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Preparing nurses with enhanced mental health knowledge and skill: A major in mental health

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Summary In Australia, since the early 1990s there has been a significant change to the way in which mental illness has been managed. Major government reforms resulted in the 'mainstreaming' of mental health care, with a significant reduction in the numbers of psychiatric hospitals. This significant policy change resulted in the demise of direct entry, specialist mental health nurse education that was the main provider of the mental health workforce. In theory, since that time, nurses have been prepared for practice through a comprehensive degree program; however, there is strong evidence to suggest that the mental health content in the comprehensive program is well below what is needed for nurses to have the knowledge and skill to provide effective mental health care. This article reports on the development of an innovative curriculum designed to prepare an appropriately qualified nursing workforce with enhanced mental health knowledge and skill to be responsive to the changing nature of health service delivery.

Introduction

In Australia, like many countries, mental illness places an enormous burden on individuals and more broadly on the health care system. Key surveys have indicated that the prevalence of mental health problems in Australia is significant, supporting the inclusion of mental health as one of the country's seven National Health Priority Areas (Australian Government Department of Health and Ageing, 2007). Mental illnesses are categorised by a specific set of symptoms outlined in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000), and in Australia, it is estimated that 16.1% of males and 7.8%

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of females have a significant mental disorder (Australian Institute of Health and Welfare, 2005). A major report on young people's mental health, indicated that approximately 500,000 Australians aged between 4 and 17 years have serious emotional and behavioural health problems (Sawyer et al., 2000) and in the 18–24 age bracket, 27% of males and 26% of females are deemed to have a significant mental health problem (Australian Institute of Health and Welfare, 2003).

Since the early 1990s, there have been significant changes to the way in which mental illness has been managed in Australia and major reforms have been implemented that have been driven by the three Plans of the National Mental Health Strategy (Australian Government Department of Health and Ageing, 2007). In 1992, the first plan focused on 'mainstreaming' mental health care, by increasing the focus on community based care, reducing the number of stand alone psychiatric hospitals, and significantly increasing the number of acute mental health beds in general hospitals. Consistent with this strategy, in Australia in 2003–2004, there were almost five million mental health service contacts in outpatient and community based mental health services and 111,581 same day hospital separations. The changing focus of mental health service delivery has had a major impact upon mental health presentations in general hospitals, with 80% of all acute mental health beds found in Australia's acute general hospitals (Australian Institute of Health and Welfare, 2005).

The Australian mental nursing health workforce

Over the last decade, there has been a significant change to the way in which the mental health workforce has been prepared. Nurses make up a significant percentage of the overall mental health workforce and until the early 1990s mental health nurses in Australia were trained in a direct entry, specialist mental health program, generally conducted in psychiatric hospitals. The phasing out of direct entry training occurred in the 1990s and since that time, entry for practice has been at the end of a 3-year comprehensive Bachelor of Nursing degree (Heath et al., 2002). Specialisation in mental health has normally been completed through Postgraduate Diplomas and Masters Degrees.

Securing the future nursing workforce

Major Government reports have identified the urgent need to secure the future mental health nursing workforce and a number of key reports provide extensive discussions on the issue (Health Workforce Australia, 2007). Currently in Australia, the mental health nursing workforce includes nurses with a postgraduate qualification, nurses who graduated from a direct entry mental health program pre 1990s, and registered and enrolled nurses who do not hold specialist, mental health, university qualifications (Senate Community Affairs Committee, 2002).

In Australia, there are major recruitment and retention issues associated with the broader nursing workforce and projections have indicated shortages of 40,000 nurses by 2010 (Karmel & Li, 2002). Although no national figures are available on exact numbers of mental health vacancies, future projections are dire, with the average age of mental health nurses currently close to 45 years (Health Workforce Australia, 2007).

Attracting interest in the mental health nursing workforce

Consistently, authors have attributed many of the recruitment issues facing mental health nursing on the demise of specialist, direct entry education and training. There are many who indicate the promise of a truly comprehensive undergraduate course, that prepares nurses for beginning practice in mental health, has never eventuated (Arnold, Deans, & Munday, 2004; Cleary & Happell, 2005; Clinton & Hazelton, 2000a, 2000b; Farrell & Carr, 1996; Happell, 1998a, 1998b; Happell, 2001; Happell, 2005; Wynaden, Orb, McGowan, & Downie, 2000). Similar concerns have been expressed about comprehensive curricula in New Zealand (Prebble, 2001).

Difficulties in attracting people to mental health nursing are multifaceted and complex. The Senate Community Affairs Committee (2002) suggested that negative views of mental health, stigma surrounding mental illness, and the media image of mental health as a profession all have a major impact on recruitment. Numerous authors have argued that media representation of mental health has had a major impact on public perceptions of mental health as a career (Anderson, 2003; Hallam, 2002; Link, Phelan, Bresnahen, Stueve, & Pescosolido, 1999; Rosen, Walter, Politis, & Shortland, 1997; Williams & Taylor, 1995). Internationally, there is evidence to suggest that stigma associated with mental illness and the stressful nature of mental health practice (Coffey, 1999; Cowin, 2002; Dallender & Nolan, 2002; Edwards & Burnard, 2003; Edwards, Burnard, Coyle, Fothergill, & Hannigan, 2000; Farrell & Bobrowski, 2002; Farrell & Dares, 1999; Happell, Martin, & Pinikahana, 2003; Hyrkas, 2005; Jenkins & Elliott, 2004; Majomi, Brown, & Crawford, 2003; Mann & Cowburn, 2005; Pinikahana & Happell, 2004; Robinson, Clements, & Land, 2003) contributes to the mental health professions recruitment difficulties.

There are indications that mental health is not an attractive career option for young people (Wells, Ryan, & McElwee, 2000). Perceptions of mental health nursing as unpleasant, distressing and stressful have been reported amongst undergraduate nursing students (Happell, 1999a, 1999b). Happell (1999a), in a study that considered where Australian nursing students wanted to work following graduation, found that mental health nursing was viewed negatively by undergraduate nursing students and was well down in preference for a future career direction following their degree. There have been suggestions that some universities actively discourage students from pursuing psychiatric/mental health nursing and partially, this may be attributed to the small number of academics who are mental health nurses (Clinton & Hazelton, 2000a).

A review of mental health and psychiatric nurse education

In response to the significant body of work that has indicated that universities have failed to adequately prepare undergraduate students to provide care to clients with mental illness, or stimulate interest in mental health as an interesting, worthwhile career option (Happell & Platania-Phung, 2005; Nursing Education Review, 2002; Pante, 1999; Senate Community Affairs Committee, 2002; Wynaden et al., 2000), the Nurses Board of Victoria (NBV), undertook a major review of the mental health and psychiatric component of undergraduate, comprehensive nursing programs (Nurses Board of Victoria, 2002). In a major discussion paper, the Nurses Board of Victoria (2002) acknowledged, that although there has been a fundamental shift of psychiatric/mental health services from specialist institutions to mainstream, general health settings, the theoretical and clinical component of undergraduate comprehensive programs does not equip nurses to comprehensively understand, and have competence in the prevention, assessment and care of mental health clients.

Interestingly, the Nurses Board of Victoria reviewed the curriculum of all Victorian Universities and, despite the requirements of a comprehensive course, the theoretical component of mental health/psychiatric nursing accounted for only 3.3% to 17.06% of the total theoretical course hours (Nurses Board of Victoria, 2002, p. 4). While comprehensive requirements indicate that courses should provide a quality, clinical experience, that is of reasonable length to meet beginning competency, the Nurses Board of Victoria identified that the mental health/psychiatric clinical component was only 7.69–22% of total clinical hours (Nurses Board of Victoria, 2002). In all, 15 recommendations were made, that mandated the need to increase mental health/psychiatric theoretical content to a minimum of 15% of total course hours. Additionally, specific theoretical content should be evident across the 3 years of degree programs, with at least 4 weeks of clinical experience allocated to mental health/psychiatric nursing and that all or part of the final block of clinical placement in undergraduate programs is offered in mental health (Nurses Board of Victoria, 2002). These recommendations reflect the importance of integrating mental health/psychiatric nursing theory with positive clinical experiences; a reality that has been well established by a number of authors (Clinton and Hazelton, 2000a; Clinton & Hazelton, 2000a, 2000b; Happell & Platania-Phung, 2005; Wynaden et al., 2000).

In 2005, a Victorian Taskforce was convened to address what was seen as urgent issues relating to the preparation of nurses for mental health work (Victorian Taskforce on Nurses Preparation for Mental Health Work, 2005). The Taskforce provided six options for innovative strategies to ensure a stable, well educated mental health nursing workforce. Option one, which is the focus of this article, recommended the development of a:

> Comprehensive course that has a strengthened mental health perspective through curriculum changes and increased specialist clinical practice (i.e. streamlined clinical placements), in the form of a 'major'. This would result in a degree in nursing (however titled) with a major in mental health and meet requirements for registration as a division 1 nurse [entrance for level one registered nursing practice in Victoria. (Victorian Taskforce on Nurses Preparation for Mental Health Work, 2005, p. 4).

The Taskforce recommended that this program should be run as a 'demonstration project' to assess its future viability (Victorian Taskforce on Nurses Preparation for Mental Health Work, 2005, p. 6). This article provides background to the development of a demonstration project that involved the development of a Bachelor of Nursing with a major in mental health. Future articles will provide evaluative findings on the outcomes from the initiative. The evaluation is focused on assessing the preparedness of graduates to confidently care for clients across mental health and general nursing settings.

An innovative comprehensive course

In November 2005, the Victorian Government Department of Human Services called for submissions from universities to develop an undergraduate nursing degree with a mental health major. In accordance with the submission brief, La Trobe University designed a Bachelor of Nursing with a major in mental health that did not dramatically change the structure of the current 3-year Bachelor of Nursing. It was important to design a program that demonstrated a significant increase in mental health content but still met requirements for registration as a nurse. We prepared a submission that proposed embedding six specialist mental health/psychiatric units in the existing 3-year Bachelor of Nursing program to create an innovative, mental health major, which would meet both University and Nurses Board of Victoria requirements.

Bachelor of Nursing with a mental health major

In designing the mental health major, we have built on our extensive experience in educational delivery. Over the last few years, we have been reasonably successful in encouraging students to consider a career in mental health following graduation. Importantly, we have taken heed of recommendations by mental health researchers and have employed academics with mental health qualifications that have a strong commitment to ongoing faculty practice (Owen, Ferguson, & Baguley, 2005). We have established strong industry links, including the establishment of a formal, joint lecturing appointment in mental health, between the University and industry (Happell, 2005). Our programs have significant clinician input and current clinicians deliver education sessions that are reflective of current practice (Owen et al., 2005). Additionally, we have developed preceptorship education and training to ensure that clinicians have the knowledge and skills to provide quality support, mentorship and role modelling (Nurses Board of Victoria, 2002).

The design of the Bachelor of Nursing with a mental health major is viewed as a progressive step in developing programs to better prepare graduates to confidently care for clients across mental health and general nursing settings. It is structured to include six, specialist mental health units of 15 credit points each. This equates to a 90 credit point

Table 1 Indicates the broad structure of the Bachelor of Nursing with a major in mental health. The six units that form the major are highlighted (*). The subjects that were replaced are in italics.

Year 1	Year 2	Year 3
Semester 1		
Nursing art and science	*Promoting Mental Health *Health promotion*	*Mental Health Nursing-Older Person *Aged care*
Information literacy	Acute nursing practice	*Intervention Modalities *Elective*
Human bioscience	Medication management	Acute nursing practice
Psychology studies	Pathophysiology	Professional issues
Semester 2		
Sociology	*Mental Health Nursing Practice	*Mental Health Nursing-Drug and Alcohol *Multidisciplinary practice*
Fundamental nursing practice	Law, ethics and accountability	Acute nursing practice
Human bioscience	*Mental Health Nursing-Child and Adolescent *Child and family nursing practice*	Complex interactions in nursing
Health assessment	Evidence based nursing	Community nursing

specialist major nested within the current 360 credit point degree. Our Bachelor of Nursing degree has 964 theoretical hours and 871 clinical hours. In the Bachelor of Nursing with a mental health major, the theoretical hours are the same at 964, however, the total clinical hours are 1281.

The choice of the six specialist units was in part a pragmatic decision. It was important that graduands from this program met all of the key competencies for registration. Our curriculum is underpinned by a primary health, life span philosophy, hence a health promotion unit, a child and adolescent unit and an aged care unit were high priority. The units that covered intervention modalities and drug and alcohol were developed in collaboration with our key stakeholders and were deemed to be appropriate to prepare nurses for practice in any setting. The final mental health unit was core for our Bachelor of Nursing program and was retained for the major.

Table 1 indicates the broad structure of the Bachelor of Nursing with a major in mental health. The six units that form the major are highlighted. The units that have been replaced are in italics.

All of the units are designed to be taught in a flexible mode, equivalent to 39 h, which includes theoretical content, experiential workshops and online activities. Five of the specialist mental health units have 105 h of clinical experience. The sixth subject, in year 2, is a broad, fundamental, mental health subject, with 140 h of clinical experience attached.

Table 2 provides a brief outline of the aim and major focus of the six 'specialist' mental health units.

As this is a pilot, demonstration project, the intake into the course was set at twenty students. From our prior experience, we acknowledged that it would be very difficult to recruit new students, and in particular school leavers, into what may be perceived as a specialist mental health course at undergraduate level. This view is supported by authors in Australia (Happell & Platania-Phung, 2005) and the United Kingdom (Rhodes & Bouic, 2005). Our experience has indicated, that the promotion of mental health as an exciting, worthwhile career is fostered through exposing undergraduate students to dynamic theoretical programs, mental health clinicians (who are viewed as positive role models) and supported models of mental health clinical experience. It has been contended that positive attitudes to mental health are primarily developed through positive experiences in University courses (Happell, 2000; Happell, Pinikahana, & Roper, 2003; Happell & Rushworth, 2000; Warner, 2001; Wood, 2005; Wynaden et al., 2000). For these reasons, the broad structure of the course has been designed to support students to develop interest and confidence in working with people who experience mental health challenges.

Structure of the program

A course advisory committee that includes representatives from the university sector, government, industry, consumers and carers, professional and industrial organisations and students is overseeing development and implementation of the major. The terms of reference for the course advisory committee included the development of the broad program, and the establishment, review and refinement of the aims, objective and content of the specialist mental health units. The group ensured that the course offering was consistent with industry need and developed the clinical program. Attention was given to the development of quality assurance mechanisms to maintain consistency and quality. Importantly, the group have explored and monitored the resourcing needs and implications of the Bachelor of Nursing with a mental health major. Strategies and approaches to ensure that the pilot is rigorously and appropriately evaluated have been developed. The entire pilot course is being externally evaluated and we are using the information from the evaluation to continuously refine the program.

In 2006, year 1 Bachelor of Nursing students were exposed to a 1 day seminar that aimed to highlight mental health as an exciting and positive career choice. This program was conducted by academics, clinicians and mental health organisations. Following this seminar, we sought expressions

Table 2 Outlines the major aims and focus of the six 'specialist' mental health units.

Unit	Aims	Focus
Promoting Mental Health	Identify the principles of health promotion as it relates to mental health	National mental health strategy. Indicators for mental wellness. Theories, planning and implementing of health promotion
Mental Health Nursing Practice: Child and Adolescent	Critically appraise issues surrounding mental health for children and adolescents	Patterns of normal mental health development Manifestations of mental illness in children and adolescents. Treatment options, including early intervention initiatives Assessing risk in children and adolescents
Mental Health Nursing Practice	Describe the nature and extent of adult mental illnesses in Australia	The concept of mental illness Impact of mental illness on individuals, carers, and society. Assessment of mental health status. Treatment options
Mental Health Nursing Practice: Older Person	Examine the social, psychological and biological aspects of ageing in relation to mental illness	Epidemiology of mental illness in older people Mental state assessment for older clients Family and community support Nexus between physical illness and mental disorder in older people
Mental Health Nursing Practice: Drug and Alcohol	Describe the nature and extent of alcohol and drug misuse in Australia	Trends and issues in alcohol and drug use in Australia Explanations for use and misuse of alcohol and drugs Harm minimisation approaches Interventions for substance abuse
Mental Health Nursing: Intervention Modalities	Understand the theoretical foundations and principles of selected treatment interventions	Pros and cons of psychosocial and pharmacology interventions Development of therapeutic relationships with clients and their carers Rehabilitation Community care

of interest from our year 1 students to stream into a mental health major. Students who indicated interest in this stream completed an experiential week (40 h) of clinical experience in a mental health setting. These clinical hours were attached to the unit Fundamentals of Nursing Practice. This enabled students to have a very beginning, experiential exposure to mental health and gain exposure to clinical role models. The placement included specific preparation for students to ensure that they were adequately prepared to have a safe and positive experience.

As we have implemented years 2 and 3 of the program, expert clinician input has been important in course and subject development and current clinicians are involved in delivery and assessment. Ongoing quality assurance mechanisms include formal quality assurance of subjects, student evaluation of teaching and formal course meetings with students. External assessors are involved in reviewing graded assessments and course material to maintain consistency and quality.

The clinical program is particularly strong, and all clinicians have specific, preceptorship training to ensure they have an appreciation of the student's level of need. Industry liaison has been crucial, and we have received considerable support from health services. Information sessions and preceptorship training have confirmed the expectation of role modelling by staff and has resulted in significant 'ownership' of the program and the students by clinicians.

The National Practice Standards in Australia (National Mental Health Training and Advisory Group, 2002) indicate that staff must have access to formal and informal clinical supervision. In designing the mental health major we were cognisant of research that stresses the importance of preparing people for supervision (Driscoll, 1999; Heath & Freshwater, 2000; Yegdich, 1998). Our mental health major includes a formal mentoring program that involves matching students with an academic and clinical mentor who will support them through the course. Mentors and students meet regularly, both individually and collectively, through

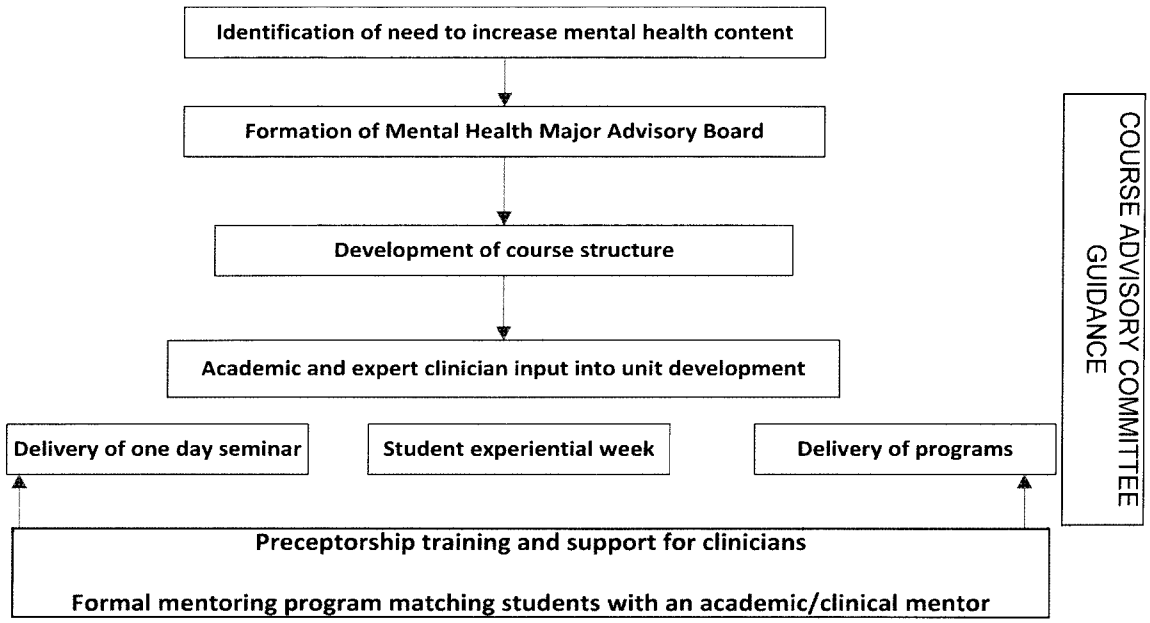

Figure 1 Outlines the development of the program.

a supportive group mentoring program. It is proposed that this process will provide the opportunity for students to develop the knowledge and skill necessary to prepare them for clinical supervision when they enter the workforce. Fig. 1 pictorially illustrates the development of the program.

Preparing clinicians for work in any setting

The 'mainstreaming' of mental health services has created, what has been described as a 'cultural clash', between the mental health and general health care sector (Cleary, Freeman, & Sharrock, 2005; Crowley, 2000). A study by Reed and Fitzgerald (2005) indicated that nurses in general settings still express fear and lack of confidence when caring for clients with mental health issues. The lack of preparation of nurses who encounter and care for mental health clients in the general setting has been acknowledged both within Australian and overseas (Baston & Simms, 2002; Crowley, 2000; Happell & Platania-Phung, 2005; Happell, Summers, & Pinikahana, 2002; Hayes, 2005; Hsu, Moyle, Creedy, & Venturato, 2005; Lee, 2001; Mathers & Howard, 2000; Mavundla, 2000; Nash, 2002; Ramritu, Courtney, Stanley, & Finlayson, 2002; Reed & Fitzgerald, 2005; Snowdon, 2001). Whilst ideally, we hope to encourage some students who graduate with a major in mental health to work in specialist, mental health settings, the design of our program is based on the need to provide graduate nurses with enhanced mental health skill and knowledge to work in any setting.

Conclusion

The Bachelor of Nursing with a major in mental health has provided an opportunity to design a program that promises to be innovative, exciting and responsive to the needs of a changing health care system. By bringing together key stakeholders such as the university sector, government, industry, professional and industrial organisations and students, the program will provide students with the skills and knowledge necessary to strive for excellence in the delivery of quality care to people facing mental health challenges in any setting. Internationally, mental health is a significant health issue and it is only through the design of innovative strategies and committed effective partnerships that solutions to the challenges for mental health service delivery can be achieved. We are excited to be a part of one approach, that ultimately, we hope, will lead to enhanced care for the multitude of people that face mental health issues every day.

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