



Commonwealth Nurses Federation

Mental Health Nurses Forum

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Wednesday 15 May 2013, ANF Vic Branch

Mental Health Nursing Education

I begin by acknowledging the traditional owners and custodians of the land we are meeting on today, the **Wurundjeri** people of the Greater Kulin Nation, and pay my respects to their elders past and present. I also extend my respects to any Aboriginal people from other areas of Australia, or Indigenous peoples from other countries, who may be here with us today.

As the Federal Secretary of the Australian Nursing Federation I'm delighted to be sharing in this forum and thank Jill Iliffe for inviting me to participate. I bring you greetings from our Federal Executive, officials and staff, and most especially from our 225,000 members - registered and enrolled nurses, midwives and assistants in nursing. In particular, I bring greetings from our thousands of mental health nurse members.

In talking about education for mental health nurses, I'm going to give you a brief historical overview of where we've come from, and more recent developments to bring us to where we are today.

In Australia we have nine National Health Priority Areas. Mental Health is one of these. A National Survey of Mental Health and Wellbeing in 2007 found that one in five Australian adults experience some form of mental illness in any year. One in four of these people may experience more than one mental disorder. I think those stats speak for themselves that we must have a nursing workforce which is knowledgeable about mental health issues. Most particularly we need mental health nurses who recognise early signs so that intervention is timely and effective in restoring people to optimal mental health. I suspect this picture is no different in the countries you come from.

Historically, mental health nurses in Australia were called 'psychiatric nurses' and undertook direct entry psychiatric nursing education programs. In most States and Territories they were entered onto a separate register from general nurses, to license them to practice.

Registered psychiatric nurses were only able to work in mental health settings, and general registered nurses were not entitled to work in these settings.

In the 1980's we started to see dramatic policy changes to the management of psychiatric services and therefore approaches to care in this country. A major report in 1983, followed by successive government policies, led to the mainstreaming of psychiatric care with a significant reduction in the number of stand-alone psychiatric hospitals; increase in the numbers of beds for acute mental health in general hospitals; and, a focus on community care.

So what effect did all this have on mental health nursing education?

As a result of these policies we saw the end of direct entry mental health nursing education. Nurses with a psychiatric nursing qualification undertook bridging education programs in general nursing so they could work in mental health clinical areas in general hospitals.

New students of nursing undertook what was described as a 'comprehensive undergraduate program' in the university sector, which supposedly had a mental health component. Writers on the quality of the

courses at that time note that the mental health component was in fact hugely variable across the country. The inclusion of mental health in the curriculum seemed to depend largely on whether there were academics with mental health qualifications on staff, or not.

With the cessation of direct entry programs, mental health nurses in Australia were general registered nurses with postgraduate qualifications or extensive experience in the mental health field.

Fast forward to 2010, and the advent of a National Registration and Accreditation Scheme, in Australia. The decision was made to abolish specialist nursing registers and have a single comprehensive register. There was, therefore, no distinction for mental health nurses in our registration process. This remains a highly contentious issue, and the ANF is currently lobbying for the implementation of a process whereby mental health nurses can have a 'notation' on the national register to publicly signify their status as mental health nurses.

Another aspect of nationalising our registration has been the development of national accreditation standards for undergraduate programs which prepare registered nurses. These standards specify that the program content must include the national health priority areas.

You'll remember from my opening remarks that mental health is one of those priority areas. So now all undergraduate programs must be able to demonstrate a component of mental health. In addition, there must be inclusion of a discrete subject addressing Aboriginal and Torres Strait Islander peoples' history, health, wellness and culture. More particularly the curriculum must address health conditions prevalent among Aboriginal and Torres Strait Island peoples – and mental health is, sadly, high on that list.

Of critical importance in these new curriculum standards is that mental health issues, as a national health priority area, must be evident and applied to studies across the life span. The intention is for mental health to be seen as affecting a wide range of people including those with physical illness, especially chronic illness, but also those in maternity or paediatrics units. One mental health nurse lecturer puts it this way:

Mental health needs to be recognised in all units in undergraduate nursing curriculum, not in isolation. The whole hospital can be viewed as a mental health clinical placement – people with broken legs and heart disease have mental illness. It is not necessarily the person in the bed who has the condition, but often a family member.

And I quote a Professor in mental health nursing from one of our universities who says:

The future is about thinking of mental health as part of general health, be that in an aged care facility, in a paediatric hospital or in a surgical ward. We need to free up our vision and think about nursing and being responsive to the needs of people whether or not they are in a formal psychiatric service or have other health problems and need support and a response that is therapeutic.

We have to start developing that way of thinking at the undergraduate level.

Stigma remains a big issue for mental health in this country. This doesn't make it easy to recruit nurses into this field of practice. However, where undergraduate students have positive theoretical exposure and supported clinical experiences they are more likely to see a future for themselves in mental health nursing.

Many universities are developing innovative approaches to mental health studies and I mention just one as an example. The University of South Australia has implemented a range of initiatives to boost mental

health nurse numbers, including a partnership with the Australian College of Mental Health Nurses to invite mental health nurse ambassadors to speak to students in an open way about why they are a mental health nurse and what they do in that role.

The comprehensive undergraduate nursing education is intended to produce a graduate with a broad range of knowledge and skills, applicable across clinical settings.

If you want to focus on a specific area, such as mental health, you do postgraduate studies.

Postgraduate studies now on offer include: graduate certificate, graduate diploma, Masters and Doctoral level studies. Mental health nurses with these qualifications practice in a range of settings in public and private facilities, from acute inpatient to outpatient and community clinics, local doctor surgeries, in rural and remote areas, outreach services to homeless and street people, in people's homes, or through private practices. Some of these nurses have attained Nurse Practitioner level.

The importance of nurses with postgraduate mental health qualifications is they are providing early diagnosis, implementing early intervention

measures and care strategies for people with mental illness. Of equal importance is the role they are able to play in supporting nurses working in generalist settings, and especially in nurturing student nurses and beginning registered nurses.

(I'll leave this in but you might need to cull for timings sake)

For two or three years prior to 2009 there were government funded scholarships specifically for mental health studies. The purpose of these funding grants was to encourage beginning registered nurses to undertake mental health postgraduate studies, to build numbers of qualified mental health nurses; and, to enable already qualified mental health nurses to expand on their knowledge base. Sadly, this specific scholarship program was disbanded leading to a greatly diminished amount of funding support for mental health nurses to do further studies. This of course affects the recruitment and retention of nurses in the mental health field.

In 2007 the Federal Government introduced funding for a program called the 'Mental Health Nurse Incentive Program'. This program pays for mental health nurses to provide services to people in the community with mental health issues. The program has been enormously successful, and as a consequence, demand has outstripped availability of providers.

In closing, I want to affirm the commitment of my organisation to the importance of mental health nursing education being embedded in undergraduate curricula, and, being provided as postgraduate courses. We continue to advocate that governments at all levels invest in mental health nursing to ensure sufficient numbers of mental health nurses are available to meet ever increasing community needs.