

LITERATURE REVIEW

INTERIM

Evaluation of the Bachelor of Nursing with Mental Health Major

for

Nurse Policy Branch Department of Human Services

Prepared by

Dr Anne Forwood

Cheryl Reed

David Roose

Mandy Reed

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Dench McClean Carlson,
10/155 Queens St, Melbourne VIC 3000
t 03 8617 2611, f 03 8617 2618
e aforwood@dmcca.com.au

TNS Social Research,
290 Burwood Road, Hawthorn VIC 3122
t 03 8862 5900, f 03 9819 6401
e cheryl.reed@tns-global.com

Literature Review

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1. Introduction

The purpose of this literature review is to inform the evaluation of the pilot Bachelor of Nursing with Mental Health Major project. It provides background against which assessments can be made of the project's fit with policy directions and about how effectively and efficiently it is being conducted. The review provides an overview of literature relating to approaches to the education of mental health nurses in Australia and overseas, and some of the issues raised regarding the preparation to work in mental health settings provided to nurses in Australia. It also includes a brief outline of some Australian models of nurse education which provide additional content and experience related to working with the consumers of mental health services.

2. Background

2.1 The Bachelor of Nursing with Mental Health Major

The pilot Bachelor of Nursing with Mental Health Major project resulted from the work of the Victorian Taskforce on Nurses Preparation for Mental Health Work. The aspects of models of nurse preparation examined by the Taskforce included the ability of these models to provide a flexible nursing workforce, safe beginner levels of skills in mental health and sufficient numbers of nurses committed to developing specialist mental health skills (Taskforce Report, 2005, p.3). From a set of draft options, the Taskforce selected the following:

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) (p.5)

In addition to the recommendation relating to the piloting of this model, the report included a number of additional recommendations relating to other ways to increase the availability and quality of clinical work experience and placements, implementation of the recommendations from the "Nurses Board of Victoria Review of Mental Health/Psychiatric Nursing Component of the Undergraduate Nursing Program (2002) and improving the image of mental health nursing.

2.2 International Mental Health Nursing Education

The need for adequately trained mental health professionals to deal with the increasing demand for mental health services, in both specialist and general health settings, is not unique to Australia. The International Council of Nurses (ICN) and the World Health Organization (WHO) have established nurse education as a key priority. Together they have published guidelines for the development of nurse education programs. These guidelines state that mental health nursing should be incorporated into basic nursing and midwifery education early, reinforced throughout training with experiential learning provided. Ongoing education is also needed in order to reorient nurses from the custodial to the community based treatment models. The WHO guidelines provide a descriptive list of the eighteen areas of content and attributes that nurse education relating to mental health should include. These include ethical and legal issues relating to the rights of people with mental disorders, team modes of working, emotional self-care, as well as more technical aspects such as the treatment of mental disorders, management of psychotropic medication, and management of emergencies. (See Appendix 1.)

A recent survey of the education of nurses in mental health settings in 12 European countries (Nolan & Brimblecombe, 2007) concluded that specialist mental health nurses constitute a small proportion of the total and that only three countries (Malta, Ireland and the United Kingdom) have specialist training for pre-registration students leading to dedicated mental health nurse registration. Information about

whether programs in the countries surveyed were university based, the level of qualification and the requirements of staff delivering the training are provided in Appendix 2.

The authors warned that given that their data were usually collected through one respondent in each country, their results should be treated with caution and further research was needed. However, it was concluded that there was one broadly common model of mental health care across Europe, with considerable variation in the detail of the national training programmes associated with the local application of this model. The most significant variation in educational practices was whether a specialist mental health nurse qualification was offered at pre-registration. This occurred only in a minority of countries. The dominant model in mental health nursing was derived from general nursing, with the assumption that general nursing skills were transferable to the mental health setting. This assumption was questioned.

An extensive review of literature sourced from North America, the United Kingdom and Australasia (Clinton, Du Boulay, Hazelton & Horner, 2002) describes the models of nurse education in those countries. The conclusion drawn from the literature examined was the need for extensive consultations on the issues facing the mental health workforce and the preparation of mental health nurses in Australia, cautioning that reforming nurse education alone will not deal with the problems within that workforce.

The systematic review of international literature conducted as part of the National Review of Nurse Education (McKinley, Aitken, Doig & Jin Zhu, 2001) examined the effectiveness of models of nursing education and training. It concluded that, although some studies were concerned with the application of learning to practice, almost none focused on patient care outcomes. This was considered a serious caveat on the results as investigations of outcomes were considered to be less prone to bias than were observational studies of learning and performance. The review found support for the conclusion that, in US studies, higher learning (in the form of the Bachelor of Science nursing) was associated with higher levels of critical thinking and clinical decision making. In European and UK studies, higher order knowledge or behaviour was associated with higher levels of education (ibid. p. 3). However, the general conclusion was that there was no evidence to support particular models of nurse education and training, nor evidence that would support recommendations against the models currently employed in Australia. A paper outlining the systemic problems confronting the education of mental health nurses in Australia (Clinton and Hazelton, 2000) states that situation in Australia is unique, due to the circumstances created by the transfer of nursing education to the tertiary education sector.

2.3 The Australian Policy Context

The key events in the history of the reform of mental health services and nurse education in Australia since the 1980s were the mainstreaming of mental health services and the change from direct entry into mental health nursing to comprehensive undergraduate nurse education (Nurses Board of Victoria, 2002). Mainstreaming shifted the emphasis from custodial to community-based care. The change to comprehensive nurse education increased the employment flexibility for both employers and nurses. However, the coverage of mental health in comprehensive programs has been criticised as inadequate (Nurses Board of Victoria, 2002).

The COAG National Action Plan on Mental Health 2006-2011 states that serious shortages across all mental health professional groups, including mental health nurses, is hindering the ability of government and non-government providers to meet the increasing demand for services. Building the capacity of the public, private and non-government workforce to deliver services is identified as a major focus of the Action Plan.

Outcome 32 in the Action Plan is *Improved attitudes, values, knowledge and skills of the mental health workforce*. Supporting this outcome, Key direction 32.1 states “Implement the National Practice Standards for the Mental Health Workforce to: promote best practice; guide and support clinical supervision mentoring; structure continuing education and curricula development; assist in staff retention; and complement

other competency standards". (Australian Health Ministers, 2003, July, National Health Plan 2003-2008, p.26).

In 2002, the limitations of pre-employment training for the mental health workforce were recognised (DHS, *New Directions for Victoria's MH Services: the next five years*, p. 34) and additional training to improve core components of service delivery was considered necessary. Undergraduate nurse curriculum was described as having insufficient psychiatric content for graduates beginning work in mental health, and, as a consequence, graduate nurses were either not choosing mental health or leaving soon after commencing (*ibid.* p.34). This report refers to the Nurses Board of Victoria discussion paper which considered steps to address the undergraduate nurse curriculum (*ibid.* p.34). The discussion paper, *Review of Mental Health/Psychiatric Nursing Component of the Undergraduate Nursing Program*, reporting on a review to establish guidelines for accreditation relating to the mental health/psychiatric nursing component of undergraduate nursing courses for Division 1 nurses in Victoria, included 15 recommendations to adequately increase psychiatric content (See Appendix 3.).

The Mental Health Nurse Education Taskforce (MHNET), a sub-committee of the Australian Health Minister's Advisory Council Mental Health Standing Committee and the Deans of Nursing and Midwifery, which provides advice and recommendations on directions in mental health nurse education, is examining the mental health component of pre-registration nurse education nationally. This work is directed towards the development of an agreed framework for mental health content in undergraduate courses (MHNET, 2006 July). The objectives of this project focus on content, core values, desirable learning outcomes, principles for learning and teaching, innovative teaching and learning methods, updating of the relevant literature, benchmarks for the inclusion of mental health in undergraduate nursing programs, and recommendations for implementation of the principles into undergraduate curricula (MHNET, 2006 July). Core values published by the Taskforce include broad areas of consumer and carer rights, care for the whole person, based on comprehensive assessment and to respect the individual, the necessity for diverse and multi-disciplinary approaches to treatment, the importance of both qualified and experienced academic staff and clinicians and lifelong learning for mental health nurses. (See Appendix 4. for the 12 core values.) The Taskforce report, which will include the results of a survey of nurse education programs, is due for release in 2007.

3. Australian Standards and Competencies

In 1995, the ANZ College of Mental Health Nursing published *Standards of Practice for Mental Health Nursing in Australia* (Australian and New Zealand College of Mental Health Nursing Inc., 1995). These state that the practice of Mental Health Nurses should be ethical, culturally safe, based on partnership, reflect contemporary nursing practice, be based on the client's health treatment plan and the health and wellness of individuals, families and communities, and that mental health nurses should be committed to ongoing education and professional growth (See Appendix 5. for a detailed list). The College is currently undertaking a review of these standards.

The National Practice Standards for the Mental Health Workforce (National Mental Health Education and Training Advisory Group, 2001) were developed through consultations between the five mental health disciplines of social work, occupational therapy, psychology, psychiatry and nursing, and provide a benchmark that mental health workers can aim to achieve two years after entering the workforce. In addition, the standards provide a strategic national framework for educators developing undergraduate, postgraduate and continuing programs for the mental health workforce.

The twelve National Practice Standards cover a broad range of areas relating to caring for people with mental illness, including the following: Rights, responsibilities, safety and privacy; Consumer and carer participation; Awareness of diversity; Mental health problems and mental disorders; Promotion and prevention; Early detection and intervention; Assessment, treatment, relapse prevention and support; Integration and partnership; Service planning, development and management; Documentation and information systems; Evaluation and research; and Ethical practice and professional responsibilities.

4. Key Issues in Mental Health Nurse Education

4.1 Psychiatric/mental health nurse or mental health workers?

The description of the psychiatric nurses' contribution as generally undervalued, poorly understood, and suffering from role ambiguity that has left the profession vulnerable in times of intense change (Cowman, 2001, cited in Grant, 2006, p. 724) may equally apply in Australia.

Opinions expressed in the literature about the future role of the mental health nurse differ greatly. At one extreme is the argument that mental health nursing is "more precariously positioned than ever" (Holmes, 2006, 401), with recruitment problems compounded by post-registration workforce losses, described as 'akin to pouring water into a leaking kettle' (Cowin & Jacobsson, 2003b, p.31, cited in Holmes, 2006, 403). Key reasons given for this are low rates of pay and "toxic environments" in which unpaid overtime is typical, management is critical and authoritarian, and working conditions are inflexible. High stress levels, high staff turnover and low engagement with decision-making processes are also prevalent (Holmes, 2006, p.403). Problems found in comprehensive nursing are seen as magnified in psychiatric nursing and the problems in the recruiting and retaining mental health nurses is attributed, in part, to the shortcomings of courses and the removal of direct entry (Holmes, 2006, p. 406).

Holmes argues that for mental health nurses "professional extinction is already underway" (ibid. p.408). In its place a new "transdisciplinary" or "postdisciplinary" style of working will emerge, in which people provide a service directed at problems or needs, without identifying themselves with a particular discipline.

In Victoria, the workforce trends do not support this argument. The mental health workforce has been identified as mobile and, based on current trends, recruitment requirements are forecast to grow, increasing competition for staff. In addition, the workforce is not well distributed relative to the client population, with shortages of both medical staff and nurses in rural areas (Department of Human Services, 2005, Vic Direct Care Mental Health Workers report). However, as at June 2003, 55,086 (42,061) Division 1 nurses were registered, representing a 3.1 percent increase during the preceding twelve months (ibid., p. 30).

Amongst those who believe that there is a strong future for mental health nursing are those who believe it is a highly specialised area which should require a recognised credential, and others who see it as specialised, but consider that registration is not essential. These are discussed in the next section.

4.2 Comprehensive or specialist nurse education and training?

Amongst those who see a strong future for the mental health nurse, there are considerable differences in views about what constitutes adequate preparation for this role. On the one hand, there is the argument that, although mental health nursing may be seen as an area of specialisation, this does not negate the need for all nurses, regardless of their field of practice, to acquire generalist skills (Happell, 2002). The inverse argument is that nurses are highly likely to encounter patients with mental health problems, no matter in which health setting they work (Happell, 2006).

At worst, comprehensive nursing programs have been described as impractical, not reflecting real world needs, undermining staff satisfaction and "already proved a failure" (Holmes 2001a; Prebble, 2001; Hoot, 2002, cited in Holmes, 2006, p.407). The content of generalist undergraduate courses in Victoria has been recently described as not reflecting the prevalence of mental health problems in the health-care system and that, because educational and clinical (postgraduate) pathways to mental health specialisation have addressed the deficiencies in undergraduate programs, they have become de facto preparation for beginner level practice in mental health, rather than for specialisation (Happell, 2006).

The introduction of comprehensive Bachelor of Nursing programs has been described as diluting the mental health content in the curricula (Farrel, 1996; ANZCMMHN, NSW Branch, 1999; HCSU, 1999,

quoted in Clinton and Hazelton, 2000, p.3). Happell's (2006) fundamental argument is that undergraduate comprehensive education has failed to achieve either the generalist or specialist intentions of mental health nursing. She notes a comment from Prebble (2001) that the focus of nursing disciplines are fundamentally different, with mental health drawing on sociology, psychology and anthropology in order to develop skills to deal with behavioural and psychological factors. In order to prepare students for both generalist and specialist psychiatric/mental health nursing practice, nursing education in Victoria must explore strategies for attracting into undergraduate courses more students who have the intention of pursuing a career in this area. For this to be achieved, psychiatric/mental health nursing must be presented as a legitimate field of nursing.

The Australian and New Zealand College of Mental Health Nurses (1995) described mental health nursing as a specialised field of nursing which focuses on meeting the mental health needs of the consumer, in partnership with family, significant others and the community in any setting. In the constitution of the ANZ College of Mental Health Nurses Inc., a Mental Health Nurse is defined as:

A specialist nursing classification and shall mean a Registered Nurse who holds a recognised specialist qualification in mental health nursing (ANZCMHN, 1996, 5.3, cited in ANZCMHN, Position Statement)

The College's position statement states that, based on the findings of Clinton (2001) and Farrell and Carr (1996), comprehensive nursing courses are, in the main, variable in their mental health clinical component and offer diluted and inconsistent theoretical content (ANZCMHN, Position Statement). The College's position includes the statement that:

First level practice in mental health nursing requires a Post Graduate Diploma in Mental Health Nursing (or equivalent), or an undergraduate nursing degree with a minimum of one years specialist mental health nursing theory and 300 hours of mental health clinical experience, and which includes nomenclature of psychiatric/mental health nursing in the award.

This position statement also includes other conditions relating to supplementary studies and criteria for credentialing, both initial and ongoing.

Clinton and Hazelton (2000) recommended that the Australian Council of Deans consult with the ANZCMHN and state and territory health authorities to consider either 4 year combined degrees in general and mental health nursing or double degrees. They concluded that the problems in mental health nursing education are attributable to systemic problems in Australian universities, including rapid expansion over the past 25 years, lack of planning, cumbersome human resource practices that fail to ensure staff employed are adequate, and budget constraints. Holmes (2006) identifies a number of suggestions from British and Australian commentators. These include resurrecting the 3-year Registered Psychiatric Nurse training; a fourth year of specialist training for those intending to work in psychiatric settings; a specialty stream within the three-year training program; and "abandonment of nursing in favour of a university trained generic mental health worker" (Holmes, 2006, p. 408).

4.3 The quality of teaching and learning

The results from a number of studies in the late 1990s indicate that Australian undergraduate courses have not been adequately preparing students to begin practising mental health nursing (Community and Professional Education Team, 1998; Shanley, 1999; Health & Community Services Union [Victorian Branch], 1999; Wynden & Popescu, 1999; cited in Clinton, de Boulay, Hazelton & Horner, 2001, p.14). More recent studies have repeated this claim (Department of Human Services, 2002; Happell, 2006; Holmes, 2006). The criticisms of teaching and learning in these programs have been directed at the quality of teaching staff and their attitudes to mental health, the curriculum and at the lack of measurement of the outcomes for service consumers.

Reports of concern expressed about the quality of undergraduate nurse educators, that they are incompetent or inexperienced in mental health (Clinton & Hazelton, 2000; Clinton, Du Boulay et al.,

2001) may now be out of date. They are based on data collected eight years ago (ANZCMHN – NSW Branch, 1999) in a survey of registered nurses' opinions of their preparation for mental health nursing. When this occurred is not reported.

A study of the perceptions of students undertaking a comprehensive undergraduate nursing program, of their preparedness to work with the mentally ill, (Wynaden, Orb, McGowan and Downie, 2000) found that, although there were significant differences in their perceived levels of confidence, knowledge and skills prior to and post theoretical and clinical exposure to mental health, they were unprepared to work as a beginning practitioner in the mental health area. The study compared students' perceptions before and after their third year mental health clinical and theoretical experience. This study, at Curtin University in Western Australia, concluded that the undergraduate curriculum was not comprehensive, and students did not perceive themselves as prepared for, or attracted to, mental health care settings, even after this experience.

In a study exploring how students constructed their identity (Moir & Abraham, 1996) aspects of mental health nursing were positively differentiated from aspects of general nursing. Based on the results of discourse analysis, general nursing was described as routine, technical and requiring less insight and discretion, while mental health nursing was characterised as involving therapeutic acumen and personal concern for patients. However, negative attitudes to a career in mental health, expressed by academic staff to students were identified as a disincentive to students.

The review of literature examining models of nursing education and training (McKinley, Aitken, Doig & Jin Zhu, 2001), undertaken as part of the National Review of Nursing Education, did not find strong evidence to support findings about these models, other than that for the use of clinical practice as a learning environment and that computer assisted learning was more effective when combined with traditional teaching.

The relationship between what happens in nursing courses and the benefits to consumers has not been adequately explored (Clinton & Hazelton, 2000). Clinton & Hazelton refer back to the report on nursing in Australian universities (NRNE, 1994) which recommended that "Australia needs nurses who leave universities with a comprehensive grounding in the theory and practice of nursing, including basic competencies in mental health nursing and other specialties" (Ibid. p.5). This report points out that the expectation that university courses will prepare nurses for a vocational role as well as provide an education is a complicating factor, that it takes graduates a year or more to become proficient in their area of practice, and employers have responded by providing graduate nursing programs.

4.4 Learning in clinical settings

The Review of the NSW Mental Health Nursing Enhancement Program found "unequivocal evidence" (Pagnini, 2005) that undergraduate nursing education had been much improved, with one mental health subject and one clinical placement mandatory. It was concluded that these changes together had raised the profile of mental health nursing and contributed to increases in graduates choosing to work in mental health settings (NSW Health, 2005).

A comparison of the self-reports of the confidence of undergraduate students in four Australian States before and after placements in mental health settings (Horsfall & Goodin, 1998, reported in Clinton & Hazelton, 2000, p.4), found that confidence increased more than that of other students. This is part of the evidence presented in support of their conclusion that exposure to quality clinical placements is needed to reverse the lack of interest in mental health nursing (HCSU, 1999, in Clinton & Hazelton, 2000, p.4)

A submission to the study reported in *Scoping Mental Health Nursing Education* (Clinton & Hazelton, 2000) expressed concern about competition between universities for placements and undergraduates placed in overcrowded acute inpatient settings, shocked by stressed staff, patients with distressing symptoms, aggression, violence and sometimes "unfortunate" treatment practices (ibid., p.4).

Amongst the findings from a recent Victorian study related to clinical placements (Welch, Shahwan-Aki & Intherarasa, 2007) were the following: clinicians acknowledge that students having a positive clinical experience is fundamental to recruitment, although many do not see any value in students who are preparing for mainstream health settings undertaking mental health clinical placements; clinicians are generally prepared to invest time in order to ensure that the experience is positive; Mental Health facilities generally strive to provide a broad range of clinical experiences; student placements increase workload; positive placements are associated with positive leaders/senior staff; and, a positive culture towards student learning is linked to staff who have undertaken post-graduate qualifications (Ibid. p. 21).

A recent study (Cleary, Horsfall & De Carlo, 2006) employed interviews with key nursing staff to investigate factors that facilitate and impede learning in clinical mental health settings. This study identified the issues as including collaboration, resources, student personal attributes, creative clinical teaching, the roles of preceptors and clinical facilitators, and nursing curricula. Additional details of the factors that were identified as contributing to student learning are presented in Appendix 6. The final conclusion of this study was that “building bridges between theory and practices requires continuous development, genuine cooperation and ongoing commitment” (ibid. p.147).

5. Undergraduate Degrees with a Mental Health Focus

In addition to the Bachelor of Nursing with Mental Health Major Pilot project, there have been other initiatives aimed at encouraging, through undergraduate programs, increased interest in careers in mental health nursing. These include the double degree program at Monash University in Victoria, the Bachelor of Nursing (Registered Mental Health Nurse Conversion) at Edith Cowan University in Western Australia, and the Bachelor of Nursing with Mental Health Major at Victoria University. This section outlines each of these programs. However, it is limited by the lack of evaluative or critical literature available at this early stage in their development.

5.1 Monash University

In 2007 Monash University launched a Bachelors program, the graduates of which will be eligible for registration with the Nurses Board of Victoria as Division 1 nurses with specialist mental health training. The Bachelor of Nursing (Psychological Studies) is full time degree run jointly offered by the School of Nursing and Midwifery and the School of Psychology, Psychiatry and Psychological Medicine. The prerequisites for admission to the course are the same as those for the pre-registration Bachelor on Nursing and refer to successful completion of Victorian Certificate of Education (VCE), including minimum scores in specific subjects.

The course allows students to undertake study in two key areas of health care, and to also to continue studying towards registration with the Australian Psychological Accreditation Council. The course takes four years full time and is comprised of 132 points of nursing units and a 60 point psychology major. The main focus of this program is on general nursing and psychology, with two units specified as mental health practice. These units involve 80 hours each. One is during the second semester of the second year and the other is in the first semester of the fourth year. The list of units which make up the degree course, and the credit value for each, is provided in Appendix 7.

5.2 Edith Cowan University

The Bachelor of Nursing (Registered Nurse Conversion) program offered through Edith Cowan University is an example of a post-registration program, designed to upgrade to a Bachelor of Nursing the qualifications of existing registered mental health nurses with a hospital-based diploma or tertiary diploma. The course consists of eight units, four core and four electives and requires 12 (or six months in the case of Tertiary Diploma graduates) months full-time study or part-time equivalent. (<http://www.snmpm.ecu.edu.au/courses/nursing/BNursRegistered.php>)

The Core Units include the following:

- *Professional Issues in Nursing*. This subject involves analysis and evaluation of political and professional governance structures in nursing and associated professions and the role of the nurse within the health system.
- *Ethics and Law in Midwifery and Nursing* deals with moral and legal issues that arise in health care.
- *Research for Health Practice* introduces quantitative and qualitative research methods in health related inquiry.
- *Psychosocial Issues* explores psychosocial theories and concepts, particularly as they impact on the evaluation of health care services.

The recommended electives include:

- *Theory Relating to Primary, Secondary and Tertiary Care*, focuses on the principles of primary health care and community health.
- *Health Assessment in Nursing* applies the principles of health assessment to nursing care situations.
- *Health Issues for the Elderly* develops knowledge of normal aging, the contribution of the elderly to society and health challenges associated with old age.
- *Communication in Nursing* examines communication skills to enhance client care.
- *Nursing Practice International Conversion*, about caring for clients in selected clinical settings, is for International onshore students who intend seeking registration with the Nurses Board of Western Australia.

The content of the Bachelor of Nursing (Registered Nurse Conversion) program indicates that it is for students with existing qualifications and experience in mental health nursing who are upgrading the level of their nursing qualification in order to achieve registration.

5.3 Victoria University

Victoria University has developed a Bachelor of Nursing (Pre-registration) (Major in Mental Health, the aims of which are to:

Prepare competent beginner nurse practitioners who are eligible and able to practice in a variety of health settings with a particular focus on mental health nursing

Provide an education which contributes to the student's personal, professional and intellectual growth

Prepare student in ways to help them deal with the world of work with its attendant uncertainties, ambiguities, conflicts and change

Prepare students who can participate effectively in a teamwork approach

Enable graduates to register professionally as Division 1 nurses with the Nurses Board of Victoria.

<http://wcf.vu.edu.au/Handbook/DisplayCourseDetails.cfm?CourseID=4918&HandBookID=6&Level1ID=11>

Like the Monash double degree, the prerequisites for admission are the same as those for the pre-registration Bachelor of Nursing and refer to successful completion of Victorian Certificate of Education (VCE), including minimum scores in specific subjects. Consideration for admission is available to applicants who do not meet these requirements, but can demonstrate appropriate educational, work or life experiences which would enable them to successfully undertake the course.

In addition to the sections of other subjects which relate to mental health issues, the course provides a number of mental health specific courses within the overall program. Information about when these subjects are scheduled within the course and the number of hours of subject, class contact or clinical placement hours they contribute is provided in the table below.

Table 1. Victoria University Bachelor of Nursing with Mental Health Major

Year/Sem		Hours		
		Theory	Practical	Total
2.2	Theory: Mental Health & Illness	80		
2.2	Clinical Practicum: Mental Health & Illness		140	
3.1	Clinical Practicum: Child, Adolescent & Family MHN		70	
3.2	Theory: Mental Health Nursing	40		
3.2	Clinical Practicum: Mental Health Nursing		280	
		120	490	610

As the allocation of hours indicates, this program has a strong emphasis on clinical experience in mental health settings. It provides the closest comparison to the two versions of the Bachelor of Nursing with Mental Health Major which are the subject of the evaluation.

5.4 The Specialised Major Model

One of the key questions on which the evaluation of the Bachelor of Nursing with Mental Health Major is based is *How does the model inform future education program development?* Hence, one of the areas which the literature review explored was whether there existed other Bachelor of Nursing programs with specialised majors, not necessarily in mental health. To date, the search of Australian Bachelor of Nursing has identified a number of examples of programs with Mental Health majors, for example James Cook University, Notre Dame University, and Victoria University all offer this model.

In addition, some other undergraduate nursing programs offer specialised streams, strands or sub majors. The University of Newcastle offers a Bachelor of Nursing with specialised streams in Mental Health or Aged Care. Charles Darwin University also offers a speciality stream. The University of Technology Sydney has a Bachelor of Nursing with sub majors in Mental Health, Medical/Surgical, Paediatric or Aged Care Nursing. Griffith University offers a Bachelor of Nursing with an Aged Care strand.

Some universities are working towards developing majors in Aged Care (i.e. University of Newcastle) and Mental Health, Aged Care and Leadership (University of Technology Sydney). These may take some years to implement.

One of the complicating factors when comparing programs with some form of specialisation is the variety of ways in which majors, sub majors, streams and stands are defined. There appears to be little consistency across universities. Identification of a framework for comparing the credit point loading or time allocation devoted to specialisation within Nursing undergraduate programs would assist in identifying the outcomes and impact of these programs.

6. Conclusion

Reforms to how people with mental illnesses are treated, particularly the shift in emphasis from custodial to community-based care, have had a considerable impact on the work of psychiatric/mental health nurses in the sector. Literature from Europe and the United States indicates that these reforms are generally universal in Western countries, and that they require changes to the education and training provided as preparation for a career in mental health.

The changes to both work and education and training are reflected in the guideline, values statements, standards and competencies that have been developed here and elsewhere, and common themes are detectable in them. In Australia, what was unique in the evolution of education and training for mental health nurses was the shift from direct entry into specialised mental health programs to comprehensive undergraduate education for all nurses, regardless of intended career direction.

These changes have contributed ongoing debate about the future of mental health nursing as a profession, the adequacy of the mental health content in comprehensive nursing degrees, preparedness of graduates from comprehensive nursing programs to work in mental health, the qualifications and experience required to ensure a competent and safe beginning mental health nurse, and whether mental health nurses should be required to attain formal recognition. In addition, there are issues relating to the status and image of mental health as a nursing career, even amongst academics directly involved in nursing undergraduates. It was in response to these issues that the Bachelor of Nursing with Mental Health Major project was initiated and they are important considerations for its evaluation.

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8. Appendices

8.1 INC/WHO Priority 2: Nurse Education

International Council of Nurses/World Health Organization Priority – Nurse Education

Mental health should be incorporated into basic nursing and midwifery education with mental health concepts introduced early, reinforced and expanded throughout the curricula and developed through experiential learning opportunities. Ongoing education is also needed to assist nurses to further develop their knowledge and skills, foster changes in attitudes and beliefs and reorient them from custodial models of mental health care to community based treatment. Specialist or post-basic education programmes for nurses should be established to ensure that nurses are able to provide services for people with severe mental disorders and provide support to primary care providers.

The areas to include in the education of nurses will depend on the needs of the country, the role of the nurse, current competencies and the resources that are available. The following is not intended as a comprehensive list of areas for education, but as general guidance when developing education programmes:

- Advocacy
- Assessment of mental disorders
- Communication skills
- Community mental health nursing
- Emotional self care (i.e. Nurses caring for their own mental health)
- Evaluation and research
- Legal and ethical issues, including understanding the rights of people with mental disorders
- Management of emergencies (e.g. suicidal behaviour, violence)
- Management of psychotropic medication
- Mental health care in humanitarian emergencies
- Promotion of mental health
- Public health models of mental health
- Stigma and discrimination
- Substance abuse
- Treatment of mental disorders
- Working in teams
- Working with service users and their families
- Working with specific groups (e.g. children and adolescents, elderly)

It is important to ensure that educational programmes include practical opportunities to develop skills.

http://www.icn.ch/matter_mentalhealth04_print.htm

Accessed 19 June 2007

8.2 Pre-registration nurse training in Europe and the United Kingdom

Countries	Registered specialty mental health nurse training?	University based	Level of qualification	Requirements of education staff
Belgium	No	No	Dip and Degree	Bachelors degree, nursing qualification
Germany	No	No	Dip	Bachelors degree, teaching qualification and nursing qualification
Greece	No	Not all	Degree	Master's degree and nursing qualification
Holland	No (dependent on qualification)	Yes	Degree and Dip	Master's degree and nursing qualification
Ireland	Yes	Yes	Degree	Master's degree and nursing qualification
Italy	No	Yes	Degree	Bachelors degree, nursing qualification
Malta	Yes	Yes	Degree	Bachelors degree, teaching qualification and nursing qualification
Norway	No	Yes	Degree	Master's degree, teaching qualification and nursing qualification
Romania	No	Not all	Diploma	Bachelors degree, nursing qualification
Sweden	No	Yes	Degree	Master's degree, teaching qualification and nursing qualification
Switzerland	No	Not all	Dip	Bachelors degree, teaching qualification and nursing qualification
United Kingdom	Yes	Yes	Dip and Degree	Bachelors degree, teaching qualification and nursing qualification

8.3 Nurses Board of Victoria Recommendations 2002

Review of Mental Health/Psychiatric Nursing Component of the Undergraduate Nursing Program, Discussion Paper, 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/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 diagnosis 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 include 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 to 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 in the evaluation, review and development of undergraduate courses.

Recommendation 7

<p>Universities have processes in place to ensure consumer input:</p> <p>(a) into the teaching program for mental health/psychiatric nursing component of the undergraduate course</p> <p>(b) into the evaluation, review and development of the undergraduate course.</p>
<p>Recommendation 8</p> <p>That at least four weeks (20 days) clinical experience be specified for mental health/psychiatric nursing.</p>
<p>Recommendation 9</p> <p>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.</p>
<p>Recommendation 10</p> <p>That the Deans of Nursing:</p> <p>(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 Victorian 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.</p>
<p>Recommendation 11</p> <p>That each university has, or has access to, a well-developed education program for clinical teachers/preceptors that focuses on mental health/psychiatric nursing.</p>
<p>Recommendation 12</p> <p>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 ensure the current competency and recency of practice in mental health/psychiatric nursing of those hired to undertake clinical teaching.</p>
<p>Recommendation 13</p> <p>That specific reference be made to Mental State Examination when determining competency unit 7 in the Domain of Problem Solving in the ANC competencies.</p>
<p>Recommendation 14</p> <p>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.</p>
<p>Recommendation 15</p> <p>That NBV incorporate the above recommendations into its guidelines for accreditation of undergraduate courses and review them within five years.</p>

8.4 Mental Health Nurse Education Taskforce (MHNET) Core Values

The core values proposed by MHNET to underpin the learning and teaching of mental health nursing are:

1. Mental health consumers and carers have a right to participate in treatment and recovery processes.
2. Stereotypes and negative images of people with mental illness undermine their treatment and recovery.
3. A therapeutic relationship is paramount to treatment and recovery.
4. A comprehensive mental health assessment is an essential foundation for treatment and recovery.
5. Diverse approaches are needed to promote mental health, prevent and intervene in illness, and promote wellbeing.
6. Mental health care is sensitive to, and mindful of, the whole person.
7. The safety and wellbeing of people with mental health issues and their carers is central to treatment and recovery.
8. Mental health care incorporates a multi-disciplinary approach to treatment and recovery.
9. Mental health care is affected by social, political, economic and organisational influences.
10. Mental health nursing is a specialty that provides complex interventions to enhance mental health consumer and carer wellbeing.
11. Mental health care requires ongoing engagement in critical reflection and a commitment to lifelong learning.
12. Suitably-qualified and experienced academic staff and clinicians, as well as mental health consumers and carers, make a critical contribution to mental health learning outcomes and learning and teaching in pre-registration nursing curricula.

Mental Health Nurse Education Taskforce (MHNET), March 2007.

8.5 National Practice Standards for the Mental Health Workforce

1. The Mental Health Nurse ensures his/her practice is culturally safe through the sensitive and supportive identification of cultural issues.
2. The Mental Health Nurse establishes partnership as the working basis for therapeutic relationships.
3. The Mental Health Nurse provides systematic nursing care that reflects contemporary nursing practice and the client's health care/treatment plan.
4. The Mental Health Nurse promotes the health and wellness of individuals, families and communities.
5. The Mental Health Nurse commits to ongoing education and professional growth and develops the practice of mental health nursing through the use of appropriate research findings.
6. The Mental Health Nurse practices ethically incorporating the concepts of professional identity, independence, interdependence, authority and partnership.

ADVANCED PRACTICE STANDARD

Mental Health Nurses demonstrate advanced practice when they are able to integrate at a level of excellence that previous six standards using skills in clinical practice, leadership, management, research and evaluation.

Australian and New Zealand College of Mental Health Nurses Inc. (1995). *Standards of Practice for Mental Health Nursing in Australia*, May.

8.6 Factors that enhance student learning

<p>Students</p> <p>A positive open-minded attitude, and actively seeking information</p> <p>Being aware of their goals, needs and interests</p>
<p>Curricula</p> <p>Prior knowledge of mental health nursing to decrease anxiety, fear and stereotyping</p> <p>Clear learning objectives, and awareness of the need to be flexible to change learning goals</p> <p>Adequate placement length to allow students to be immersed in clinical learning</p>
<p>Resources</p> <p>Professional and adequately trained UGN clinical facilitators</p> <p>Continuity of students with RN buddy or preceptor including roster alignment</p> <p>Resources that allow students to pursue their own learning</p> <p>Students experience of a variety of clinical experiences including in-patient and community settings to see that patients progress, get well, and return to ordinary daily living</p> <p>Organised placement, preceptorship programmes, feedback and exit interviews</p>
<p>Interpersonal factors</p> <p>Involving, listening to and accepting students to encourage them to feel “part of the place”</p> <p>Welcoming, approachable and supportive RNs who spend time with, encourage, and share knowledge with students and develop trust and teamwork</p> <p>Open communication and a good daily debriefing</p> <p>Enabling students to feel that they are “doing something real” with clients</p> <p>Developing coherent links between theory and practice.</p>

Cleary Horsfall and De Carlo, 2006, p. 145

8.7 Monash Bachelor of Nursing (Psychological Studies)

Year/Sem.		Nur	Credit Value		Total
			HSC	Psych	
1.1	Professional Communication	6			
1.1	Perspectives of Health and Wellness	6			
1.1	Human Structure and Function 1		6		
1.1	Psychology A			6	
1.2	Legal Issues and Concepts	6			
1.2	Psychology B			6	
1.2	Human Structure and Function 2		6		
1.2	Health Assessment in Clinical Practice	6			
2.1	Nursing, Society and Culture	6			
2.1	Research Design and Analysis			6	
2.1	Nursing Practice in Context 1	12			
2.2	Indigenous Health and Wellbeing		6		
2.2	Nursing Practice Context 2	12			
2.2	Mental Health Practice 1	6			
3.1	Psychological Testing, Theories of Ability & Ethics			6	
3.1	Developmental and Biological Psychology			6	
3.1	Contexts of Health Care	6			
3.1	Nursing Practice in Context 3	6			
3.2	Chronicity in Healthcare	12			
3.2	Abnormal Psychology			6	
3.2	Cognitive and Social Psychology			6	
4.1	Mental Health Practice 2	6			
4.1	Perceptions and Personality			6	
4.1	Introduction to Counselling			6	
4.1	Education in Health Practice	6			
4.2	Preparing for Practice	12			
4.2	Nursing Elective	6			
4.2	Research Methods and Theory			6	
		114	18	60	192