.
- Hugh Irons, Coordinator, Ballarat University and Allan Townsend, Acting Psychiatry Nurse Consultant, Ballarat Psychiatric Services. Using Ballarat Psychiatric Services as a case study, their presentation overviewed a collaborative model for teaching mental health to undergraduate nurses and highlighted the benefits of a structure ensuring liaison between the university and the Area Mental Health Service.
- Julianne Bryce, Nurse Policy Officer Accreditation, Policy, Standards and Communication Program, NBV. Her presentation was on the standards for undergraduate nursing programs including the 'Nurses Board of Victoria Review of Mental Health/Psychiatric Nursing Component of the Undergraduate Nursing Program July 2002'.
- Belinda Moyes, Chair, National Nursing & Nursing Education Taskforce, who gave a presentation on the work of the taskforce and a national perspective on nursing issues.

## Option Development

Twelve draft options were identified by the taskforce, to address the issues of nurse graduates being sufficiently prepared for roles as beginner practitioners in mental health nursing. Taskforce members developed the pros and cons of each option and six options were shortlisted for further developed for discussion. The six options were:

### Option 1

A comprehensive undergraduate course that has a strengthened mental health perspective through curriculum changes and increased specialist clinical practice (ie: streamlined clinical placements), in the form of a 'major'. This would result in a degree in nursing (however titled) with a major in mental health, and meet requirements for registration as a division 1 nurse.

### Option 2

A 3 year undergraduate course with a core component and a major mental health stream. This would comprise of the student having a program of mental health electives and undertaking clinical placements within the course, which have a mental health focus. This would result in registration as a division 1 nurse after 3 years (with a specific major).

### Option 3

A double nursing degree in which a Bachelor of Nursing and Bachelor Mental Health are undertaken concurrently. This would result in registration as a division 1 nurse, holding 2 degrees after 4 years.

### Option 4

A direct entry mental health nursing course, which if accredited by the Nurses Board of Victoria would lead to registration as a division 1 nurse after 3 years.

### Option 5

Area mental health services would employ students of a nursing degree in a pre-graduate model of employment, allowing the student to build on their mental health skills and clinical experience. This would result in registration as a division 1 nurse after 3 years with extended exposure in mental health.

### Option 6

A 3 year undergraduate course which is streamed. This would involve a common foundation of 18-24 months then streaming to preferred mental health specialty for the remainder of the 3 year program.

A subset of the taskforce developed some Decision Making Criteria (Appendix A), which assisted assessment of each of the options. These criteria were applied to the options during discussions and ensured they met the Terms of Reference.

The diversity of stakeholder opinions led to a good and strong debate, as taskforce members put forward different perspectives on ways to address the identified issues relating to the education of nurses for mental health. Some of the debate was informed by tabled documents such as *Education & Training - The Priority To Rebuild A Skilled And Responsive Mental Health Workforce For The Victorian Community: Beginning Level Training Reform*, Health and Community Services Union of Australia; and *Position Summary: Victorian Mental Health Nurse Workforce Project 2005*, Australian Nursing Federation (Vic Branch); and the variety of presentations given to the taskforce. Other stakeholders such as the Australian & New Zealand College of Mental Health Nurses put forward position statements regarding their views on education of nurses for mental health, and all taskforce members participated in the rich discussion around the issues.

The robust debate clarified the issues and goals of the taskforce. It was agreed that the outcome of any recommendations put forward should make a difference to the current education of nurses for mental health and meet the Terms Of Reference of the taskforce.

After consideration of the issues and the relative benefits of options, the taskforce recommends option 2. This option met with unanimous approval from all taskforce members, was seen to meet the Terms of Reference, the Decision Making Criteria and be a viable solution to the issues explored.

In addition, the taskforce noted that other factors relevant to the retention and recruitment of nurses might include the quality of clinical placements, access to clinical leadership and clinical role models, and the image of mental health nursing.

## Taskforce Recommendations

The taskforce determined that all recommendations including the demonstration project must lead to NBV registration as a division 1 nurse with no restrictions to practice.

In its deliberations, the taskforce determined that although some achievements for mental health nursing have been made, there were additional strategies that could be adopted to address the issues it considered more broadly. Although not strictly meeting the Terms of Reference, the taskforce also developed recommendations regarding these matters in order to give workforce assistance to the sector in the short and medium term.

The option that meets the taskforce's Terms of Reference and Decision Making Criteria is the establishment of a comprehensive nursing program that offers a major in mental health.

### Recommendation 1

The taskforce recommends that a comprehensive nursing program<sup>3</sup> that offers a major in mental health be run as a demonstration project by at least one university and in at least one rural and one metropolitan site to assess its viability in both settings, and that this demonstration project be evaluated.

The option of a Bachelor of Nursing with a major in mental health does not radically change the current nurse undergraduate curriculum but builds on previous recommendations of the NBV and the potential already available to offer electives. The university can meet the academic requirements of a 'major' by offering a program of electives in mental health, in addition to a greater mental health clinical experience. In many instances clinical placements may cover the same knowledge content as required in the current undergraduate course, but would be undertaken in mental health settings in order to enhance mental health experience and understanding.

Although this demonstration project does not preclude other universities from offering this model, running this option as a project will allow the model to be evaluated in a staged manner throughout the course and following nurse graduation. This evaluation will determine whether the model has the capacity to:

- provide nursing graduates that are adequately prepared and are safe and competent beginner nurses
- provide a nurse graduate that can demonstrate enhanced capacity as a safe beginner level nurse in mental health
- positively effect recruitment to mental health
- increase the numbers of nurses committed to developing advanced skills in this field.

### Recommendation 2

The taskforce recommends that Area Mental Health Services encourage undergraduate students of the nursing degree, mental health major to undertake employment in a mental health setting within the pre-graduate model of employment.

Employment in a mental health setting during an undergraduate course in a pre-graduate model cannot be made compulsory, however, it may enhance a student of nursing's commitment to mental health and support recruitment by engaging potential mental health nurses during the pre-registration period. The model already operates on a small scale and has been endorsed by the ANF (Vic branch) and HACSU. Pre-registration student employment was included in the Victorian Psychiatric Services Certified Agreement 2004-2007 and employment would be within the terms of this agreement.

The following recommendations, while not sitting strictly within the terms of reference, were considered by the Taskforce to complement the primary recommendations in providing workforce assistance in the short and medium term.

<sup>3</sup> Leads to NBV registration as a division 1 nurse with no restrictions to practice

### Recommendation 3

The taskforce recommends the review of the capacity of current resource allocation to ensure effective coordination, liaison and education in relation to clinical placements, and to support relationships and communication between universities and Area Mental Health Services.

The taskforce recommended the establishment of better links between universities and Area Mental Health Services. It was seen that this would facilitate improved coordination and communication between the two bodies, in addition to enhancing the culture and image of mental health nursing. Further, the taskforce viewed the support of students in their placement as allowing a more accurate assessment process, and giving students accessible, constructive and ongoing feedback.

### Recommendation 4

The taskforce recommends that health services and education providers examine opportunities to ensure clinical placements are attractive by providing well-supported, meaningful learning environments.

Clinical placements are essential in consolidating a nursing student's education and should provide a meaningful learning environment. Clinical placements have been identified as a crucial factor in producing more positive attitudes towards working with people experiencing a mental illness and towards mental health nursing. A nurse's clinical placement experience can influence attitudes to psychiatric nursing as a career and therefore should be seen as not only an integral learning experience, but also as a potential recruitment opportunity.

### Recommendation 5

The taskforce recommends the NBV provide annual reports to the Department of Human Services, on the progress of the fifteen recommendations from its 'Nurses Board of Victoria Review of Mental Health/Psychiatric Nursing Component of the Undergraduate Nursing Program. Discussion Paper. July 2002'.

It is envisaged that Victorian Universities will have complied with the requirements of the NBV during 2006 – 2007. In order to monitor and evaluate the progress of the implementation of the NBV's Victorian Course Accreditation Guidelines, the Board is requested by the taskforce to provide reports annually to the Department of Human Services, on the progress of their accreditation requirements in relation to mental health.

### Recommendation 6

The taskforce recommends that work to address the image of mental health nursing is undertaken at a state level.

The taskforce recognises the benefits of developing the image of mental health nursing and promoting it as a positive and professional career. The taskforce recommends that the image of mental health nursing is addressed at a state level and that this is undertaken collaboratively by Nurse Policy Branch and Mental Health Branch, in consultation with service providers, clinicians and has consumer, union and workforce involvement. It is noted that the National Nursing and Nursing Education Taskforce are addressing the image of nursing, including mental health nursing.

### Recommendation 7

The taskforce recommends exploring opportunities for the accelerated conversion to division 1 courses, targeted to division 2's working in mental health.

Conversion courses already exist for division 2 nurses, however these courses can be difficult to get into and acceptance criteria does not include workforce priorities. Anecdotally there is interest amongst division 2 nurses currently working in mental health to undertake a conversion course to division 1. This proposal would target division 2 nurses currently working in mental health areas and would enable effective marketing and provide a potential student mass large enough for a university to run a tailored conversion course. A sufficient critical mass would also encourage flexible learning approaches, which would assist workplace support to the division 2s. Nurse Policy Branch and Mental Health Branch will work collaboratively to explore the possibilities for this option.

### Recommendation 8

The taskforce recommends that it reconvenes in twelve months to receive an evaluation of the recommendations to date.

An evaluation on whether the recommendations made by the taskforce are able to meet the Terms of Reference and provide viable solutions to the issues explored regarding education of nurses for mental health, will be undertaken. This will be done collaboratively by Nurse Policy Branch and Mental Health Branch, in consultation with service providers, clinicians and have consumer, union and workforce involvement. It will be tabled in twelve months time for the taskforce to examine, and determine whether any further recommendation should go to the Minister for Health.

## Summary

Physical and psychological problems can co-occur in general hospital patients, requiring nurses in all healthcare settings to have an understanding of mental health issues. It is critical that nurses have the necessary knowledge to respond effectively. However, concerns have been raised by some sectors that nurse graduates are insufficiently prepared for roles as beginner practitioners in mental health nursing and that this is of particular concern in mental health settings. To address identified mental health workforce issues the Minister for Health established the Victorian Taskforce on Nurses Preparation for Mental Health.

The taskforce believes that through its recommendations, all nurse graduates will be sufficiently prepared for roles as beginner practitioners in mental health nursing, in particular those in mental health settings.

The taskforce has achieved its objective and developed recommendations for short and medium term implementation, with a view to improving the capacity of the nursing workforce to meet the needs of the Victorian community.

## Appendix A: Decision Making Criteria

1. Option meets the objectives of the workforce.
2. Option is capable of Nurses Board of Victoria accreditation.
3. Option creates a realistic expectation of improved clinical outcomes for service users and their families and presents an opportunity to advance preparation for mental health nursing.
4. Option is innovative and demonstrates an advance on current situation.
5. Option is viable for universities.
6. Option is viable for health service workforce capacity.
7. Option has the potential to attract nurses, and has a capacity to attract suitable students in sufficient numbers in both the universities and the mental health workforce.

## Appendix B: References

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Victorian Psychiatric Services Certified Agreement 2004-2007, Section 55.1

Australian Mental Health Nurse Supply, Recruitment And Retention. Australian Health Workforce Advisory Committee

National Practice Standards for the Mental health Workforce.

[http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mental-pubs/\\$FILE/natpracstand.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mental-pubs/$FILE/natpracstand.pdf)

[http://www.healthworkforce.health.nsw.gov.au/amwac/ahwac/pdf/menhealth\\_20032.pdf](http://www.healthworkforce.health.nsw.gov.au/amwac/ahwac/pdf/menhealth_20032.pdf)

## Appendix C: Nurses Board of Victoria Review of Mental Health/ Psychiatric Nursing Component of the Undergraduate Nursing Program Recommendations – July 2002

### Recommendation 1

That at least 15% of direct contact hours be dedicated to mental health/psychiatric nursing content in the undergraduate program for all students.

### Recommendation 2

That at least one elective unit be offered in mental health/psychiatric nursing in the undergraduate program.

### Recommendation 3

- (a) That units in pharmacology include content on psychopharmacological substances in common use.
- (b) That units on ethico-legal studies include foci on legislation and policy applicable to mental health and ethical issues relevant to care of the mentally ill.
- (c) That where the above content is taught by a nurse, this nurse must have qualifications and experience in mental health/psychiatric nursing.

### Recommendation 4

That criteria for a minimum set of mental health/psychiatric nursing content to be included in the undergraduate program be established and include the following broad areas:

- Classification and treatment of major mental illnesses set within a context of principles from the relevant sciences
- Consumer perspective
- Effect of substance use, dual diagnoses and co-morbidity
- Effect of cultural and social factors in mental illness on individual, family and community
- Ethico-legal and professional aspects of mental health/psychiatric nursing
- Mental health
- Mental health services, policies, roles and functions of team members and models of service delivery
- Nursing care of people experiencing mental illness
- Psychotherapeutic interventions
- Range of mental illness to include emergency, acute and long term across the life span
- Therapeutic relationships including a focus on self awareness, self-esteem.

### Recommendation 5

That mental health/psychiatric nursing content be evident in each of the three years of the undergraduate course.

### Recommendation 6

Where it is necessary to employ casual teachers in mental health/psychiatric nursing that universities have processes in place that ensure that:

- (a) student support/guidance is available in the area of mental health/psychiatric nursing outside lecture hours
- (b) there is mental health/psychiatric nursing expertise into the evaluation, review and development of undergraduate courses.

### Recommendation 7

Universities have processes in place to ensure consumer input:

- (a) into the teaching program for mental health/psychiatric nursing component of the undergraduate course.
- (b) into the evaluation, review and development of undergraduate courses.

### **Recommendation 8**

That at least four weeks (20 days) clinical experience be specified for mental health/psychiatric nursing.

### **Recommendation 9**

That all or part of the final clinical experience block be offered in the area of mental health/psychiatric nursing to facilitate consolidation of learning in this area in all undergraduate nursing courses.

### **Recommendation 10**

That the Deans of Nursing:

- (a) facilitate an extensive examination of the clinical facilities available in Victoria for mental health/psychiatric nursing and develop a plan that ensures that all Victoria students are offered quality clinical placements consistent with their theoretical component of the course. Such a plan may consider the extending of clinical experience beyond the 26-week academic year.
- (b) approach the Mental Health Branch to assist in funding this undertaking.

### **Recommendation 11**

That each university has, or has access to a well-developed education program for clinical teachers/preceptors that focuses on mental health/psychiatric nursing.

### **Recommendation 12**

That each university ensures that academics teaching in the clinical area have opportunities for faculty practice in mental health/psychiatric nursing, and that processes are in place to assure the current competency and recency of practice in mental health/psychiatric nursing of those hired to undertake clinical teaching.

### **Recommendation 13**

That specific reference be made to Mental State Examination when determining competency unit 7 in the Domain of Problem Solving in the ANC competencies.

### **Recommendation 14**

That universities, clinical facilities, Mental Health Branch of DHS and Victorian Mental Illness Awareness Council work closely together to ensure the development of a supportive and positive learning culture in mental health/psychiatric nursing.

### **Recommendation 15**

That NBV incorporate the above recommendations into its guidelines for accreditation of undergraduate courses and review them within five years.

