



**From values to action:
The Chief Nursing Officer's
review of mental health nursing**

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Summary

- 1 Mental health nurses (MHNs) are the largest profession working in mental health today. They make a vital contribution to providing care to service users of all age groups and in all settings. If we are to improve the outcomes and experiences of service users it is essential to strengthen and develop mental health nursing so that it is prepared for the future.
- 2 The Chief Nursing Officer (CNO) carried out this review in order to answer the question '**How can mental health nursing best contribute to the care of service users in the future?**' We know that nurses work as part of a team with other professionals, so this report aims to be consistent with reviews by other professional groups working in mental health that are also looking at their future roles.
- 3 *From values to action* makes a number of recommendations for good practice that apply to services across the whole age range. They focus on nursing practice education and the organisational context in which care is provided.
- 4 The Healthcare Commission considers this report an important contribution to modernising and improving the quality and care for service users. Many of the recommendations identified in this document relate to areas outlined in the core and developmental standards published by the Department of Health in *Standards for Better Health* (DH, 2004a).
- 5 The recommendations in *From values to action* are strongly influenced by an extensive consultation with large numbers of MHNs, service users, other individuals and organisations. The consultation received more than 300 written responses. Responses overwhelmingly supported the need to develop mental health nursing, focusing on its values, the need for holistic practice and building an infrastructure that will support new developments.
- 6 The CNO review included an extensive literature review, which identified that service users and carers want MHNs to have positive human qualities, as well as a range of technical knowledge and skills. Research shows that MHNs have the potential to use a range of evidence-based interventions, but that further development is needed for these skills to be routinely used in practice.

- 7 The recommendations included in this review show what needs to be done to develop the mental health nursing profession over the next 10 years. A research evaluation project will identify progress and ways in which successful implementation can happen. It is anticipated that stakeholder organisations that contributed to *From values to action* will together review developments to date during 2008.
- 8 Other e-publications are available to support implementation of the recommendations in this review:
 - *Self-assessment toolkit.*
 - *Best practice competencies and capabilities for pre-registration mental health nurses.*
 - *Recruitment and retention of mental health nurses: Good practice guide.*

Summary of key recommendations

- 9 Putting values into practice
 - Mental health nursing should incorporate the broad principles of the Recovery Approach into every aspect of their practice. This means working towards aims that are meaningful to service users, being positive about change and promoting social inclusion for mental health users and carers. These principles need to be reflected in training for nursing and in organisational policies.
 - All MHNs need to do what they can so that all groups in society receive an equitable service and that the people working in mental health nursing reflect local population groups.
- 10 Improving outcomes for service users
 - Developing and sustaining positive therapeutic relationships with service users, their families and/or carers should form the basis of all care.
 - Mental health nursing should take a holistic approach, seeing service users as whole people and taking into account their physical, psychological, social and spiritual needs. This means that MHNs need to widen their skills to improve service users' physical well-being through better assessment and health promotion activities and provide more evidence-based psychological therapies. MHNs need training, supervision and managerial support.
 - Inpatient care should be improved through measures that include increasing the time MHNs spend in direct clinical contact, reviewing support workers' roles and minimising the time MHNs spend on administrative tasks. Modern Matrons should lead on ensuring that all are treated with dignity and respect.

- MHNs need to be well trained in risk assessment and management. They should work closely with service users and others to develop realistic individual care plans.

11 A positive, modern profession

- MHNs should use their valuable skills in the most effective way possible, by focusing on working directly with people with high levels of need and supporting other workers to meet less complex needs.
- Pre-registration training courses should be reviewed to ensure that essential competencies are gained by the point of registration. Relationships between higher education institutions and service providers should be strengthened.
- Career structures for MHNs should be reviewed according to local needs, and a range of new nursing roles should be developed and supported by provider organisations.
- The recruitment and retention of MHNs need to be improved through initiatives such as linking with schools and colleges, presenting positive messages about mental health to the media and reviewing current roles.

Forewords

Christine Beasley, Chief Nursing Officer

“The world of mental health nursing is changing rapidly. Service users’ needs and expectations are increasing, reforms are altering how services are delivered and professional roles are shifting. In this review we have considered this changing world, taken stock of mental health nursing today and produced a number of recommendations that, we believe, will ensure a confident, high-quality service that is fit for the future. I want this report to be used to shape everyday practice wherever care is given to people with mental health needs and their families.

I would like to thank all those who contributed to this work and particularly the service users and carers who gave up their valuable time to tell us their stories, share their ideas and remind us what we are all here for.”

Louis Appleby, National Director of Mental Health

“Mental health nursing is at the heart of modern mental health care. Through the development of new roles such as prescribing, and new skills in areas such as physical well-being and psychological therapies, mental health nurses are at the forefront of changes in how services provide for the needs of people with mental health problems. All mental health professionals are having to rethink the part they will play in the services of the future. This report sets out an optimistic and ambitious vision of a confident and responsive nursing profession.”

Neil Brimblecombe, Chair of the CNO Review Reference Group

“*From values to action* represents the combined efforts of nurses, service users and others to take a clear view of how mental health nursing needs to develop over the next few years. The report aims to put collaboration with service users and carers at the heart of nursing practice and ensure that we respond to people’s needs in a truly holistic way. *From values to action* provides an invaluable framework for local services to use in developing services in response to local need.”

More views on *From values to action*

A service user's view

“In my own history of mental health service use, the nurses who have been most help to me have been those who have had the ability to respond both humanely and professionally to my distress; that this review emphasises the importance of the relationship between nurse and service user bodes well for quality user-centred care. During the process of the review, I have been consistently impressed by the way in which the views of service users have been sought, taken on board and responded to.”

**Ian Light – service user and lecturer,
City University**

A carer's view

“Nurses are often the people from statutory services who form the most significant relationships with service users, both in the community and in inpatient settings. It is vital that they also form an alliance with those significant others – families/carers – who are closest to and likely to provide a great deal of support to the service user. I hope that this review will promote even better understanding of the importance of forming relationships with families/carers and that it will lead to nurses being given greater opportunities to develop their skills in psychological and social interventions, for which they are so well suited. We know that for service users and carers these interventions can be equally as beneficial as medication, if not more so, in promoting recovery.”

**Lu Duhig – Carer Lead, Care Services
Improvement Partnership**

A united view from nursing organisations

“We are pleased to contribute not only to the development, but also to the further work of this review. The review identifies those areas that we need to address, not only around the preparation of our nurses, but also in the way that we practise on a day-to-day basis as part of the wider healthcare team. Service users consulted have been clear about what they value and what they want from us. We now face the challenge of meeting those expectations.”

**Mental Health Nurses' Association,
Royal College of Nursing and UNISON**

1. The vision for mental health nursing

This report begins with the vision for mental health nursing in England for the next 10 years. Knowing where we need to get to and what the service of the future will need to look like is an essential first step to making recommendations. Some places will already be some way down the road to delivering this vision; others will have further to go

Putting values into practice

- Mental health nursing will be a profession based on a clear set of values that informs every aspect of practice. Mental health nurses (MHNs) will work in partnership with service users of all ages, their carers and other professionals to improve the service user's experience and outcomes of care. MHNs will value the aspirations of the service user, offer meaningful choice in evidence-based interventions and care, adopt a positive attitude to personal change and support social inclusion. They will actively engage in combating stigma and ensure that service users from disadvantaged groups receive a truly responsive and inclusive service.

Improving outcomes for service users

- MHNs will have the skills that are needed to provide person-centred and holistic care to people with high levels of need. The therapeutic relationship between service user and nurse will be at the core of that care. Care will reflect people's psychological, physical, social, cultural and spiritual needs, promoting good health, as well as treating ill-health. Many nurses will have advanced skills to support a person-centred model of care.

A positive, modern profession

- Mental health nursing will be at the forefront of innovation in a range of new roles and organisations. Nurse education will equip MHNs with fundamental nursing skills and competencies, thereby improving care for service users. They will work within multi-disciplinary teams where MHNs act assertively and professionally in the interests of service users. Senior nurse clinicians will frequently provide clinical leadership to the team and all MHNs will provide supervision and support to others working with less complex needs. MHNs will have an exciting, rewarding and diverse career with flexible clinical, educational, managerial and leadership opportunities centred on the provision of excellence in care.

2. Introduction

2.1 Aim of the CNO's review

The CNO's review was set up in February 2005 to answer the question *'How can mental health nursing best contribute to the care of service users in the future?'*

This review aims to improve the outcomes and experience of care for service users and carers, and acknowledges and cites much current good practice. The recommendations made provide guidance for the development of mental health nursing over the next 10 years, starting from today.

The last formal review of mental health nursing, *Working in Partnership* (DH, 1994), took place over 10 years ago. Many of the recommendations made in that important review have since been implemented, for example, MHNs focusing on the needs of people with severe and enduring mental health problems. Some recommendations remain partially met and have been highlighted once more in this current report.

2.2 Supportive publications

This document is complemented by a series of e-based publications that are intended to help MHNs, service providers and educational organisations to develop mental health nursing:

- *Best practice competencies and capabilities for pre-registration mental health nurses.*
- *Recruitment and retention of mental health nurses: Good practice guide.*
- *Self-assessment toolkit. From values to action: The Chief Nursing Officer's review of mental health nursing.*
- *Summary. From values to action: The Chief Nursing Officer's review of mental health nursing.*

These documents are available through the CNO's website at www.dh.gov.uk/CNO

A weblink is also available to the literature review that formed part of the CNO's review (www.nursing.manchester.ac.uk/projects/mentalhealthreview/).

2.3 Mental health nursing today

MHNs are the backbone of the statutory mental health services in England today, working in every type of service. Their contribution is valued by service users (Healthcare Commission, 2004) and there are many examples from around the country of MHNs being involved in innovative projects designed to improve care. However, as with all professions, mental health nursing needs to reflect critically on its role, values and focus if it is to respond to service user and carer expectations, demographic changes, new policies, research and legislation.

As the largest health profession in statutory mental health services, MHNs provide the majority of direct care in many settings, particularly in inpatient care. In 2004, there were 47,000 qualified MHNs and 31,000 support workers in the NHS (DH, 2005a), a growth of over 20% since 1997. The number of commissioned student places has also risen.

The largest increase in numbers has been in community settings, although the majority of MHNs continue to work in inpatient care. Although many MHNs are from black and minority ethnic backgrounds, the diversity of the populations served by mental health services is not always reflected in the nursing workforce. In addition to MHNs working in the NHS, many work in the independent healthcare sector providing NHS-funded care, particularly in intensive care, medium secure and continuing care areas.

2.4 The challenge of expanding services

Mental health services have grown and improved as a result of government policies and initiatives. In particular the Mental Health (DH, 1999), Older People's (DH, 2001a) and Children's (DH/DfES, 2004) National Service Frameworks (NSFs) and subsequent guidance (eg DH/CSIP, 2005) have been instrumental in expanding services. Inevitably this can put pressure on workforce supply. Despite the success in increasing the number of MHNs, there are some areas, such as inpatient care, where long-term vacancies remain too high and reliance on bank and agency staff may impact on continuity and the quality of care. (Sainsbury Centre for Mental Health, 2005).

Current and future staffing challenges and opportunities to extend nursing roles raise important questions about how the resource of mental health nursing should best be focused in the future.

2.5 Wider developments influencing mental health nursing

In recent years, the context in which MHNs work has changed as a result of the following issues:

New expectations – Service users and carers increasingly expect that standards of care will be high and that they will be actively involved in planning both their individual care and services. Choice has become a key principle in service delivery that will be emphasised even further in the future (CSIP/NIMHE, 2005).

New ways of working – Many professions working in mental health settings are reviewing how they should develop in the future, for example psychologists and psychiatrists (DH, 2005b). Many new roles have also been developed to respond to particular needs, for example gateway workers, support, time and recovery workers and community development workers (DH, 2003a; 2003b; 2003c).

New nursing roles – MHNs have already taken up a range of new roles to improve services, for example nurse consultants, Modern Matrons and nurse prescribers. Further roles are likely to develop in the future, such as those of 'advanced practitioners' and those arising from changing mental health legislation.

New services – MHNs now practise in a range of new teams that have been created within the last few years, for example crisis resolution/home treatment, assertive outreach and prison in-reach. In the future, MHNs are likely to work in a greater range of organisations and settings as health and social care provision becomes more diverse and new types of organisation, such as NHS foundation trusts, become commonplace.

New guidance – The National Institute for Health and Clinical Excellence (NICE) has produced a range of guidance documents that summarise current best evidence and should influence the practice of MHNs regarding, for example, schizophrenia, depression, self-harm, eating disorders, depression in children and disturbed/violent behaviour (NICE, 2003; 2004a; 2004b; 2004c; 2005a; 2005b).

New laws – A number of changes in legislation, both recent and planned, will have a major impact on the practice of MHNs, including the Disability Discrimination Act (1995 and 2001), Human Rights Act (1998), Race Relations (Amendment) Act (2000), Mental Capacity Act (2005) and proposed changes to mental health law.

New focus – The Government's White Paper, *Our health, our care, our say: a new direction for community services* (DH, 2006a), promotes positive steps to improve people's mental health and well-being and to reduce the stigma associated with mental illness. It emphasises the need for strong support to increase service user and carer involvement within a broad context of social inclusion and improved access to services for people with mental health problems.

3. The consultation

3.1 Process

The CNO's review began with a formal consultation (DH, 2006b) that gave a wide range of organisations, groups and individuals the opportunity to contribute their views on the future of mental health nursing. A reference group, consisting of service users, MHNs, organisational representatives and other stakeholders, identified the key themes for discussion and views were sought on these areas, as well as other issues respondents felt were important. Ten open meetings were also held around England in conjunction with the Care Services Improvement Partnership development centres. These gave opportunity for discussion and contribution to the review. A summary of the responses is available (DH, 2006b).

3.2 Outcomes of the consultation

The consultation responses made a major contribution to the recommendations produced in the review. Although each of the consultation questions covered a distinct issue, a number of cross-cutting issues also emerged:

- Positive, user-centred values form the bed-rock of good practice.
- Carers and families need to have their contribution recognised and valued and their information and support needs appropriately met by MHNs.
- Mental health nursing needs to develop its practice in many areas.
- Mental health nursing needs to move away from a traditional model of care towards a biopsychosocial and values-based approach.
- Good pre-registration education is key to ensuring that MHNs are equipped with appropriate fundamental skills and attitudes.
- Clinical supervision is essential underpinning for good practice.
- Professional leadership and support structures are required to promote good and confident nursing practice.

4. Literature review

The literature review examined evidence in four areas of particular significance for the future development of mental health nursing and also investigated the extent of evidence available and areas where further research is required (see Appendix A and www.nursing.manchester.ac.uk/projects/mentalhealthreview/).

5. Recommendations

5.1 Introduction

We recognise that it is for practitioners, providers and commissioners to use their local discretion when deciding how to develop services to meet local needs. In producing these recommendations we aim to provide a framework within which local decisions can be made. All MHNs and service providers want to continually improve the care they provide, and many of the recommendations made here have been fulfilled in some parts of the country. There will be different ways of implementing this report's recommendations and we have drawn on some examples to provide practical illustrations of excellence.

The Healthcare Commission considers this report an important contribution to modernising and improving the quality and care for service users. Many of the actions identified in this document relate to areas outlined in the core and developmental standards published by the Department of Health (DH, 2004a).¹ The Healthcare Commission is responsible for assessing NHS trusts' compliance with the core and developmental standards.

The recommendations in this report relate primarily to mental health nursing practice, but inevitably have ramifications for their organisations and other professions, as MHNs almost invariably work in multi-disciplinary settings and within organisational structures. For example, if MHNs do more to support physical well-being, it is important that those service users who are not seen by MHNs are not disadvantaged by having less attention to their physical well-being.

The majority of recommendations relate to all areas of mental health nursing practice and are not intended to focus on any particular speciality, for example older people's, child/adolescent, adult or forensic care. However, the precise manner in which each recommendation is implemented is likely to be influenced by local need and area of speciality. The generic focus of this report does not imply that specialist areas of practice should not consider further developments based on local need.

¹ Recommendations in this report relate to areas covered by standards including C5, D2, C11, D5, C16 and D11

5.2 Outline of the recommendations

The recommendations are grouped into three themed sections, broadly reflecting the vision for mental health nursing (see page 10). Sections inevitably overlap to a degree. Recommendations are summarised in the e-publication, Self-assessment toolkit. From values to action: The Chief Nursing Officer's review of mental health nursing (see www.dh.gov.uk/CNO).

Putting values into practice

1. Applying Recovery Approach values.
2. Promoting equality in care.
3. Providing evidence-based care.

Improving outcomes for service users

4. Meeting the greatest need.
5. Strengthening relationships with service users and carers.
6. Holistic assessments and managing risk effectively.
7. Improving physical well-being.
8. Providing psychological therapies.
9. Increasing social inclusion.
10. Recognising spiritual needs.
11. Responding to the needs of people with substance misuse problems.
12. Improving inpatient care.

A positive, modern profession

13. Developing new roles and skills.
14. Strengthening pre-registration education.
15. Working effectively in multi-disciplinary teams.
16. Supporting continued professional development.
17. Improving recruitment and retention.

For each action of the recommendations, suggestions are made as to who, or which organisation, might take the lead on implementation and who else might need to be engaged in the process. These are only general suggestions; each locality will need to consider how to take recommendations forward to reflect their own circumstances.

As the detail of assessment and subsequent care planning is central to successful nursing practice and relates to many of the recommendations made, Appendix B gives more in-depth guidance regarding how the content of assessments might reflect the values and priorities expressed in this report.

5.3 Putting values into practice

5.3.1 Introduction

The values held by people who work in mental health services directly influence their practice. In this report, we seek to be explicit about identifying the key values and principles that all MHNs could identify with and use as the framework for all their activities. These values will influence direct clinical care, training and, above all, relationships with service users, carers and families. This section describes the way in which the three recommended sets of values influence practice:

- Recovery Approach values and principles.
- Valuing the principle of equality.
- Valuing the need for evidence-based practice.

5.3.2 Recovery Approach values and principles

As part of the consultation process a question was asked as to whether values of the Recovery Approach should explicitly inform the practices of all MHNs (NIMHE, 2005). The Recovery Approach is based around a number of principles that stress the importance of:

- working in partnership with service users (and/or carers) to identify realistic life goals and enabling them to achieve them;
- stressing the value of social inclusion (clear evidence exists which demonstrates that inclusion has a strong link with positive mental health outcomes (ODPM, 2004));
- stressing the need for professionals to be optimistic about the possibility of positive individual change.

Personal recovery is a way of living a satisfying, hopeful and contributing life, even with limitations caused by illness (Anthony, 1993). The Recovery Approach does not necessarily imply that an individual will return to the way they were before becoming unwell, for example it has successfully been used in services for people with severe dementia. Nor does an emphasis on the Recovery Approach preclude the application of specific models of care, as long as their principles are consistent with the general principles of recovery. For example, the adoption of a palliative care model may be very appropriate to meet the needs of people with severe dementia.

The majority of responses to the CNO's review consultation (DH, 2006b) supported the values of the Recovery Approach informing the practices of all MHNs. Respondee felt that those values needed to be clearly defined and framed in a manner applicable to all areas of practice, including child and adolescent mental health and older people's services.

To work effectively in partnership with service users and carers, it is essential that MHNs are able to form and sustain relationships, offer meaningful choice (CSIP/NIMHE, 2005) and support social inclusion (OPDM, 2004). Further recommendations regarding these issues are given in Recommendations 5 and 9.

Recommendation 1:

The key principles and values of the Recovery Approach will inform mental health nursing practice in all areas of care and inform service structures, individual practice and educational preparation.

These values will recognise the need to:

- value the aims of service users;
- work in partnership and offer meaningful choice;
- be optimistic about the possibilities of positive change;
- value social inclusion.

Making change happen:

Key contributors:

<ol style="list-style-type: none"> 1. MHNs to use clinical supervision to reflect on how their clinical practice can best incorporate recovery values. 2. MHNs to fully take account of the service user's own meaningful aims in the assessment, care planning and Care Programme Approach processes with which they are involved and for this to be audited. 3. MHNs working in care management roles to arrange for direct payments to service users where they choose this (DH/CSIP, 2006). 	<p>MHNs with clinical supervisors, line managers, clinical governance departments and social care leads.</p>
<ol style="list-style-type: none"> 4. Service providers to review operational policies and philosophies for services in which MHNs work to ensure that they support them in delivering care based on recovery principles. 	<p>Service providers with MHNs, service user/carer representatives, other professionals and service managers.</p>
<ol style="list-style-type: none"> 5. All educational/training programmes for MHNs to be reviewed to reflect recovery principles as expressed within the <i>Ten Essential Shared Capabilities</i> (DH, 2004b). 6. Service users and carers to be routinely involved in the recruitment, education and assessment of all MHNs. 	<p>Education providers, commissioners and leads, with MHNs, service user and carer representatives and human resources departments.</p>

Also see:

Recommendation 14.1 and *Best practice competencies and capabilities for pre-registration mental health nurses*.

Good practice example: Training and applying recovery values

Sandwell Mental Health NHS and Social Care Trust has provided recovery training for its staff and service users since 2002. This has had an effect on the language used by staff, service users now develop their own recovery-based wellness plans and a recovery-based supervision tool has been introduced.

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Good practice example: Use of a Recovery Approach assessment tool

In Devon Partnership NHS Trust a Recovery Approach assessment tool, DREEM, was used to examine the focus of care in a residential rehabilitation unit, Russell Clinic. This investigated the recovery orientation of the service by comparing the perceptions of service users and staff, and informed the service development action plan. As a result, all service users were given personal diaries and up-to-date information leaflets and places on the Wellness Recovery Action Plan training scheme were made available. The study was a collaborative review by a team that included service users.

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5.3.3 Valuing equality in healthcare for all

Equality in healthcare means each individual having an equal opportunity to have their needs met. A lack of equality, a failure to meet diverse needs or actual discrimination can affect many groups with mental health needs. There is clear evidence that people from some racial groups, particularly young black men, are more likely to have poor experiences of mental health services, for example by being more likely to be detained under mental health law (Healthcare Commission, 2005a). Other groups may receive a lesser mental health service because of their gender (DH, 2003d), sexuality (King and McKeown, 2003), age (DH, 2001a; Healthcare Commission, 2006), a diagnosis of personality disorder (DH, 2003e), being in the prison system (DH, 2001b), having a learning disability (DH, 2005c), having a dual substance misuse and mental health problem (DH, 2002a) or having a sensory or physical disability such as deafness (DH, 2005d).

Like other health workers, MHNs also have legal obligations and duties regarding issues of equality, for example under the Race Relations (Amendment) Act (2000). In the future, public bodies will also need to ensure gender and disability equality in all aspects of policy, workforce issues and service provision.

Consultation responses recognised the need to develop services to better meet the needs of groups who are sometimes disadvantaged within services, for example women, older people and people from black and ethnic minorities.

National development – Developing the ‘Count Me In’ census

In 2005, the Department of Health commissioned the Mental Health Act Commission, the National Institute for Mental Health in England and the Healthcare Commission to carry out the first national census of mental health inpatients and ethnicity. It included questions on language and faith as well as ethnic origin. It will be repeated in 2006 and extended to cover disability and sexual orientation, to ensure all aspects of equality and diversity are addressed.

More information at: www.mhac.org.uk/census2006/

A number of policy documents provide guidance about how services can develop to help fight inequity. In particular, *Delivering race equality in mental health care* (DH, 2005e) sets out a comprehensive five-year action plan for tackling inequalities in black and minority ethnic communities' access to mental health services, experience of services and outcomes from services. The action plan's three main building blocks – more responsive services, better engagement of communities with services and better information – are also transferable to other client groups which may experience inequality or discrimination in care. The recommendations provided here are designed to complement the guidance given from other sources.

Recommendation 2:

MHNs will promote equitable care for all groups and individuals.

Making change happen:

1. All MHNs to use supervision and annual appraisal to reflect on their role in tackling inequalities in care and demonstrating non-discriminatory practice.
2. Nursing strategies to reflect the need for MHNs to engage actively in practices that reduce inequalities in care, for example by:
 - encouraging reporting of inequalities in service provision;
 - advocating for service users where they may be disadvantaged.
3. To establish arrangements whereby the MHN workforce in the future will reflect diversity in the communities served, for example by:
 - profiling the current workforce against the populations served;
 - forming links with local community groups;
 - advertising in minority publications;
 - publicising the contribution made by existing MHNs from minority backgrounds;
 - providing opportunities to develop support workers.
4. All MHNs to receive diversity and anti-discrimination training (including cultural competency) every three years.

Key contributors:

All MHNs with supervisors and line managers.

Nurse directors with MHNs, strategic health authorities, clinical governance departments, service user/carer representatives and human resources departments.

Education providers/ commissioners with MHNs, equality leads and service user/carer representatives.

Also see:

Recommendation 14.1, *Best practice competencies and capabilities for pre-registration mental health nurses* and *Recruitment and retention of mental health nurses: Good practice guide*.

Good practice example: Improving interpreting services

Tees and North East Yorkshire NHS Trust has developed an audit questionnaire for staff, service users and carers regarding the quality of interpreting services. Questionnaire responses have helped inform and develop a policy on interpretation and translation. A training course has also been developed for staff to help them use and access these services and use 'good practice guidelines'. Service users help to deliver the course.

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Good practice example: Responding to women's needs in a secure environment

In West London Mental Health NHS Trust, staff working in secure women's services attend a two-day 'trauma workshop'. The course has been running for five years and aims to help new staff work therapeutically as nurses within services where the majority of the service user population have endured profound and enduring psychological trauma. Course attendees report changed attitudes and a greater understanding of the perspective of traumatised service users.

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5.3.4 Basing practice on best evidence

A key value for MHNs is that they recognise the importance of always practising on the best evidence available.

Responses to the review consultation emphasised the need for MHNs to be aware of and use the evidence base and to make judgements from a range of types of evidence, not least of which being the views of service users and carers.

The evidence base for mental health nursing has grown recently, although many issues remain under-researched. Increasingly large numbers of MHNs are now attending post-graduate courses that develop research skills. Nurse consultant roles are being developed in many areas of practice and are expected to contribute to research, as well as directly providing excellence in clinical practice.

Nationally, an increasing emphasis is now being placed on services' ability to evidence their effectiveness, for example by the use of validated measures and tools. The use of Health of the Nation Outcome Scales (HoNOS) is now a national requirement: see www.rcpsych.ac.uk/cru/honoscales/index.htm. A wide range of other tools are available that can also support individual clinical practice and may usefully be used by MHNs (Gamble and Brennan, 2006).

National development – Clinical research careers for nurses

Building on a model established for clinical academic careers for medics, the UK Clinical Research Collaborative has begun a similar process aimed at developing clinical research career structures for nurses. A committee has been established, chaired by Professor Janet Finch, and it is intended that discussions will be completed by summer 2006.

More information at: www.ukcrc.org/

The *Essence of Care* (DH, 2003f) provides one useful tool to help MHNs and others to take a service user-focused and structured approach to sharing and comparing practice. Service users, carers and professionals work together to agree and describe good quality care and best practice. The benchmarks are relevant to all health and social care settings.

Examples of research particularly applicable to the work of MHNs can be found in areas such as medication management approaches (Gray *et al.*, 2004) and inpatient interventions (Bowers *et al.*, 2005). Furthermore, the increasing amount of guidance produced by NICE provides an important resource for MHNs. The literature review for the CNO's review also showed that there is a wealth of information about the experiences and views of service users and carers that provides an important source of evidence that should influence MHN practice. However, there is a need for further user- and carer-led research to examine user and carer views of MHNs where findings are implemented and evaluated, particularly research with children and adolescents, older people and black and minority ethnic groups. Further research is also needed into the efficacy of interventions, for example in relation to deliberate self-injury and the prevention and management of violence.

National resources: Access to online evidence base

All MHNs and others working in the NHS are able to access a wide range of databases and carry out online searches to help them find the latest research evidence to support good practice. Users can search the Dialog databases and then follow a link to the full text of the journal article. The NHS also subscribes to a collection of 400 mental health e-books.

To join, simply sign up on: www.athens.nhs.uk/region/

Recommendation 3:

All MHNs will access, understand and use evidence that can improve outcomes for service users.

Making change happen:

Key contributors:

1. MHNs to use clinical supervision to support the use of evidence in practice.
2. MHNs completing post-graduate level courses to produce articles/summaries of their research for possible publication and/or internal distribution.

MHNs with supervisors and line managers.

3. To review nursing strategies and research strategies to ensure that they include reference to processes that will support nurses engaging in research activities.
4. To review all nurse consultant roles to ensure that they are contributing to research, either directly or through supporting others.
5. To identify a nurse with a special interest in research to act as a 'champion' and encourage and support other MHNs in engaging with research.

Nurse directors with MHNs, other professionals, research leads and clinical governance teams.

Also see:

Recommendation 14.1, *Best practice competencies and capabilities for pre-registration mental health nurses* and *Recruitment and retention of mental health nurses: Good practice guide*.

Good practice example: Nursing research and development group

A National Forensic MHNs' Research and Development Group was established in 1997, involving MHNs from around the UK who undertake research. The group aims to contribute to the production and dissemination of research findings that will enhance the care of service users in forensic settings. The group has contributed to the production of research papers and other publications, provided conference presentations, contributed to national debates and linked with international groups.

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Good practice example: Reducing falls through evidence-based practice

In West Sussex Health and Social Care NHS Trust, a nurse-led initiative has resulted in an 80% reduction in fractures across older people's inpatient services. A protocol was developed through examining the evidence base, benchmarking audit, broad multi-professional consultation and carer/service user consultation. The protocol defines risk assessment criteria and a range of interventions, both directly with service users and to reduce environmental risks. The nurse who leads the project, Fiona Chaabane, was a finalist in the Nursing Standard Nurse of the Year Award 2006.

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5.4 Improving outcomes for service users

5.4.1 Meeting the greatest need

MHNs are a valuable resource for people with mental health problems. Their training gives them a broad theoretical base and an ability to adapt and work flexibly. MHNs' skills and experience allow them to work with individuals with higher levels of need, in terms of severity, acuity or complexity. Complexity may arise from individuals having additional needs, for example substance misuse, physical healthcare problems or learning difficulties.

It is essential that the valuable resource of mental health nursing is applied where it can make the most difference.

The primary clinical focus for mental health nursing should remain with those individuals with higher levels of need (for some individuals with advanced dementia, this may mean working primarily with carers). For people with less complex mental health needs, MHNs will make a significant contribution to the care by supporting other workers. The development of new roles in primary care, such as graduate mental health workers (DH, 2003g), provides a resource for carrying out much direct treatment. Suitably qualified MHNs can provide specialist advice and support to such workers. MHNs may also provide an important contribution by advising and supporting nurses and colleagues in other specialities, for example in general hospital settings.

Recommendation 4:

For MHNs to principally work directly with service users with higher levels of need and support other workers in meeting less complex needs.

Making change happen:

1. Service providers to review current nursing roles and evaluate whether these make best use of the range of nursing skills, ie that nurses focus on working directly with individuals with higher levels of need in terms of acuity, severity or complexity, and/or support other workers to meet less complex needs.
2. To identify processes/changes required to enable MHNs to work in such ways.

Key contributors:

Directors of nursing and service managers with MHNs, service commissioners, human resources, education leads and other health and social care agencies.

Also see:

Recommendation 14.1, *Best practice competencies and capabilities for pre-registration mental health nurses* and Recommendation 13.2.

Good practice example: Nurse consultant in primary care mental health

In County Durham and Darlington NHS Trust a nurse consultant, David Ekers, provides a clinical focus for mental health workers working with primary care over a large geographical area (1,000 square miles). This has led to improved access to psychological interventions through training staff to use patient-empowering models of care, such as guided self-help. Consultation on service configuration and role development is leading to the incorporation of new ways of working, such as depression case management, and the development of new roles, such as graduate and gateway workers.

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Good practice example: Nurse-led team to support care homes

South West Yorkshire Mental Health NHS Trust established an older people's multi-disciplinary team in 1999 led by a nurse, Catherine Smith, which provides input for residents in care homes. The aims of the service are to improve quality of life for residents, improve care standards in the homes and prevent inappropriate admissions. Admissions from care homes to mental health wards have fallen from 61, in the year prior to the team being formed, to 7 last year. The team provides education, support and advice to staff in the care homes and has recently carried out a medication audit to help support good prescribing practices in the homes.

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Good practice example: Supporting mental health care in general hospitals

In Avon and Wiltshire Partnership NHS Trust Anthony Harrison, a nurse consultant, provides clinical leadership within a liaison psychiatry team, helping to meet the needs of people with mental health problems within the general hospital. The nurse consultant role has allowed issues and problems to be addressed at both an individual clinical level and at a strategic and cross-organisational level. In particular, the post holder has led the development of two projects. Firstly, an integrated care pathway for self-harm was developed through collaboration with service users and carers and a range of NHS and other organisations. Secondly, the post holder played a major role in the development of a post-registration module for general nurses and other professionals to improve the mental health skills of non-specialists working in physical healthcare settings.

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5.4.2 Strengthening relationships with service users and carers

Building and maintaining positive interpersonal relationships with service users and carers is essential to successful mental health nursing practice. Specific interpersonal skills, the offering of meaningful choice and person-centred values all help build positive relationships.

Both the literature review of service users' and carers' views and the responses of the consultation process emphasised that the ability to establish and sustain relationships needs to be core to all activities. The relationship between the MHN and service user needs to be positive, trusting, meaningful, therapeutic and collaborative, with MHNs having sufficient clinical time in which to build, develop and sustain such relationships.

Providing meaningful choice is a core component of a therapeutic relationship. The exact nature of choice may be different depending on the setting, for example when working with people with severe dementia or in high secure settings. However, choice will be facilitated by providing good information about different interventions and outcomes and by ascertaining service users' views, either directly or through carers and advocates where appropriate.

MHNs often play a key role in planning and delivering care through care co-ordinator roles under the care programme or single assessment approaches. As such they have a great opportunity to ensure that service users are fully involved in planning their own care.

In the future, MHNs will be also be able to offer further choice by direct payments to service users who wish to take more responsibility for organising their own care (DH/CSIP, 2006) (see Recommendation 1.3).

Strong relationships with carers are also essential. Up to 1.5 million people in Great Britain may be involved in caring for a relative or friend with a mental health problem. Many children and young people are also in caring roles and this is not always recognised. For some MHNs, as well as some other professionals, developing relationships and working with carers or families may be the primary intervention, for example those working with people with advanced dementia or sometimes with young people. Family interventions for people with psychosis is one evidence-based means by which MHNs have been able to help both service users and carers (NICE, 2003). Such interventions need to be more widely available.

National development – Expert Carers' Programme

The Government's White Paper (January 2006), *Our Health, our care, our say: a new direction for community services* promotes the health and well-being of carers and describes how carers can be supported through involvement in the new Expert Carers' Programme.

For further information: (DH, 2006a)

Carers often feel that professionals do not give them sufficient information or listen to their knowledge and concerns. MHNs have a duty to maintain confidentiality under Clause 5 of *The NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics* (NMC, 2004a). However, this does not preclude listening to carers or giving advice or information that is not directly about the individual service user, or sharing information where this is necessary to protect others from harm. Advance directives provide one useful way of planning for the role of carers at times when the service user is unwell (MIND, www.mind.org.uk/Information/Legal/Legalbriefing+advancedirectives.htm).

The literature review for the CNO's review demonstrates that mental health nursing can potentially be a stressful occupation and that staff may be at risk of burnout. Stressed MHNs can find it harder to form meaningful relationships with service users and carers and it is vital that support systems are in place to help MHNs cope with their challenging role (also see *Recruitment and retention of mental health nurses: Good practice guide*).

Recommendation 5:

All MHNs will be able to form strong therapeutic relationships with service users and carers.

Making change happen:

1. All assessments by MHNs to:
 - identify any carers and how their needs will be assessed; or
 - assess the needs of any carer and then produce a care plan.
2. Wherever possible service user choice to be supported, eg in MHN keyworker gender preference.
3. All MHNs to have access to advice on how information can be provided without breaching confidentiality.
4. MHNs to have access to written information for service users and carers, including on:
 - services;
 - medication;
 - diagnoses/problems.
5. All MHNs to have access to support systems for identifying and addressing stressful situations, for example:
 - opportunities to raise with managers issues that cause work stress;
 - regular clinical supervision;
 - advice from professional leads;
 - staff counselling services.

Key contributors:

MHNs with line managers and directors of nursing.

Service providers with MHNs, service user/carer representatives, occupational health services and line managers.

Also see:

Recommendations 1.2, 1.6, 6.1, 6.2, 8.1, 12.2, 12.3, 14.1 and 14.4; Appendix B: The process of assessment; and *Best practice competencies and capabilities for pre-registration mental health nurses*.

Good practice example: Improving services through service user feedback

Nottinghamshire Healthcare NHS Trust has annual 'Patient experience away days' to gain feedback from service users regarding their experience of staying on acute admission wards. Comments made have led to a number of changes. A nursing station was felt to be intimidating so has now been replaced with a more approachable desk. Staff used to forget to pass messages on to service users, but this problem has been solved following the introduction of a message pad. Privacy has been improved by oral medication now being administered to service users in a private area, rather than in front of a queue of other people.

Contact: lynne.murtagh@nottshc.nhs.uk

Good practice example: Admiral Nurses working with carers

Admiral Nurses are specialist MHNs who work in the community with families, carers, people with dementia and their social networks. Family carers are the prime focus of their intervention. They provide practical advice, emotional support, information and skills. They also deliver education and training in dementia care and carers' needs and offer consultancy to professionals working with people with dementia and their families. In order to promote best practice in person-centred dementia care they have established a competency framework and actively seek formal feedback from the carers with whom they work.

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5.4.3 Holistic assessments and managing risk effectively

To provide excellent service user-centred care, good assessment needs to take place. In their assessments, MHNs should see service users as whole people with interrelated psychological, social, physical and spiritual needs. They also need to identify the strengths that the service user already has or, with support, can be restored. Further information about the contents of assessments is set out in Appendix B.

People of all ages with mental health problems are more likely to be at increased risk from self-harm, self-neglect and abuse by others. A minority are more likely to be violent towards others. MHNs are frequently central to the process of assessment and management of risk. They may also be in a position to pick up on whether the service user is being abused or is at risk of being abused, both in the community and in inpatient settings.

National development – Developing a risk-screening tool

The Department of Health has funded the Universities of Aston and Warwick to develop a risk-screening tool, GRiST, which can be used by both specialists and non-specialists.

The project aims to develop an easy-to-use web-based electronic system that will support decision making and the sharing of risk information between services.

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National resources: Supporting work with victims of abuse

Responding to Domestic Abuse: A handbook for health professionals (DH, 2005f) provides useful information to all professionals, including MHNs, which will support them in recognising and responding to the needs of people who suffer from domestic abuse.

Guidance is also now available on tackling the health and mental health effects of domestic and sexual violence and abuse.

For further information: (DH, 2005f; Itzin/DH, 2006)

Responses from the review consultation identified a number of ways in which MHNs' role in risk assessment and management could be strengthened. Responses saw training as the most important factor. Many respondents felt that MHNs needed to help produce a cultural change to improve risk assessment.

The *National Service Framework for Mental Health* (DH, 1999) requires risk assessment and management training for staff in adult mental health services every three years. Good practice would suggest that the same should apply to staff working in older people's and child and adolescent mental health services (CAMHS).

National development – Self-injury exploratory exercise

The Department of Health and the National Institute for Mental Health in England (NIMHE) are jointly implementing an exploratory exercise, at national and regional levels, to ascertain the level of support and evidence for adopting a harm-reduction approach to working with service users who self-injure primarily as a coping mechanism. This project will explore the need to develop national guidance and training.

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Safeguarding children

Respondents to the review consultation consistently agreed that improving services to safeguard children was an important part of MHN's role. Many MHNs stated that to work more effectively they needed better child protection awareness and understanding and stronger links with designated child protection MHNs and other professionals.

All professionals, including MHNs working with adult service users, share a responsibility for safeguarding children. Safeguarding children means protecting them not only from abuse and neglect, but also from mental and physical ill-health, educational failure and offending behaviour. Whether they work with children, working age adults or older people, there is much that MHNs can do to help vulnerable children reach their fullest potential.

Recommendation 6:

All MHNs will be able to comprehensively assess and respond to service users' individual needs and identified risks.

Making change happen:

1. All assessments to take into account that people have interrelated psychological, social, physical and spiritual needs. Care plans to reflect these issues and this to be audited.
2. All assessments to identify any risk of self harm, self-neglect, abuse from others and violence towards others. Care plans to reflect these issues and this to be audited.
3. MHNs to actively engage with service users in devising risk management plans whenever possible and this to be audited.
4. All MHNs to know and act upon local 'vulnerable adults' policies and this to be incorporated into inductions for new employees.
5. Managers and staff to discuss how positive risk management can avoid producing unnecessarily defensive practice and the results of this to be reflected in policies and processes and managed through local governance systems.
6. All MHNs to have ready access to advice and guidance from named and designated child protection professionals and know to whom they are accountable in relation to safeguarding children.

Key contributors:

All MHNs with service user/carer representatives, clinical governance departments, education leads and line managers.

Service providers with MHNs, other professionals, clinical governance teams and safeguarding children leads.

Also see:

Recommendations 1.2, 12.1, 12.4, 12.5 and 14.1; Appendix B: 'The process of assessment'; and *Best practice competencies and capabilities for pre-registration mental health nurses*.

Good practice example: Suicide risk assessment and minimisation training

Northumberland, Tyne and Wear NHS Trust has developed a training package for staff and other agencies. The underlying concept is that risk assessment and management is about making defensible, not defensive, decisions and is an ongoing dynamic process, not an event. The training is based on evidence-based clinical practice and the content changes with new research/evidence. Some 3,000 staff have accessed the training modules so far and evaluations are consistently excellent.

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Good practice example: The ASSIST Trial

Led by consultant nurse, Gemma Trainor, and a consultant psychiatrist, Bolton, Salford and Trafford NHS Trust has pioneered an innovative group psychotherapy treatment for young people who repeatedly self-harm. Based on the nurse consultant's PhD research, the group is facilitated by CAMHS nurses and is accessible to young people in crisis. By focusing on conflict resolution strategies, over 300 young people have been supported to reduce their self-harm and improve their problem-solving skills. The treatment, recommended in the NICE guidelines on self-harm, has also been manualised and is currently being piloted in the UK and Australia.

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Good practice example: Nurse consultant for safeguarding children and vulnerable adults

The nurse consultant post in South Essex Partnership NHS Trust was established to champion all aspects of safeguarding children and vulnerable adults within the trust. Elaine Taylor has developed a training strategy and now provides training at three different levels, from introductory to specialist levels. She leads on investigations for protecting vulnerable adult referrals. The post offers consultation and supervision to all staff, visits clients or staff in any setting and links with a nominated lead for safeguarding children and vulnerable adults from each clinical team within the trust.

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5.4.4 Improving physical well-being

People with severe mental health problems have higher levels of morbidity and mortality than other people. They are more likely to be overweight, smoke heavily and be physically inactive (NIMHE/Mentality, 2004). They are also less likely to get some routine evidence-based physical health interventions than others. Physical health problems and nutritional deficits can also exacerbate or cause a range of mental health problems (MHF, 2006), while substance misuse may harm both physical and mental well-being.

Many MHNs, working with people of all ages, act as care co-ordinators and as such are in a particularly strong position to work between primary and secondary care to ensure that the whole range of health needs are assessed and responded to. Under the Disability Discrimination Act (1995), and the forthcoming Disability Equality Duty, people with mental health problems (and other disabled people) need to be able to access health services and treatments on equal terms to other citizens, and services need to work towards closing gaps of inequality in physical health.

Consultation responses emphasised the importance of MHNs doing more to ensure that people with serious mental health problems have access to appropriate physical healthcare and regular assessment of their physical health needs.

Responses also suggested that MHNs needed to develop physical healthcare assessment skills and actively engage in health promotion strategies with service users as recommended by the public health White Paper, *Choosing Health* (DH, 2004c), for example by encouraging physical exercise and an improved diet.

Recommendation 7:

MHNs will have the skills and opportunities to improve the physical well-being of people with mental health problems.

Making change happen:

Key contributors:

1. MHNs to have the appropriate competencies to support physical well-being through:
 - assessment of current capabilities in teams and developing team-based training based on local need; **and/or**
 - developing individual development programmes based on individual appraisal using the Knowledge and Skills Framework.

Service providers with MHNs, line managers, education leads and supervisors.

2. MHNs to be able to:
 - refer on to medical or other primary care staff in response to evidence of unmet physical health need, arranging support as required to ensure services are then actually received; or
 - arrange for further investigations themselves.
3. MHNs to identify the need for and provide, or refer for, health promotion information and activities required to support physical well-being.

All MHNs with clinical supervisors, line managers, clinical governance departments, other professionals and healthcare organisations.

Also see:

Recommendation 14.1, Appendix B: 'The process of assessment' and *Best practice competencies and capabilities for pre-registration mental health nurses*.

Good practice example: Improving physical healthcare for inpatients

Bolton, Salford and Trafford Mental Health Trust has established a physical healthcare team for their acute inpatient wards, led by a dual-qualified practice nurse. Over 90% of service users have received an initial physical healthcare screening. The screening includes tests for a range of common conditions such as asthma and diabetes, and can also lead to referral onto other services such as cervical screening and well men and women's clinics. Smoking cessation support is also provided.

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Good practice example: Supporting healthcare screening

In 5 Boroughs Partnership NHS Trust, a nurse consultant has led a project working closely with primary care partners to ensure that people with severe mental health problems receive annual health screening. A co-ordination system is operated between the services so that appointments are offered at convenient times and care co-ordinators are aware of the timing to enable them to support service users to access the service. The screening makes links to health promotion initiatives such as a smoking cessation group for those with severe mental health problems, dentists and an exercise on prescription programmes. Audits show 100% attendance for the screening appointments and service users report that they find them very beneficial, offering a real opportunity to discuss their health with their GP.

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5.4.5 Providing psychological therapies

Deficits remain in the availability of psychological therapies (DH, 2004d), although they are effective, their use is recommended by several NICE guidelines (eg NICE, 2003) and service users want greater availability. The foundation skills common to all psychological therapies are also those that MHNs need to form and sustain relationships with service users (Roth and Fonagy, 2005).

It is estimated that over 5,000 MHNs are qualified to provide psychosocial interventions for people with psychosis. Significant numbers are trained in a range of different approaches, for example cognitive behavioural therapy for service users without a psychotic illness. However, it has proven difficult at times for MHNs to use their new skills in practice (Brooker, 2001).

Both review consultation responses and evidence from the literature review demonstrate the wish of service users for much better access to psychological therapies. A clear majority of MHNs also wish to be able to provide such a service as part of their nursing role. Consultation responses stressed the need for suitable training, expert supervision and managerial support to be made available to enable MHNs to provide psychological therapies.

National development – Improving access to psychological therapies

This programme will test the effectiveness of providing stepped improvements in access to psychological therapies for adults of working age with common mental health problems. This will include testing new service models for providing evidence-based interventions and reviewing the workforce requirements for rolling-out the model nationally. MHNs with specialist skills may be one important source of support for such developments.

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Recommendation 8:

MHNs will contribute to an increase in the availability of evidence-based psychological therapies.

Making change happen:

Key contributors:

1. To evaluate current competencies in foundation skills for engaging psychologically with people with mental health problems, by using the Knowledge and Skills Framework and setting up individual or service-wide development programmes as required.

Line managers and MHNs with education leads and psychological treatment leads.

2. Service providers to identify with commissioners the future service arrangements required to meet the need for psychological therapies in all settings.

Service providers and commissioners with MHNs, service user/carer representatives, service commissioners, psychological treatment leads and education leads.

3. Service providers identify the arrangements required to support MHNs to contribute to meeting local need for psychological therapies, including:

- the type and level of skills required in each service;
- how skills and knowledge will be developed;
- how clinical supervision will be ensured;
- what changes in service organisation and practices will be required to ensure skills can regularly be applied in practice;
- 'champions' to support developments.

4. All MHNs due to attend training in psychological therapies to formally identify with their manager how they will apply new skills in practice and how supervision will be provided.

Also see:

Recommendations 12.2, 13.2 and 14.1; Appendix B: 'The process of assessment'; and *Best practice competencies and capabilities for pre-registration mental health nurses*.

Good practice example: Developing psychologically-based care in inpatient settings

Northumberland, Tyne and Wear NHS Trust has developed a model to support the use of cognitive behavioural therapy-based approaches in their inpatient units. This is a tiered approach to training and developing staff, ranging from foundation level training to intermediate and therapist level. The nurse consultant, Angus Forsyth, provides staff with expert clinical supervision. Interventions have become more collaborative, are better defined and are now evaluated. Service users are very satisfied with the quality, helpfulness and effectiveness of interventions. Staff found the approach improved understanding, collaboration and concordance and provided additional skills to help service users.

Contact: angus.forsyth@nmht.nhs.uk

Good practice example: Supporting implementation of psychosocial interventions (PSI)

In Bolton, Salford and Trafford Mental Health Trust, a nurse consultant for PSI, Paula Braynion, led the strategic development of PSI. A training framework was developed that had many different levels of competency, from all staff undergoing recovery-oriented training to some practitioners completing degree courses in PSI. To ensure that training was effectively applied in practice, anyone seeking training in PSI had to have a formal training plan. This stated how new skills would enhance their service and be applied in their current post, and how clinical supervision would be accessed. Job descriptions were altered to reflect changes in role.

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5.4.6 Increasing social inclusion

Employment, education, volunteering and supportive social contacts are strongly associated with improved health outcomes. However, many individuals with mental health problems, both young and old, are socially isolated, suffer abuse and are unable to find employment (ODPM, 2004). The Government's White Paper, *Our health, our care, our say: a new direction for community services* (DH, 2006a), emphasises the importance of social inclusion and the crucial role it plays in preventing or reducing the severity of episodes of mental illness.

National development – Social inclusion programme

The cross-government National Social Inclusion Programme at NIMHE is working to support nursing staff, other professional groups and a range of service organisations in implementing policy on social inclusion through service development and changing practice in a number of key project areas, including employment, further and higher education, volunteering and community participation. The programme welcomes engagement and dialogue with nursing staff.

More information at: www.socialinclusion.org.uk

Review consultation responses strongly supported the value of promoting social inclusion for people with mental health problems. They suggested that this can be done by looking beyond illness and symptoms and by MHNs helping access suitable housing, benefits, employment, education and leisure activities for service users.

MHNs can play a vital role in:

- supporting service users to retain or develop social links, supports and roles;
- providing information about, or referring service users on to, specialists or schemes to help with employment or educational opportunities;
- challenging stigma.

However, many MHNs work in settings where the traditional focus has been on providing a safe environment, containing disturbed behaviour and symptom reduction. At times, this focus may lead to a relative lack of attention to the social inclusion needs of individuals.

Recommendation 9:

For MHNs to increase the social inclusion of people with mental health problems.

Making change happen:

1. Service providers and commissioners to develop arrangements to fight stigma at local level, for example through:
 - media communication arrangements (including highlighting excellent nursing practice);
 - links with local schools, colleges and employers;
 - open events;
 - allowing use of meeting rooms by non-mental health community groups when unused.
2. Inpatient services to develop arrangements to break down barriers with local communities, for example through:
 - open days;
 - inviting local media in;
 - forming links with voluntary groups.

Key contributors:

Service providers and commissioners, with MHNs, service user/carer representatives and local communities.

Also see:

Recommendation 14.1, Appendix B: 'The process of assessment' and *Best practice competencies and capabilities for pre-registration mental health nurses*.

Good practice example: Challenging Stigma campaign

In Cheshire and Wirral Partnership NHS Trust, the Director of Nursing chairs a group to oversee their Challenging Stigma campaign. Actions arising include a media watchdog group that challenges stigmatising articles, a charter for employment between the trust and local council to improve employment opportunities for service users and the production of car stickers saying 'Proud to work in mental health'.

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Good practice example: Promoting positive images in local media

South Essex Partnership NHS Trust generates positive media coverage to enhance understanding of mental health issues and to highlight the work of their staff. Relationships have been forged with the media through regular meetings with journalists to discuss features and by issuing regular press releases publicising good news. Nursing staff are encouraged, and are happy, to tell the communications department about their achievements and their good practice so it can be publicised both internally and externally.

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5.4.7 Recognising spiritual needs

There has been increasing recognition recently of the importance and the potential relevance of service user spirituality or religion in mental health care, an often neglected issue in practice. There is also a growing body of research on how a personal sense of meaning and identity keep people healthy and help them to recover their health (NIMHE/MHF, 2003). Practical ways to respond to spiritual religious needs can be important, for example NICE recommends having appropriate quiet space in inpatient settings for people who wish to pray or to quietly reflect (NICE, 2005b).

Responses from the review consultation supported the idea that MHNs need to understand better the role that spirituality can potentially play in helping service users. Suggestions included a need to have adequate training and access to specialist advice.

Recommendation 10:

All MHNs to recognise and respond to the spiritual and religious needs of service users.

Making change happen:

1. Service providers to ensure all MHNs have accessible sources of information/advice regarding religious/spiritual issues, for example information directories and access to experts and/or faith community representatives.

Key contributors:

Service providers with MHNs, service user/carer representatives and chaplains/faith advisers.

Also see:

Recommendation 14.1, Appendix B: 'The process of assessment' and *Best practice competencies and capabilities for pre-registration mental health nurses*.

Good practice example: Responding to spiritual needs

Birmingham and Solihull Mental Health NHS Trust has a group formed of representatives of various faiths and communities. This group has prompted a range of developments including a spiritual needs screening tool, a multi-faith calendar giving background information via the trust's intranet and spiritual awareness training days. Each inpatient area now has an identified 'champion' for spiritual issues (all happen to be nurses) who leads on identifying space for private reflection and/or religious observances and ensuring that religious occasions are observed appropriately and are working towards ensuring that spiritual needs are incorporated into care plans.

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5.4.8 Responding to the needs of people with substance misuse problems

Substance misuse is common among people with mental health problems and such dual needs are to be met by mainstream services with the support of specialist advice (DH, 2002a). Substance misuse problems are found in all age groups, for example with older people (Abdulrahim, 2001), and in all settings, for example among prisoners with mental health problems.

The review consultation responses cited the need for improved training for MHNs, both pre- and post-registration, better links with specialist substance misuse specialists and the availability of good clinical supervision.

National development – Guidance for inpatient and day hospital settings

The Department of Health is leading on the development of guidance on the assessment and management of service users with mental health and substance misuse problems in mental health inpatient and day hospital settings.

Contact: sian.rees@dh.gsi.gov.uk

Recommendation 11:	
MHNs in all settings will be able to respond to the needs of people with mental health and substance misuse problems.	
Making change happen:	Key contributors:
1. All MHNs to have access to sources of specialist advice on working with people with dual mental health and substance misuse problems.	Service providers with managers, clinical governance teams and all MHNs.
2. All MHNs to have received training on dual diagnosis issues, including: <ul style="list-style-type: none"> • recognition; • assessment (physical and psychological); • motivational interviewing techniques; • availability of resources. 	Education providers, commissioners and leads with MHNs, service user/ carer representatives and substance misuse leads.
<p>Also see: Recommendation 7.3, 12.12 and 14.1; Appendix B: 'The process of assessment'; and <i>Best practice competencies and capabilities for pre-registration mental health nurses</i>.</p>	

Good practice example: Inpatient dual diagnosis practitioner post

In South London and Maudsley NHS Trust, a dual diagnosis specialist, Keri Allen, works with wards in Lewisham to improve services for people with both mental health and substance misuse issues. Key components of her role are training, formal and informal supervision, co-working to embed learning in practice, supporting staff leading dual diagnosis developments on their wards and facilitating improved care pathways between inpatient and community services. The number of care plans including action on substance misuse issues has increased, staff have a better understanding of local substance misuse services and service users who would previously have fallen out of treatment are now supported by community services.

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5.4.9 Improving inpatient care

Inpatient units provide care for those people who are most acutely unwell, who experience high levels of distress and who cannot be cared for within their own homes or other community settings. Meeting such needs presents enormous challenges to staff and requires high levels of skill and commitment. Service users have frequently expressed concern at some aspects of the service provided (DH, 2002b). Some common challenges arise from a lack of therapeutic activities, limited time spent in direct contact between qualified MHNs and service users, problems in retaining staff, frequent absconsions from unlocked wards, a threat of violence and negative public and professional views of inpatient care. There is evidence that older people sometimes receive a poor service in some inpatient settings (Healthcare Commission, 2006).

The majority of responses to the Review consultation felt that inpatient care remained an area of care requiring significant improvement. A number of developments were suggested. In particular, protected engagement time was needed for MHNs to develop therapeutic relationships with service users and service users and carers needed to be able to be more involved in planning both individualised care and general service developments.

Respondents also highlighted that attracting and retaining sufficient numbers of competent and experienced staff was difficult. In order to improve the image and quality of inpatient nursing, it was felt that it should be recognised as a specialty in its own right, with a clear career pathway and the provision of appropriate educational and developmental opportunities for inpatient staff. Alongside this were requests for clinical supervision to be permanently available, as well as support for inpatient staff and strong clinical leadership.

National development – Approaches to staffing levels and skill mix for inpatient care

The NIMHE Acute Care programme and National Workforce Programme are undertaking a joint project to identify and support the development of different approaches to staffing levels and skill mix in acute inpatient areas that will result in published guidance.

Contact: ylstoddart@yahoo.co.uk

Existing implementation guidance has provided a framework for improving inpatient services to provide a more effective, safe and therapeutic inpatient experience (DH, 2002b). In particular, inpatient care needs to be better integrated with other acute and community services to break down barriers and make the service more responsive and flexible.

National development – Supporting the reduction of violence and aggression

NIMHE provides an advisory and consultative service to organisations and individuals on the safe and therapeutic management of aggression and violence. It is currently developing updated guidance for mental health service providers in the light of NICE recommendations. NIMHE is also working with key stakeholders to bring forward proposals for a national system of accreditation and regulation for physical intervention trainers, programmes of education and training.

Contact: gary.o'hare@nmht.nhs.uk

A common problem in open wards is the frequency with which service users abscond, increasing the risk of harm to themselves or others. Recent large-scale projects have demonstrated that interventions can make a significant difference by introducing a range of procedures and by being sensitive to individuals' needs and history (Bowers *et al.*, 2005). Another problem that has recently been highlighted is that, despite some improvements, cleanliness remains poor in some areas. Modern Matrons have specific responsibility for maintaining environmental standards and should have the authority to take suitable actions to ensure cleanliness (DH, 2004e). They, with ward managers, are also in leadership positions where they should ensure that all service users are treated with dignity and respect.

Recommendation 12:

All individuals receiving inpatient care will receive a service that is safe, supportive and able to respond to individual needs.

Making change happen:

1. Individual risk assessments and risk management plans in inpatient settings to include assessment of possible risk to service users posed by others (including the risk of intimidation or sexual violence), in addition to risks presented to self or others.
2. To develop good practice agreements for care at night time, which clearly define:
 - the care and facilities that service users can expect to be available to them;
 - what can be reasonably expected of service users.
3. To implement 'protected time initiatives' on all inpatient units.
4. To introduce practices to reduce absconsion from unlocked wards, for example through:
 - the introduction of signing in and out books;
 - the identification of individuals at high risk of absconding and
 - providing them with targeted nursing time;
 - the careful breaking of bad news.
5. To develop clear agreements with local police on the level of priority for requests to find people who are absent without leave, based on level of risk.

Key contributors:

All MHNs, ward managers and service user representatives with other staff, service users and carers, local police and clinical governance teams.

Continuation...Recommendation 12:

All individuals receiving inpatient care will receive a service that is safe, supportive and able to respond to individual needs.

Making change happen:

6. Service providers to develop shared roles between inpatient and crisis/home treatment staff.
7. All new community staff to spend time in inpatient settings as part of their induction, and vice versa.
8. All ward managers to agree with their manager any actions needed to develop their leadership skills through annual individual development plans.
9. Modern Matrons to be given sufficient authority to ensure that cleaning standards are met and maintained, and for this role to be part of their annual appraisal.
10. To review career pathways for nurses in inpatient/acute care in the context of service user and staffing needs, so that a rewarding career structure is available to attract and retain experienced MHNs.
11. To review how non-professionally qualified roles can make a greater contribution to care, directly and indirectly, and the developments needed to support this.
12. To consider developing a range of specialist clinical interests for individuals in teams (eg psychological therapies, substance misuse issues or spiritual issues) as a means of:
 - providing a valuable resource for the team;
 - developing networks of expertise and links with specialist services;
 - supporting individual professional development and job satisfaction.
13. To carry out 'paper reviews' to identify and remove duplications in administrative processes and to shift routine administrative tasks to non-professionally qualified roles.
14. Modern Matrons, with ward managers, to lead on ensuring that all service users are treated with dignity and respect, and service providers to develop specific means of supporting and monitoring this.

Key contributors:

Service managers with MHNs, other staff and human resources departments.

Also see:

Recommendation 14.1, Appendix B: 'The process of assessment' and *Best practice competencies and capabilities for pre-registration mental health nurses*.

Good practice example: Developing practice in older people's inpatient units

In Worcestershire Mental Health Partnership NHS Trust, a model of practice development has been introduced on inpatient wards for older adults, led by a nurse consultant, Carole Dinshaw. A survey was initially carried out using a range of sources, including complaints, incident data and views from staff, service users and carers. A number of developments took place as a result, including developing a nursing clinical supervision model, providing training on key issues such as 'vulnerable adults' and the introduction of new assessment tools.

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Good practice example: Therapeutic protected time initiative

In Oxfordshire Mental Healthcare NHS Trust, five acute wards and an intensive care unit have protected clinical time every day. This time is strictly for MHNs and other clinical staff to spend therapeutic time directly with service users, from 11.00am to 12.30pm, including during lunch. No non-clinical visitors are allowed on the ward during this time and no meetings take place. Messages are left with the ward clerk. The initiative has been favourably received by service users and most other professionals. Complaints have fallen since the project began. The initiative won an award in the Thames Valley 'Patients first' category.

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Good practice example: Developing associate practitioners

Avon and Wiltshire Mental Health Partnership NHS Trust has set up a scheme to develop associate practitioners for inpatient settings, partially due to difficulties in recruiting enough MHNs. This role is to have higher levels of competencies than traditional support workers and is based on an 18-month part-time university-based training course, which is supported by two lecturer practitioners who engage with the students and ward staff to ensure that competence and consistency is maintained. The course focuses on the development of physical healthcare skills, from monitoring blood pressure to first aid. Associate practitioners will be able to access shortened MHN training in the future.

Contact: patrick.mckee@awp.nhs.uk

Good practice example: Nurse-led local unit

In Shropshire Primary Care Trust, Castle Lodge is a small nurse-led facility with staffed care beds, which provides a local alternative to hospital inpatient admission. MHNs independently carry out assessments, admit and discharge. Admissions to hospital were reduced by a third in the year the unit opened and it was awarded the Nursing Standard Mental Health award in 2004. Service users helped design a satisfaction questionnaire and the feedback received has been very positive, especially with regard to the welcome received and the environment.

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5.5 A positive, modern profession

5.5.1 New roles and skills

New Ways of Working is an approach that seeks to encourage people working in mental health to change traditional ways of working and take on new roles in order to provide a better service to people with mental health problems (DH, 2004f). Over the last few years, there have been many opportunities for MHNs to make such changes through working in new services such as prison in-reach and crisis/home treatment and taking on new roles such as nurse consultant and Modern Matron. The degree to which new roles have been developed to improve outcomes for service users has varied from area to area.

Responses to the CNO's review consultation generally supported the need for MHNs to take on new roles based on assessment of local needs and supported by appropriate training and supervision. New roles were seen as a way of strengthening nursing care.

National development – New ways of working for MHNs

New ways of working for MHNs is a key programme of work to begin, following this review, in 2006/07. It will form part of the work programme overseen by the National Steering Group on New Ways of Working in Mental Health and will be undertaken by the NIMHE National Workforce Programme in partnership with the nursing profession. The purpose of the work will be to help MHNs develop and extend their roles to make best use of their expertise to meet the needs of service users and those of their families and supporters.

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In the consultation, nurse prescribing was the new role most frequently cited as one that can be of particular benefit to service users. In the future, suitably qualified MHN prescribers will be able to prescribe independently as well as through supplementary prescribing arrangements. Such developments allow for radical review of service structures and skill mix in order to respond better to service user needs. However, any such developments need to be planned and supported in a methodical way by service providers. To date, implementation has varied markedly around the country (Brimblecombe *et al.*, 2005).

National development – Researching supplementary prescribing

The Department of Health has commissioned King's College London to carry out research into the process and outcomes of supplementary prescribing by MHNs. The research group will be reporting in 2007.

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The development of new nurse consultant roles was seen as important in strengthening career structures, providing advanced clinical skills and strengthening nursing leadership and research.

Changes in mental health law may, in the future, allow for MHNs to take on roles previously held by other professionals to allow service users to have the most appropriate person involved. Suitably experienced and trained MHNs may be able to take on roles such as 'approved mental health professional', similar to approved social workers, or 'clinical supervisor', similar to the responsible medical officer.

Recommendation 13:

MHNs will improve care by developing new roles in response to local need.

Making change happen:

1. Service providers to put in place arrangements to support the implementation of nurse prescribing based on local need, taking into account the potential for service re-design and skill mix review, using both supplementary and independent prescribing arrangements.
2. Service providers to evaluate the requirements for senior nursing posts such as nurse consultant roles as part of a wider review of senior clinical roles, taking into account factors such as:
 - service user need;
 - the need to develop new services and introduce new skills;
 - the need for flexibility of staff to meet future changes;
 - the need to create rewarding career structures;
 - legal developments (eg planned changes in mental health law, non-medical prescribing and Working Time Directives);
 - plans for new ways of working for different professions;
 - shortages of any particular profession/skills;
 - the need to create strong clinical and professional leadership.

Key contributors:

Service providers with non-medical prescribing leads, directors of nursing, lead pharmacists, service managers, service user/ carer representatives, all MHNs, other professional leads and service commissioners.

Also see:
Recommendations 7 and 8.

Good practice example: Nurse specialist role in outpatient department

Tyne and North East Yorkshire NHS Trust has developed a nurse specialist role within their outpatient department, providing a range of interventions, including health promotion, cognitive behavioural therapy and nurse prescribing. Since the post was introduced the number of people failing to attend appointments has dropped by 20% and it has also been possible to reduce the number of routine appointments by the same margin.

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Good practice example: Nurse-led service for people with addiction problems

A clinical nurse specialist, Beverley Harniman, provides an extended service in primary care for people with addictions. She carries out assessments and a range of psychosocial interventions, and prescribes methadone through supplementary prescribing arrangements. The nurse is also able to order tests for blood-borne viruses and pass results directly to service users. A client satisfaction questionnaire has produced positive responses about the service provided, including the prescribing element of care.

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Good practice example: Nurse-led Criminal Justice Mental Health Liaison Service

The Mersey Care Criminal Justice Mental Health Liaison Service is based in Liverpool Magistrates' Court and is led by a consultant nurse, John Stoddern. The service provides a comprehensive criminal justice throughcare service for those people who have serious mental health problems and find themselves involved in criminal justice areas such as police stations, the higher and lower courts and the prison system, as well as community-based services. The service is able to divert individuals away from the criminal justice system when appropriate and also liaises with prisons and community services to ensure good aftercare on release. Another important development is the provision of training to all agencies within the criminal justice system, especially Merseyside Police.

Contact: john.stoddern@merseycare.nhs.uk

5.5.2 Strengthening pre-registration education

In order to practise in an effective and values-based manner it is essential that MHNs develop strong fundamental skills and supporting knowledge during pre-registration education.

Review consultation responses consistently cited a need to develop pre-registration education for MHNs. It was felt that some competencies essential for successful nursing practice were not always being achieved, for example those related to values-based practice, interpersonal skills, physical healthcare skills and medication management.

The Nursing and Midwifery Council (NMC) provides standards that all student nurses must meet before registration (NMC, 2004b). The *Ten Essential Shared Capabilities* provide a valuable framework for all professionals working in mental health to incorporate into their training programmes. These mean that service users and carers can expect certain skills and attitudes from all professionals with whom they come into contact (DH, 2004b). The development of shared education with other professions provides an important route for increasing understanding and developing shared values.

The CNO's review has developed detailed best practice guidance regarding the minimum competencies needed by all MHNs at the point of starting their nursing careers – *Best practice competencies and capabilities for pre-registration mental health nurses*. This was devised with reference to both the NMC standards and the *Ten Essential Shared Capabilities*. The content was developed following expert advice and took the consultation responses into account.

Consultation responses also emphasised the need to develop relationships between higher education institutions and service providers, to share the responsibility of educating and assessing student MHNs. The NMC emphasises that learning in practice is central to developing competence and confidence at the point of registration (NMC, 2004b). There is a range of ways that placements for students can be turned into more satisfying learning experiences. For example, having longer placements gives a specific opportunity to learn to work as a team member and allows for a longer and more in-depth relationship with individual service users. Similarly, using a client attachment approach to placements can allow students to spend more time with individual service users in a range of settings and to experience care from a different perspective (Turner *et al.*, 2004).

Recommendation 14:

Nurse pre-registration education will prepare MHNs to provide effective and values-based care.

Making change happen:

Key contributors:

1. Higher education institutions to review pre-registration programmes to meet minimum competencies as set out in *Best practice competencies and capabilities for pre-registration mental health nurses*.
2. Higher education institutions to consider adopting a range of different approaches to placements to improve benefits for students, for example longer placements and client attachment.

Higher education institutions and education commissioners with MHNs and service user carer/representatives.

3. Service providers and higher education institutions to develop strong co-operative relationships to improve educational outcomes through:
 - involving all nurse lecturers with healthcare providers, for example in clinical care, practice development or research;
 - identifying an MHN to act as a mentor for each student for the entire period of pre-registration training;
 - involving clinical staff in teaching;
 - high level co-ordination and co-operation between organisations;
 - shared posts.

Directors of nursing and higher education institutions with MHNs and line managers.

4. Higher education institutions to involve service users and carers in every aspect of education, including:
 - recruitment;
 - curriculum planning;
 - teaching;
 - student assessment.

Directors of nursing and higher education institutions with MHNs and line managers.

Good practice example: Joint action learning set for educational issues

The University of East Anglia and Norfolk and Waveney Mental Health Trust created an action learning set in 2002 to support the shared responsibility of the trust and university for pre-registration education issues. Representatives include those from nursing teams and university staff. Themes reviewed by the group include: assessment, curricula, accountability, responsibility and learning opportunities. Mentors have reported an increase in their confidence and students have reported satisfaction with the written output of the group.

Contact: mary.aldridge@uea.ac.uk

Good practice example: Involving service users and carers in education

At the University of Central Lancashire, the Community Involvement Team (CIT) is at the centre of a project to enhance community and service user engagement. It is a group of 21 service users and carers from diverse backgrounds, who meet regularly to take forward user and carer issues in the faculty. CIT provides teaching, contributes to course design, helps with staff and student selection, and plans and carries out research. They also liaise with lecturing staff and researchers about best practice in user/carers involvement.

Contact: imalihi-shoja@uclan.ac.uk

Good practice example: Supporting service users to develop educational roles

The University of Greenwich and Oxleas NHS Trust worked in partnership with a service user to support her in developing a career in education. She successfully completed a teaching and learning qualification at the local college, and was supported by mentoring, teaching and learning opportunities supplied by the university and trust. She now regularly works for both the trust and the university, providing teaching and consultation.

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5.5.3 Working in multi-disciplinary teams

The vast majority of MHNs work as part of a multi-disciplinary team. As part of the New Ways of Working programme (DH, 2005b), many professions are currently reviewing their future roles, and this is a time of change for both professional roles and relationships between the various professions. This requires skills in communication, understanding others' perspectives and mutual respect.

The review consultation responses suggested a range of developments required to make MHNs more effective in multi-disciplinary settings, including professional support and leadership, improved education and good supervision.

Although they are team members, only MHNs can be professionally accountable for their own practice. The NMC Code of Professional Conduct (NMC, 2004a) makes it clear that MHNs must always act in what they believe to be service users' best interests, and the Healthcare Commission core standards emphasise the need for employers to ensure that employees follow their professional codes (Healthcare Commission, 2005b). Inevitably this may require MHNs, at times, to assertively, but professionally, put forward their view regarding what are the best interests of service users, even if this is contrary to other views within the multi-disciplinary team. Anecdotally, it appears that some MHNs do not have the confidence to clearly state and evidence their views in such settings, and some service users feel that MHNs do not always assert themselves on the service user's account.

Strong professional leadership is essential to promoting the strong and confident nursing needed within a multi-disciplinary setting. Leaders may be found at all levels in an organisation, but they will require support and development in order to reach their full potential.

Recommendation 15:

All MHNs will contribute effectively to multi-disciplinary teams.

Making change happen:

1. All MHNs to work assertively and professionally within multi-disciplinary teams and to identify any factors preventing this.
2. All MHNs to have an identified professional lead who can offer support and professional advice.
3. Nursing strategies to define how professional leadership skills will be developed and ensured for the future.
4. To review all induction programmes to ensure that the range of professional roles is understood by all employees, and consider other means such as shadowing and shared educational events.
5. To identify ways of encouraging and celebrating nursing achievement, eg through annual awards, publicising good practice, actively supporting publications in professional journals and conference presentations.

Key contributors:

MHNs with line managers, professional leads and supervisors.

Directors of nursing with all MHNs, education/training leads, human resources and other professionals.

Also see:

Recommendation 14.1 and *Best practice competencies and capabilities for pre-registration mental health nurses*.

Good practice example: Induction programme to enhance multi-disciplinary working

A skills development programme is provided as an induction for new nursing and multi-professional staff working in forensic care in Humber Mental Health Teaching NHS Trust. It is delivered jointly with the University of Hull. The aim is to help participants to function effectively and as equal participants within teams. The programme can be provided in a number of flexible and service-specific ways to meet the needs of the recipients, but is normally delivered in 12 half-day teaching sessions. It includes a range of issues, such as the historical development, contemporary issues, current roles and contribution of the different mental health professions. Feedback from the course has been consistently positive, reflecting the value of both the content and exposure to a range of multi-professional and inter-agency perspectives.

Contact: barrie.green@humber.nhs.uk

Good practice example: Annual awards for nursing achievement

Oxleas NHS Trust has an annual awards ceremony for nursing achievement, based on several categories. Last year, prizes were awarded by the CNO for England. This event is used as a way to showcase the range of developments led by nurses across the trust, recognising their contribution, encouraging innovation in practice and enhancing confidence. This year the award went to Claire Tobias, a nurse who led the setting up and supporting of an innovative carers' support group on an acute admission ward.

Contact: georgina.hicks@oxleas.nhs.uk

Good practice example: Developing leadership

An educational programme for nurses in leading and managing in clinical practice was initiated as part of the implementation plan for the nursing strategy in County Durham and Darlington Priority Services. The syllabus is built on the leadership qualities framework and the knowledge skills profiles for Band 7 nursing posts, with individual assessment built into the first module. The three-module programme was developed by the trust and is accredited at degree level with the local university. Programme participants have evaluated the course very positively as providing both directly applicable skills development and knowledge and also retaining the service user and clinical focus to leadership practice.

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5.5.4 Supporting continued professional development

A number of factors were identified from review consultation responses as being important in contributing to successful professional development. These included having strong leadership and practice development roles in place, having access to appropriate specialist training (particularly multi-disciplinary training) and having support from managers to ensure that training is put into practice.

It is essential that MHNs continue to develop their skills, knowledge and attitudes after initial registration throughout their entire careers in order to effectively meet the needs of service users (NMC, 2004a). Recent changes have provided a useful new framework for professional development, the Knowledge and Skills Framework (DH, 2004g) with annual appraisal providing a means of identifying development needs.

National resources: National Continuous Quality Improvement Tool for Mental Health Education

An audit tool is available online that helps stakeholders review commissioned mental health education programmes and assess them for relevance to policy priorities, the extent to which service users and carers are involved and outcomes.

For further information: University of Lincoln, 2005

National development – Modernising nursing careers

The Chief Nursing Officer, Chris Beasley, is leading a project to develop a framework for nursing careers that will provide nurses and stakeholders with a contemporary and dynamic picture of nursing careers in the 21st century. This will integrate workforce and regulatory reforms and articulate the contribution of the profession across clinical, managerial and educational settings.

Contact: ros.moore@dh.gsi.gov.uk

Recommendation 16:

All MHNs will continue to develop skills and knowledge throughout their careers.

Making change happen:

1. All MHNs to engage in regular clinical supervision from a suitably trained supervisor and this process to be audited.
2. All MHNs to actively seek to develop skills and knowledge through utilising electronic and other resources to identify the evidence base for practice.
3. Service providers to consider developing local career frameworks to support education and workforce planning and career development advice.
4. To consider the identification of specific time for continuing professional development for each nursing role and include within job specifications.
5. Service providers to discuss with strategic health authorities means by which the availability of secondment of support workers for nurse training can be maximised.

Key contributors:

All MHNs with supervisors, directors of nursing and line managers.

Directors of nursing with all MHNs, education/training leads, human resources and other professionals.

Also see:
Recommendation 3.2.

Good practice example: Protected time training for teams

In South Warwickshire, a rolling calendar of protected time for teams to spend on learning and clinical governance-based activities is well established. Feedback is obtained on training sessions to evaluate usefulness. Examples of sessions for which protected learning time has been used include: Mental Health Act training, team building, critical incident analysis and medication training. The protected learning sessions enable teams to train together and discuss issues and thus enhance multi-disciplinary working.

Contact: chris.hodges@swarkpct.nhs.uk

Good practice example: Developing a career framework

In Humber NHS Trust, nurse consultant Tracy Flanagan has led the development of a careers framework to support senior nursing staff in developing skills and experience in educational, research and clinical settings. The pathway seeks to support greater fluidity in nurses' career development and clarify how knowledge and skills can be transferred between employment settings.

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5.5.5 Recruiting and retaining MHNs

Review consultation responses emphasised the need for more to be done to both improve recruitment and improve the experience of working as an MHN in order to better retain staff.

Despite a marked growth in numbers of MHNs and commissioned student numbers, national vacancy figures show long-term vacancies in mental health nursing posts around the country due to the growth in mental health services. A separate e-based document is published alongside this report that provides good practice recommendations on recruitment and retention (via www.dh.gov.uk/CNO), including:

- introducing innovative practices, such as rotation and cadet schemes;
- developing support workers' roles;
- improving the working lives of MHNs;
- ensuring that the recruitment of MHNs reflects the diversity of local communities.

Recommendation 17:

Processes, roles and systems will improve the recruitment and retention of MHNs.

Making change happen:

1. Service providers to review current arrangements supporting the recruitment and retention of MHNs with reference to recommendations in *Recruitment and retention of mental health nurses: Good practice guide*.

Key contributors:

Service providers with strategic health authorities and MHNs.

Also see:

Recommendations 2.3 and 16.5

Appendix A:

Literature review summary

1) Efficacy of mental health nursing interventions

Key opinion leaders in mental health nursing, service users and carers identified a number of interventions as most important to the role of the MHN. A consensus list of 10 types of intervention was generated and Cochrane reviews or NICE guidelines were identified for 8 out of 10 categories of intervention. Of these, there was good evidence for the efficacy of cognitive behaviour therapy (CBT) (in depression, post-traumatic stress disorder, anxiety and bulimia nervosa), family interventions, psychoeducational counselling and assertive community treatment. For the efficacy of medication management, CBT (in psychosis, early intervention, deliberate self-harm, anorexia nervosa and cognitive rehabilitation for dementia) and physical health promotion there was equivocal evidence; however, there was a paucity of evidence for the efficacy of interventions in the management of violence, and engagement.

Of mental health nursing interventions delivered in randomised controlled trials, a systematic review of the literature identified 52 such trials. These trials involved MHNs delivering a clinical intervention either individually or as part of a team. Thirty studies focused on interventions such as CBT, medication management and case management for psychosis or serious mental illness. Interventions such as exposure and response prevention, behavioural psychotherapy and group cognitive therapy for people with a non-psychotic disorder were the focus of 18 of the studies, and four studies focused on interventions for older adults. The results of individual trials suggest that, broadly speaking, MHN-delivered interventions have a positive effect.

2) Service users' and carers' views of mental health nursing

A systematic search of the academic and grey literature identified 143 studies, the majority of which examined service user experiences in adult settings.

Service users typically view mental health nursing as a multi-faceted role requiring both human qualities and specific clinical skills. Their expectation of MHNs is that they be able to deliver both practical and social support alongside clinical skills and more formal psychological therapies. Service users generally hold mental health nurses' listening skills in high regard, but conversely report poor inter-professional communication, a lack of information and a lack of opportunity for collaboration in care. Carers are typically satisfied with the professional skills of MHNs; however, they too report a lack of information and

involvement in care, and feel that the emotional and psychological needs of carers themselves are not being adequately addressed.

3) Stress and mental health nursing/recruitment and retention

Fifty-four studies, including single professional studies of MHNs, studies comparing MHNs to other branches of nursing and studies comparing MHNs to other mental health professionals, were identified following a systematic review of the literature. There is evidence that, compared to other nurses, MHNs experience higher levels of stress and lower job satisfaction, experience less positive affirmation, receive less help than other nursing groups and are not good at dealing with their own psychological needs. In comparison to other mental health professions, job satisfaction is lower for MHNs and they also have the highest rate of burn-out.

The literature recognise difficulties in recruiting and retaining MHNs in some areas. There are few studies to inform practice. A limited number of anecdotal studies report on individual schemes that appear to have been beneficial, such as rotation schemes and ways of reducing barriers to recruitment for student nurses.

Appendix B:

The process of assessment

The assessment process is central to the provision of excellent care. This appendix summarises general principles of assessment by MHNs and identifies some specific issues that may need to be addressed through assessment in practice and that also follow the values and principles set out in this report.

General principles

- In undertaking assessments, service users need to be recognised as whole persons with interrelated psychological, social, physical and spiritual needs.
- MHNs also need to identify the strengths that the service user already has or which, with support, can be restored.
- The central aim of assessment is to gather information that can then be used to formulate a care plan where this is necessary.
- MHNs need to take full account of aims which are meaningful to the service user when conducting an assessment.

Some specific issues

1. **Social** (see section 5.4.6)

Including assessment of social circumstances, eg:

- social and familial networks;
- employment and engagement in meaningful activities;
- finance;
- housing;
- interests.

2. **Physical** (see section 5.4.4)

Including assessment of:

- current and past physical problems;
- current treatment for physical health conditions;
- lifestyle issues relating to physical well-being;

- physical activity;
 - sexual health;
 - smoking; use of prescribed, non-prescribed and illicit drugs; alcohol use;
 - significant histories of family illness, eg breast cancer, coronary disease;
 - side effects of current or previous medication;
 - current nutritional status.
3. **Spiritual** (see section 5.4.7)
- Ascertaining religious and/or spiritual needs and beliefs.
4. **Risk** (see section 5.4.3)
- Including:
- identifying any risk of self-harm, self-neglect, abuse from others and violence to others;
 - enquiring sensitively as to current, recent or past physical, sexual or emotional abuse;
 - identifying any need for safeguarding of children.
5. **Substance misuse** (see section 5.4.8)
- Identifying current, recent and past use of prescribed and non-prescribed drugs.
6. **Carers** (see section 5.4.2)
- Identifying any carers, including young carers.

Glossary

Advance directive

A written or oral declaration in which a service user makes their views known on the care and treatment they would like to receive if they lose the capacity to make decisions for themselves in the future. There are various types of advance directive. They include statements of an individual's wishes in certain circumstances, for example instructions to refuse some or all medical treatment, requests for certain types of treatment, or a person to be consulted at the time a decision needs to be made. Such directives must be taken into account by clinicians making decisions about the care and treatment of people who lack mental capacity, but they are not legally binding.

Advocate

A person who can support a service user or carer through their contact with health services. Advocates help service users and carers to express concerns or wishes to health service professionals.

Assertive outreach

An active form of treatment delivery in which the service is taken to the service users rather than expecting them to attend for treatment. Care and support may be offered in the service user's home or some other community setting, at times suited to the service user rather than focused on service providers' convenience. Health service professionals are likely to be involved in direct delivery of practical support, care co-ordination and advocacy as well as more traditional therapeutic input.

Biopsychosocial

The biopsychosocial model is an approach to healthcare that stresses the importance of a holistic approach. It considers factors outside the biological process of illness when trying to understand health and disease. In this approach, a person's social context and psychological well-being are key factors in their illness and recovery, along with their thoughts, beliefs and emotions.

Carer

Someone who provides support (whether emotional, practical or financial) to someone with a mental illness.

Child and adolescent mental health services (CAMHS)

These promote the mental health and psychological well-being of children and young people, and provide high-quality, multidisciplinary mental health services to all children and young people with mental health problems and disorders, ensuring effective assessment, treatment, and support for them and their families.

Clinical supervision

A process which aims to bring practitioners and skilled supervisors together to reflect on practice, to identify solutions to problems, to increase understanding of professional issues, and, most importantly, to improve standards of care.

Commissioning

The full set of activities that local authorities and NHS trusts undertake to make sure that services funded by them, on behalf of the public, are used to meet the public's needs fairly, efficiently and effectively.

Continuing professional development

A systematic and planned approach to the maintenance, enhancement and development of knowledge, skills and expertise that continues throughout a professional's career and is to the mutual benefit of the individual, the employer and the professional body.

Crisis Intervention Team

A team of mental health professionals whose job is to work with people with mental illness who are going through a crisis. The aim of the team is to bring about a rapid resolution of the problem and prevent admission to hospital.

Cultural competence

The capacity to provide effective care while taking into account the cultural beliefs, behaviours and needs of people: it therefore comprises cultural awareness, knowledge and sensitivity, as well as the promotion of anti-oppressive and anti-discriminatory policies.

Direct payments

Payments given to individuals so that they can organise and pay for the social care services they need, rather than using the services offered by their local authority.

Dual diagnosis

A diagnosis of a co-existing mental health problem and substance misuse disorder.

Essential Shared Capabilities

A framework which sets out the 10 shared capabilities that all staff working in mental health services should achieve as a minimum.

Healthcare Commission

An independent body set up to promote and drive improvement in the quality of healthcare and public health.

Holistic care

Care of the whole person: a holistic approach to mental health care aims to meet the psychological, physical, social and spiritual needs of the service user.

Home treatment

A service delivered by a team usually consisting of an MHN, a psychiatrist and a social worker, which provides a gate-keeping function to hospital admission and enables earlier discharge from hospital.

HoNOS

A set of 12 scales for measuring the health and social functioning of people with severe mental illness.

Knowledge and Skills Framework

A competency framework linked to Agenda for Change that is designed to identify the knowledge and skills that NHS staff need in their post, help guide their development and provide the basis of pay progression.

Mental Health Nurse (MHN)

A healthcare professional with a specialist mental health nursing qualification, typically gained after three years' university-based training. MHNs' training is based around the ability to assess, plan, implement and evaluate care, taking into account service users' psychological, social, physical and spiritual needs. The activities of MHNs are guided by the Nursing and Midwifery Council's Code of Professional Conduct.

Mental health services

NHS services specially designed for the care and treatment of people with a mental illness/risk of developing a mental illness. Most such services now incorporate specialist mental health social care services.

National Service Framework (NSF)

Any of a set of frameworks which set out a comprehensive vision for healthcare in England. The NSF for Mental Health, for example, sets out broad standards for mental health care.

National Institute for Health and Clinical Excellence (NICE)

The independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill-health.

National Institute for Mental Health in England (NIMHE)

The organisation responsible for supporting the implementation of positive change in mental health and mental health services. NIMHE is part of the Care Services Improvement Partnership, and its main sponsor is the Department of Health. There are eight development centres, through which the majority of NIMHE's work is delivered.

Nurse consultant

An expert practitioner with a remit to improve the quality of healthcare provision and to strengthen professional leadership. Nurse consultants spend a minimum of 50% of their time working directly with service users, ensuring that people using the NHS continue to benefit from the very best nursing skills. In addition, nurse consultants are responsible for developing personal practice, being involved in research and evaluation and contributing to education, training and development.

Palliative

Aiming not to cure a patient, but to relieve symptoms.

Personality disorder

A clinical construct used to describe various clusters of human behaviour and experience that are generally regarded as functionally impaired or psychologically distressing, and that arise from inflexible and maladaptive personality traits.

Protected time

Uninterrupted time for staff and service users to meet formally or informally.

Psychological therapies

Talking therapies, for example motivational interviewing and cognitive behaviour therapy.

Risk assessment

A gathering of information and analysis of the potential outcomes of identified behaviours, identifying specific risk factors of relevance to an individual and the context in which they may occur. This process requires the linking of historical information to current circumstances to anticipate possible future change.

Risk management

A statement of plans and allocation of individual responsibilities intended to translate collective decisions into actions. The process should name all relevant people involved in the service user's treatment and support, including appropriate informal carers.

Service user

A person who receives health and/or social care for their mental health problems. Service users may live in their own homes, stay in a residential care facility or be cared for in hospital.

Service provider

An organisation that directly provides clinical and/or social care to people with mental health problems.

Strategic health authority

A body which manages NHS services in a local area. Strategic health authorities are a key link between the Department of Health and the NHS. They also ensure that national priorities are integrated into plans for local health services. They are responsible for developing strategies, ensuring high-quality performance, and building capacity in the local health service.

Social inclusion

‘Social inclusion is the process by which efforts are made to ensure that everyone, regardless of their experiences and circumstances, can achieve their potential in life. To achieve inclusion income and employment are necessary but not sufficient. An inclusive society is also characterised by a striving for reduced inequality, a balance between individuals’ rights and duties and increased social cohesion.’ (Britton and Casebourne, 2002)

Substance misuse

Includes the use of illicit drugs such as heroin and other opiates, amphetamines, ecstasy, cocaine and crack cocaine, hallucinogens and cannabis, and the misuse of prescribed drugs such as benzodiazepines, as well as substances such as alcohol. Substance misuse can cause psychological, physical, social and legal problems.

Supplementary prescribing

A voluntary prescribing partnership between an independent prescriber (a doctor) and a supplementary prescriber (for example, a suitably trained nurse), to implement an agreed service user-specific clinical management plan with the service user’s agreement.

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More views on *From values to action*

The view from MIND

“For service users, mental health nurses can be a key ally in their journey to recovery. They can help them understand and access treatment options, care for their physical as well as mental health and, importantly, just be there to talk. Too often, however, problems with staffing levels, overload, lack of training or unclear role expectations have stopped this crucial therapeutic relationship from developing. This report sets a clear vision for the future of mental health nursing. It places value squarely where it ought to be – on the quality of the relationship between nurses and service users, which is the cornerstone of good mental health care. We hope that nurses, managers and service providers will rise to this challenge.”

Sophie Corlett – Policy Director, MIND

The view of mental health nurse academics (UK)

“Mental health nurses are the largest group of mental health professionals in the UK. They deliver effective, compassionate care to all age groups and in all contexts, and make a positive difference to the lives of people using mental health services. This review has given a voice to people often excluded from such reviews and we welcome the opportunities it has provided to re-examine existing practice, education and research and develop the profession's future. We support the report's stance that MHNs must work in partnership with users, carers and others to continue to provide care that is accessible, compassionate and informed by a strong evidence base.”

**Patrick Callaghan – Chair and Professor of
Mental Health Nursing, Nottingham University**

The view of the Mental Health & Learning Disability Nurse Directors' and Leads' National Forum

“On behalf of the Forum, I welcome this exciting, forward-looking strategy. The strategy has been developed through a comprehensive and inclusive review of current and future issues for mental health nursing. The review's recommendations and good practice examples lay out a pathway for ensuring that mental health nurses continue to develop their unique ability to meet holistically the needs of people with mental health problems. Nurse directors and leads should use these recommendations as the foundation of their local strategies and development plans.”

**Jon Allen – Forum Chair and Director of Nursing and Clinical Governance,
Oxfordshire and Bucks Mental Health Partnership NHS Trust**

Support for the CNO's review of mental health nursing

These are just some of the many organisations that have contributed to and support the CNO's review.



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