Introduction

The purpose of this briefing and discussion paper is to describe the background and drivers for the review and outline the proposed initial review objectives and methodology. At the end of the paper key questions are posed for discussion and contributions.

The first national review of mental health nursing in Scotland aims to gather evidence from a variety of sources to examine the current and future contribution of mental health nurses in meeting the health policy objectives for the care and support of people with mental health problems.

It is proposed the following key drivers inform the focus and outcomes of the review:

- The developmental opportunities provided to services and mental health nursing by the implementation, and realisation of the principles, of the Mental Health (Care and Treatment) (Scotland) Act 2003. The legislation and its principles represent more than new forms of compulsory power and safeguards and have the potential to herald a new era of rights based services and care aimed at promoting social inclusion.
- The concurrent development of Community Health Partnerships, and realisation of the Joint Future agenda leading to integrated whole systems approaches and models of mental health service delivery - integrating self help and user-led approaches, health promotion, prevention of ill health, treatment, rehabilitation, care and recovery.
- The trends indicating a global and national increase in mental health problems, and an increased complexity of needs required to be met by services in the context of increased public expectations
- The demographic and other issues that will impact and influence development of the total mental health workforce capacity and capability in the face of increasing demand and expectations.

In this context the review provides an opportunity to celebrate current successes and models of good practice, examine any current gaps in practice, identify priorities for development and ultimately give a sense of vision and strategic direction to mental health nursing in order to make continual improvements in the care we provide to people who use mental health services.

The review needs to take account of the complex issues that impact roles in the total mental health workforce and the broader nursing community, and integrate directions from broader NHS Scotland developmental workforce strategies, as well as professional nursing requirements. It is crucial that the review not only acknowledges the current service direction of mental health care but also informs a longer term vision, setting out options for new ways of working in a way that influences the evolution of mental health services.

The review must also acknowledge the importance of services being based on models of integrated multi disciplinary teams with health, social care and voluntary and non-statutory sectors all making contributions to the care and support of people who experience mental health problems. The review’s underpinning principle is
enabling continual improvement in the experience and outcomes of care for service users and their families and carers. The review must assume a brave approach to critical examination of the role of mental health nursing to ensure we have in place a profession with high esteem that is supported and developed in a way that enables it to deliver the best quality values and evidence based practice, focussed on the rights and needs of the people who use mental health services.

The review will report in March 2006.

**Background and Drivers for the Review**

**The Service and Policy Context**

The Mental Health (Care and Treatment) Scotland Act 2003 will come into effect in October 2005. It has been suggested that the Act signposts the start of new era in mental health practice in Scotland. The legislation is not just about new forms of compulsory power and safeguards but “will also change the very culture of mental health practice in Scotland to a more just and progressive one”. The implications of the Act for care delivery are profound and centred on moving to a rights based approach to services and care underpinned by a set of core principles.

The requirements placed by the Act on Health Boards and Local Authorities have the potential to bring about significant changes in the way mental health services are provided, recognising the need for services, that as well a providing care and treatment, promote social inclusion and a wider citizenship agenda, underpinned by core principles including respect for carers, non-discrimination, equality, respect for diversity and participation. Concurrently the National Programme for Mental Health and Well Being has placed an important focus on the wider societal, public health/education and well-being improvement agenda necessary for social inclusion with its crucial focus on four key strands:

- Raising awareness and promoting good mental health and well-being.
- Eliminating stigma and discrimination.
- Preventing suicide.
- Promoting support and recovery.

The principles of benefit and reciprocity make it clear that all service users have the right to expect and be able to access a range of interventions and support to aid their long-term recovery. The legislation requires a solid grounding and range of provision as the foundation on which to build on new services and approaches that will enhance the publics’ view of mental health and mental health services, including.

- The need to deliver and develop and extend models of service delivery within the community e.g. 24 hour 7/24 crisis intervention and home treatment, and assertive outreach.

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1 NHS Education for Scotland (2005) E-Learning Resource- Mental Health (Care and Treatment) (Scotland 2003 Act) p.6
The need to ensure access to appropriate inpatient facilities for young people, mothers with perinatal illness and their babies, and provide the least restrictive environments possible for people with mental health problems who have committed criminal offences.

The need to ensure the provision of a range of therapies including psychosocial interventions, meaningful activity, employment and support for recovery.

The need to expand and deliver wide access to different levels of psychological interventions in mental health services and primary care.

The need to develop and deliver services and evidence based interventions for people with a diagnosis of borderline personality disorder.

The Framework for Mental Health Services in Scotland (1997) has been extended in response to the need for service development with additional guidance being issued on postnatal depression, psychological therapies, eating disorders, services for adult survivors of childhood sexual abuse and services for people with dementia.

While significant opportunities are provided by the new mental health legislation these opportunities take place in a context of an anticipated increased demand and predicted increase in the future complexity of need. It is known that mental health problems are one of the commonest causes of ill health in Scotland with the lifetime risk of any mental disorder being 1:3 with many facets of social exclusion contributing to the prevalence of mental health problems nationally. Future national and global predictions suggest a further increase in mental health problems, particularly for children and young people in the UK. WHO global predictions for 2030 suggest: an increase in the number of people with dementia; that rates of severe depression will remain stable (at the currently high base); and an increase in rates of self-harm ². It is also relevant that:

- While statistical trends indicate the numbers of first admissions to psychiatric hospitals in Scotland has remained stable for some years (and has decreased for women) the number of re-admissions has steadily increased. ³
- There is an increasing acuity of difficulties presented in in-patient settings
- There are increases in co morbidity of difficulties for people who experience mental health problems, for example substance misuse and mental health problems
- The service experiences challenges in delivering age and gender sensitive care, particularly in hospital in- patient settings.
- There is a need to ensure that care and services are delivered in away that respects diversity and meet the needs of ethnic minority groups
- People who use mental health services still report a lack of access to psychological and other talking therapies.

http://www.archive.official-documents.co.uk/document/nuffield/policyf/r2k-00.htm
³ ISD – Hospital inpatient statistics -
The National Mental Health Services Assessment (March, 2004) ⁴ highlighted some causes for concern in relation to the culture, capacity and capability of current mental health services to provide the service user focussed care that reflects the principles of the new Act. It was recommended that people who use the services and those who care for them should work together with staff that share the same values, to jointly bring about change and ensure that the principles behind the Act are adhered to. It was further suggested that front-line staff should lead on bringing about the changes required by the Act, using it as a development opportunity for the service, those working in it and those receiving care. The first national review of mental health nursing in Scotland provides such an opportunity.

Workforce Issues

This review is set in the context of broader workforce planning activity in NHS Scotland, which acknowledges that a changing NHS will require a changing workforce. Pragmatically, demographic challenges, changes in the roles of other mental health care professionals and the need to develop workforce capacity, skills and roles to enhance the provision of primary and community-based services are issues highly pertinent to this review.

Mental health nurses represent the largest and most significant workforce of direct deliverers of care to those with mental health problems in Scotland. ISD- NHS Scotland workforce statistics (derived from payroll data) show that as of September 2004 there were approximately 7,142 registered mental health nurses employed in NHS Scotland. Of this total 6,200 (87%) are employed in hospital specialities and 942 (13%) employed as Community Mental Health Nurses. This statistic is likely to be misleading, as many mental health nurses involved in community care may not be recorded as such on the payroll. However, nationally most mental health nurses work in hospital or residential settings. The NHS age profile indicates approximately 1,950 registered nurses are 45 years and older.

Nine universities provide pre registration nursing education across Scotland. The SEHD contracts for approximately 400-500 mental health students each year and there are 1200 to 1500 students undertaking pre registration nurse training leading to first level registration in mental health nursing in any given year. However, recruitment to the mental health nursing programmes is problematic with under-recruitment of approximately 10% per year. Attrition rates from mental health nursing programmes average at around 25%.

The review needs to examine the capacity and capability of mental health in relation to the delivery of a patient-centred care approach that seeks to fit processes and structures around the needs of the patient, rather than fitting the patient around the needs and constraints of existing systems.

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Review objectives and methodology

Steering and reference groups

Four key groups, illustrated in the diagramme below, will support the review.

Initial review objectives

The review will initially address the following objectives that will evolve in focus and specificity as the review process progresses.

The review will draw on a range of evidence and adopt a consultative process to:

1. Identify, analyse and disseminate existing strengths and areas of good practice in mental health nursing.

2. Identify and analyse any current deficits or gaps and prioritise areas requiring development in mental health nursing practice.

3. Articulate the added value that mental health nursing bring to the delivery of mental health policy and services and the potential implications of this for workforce planning.

4. Explain the conditions necessary to enable mental health nurses to fully realise their potential in improving the experience and outcomes of care for services users and their families/carers.

5. Generate and debate the costs and benefits of various scenarios that could map the future role of the mental health nursing in the context of evolving policy and service agendas and wider workforce issues.
6. Identify the organisational, educational, support, and career developmental structures and strategies that will support and enable mental health nursing to realise its full potential

7. Identify the priorities for the development of mental health nursing in the short, medium and longer term

Review methodology

The review will draw on evidence from a variety of sources and stakeholder groups to address key questions and include the following activities:

1. A literature and policy review.
2. Guidance and evidence from the project steering group and project reference groups.
3. Exploration of specific issues via sub groups, for example a sub group of the Expert Reference Group (Mental Health Nursing Forum) is currently examining supplementary nurse prescribing in mental health.
4. Identification and examination of examples of existing innovations and models of good practice in mental health nursing
5. Two national conferences- 29th of June 2005 and January 2006
6. Individual interviews and focus groups with key stakeholders in each NHS board area.
7. Meetings with established forums- representing the key stakeholders