

Mental Health Nursing

Carving a path to practice

Edited by
Paul Illingworth
Laura Singleton



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**Paul Illingworth
and Laura Singleton**

 **Routledge**
Taylor & Francis Group
LONDON AND NEW YORK



First published 2010 by Pearson Education Limited

Published 2013 by Routledge

2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

711 Third Avenue, New York, NY 10017, USA

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ISBN 13: 978-0-273-72100-0 (pbk)

British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloging-in-Publication Data

Illingworth, Paul.

Mental health nursing : carving a path to practice / Paul Illingworth, Laura Singleton.

p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-273-72100-0 (pbk.)

1. Psychiatric nursing--Study and teaching. I. Singleton, Laura. II. Title.

[DNLM: 1. Psychiatric Nursing. 2. Education, Nursing. 3. Vocational Guidance. WY 160 I29m 2010]

RC440.I45 2010

616.89'0231--dc22

2009043562

Typeset in 9/12pt Interstate Light by 30

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Introduction



There are many mental health nurses who were about in the 1980s who may still rue the day the 1992 Registered Mental Nurse Syllabus was abandoned and the Project 2000 (P2K) training commenced. There was a feeling at the time, and some may still feel the same now, that the '82 Syllabus' as it was commonly known, covered the knowledge, skills and attitudes that mental health nurses needed to carry out their roles. Clearly the world moves on and research and other evidence have built upon the therapeutic skills of the 1980s. The modern mental health nurse works in a variety of settings and places the service user and their carer central to the care offered. Additionally, mental health nurses work with a variety of other agencies and groups, and nurse education was designed to meet the needs of the population into the twenty-first century, hence the Project 2000 title that was given to the curriculum which drives much of the current nurse education provision.

Current nurse educational programmes are professionally governed by the requirements of the Nursing and Midwifery Council (NMC); these can be found on the NMC website which is given in the appendix to this book. All nurses, from whichever branch of nursing, have to successfully complete the Common Foundation Programme (CFP) before they can advance into their chosen specialism: adult, child, learning disability or mental health. Since the inception of Project 2000, initially an 18-month CFP and 18-month branch programme, before it changed to a 12-month CFP and 24-month branch, mental health student nurses frequently complained that they were marginalised and the volume of adult branch students and lecturers made the CFP especially less relevant or interesting to them. Over the years as a mental health lecturer I have lost count of the number of people who started their nurse education with an aim to become a mental health nurse who wanted to leave while undertaking the CFP because they were dissatisfied. Many developments in nurse education have occurred since Project 2000 commenced, which have, to some extent, eased this situation. However, mental health nursing students still often feel marginalised.

In late 2006, I was Academic/Professional Lead for Mental Health Nursing at a university in the south of England, and three of the other contributors to this book had virtually completed their diploma in higher education with registration as a mental health nurse, at the same university. In a discussion we had at a national mental health event we were attending, the same issue arose in conversation. One of the students said we should write a book, using our experiences to help future mental health nurses, 'as there isn't a book that does that'. It took time to pull the idea together and further time to refine the original idea and find a publisher. This book is the culmination of all that effort.

This book is written at a time when debate has arisen again (Mitchell, 2008) about the possibility of nurse education changing. One of the options discussed is of a system similar to that in the USA, where all nurses receive a generic nurse training and then complete specialist post-registration education relating to the chosen field of work. The Nursing and Midwifery Council is currently developing new nursing education standards which it hopes to have in place for 2011. The Council has introduced a degree as the minimum academic award and will be retaining the current four branches, but will be calling these 'fields' in the future.

However, the four fields of adult, child, learning disability and mental health will be modernised to meet the health needs of the population now and in the future. Indeed, the curriculum has evolved since it was first introduced, as all curricula do. This book is not part of any debate into the right or wrong way of preparing mental health nurses to undertake mental health nursing. It is instead a book which aims to assist those thinking about becoming a mental health nurse and those undertaking mental health nurse education. It may also help those who advise on careers in nursing and parents whose daughter or son is considering becoming a mental health nurse.

The book has been divided into chapters which, as newly qualified mental health nurses, three of the authors felt would have best helped them throughout their time at university. Additionally, as a mental health academic with around 35 years' experience working in the mental health arena, I was able to broaden and offer alternative perspectives.

Each chapter takes a different theme, yet inevitably there is some overlap. We considered combining some chapters, for example Chapter 8 'How to maximise placements', and Chapter 9, 'Getting the full advantage of elective and preference placements', but felt to do so would prevent us giving as full coverage of these two important areas for mental health student nurses as was needed.

Chapter 1 explores the routes into mental health nursing. Co-written by three recently qualified mental health nurses, from different backgrounds, it offers advice and tips from their own experiences, to those thinking of applying to become a mental health student nurse. The chapter explains what mental health nursing is and in what context you would work. The differences between the current entry methods generally offered and the variable times of the year when you might start the course are discussed. Unlike many other university courses, nursing has more than one intake a year, although this varies between universities and countries. It also offers advice on applying and what you can do to enhance your chance of getting the place you want. General descriptions of the authors' personal experiences support the advice given; their insight into the process is also offered. The chapter also gives some useful do's and don'ts for you to use to assist you when applying. And finally there are some scenarios offered which could help you make those tricky decisions.

Chapter 2 covers the time you will spend in the Common Foundation Programme. Co-written by two recently qualified registered mental health nurses and myself, it describes the reality of what you will have to go through. Sometimes the CFP can be challenging and frustrating for mental health nursing students. The chapter alerts you to some of the challenges you may encounter, clarifies why they arise and offers help in overcoming the issues.

Chapter 3, like the previous chapter, takes you on the journey through the two years of the mental health branch. On starting the branch period, students of all branches, become re-energised. They are beginning, as most see it, what they really wanted to do, for us mental health nursing. Differences between the CFP and branch are discussed. This chapter discusses some of the areas you may cover while on your course, but, remember, all universities will have a slightly different view of what needs covering. Additionally, some mental health nurse lecturers will have specialist knowledge and experience, which they will no doubt share with you throughout your time studying, and there could be local issues which the university may decide is relevant for inclusion. Acknowledging that students will find some parts of the branch less interesting or difficult than others - this is not unusual, as we all have preferences or areas we feel more comfortable with - the chapter gives advice on what to do should this arise. The chapter also highlights some do's and don'ts and, again, scenarios are offered to help you.

Chapter 4 attempts to give an alternative perspective and one that is increasingly important to mental health practice. Mental health nurses have rarely worked in isolation but more recently, and often as a result of failures on the part of mental health professionals and agencies, inter-professional working and learning has come more to the fore. This chapter gives context as to why inter-professional working evolved as well as the benefits and barriers that inter-professional working creates. The chapter also discusses how inter-professional education and learning has developed to help professionals work together to enhance the care given to mental health service users and gives advice on how you can get the most from inter-professional education.

Chapter 5 explores many of the issues you are likely to encounter around the academic side of university life. The author has had experience of this while undertaking an undergraduate psychology degree and also when undertaking the diploma with registration in mental health nursing, so is well versed in the issues. The chapter discusses how to make the most of your lecturers from a student perspective, offering complementary advice to that offered in Chapter 7 from a lecturer. The chapter gives practical help with such things as working in groups, an approach to learning often used in the mental health branch and also a means of working in practice. The areas of examinations and assignments are also covered. Suggestions for making the best use of your time, in planning, structuring and writing assignments and tips for studying and taking exams will no doubt be one of the areas most frequently read by students. The section on learning styles will be extremely useful to students on all courses. Should you need it, and hopefully not, the sections on what to do if you are referred and how to de-stress should also be very helpful.

Chapter 6 looks at an area not often covered by authors: the social side of university. For nurses of any branch this is something that needs considering, as it does for all students. However, being an undergraduate nursing student does have some unique issues. The author of this chapter, as we write, is still a student. The author discusses the balancing of full-time academic study and placements with bringing up a family; there are also references made to achieving this balance when not having to bring up a family. The account is helpful for others to see that despite the problems she encountered, it is possible to qualify while having that life outside university. It is not easy, but it is achievable, and this chapter offers some practical suggestions for others by giving examples from the authors own circumstances.

Chapter 7 takes an alternative view, that of a lecturer, to some of the areas covered in the other chapters. This was intentional, and there is, to some extent overlap because of this. We make no excuse for this; instead, we see this as being helpful to those applying or undertaking a course. The chapter explains why you are asked to do certain things both when applying and throughout the course. It also offers suggestions to how you might go about certain activities, presenting at interview for example. The author also explains how best to use your lecturers in the different roles they fulfil and why sometimes you might feel they are not being as responsive as you would like, not giving feedback on your assignment within 24 hours when you need to submit it. The insight into some of the other pressures that mental health nurse lecturers have will help you understand why things happen, or not.

Chapter 8 describes many of the issues you are likely to encounter with regard to placements, from not getting the placement you want to encountering problems while on placement. The rationale for undertaking practice placements is offered. General descriptions of some of the placements you are likely to encounter are given together with the different professions you may encounter. Many of the roles of staff in a placement, in relation to you as a learner and the university staff, are covered. Some of the common problems students come across are described and possible solutions are offered. The chapter also offers advice on how to get the most from your placements.

Chapter 9 also describes placements; however, this chapter has a different focus. Student nurses are offered electives/preference placements at many universities. These are generally in the final year of study and offer something unique. The author describes the aims of these elective or preference placements and gives help on how you could decide if a placement will give you the experience you are looking for. Practical tips and advice are given should your placement be in another part of the UK or, indeed, abroad. The chapter offers help in planning the placement and while on placement. It also covers how you could get the best from the experience.

Chapter 10 takes a slightly different approach. This chapter looks at the questions you might want to ask but may have been afraid to or uncomfortable about doing so. The chapter is based on the experiences of those writing the book, from questions potential students have asked at open days and questions raised at a focus group held with current mental health student nurses in one university. The author suggests where answers to the questions can be obtained and offers some answers. The chapter also aims to give those reading it confidence to ask questions themselves. There is rarely a question broached which has not been asked before.

Chapter 11 offers help and advice to those nearing the end of the mental health undergraduate course. Written by three recently qualified nurses, the chapter describes actual instances and offers help and advice on how to prepare and plan in advance as well as dealing with the realities of seeking a position as a qualified nurse. This is undertaken while still waiting for the university to confirm that you have passed all assignments and placement reports and for the Nursing and Midwifery Council to register you as a mental health nurse. The chapter also attempts to prepare you for the interviews and the reality of working in that first post having qualified and beyond.

The **appendix** to the book gives an annotated list of several current websites which you may find useful before applying for a place at university, throughout your time as a student and after qualifying. These are only a few and you should use these to find alternative and/or additional sites. Similarly, there will be new sites developed and others closing down. We are not saying those included are better than any others, they are just suggestions for you to get started with.

The book concludes with a **glossary** of terms used throughout the book. The terms are described in more detail to help those new to mental health nursing understand them. Additionally, lists of abbreviations commonly used in mental health nursing are given and an explanation of what they mean. Space is also provided for you to add your own as you come across them.

While we have attempted to ensure the accuracy of all information included in the book, we acknowledge we may have missed some subjects, or possibly misinterpreted or omitted areas you know of or come across. We would welcome feedback on this and the relevance of the content and suggestions for improvement so that, if the need arises, we can produce revisions which continue to meet future mental health student nurses' needs. We hope you find this book both informative and helpful.

Good luck with your future mental health nursing career.

Paul Illingworth

Reference

Mitchell, D. (2008) *A Review of Pre-registration Nursing Education: Report of Consultation Findings*. London: Alpha Research Ltd for the Nursing and Midwifery Council.

Acknowledgements



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Tables

Table 4.1 adapted from *From margin to mainstream: Developing user- and carer-centred community care*, by Sue Goss and Cliver Miller, published in 1995 by the Joseph Rowntree Foundation. Reproduced by permission of the Joseph Rowntree Foundation.

Text

Box 2.1 from *Standards of Proficiency for Pre-Registration Nursing Education*, Nursing and Midwifery Council (2004); Box 7.1 from *Time to Act. Choosing to Work in Mental Health: The Recruitment of Health and Social Care Professionals*, Centre for Clinical and Academic Workforce Innovation (Ferguson, K; Owen, S; Beswick, S & Baguley, I 2005)

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Chapter 1

Routes to becoming a mental health nurse

Laura Singleton, Jane Anderson and Anna Cardow



Introduction

There are a variety of routes that you can take into mental health nursing courses. For example, some people start the course straight after leaving school and others go in as mature students having worked in mental health prior to starting nursing. Other students will have been previously working in an unrelated area and change career completely after first having worked or done a degree in a different field. All of these students bring with them diverse experiences that help them in their mental health nursing career. In this chapter we will discuss these various routes and also the different courses that lead to mental health nurse registration and will talk from our perspective about the routes that we took into a mental health nursing course.

In this chapter the differences between universities, not only in the courses that they offer for mental health nursing students but also in the structure of the universities themselves, for example campus versus non-campus, will be discussed along with how to begin to choose from among the many universities that offer a mental health nursing course. We will also explain the different options that can support you in gaining a place on a mental health nursing course and how to increase your chances at application and interview stage of gaining a place on the course.

Chapter outcomes

After reading this chapter you should:

- Understand what it means to be a mental health nurse
- Understand the routes into mental health nursing
- Know the differences between a mental health nursing diploma, advanced diploma, graduate diploma, degree and master's courses
- Know more about how to choose where you want to study
- Understand the options available to support you in becoming a mental health nurse, e.g. cadet courses, access courses, secondments
- Know about the different intake dates and studying options for mental health nursing courses
- Understand how to apply to become a mental health nurse and what the selection process can involve

What is a mental health nurse?

It is important to know about and to understand the role of a mental health nurse to decide whether this is a profession in which you want to work. There are a number of professions that work within mental health services, and to a certain point many of these roles overlap. Indeed, job advertisements for 'mental health workers' often state that applicants from a range of professional backgrounds can apply. While there are overlaps in the roles of different mental health professionals, there are also significant differences in the courses and jobs. For example, social workers will have undertaken general social work courses that encompass a range of different aspects of social work and on qualification can work in any area of social work (but need to undergo further training to work as **approved mental health practitioners**, as do other mental health professionals). They will have more knowledge and skills in working with people needing social benefits or social circumstances assessments than mental health nurses, psychologists or occupational therapists and they will have more of an understanding of the process of child protection procedures (although all staff should have some training in this). Mental health nurses, on the other hand, will have more teaching during their course on working with people with a range of mental health problems, from acute crises to enduring mental health, and cover a wider range of therapeutic approaches relevant to mental health work in nursing courses. Mental health nurses also learn about medication and the administration and monitoring of this, which social workers, psychologists and occupational therapists do not learn. An overview of the different professional roles is given in Chapter 8 'How to maximise placements' to provide you with more information about other mental health professions and how these fit in within mental health care as a whole.

Mental health nursing students currently choose to specialise in that branch prior to commencing a nursing course, although some students who enter adult, child and learning disability branches change to the mental health branch as they realise their interest in mental

health during the common foundation year. Mental health nursing courses have an initial Common Foundation Programme which all nursing students take, and while this usually focuses on general nursing, it also introduces the mental health, child and learning disability nursing branches, so students gain some knowledge and experience of the different fields.

For the last two years of their nursing course, mental health nurses have placements and study modules relevant to mental health nursing and so gain a lot of specific knowledge and skills, although this may also include topics such as physical health for people with mental health problems as highlighted in the Chief Nursing Officer's review of mental health nursing (Department of Health, 2006). Once qualified, mental health nurses can work in a range of settings with a variety of service users, within the NHS, in the independent sector and also for charities, and can specialise in different areas of mental health (as will be further discussed in Chapter 11 'Transition to qualified mental health nurse'. On a day-to-day basis, the role of a mental health nurse varies greatly depending on the area in which he or she works, but may include helping or prompting service users with daily living skills (for example getting dressed, preparing food); formally and informally assessing the mental state of service users; giving medication; co-facilitating therapeutic groups; individual key worker sessions; writing care plans with service users on specific treatment goals; admitting and discharging service users; liaising with other teams; writing reports and notes; managing crises; supervising junior staff; attending team meetings; supporting families; and numerous other tasks that present throughout the day. You may see from this that the role of the mental health nurse cannot easily be summed up in one sentence, but overall the role is to work with people experiencing mental health problems, and their families, to help them move towards recovery (whatever that means to the individual). The diversity of the role makes it an interesting and challenging career with no two days the same.

Students' experiences prior to mental health nursing courses

Students come into mental health nursing courses with a range of experience and qualifications. Some students start a mental health nursing course at 17 or 18 years, straight from school, and may have little previous experience in mental health. Many, however, are mature students who have different life experience. Studies have found that mental health nursing generally attracts more mature students, with many students having previously worked or studied for a number of years prior to deciding on a career as a mental health nurse (Robinson *et al.*, 2001). On many mental health nursing courses there are also a significant number of parents returning to study after taking some time out of work to have children. In our cohort (year group), in the mental health branch, everyone was a mature student having worked (often in mental health) or studied before starting the course, which meant that we all had a range of transferable experiences from our previous roles. Some students starting mental health nursing courses will have experience as support workers or health care assistants in mental health settings and this should allow them to have a good knowledge of working with service users with a range of mental health problems, although they have to be mindful on placements that they are in a mental health student nurse role rather than that of a support worker. This can be difficult for some to remember initially. If support workers who

want to go on to start a mental health nursing course have not got the necessary formal entry requirements (for example academic qualifications), then they can go on access courses or do cadet courses to help towards the entry requirements to mental health nursing. That said, undertaking an access course does not mean automatic entry to a mental health nursing course; the usual application procedure is always required.

Access courses

Access courses are usually run part time over one or two years at further education colleges. These courses usually do not have any formal entry requirements, but students are often interviewed prior to entry to see if they have the necessary skills and commitment and may also be required to have at least one year's experience of working prior to entry. There are various access courses based on what the students are interested in and future career education choices. Health access courses are generic courses for students who want to study any branch of nursing (and sometimes other health professions), so are not mental health focused at this stage. The course includes sessions on numeracy and literacy, information technology (IT) skills and also on health-related topics such as nursing, psychology, sociology and sciences. This is a good preparation for students prior to commencing a nursing course and can help ease them back into studying if they have not studied for a long period. On successful completion of this course students are eligible to apply for entry to nursing diploma courses in any of the branches.

Cadet courses

Some NHS Trusts offer a nursing cadet scheme whereby people who do not have the formal entry requirements for nursing courses can apply to be a nursing cadet as a way of gaining the necessary skills and qualifications to enter a nursing diploma course. This is usually a one- or two-year course and cadets work part time on a range of wards (usually general) and also attend college part time, undertaking a BTEC National Certificate in Health Studies. Cadets are paid while on this scheme and also have their college fees paid by the NHS Trust. On successful completion they are eligible for entry to a nursing diploma course.

You can find out if your local NHS Trust offers a cadet scheme by approaching them about it, although this option appears to be more common in general nursing than in mental health.

Secondments to mental health nursing courses

In some NHS Trusts secondment opportunities are offered to support workers who have worked within that trust for a certain length of time. This means that these people are still employed and paid as a support worker throughout the duration of their mental health nursing course and are (in theory) offered a post on successful completion of the course. Some Trusts specify that on qualification the mental health nurse has to work within the Trust for an additional length of time, but others do not make this specification. The main benefit of this scheme is that students are paid as a support worker throughout the course rather than receiving a bursary, as is the norm for most other students undertaking nursing degrees or diplomas.

Other mental health nursing students may have decided on a career change from an unrelated profession so may have little, or no, experience of mental health, as was the case for Anna (see below). It can be difficult initially for students who have not studied for many years

to get back into that process again, but universities often recognise that many mature students start nursing courses and offer support in assignment writing and with study techniques to help them manage this experience. Some students will have already completed a degree in a different subject and so be used to studying but may still find the intensity of the mental health nursing course with placements and university quite different from their previous course which may have consisted of 8-12 hours of lectures a week for 24-30 weeks a year - somewhat different from a nursing course!

Our routes into mental health nursing

All of our cohort had very different experiences before starting our mental health nursing courses but were able to share relevant previous experiences with the group to highlight different viewpoints. We are going to tell you a bit about our different backgrounds to highlight the range of routes by which people enter mental health nursing.

Laura

I had completed a degree in psychology after leaving school and, on finishing that degree, knew that I wanted to work within mental health, but thought that clinical psychology was the career that most interested me. In line with this I had volunteered in a head injury day centre and in an adult acute mental health unit during my degree and did work experience with a cognitive behaviour therapist at an independent hospital, all of which I found interesting.

After my degree I got a job in an adolescent mental health unit as a support worker which gave me experience of working with different members of the multi-disciplinary team, mainly mental health nurses but also psychiatrists, psychologists, occupational therapists, social workers and other therapists. This made me realise that I enjoyed the role of the mental health nurse and liked working in therapeutic groups, but also liked working on shift with the young people, which led me to consider mental health nursing as a career option.

After working as a support worker for a year I was seconded for six months to work as a research assistant within adolescent mental health and then returned to working as a support worker. I then applied for a secondment for mental health nursing and also for a mental health nursing course and was accepted for both. I therefore had experience of studying prior to the mental health nursing course. However, my psychology degree was only 8 hours of lectures a week and the rest was 'self-directed learning', so starting a busy nursing course incorporating lectures and placements, up to 40 hours a week, was quite different from the student experience that I had previously had. While doing a psychology degree I had also had long holidays (22 weeks a year) which was very different from the longer terms and shorter holidays in the nursing course. So overall I found being a student mental health nurse a very different student experience from most other courses, but it was also a lot of fun. Going back to university was also different as I was not living in halls of residence or with other students, as I had done during my psychology degree, so was not as involved in the 'student life' in the same way as I previously was as a younger student leaving home for the first time. This probably meant that I worked harder the second time round.