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MANCHESTER METROPOLITAN UNIVERSITY

BUTABIKA SCHOOL OF PSYCHIATRIC NURSING

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REVIEW OF INTERNATIONAL STANDARDS FOR MENTAL HEALTH NURSING: REVIEW OF CURRENT AND FUTURE TRENDS IN INTERNATIONAL NURSING STANDARDS OF EDUCATION AND PRACTICE

INTRODUCTION

Development of the global nursing workforce is the vital element in order to achieve the UN health related Sustainable Development Goals (SDGs) (UN, 2015) for universal coverage, mental health and non-communicable diseases, emergency response readiness, patient safety and person-centred care (WHO, 2020). Nurses make up more than half of the health workforce around the world, and, in Uganda, make up nearly 80% of the country's healthcare workforce (WHO, 2020), but have a per capita density of below 20 (20 nurses for every 100,000 people); one of the lowest densities in the world. Currently, only 70% of that global nursing workforce are termed 'professional', that is, are accredited by a regulation framework for nurses within their country of practice that provides standards of training, conduct and an examination process. Despite a move towards degree-level entry to professional nursing accreditation (WHO, 2021), many registered nurses may be admitted to the nursing registration at certificate or diploma level (WHO, 2021).

This is currently the status of many mental health nurses in Uganda, where few if any schools of nursing or universities offer UNMC-recognised (Uganda Nurses and Midwives Council) degree level mental health nurse training (UNMC, n.d.). Butabika School of Psychiatric Nursing is attached to Butabika National Mental Health Referral Hospital (the only dedicated state mental health hospital in Uganda), but currently can only offer diploma or certificate training in mental health nursing as they lack the status of a university.

Our current project to develop pilot practice placements in community settings for mental health nurse training is part of a larger project to develop the Butabika School curriculum towards international standards for nurse education, in recognition of the identified development needs for the nurse workforce, particularly in low- and middle-income countries (LMICs) (WHO, 2020). The curriculum development recognises also the wider role in universal health coverage and need for flexible nursing responses and a wider range of skills for leadership and change management, and in delivering health promotion and basic stepped care skills to meet local needs (UKPHS, 2018). There is currently identified a deficit in community coverage for health promotion and skills specifically in maternal and adolescent health, in addition to mental health coverage (UKPHS, 2018), which indicates a need to address both pre-registration and continuing professional development needs among practitioners and educators.

Our longer-term aim is to build capacity to support a degree-level pre-registration mental health nursing programme, and a continuing professional development programme for registered nurses. The initial step in this project is to identify current clinical and educational nursing standards and guidelines appropriate of Ugandan contexts, and identify the capacity needs required to scaffold such development for Uganda.

Review

Our review aimed to identify current global nursing standards and future trends relevant to modern mental health nursing in order to consider the drafting of a degree-level mental health curriculum suitable and applicable to a Ugandan context. The aim is to:

Identify the fundamental elements for a modern international mental health nursing curriculum that can be applicable to programme development within a Ugandan context.

Within this, the objectives were to:

- Identify and review evidence and guidelines from global health and workforce development organisations
- Review current UK nurse curriculum standards for compatibility with Ugandan contexts of training and practice experience
- Identify and review research and theoretical evidence in support of curriculum development for future nurse training and practice standards
- Identify and review research, guidelines and standards evidence compatible with Ugandan nurse training.

METHODOLOGY

The collation of documentary evidence involved a series of literature searches using academic and generic search engines and included specific searches in specialised archives of organisations and institutions such as the World Health Organization, International Council of Nurses, World Bank, Nursing Now/Burdett Trust, Royal College of Nursing, Nursing and Midwifery Council, Ugandan Nurses and Midwives Council, Ugandan Ministry of Education and Sport, Global Alliance for Leadership in Nurse Education and Science. Research and discussion papers were sought from academic databases: Google Scholar, PubMed, CINAHL. These searches were augmented by following up further sources cited in included texts as needed. Review and analysis of existing nursing curricula for mental health and general nursing in Uganda was also conducted.

Date limitations were imposed on academic papers, guideline, statistics and standards documents from 2016 onwards, to ensure relevance to current and future nursing education and practice. Seventeen articles were tested for relevance and thirteen included in the review.

The approach to analysis was pragmatic, critically examining and extracting relevant findings from academic and discussion papers, and collating the key recommendations from guidance papers. The findings are divided into health systems development, standards for nursing practice and standards for nurse education.

FINDINGS

Health systems and nurses' role

The *Global 30* strategy (WHO, 2016a) provides overarching policy targets with which all health systems and professions can orientate, and have implications for training and education for practitioners entering the health care system. For nursing, this has been targeted at first degree level since 2009 (WHO, 2009). These overarching targets are to accelerate towards universal health coverage and achieving the UN Sustainable Development Goals, and ensure equitable access to health care workers who work within strengthened health systems in their national context. These include key governing principles directly relevant to nursing practice and education:

- The right to the highest attainable standard of health
- Integrated, people-centred health services devoid of stigma and discrimination
- Empowered and engaged communities
- Personal, employment and professional rights of all health workers, including safe and decent working environments and freedom from discrimination, coercion and violence
- Eliminate gender-based violence, discrimination and harassment
- Ensure ethical recruitment practices
- Promote innovation and the use of evidence

Overall, it is recognized that the nursing workforce requires increased quality and capacity rather than a focus on simply increasing numbers available. To focus on key health challenges from non-communicable disease (maternal and neo-natal health, mental health, chronic disease) will require improved quality and impact from the health workforce (WHO, 2016a), and adaptability of development to ensure relevance locally (GANES, 2019). In addition, the health workforce globally faces a chronic shortage of staff, a situation that will increasingly be compounded by an ageing global population and an increasingly large ratio between available healthcare workers and the elderly population (WHO, 2020). This presents less of a problem in Uganda, which has one of the world's youngest populations, however Uganda does face problems of distribution of nurse accessibility and retention due to the rural and remote nature of the country (WHO, 2020), and is currently producing more nurses through training than there are employment posts (World Bank Group, 2020). This indicates a need for improved quality of training and staff retention for Uganda rather than increased turnover of students.

The educational needs for modern mental health nursing training can be argued to require two key elements: standards of education – requirements of training quality, and standards of outcomes – the content of learning and skills and competencies acquired. Guidelines and standards in our review focus more on the former than the latter, hence the need to also identify the requirements from a modern (mental health) nursing workforce that indicate the competencies contained in any updated curriculum.

Current mental health nursing curriculum – Butabika School of Psychiatric Nursing

The 2007 current curriculum for diploma in mental health nursing (MHN) incorporates the basic required fundamental Knowledge and skills in terms of mental health nursing. However, it is widely recognised that the responsibility and expectations of the future contemporary professional MHN necessitates the development of higher order skills needed to manage, lead and accommodate complex care needs within all health settings. The move from instrumental tasks of care to holistic person-centred care dictates that future nurses are educated in a different way to accommodate the changing and complex health care needs of those they serve. The role of the mental health nurse now requires not only task/skill delivery but demands that such nurses have a critical evidenced based understanding of the care they deliver. Mental health nursing requires a deeper knowledge acquisition and justification of integrated physiological and psychological needs of care, and how these impact upon holistic care outcomes and quality of lives.

To ensure that mental health nurses are future-prepared and fit for contemporary practice, the curriculum needs to reflect and incorporate complex health assessment, leadership, management, and evaluation of care delivery. Critical understanding as to diverse MH interventions, e.g., trauma informed care, person centred care, and the supporting evidenced base, is also a necessary facet for inclusion in the upgrading and upskilling of the current MHN curriculum. Such development also necessitates that the developing role of the MHN brings with it expanding professional responsibility and legal accountability which require a robust understanding and appreciation of the professional development of self and one's ability to impact on care outcomes, irrespective of the care setting.

The need for the MHN curriculum review is needed if Ugandan mental health nurse education is to be complicit and with global standards of nursing (Ganes 2019) and reflect those of the NMC 2018a) UK for nurse education.

Nurse Education evidence

The nurse educator core competencies produced by the WHO (2016b) outline the minimum competencies a qualified nurse educator should possess to achieve the global strategy on human resources for health, this is complemented by the updated global strategic directions for nursing and midwifery, 2021-2025 (WHO, 2021).

The core competencies from 2016 were created from a global Delphi consultation process, identifying eight core requirements of nurse educators:

1. Understanding of contemporary theories and principles of adult learning
2. Skills and abilities to design, implement, monitor and manage curricula
3. Maintain current knowledge and skills of evidence-based nursing practice
4. Possess critical inquiry and ability to conduct research for education and practice
5. Demonstrate effective communication for collaborative teamwork and healthcare partnerships
6. Demonstrate professional values for ethical, legal and professional development
7. Use strategies to monitor and evaluate nursing programmes and curricula
8. Demonstrate leadership to create, maintain and develop nurse education provision.

The aspiration from these findings was for a global degree-level nursing and midwifery workforce. This will require university input or support for degree accreditation, but as a goal, provides

incentive for capacity building and a key approach to raising the profile and professionalism of nursing and midwifery as a registered profession.

These requirements also appear to underpin the standards for nurse education from 2019 conducted by the Global Alliance for Leadership in Nursing Education and Science (GANES, 2019). This was also a consultation process with nursing faculty from six continents, creating a convergent thematic analysis of the key competencies and requirements for nursing education curricula and pedagogy, arranged as three pillars or principles to underpin nurse education: *learning outcomes*, *programme standards* and *education/institution standards*.

For learning outcomes (Pillar 1), at a fundamental level, these are similar to the existing degree level standards for the United Kingdom (UK) expected by the Nursing and Midwifery Council. The learning outcomes are:

1. Knowledge and skills
2. Communication and collaboration
3. Critical thinking, clinical reasoning and critical judgement
4. Professionalism and leadership

The nursing programme education standards (Pillar 2) are also in line with basic UK standards and some elements reflect the recent changes and upgrades in the United Kingdom, at least at a fundamental level. However, it is interesting that there are indicators for an effective balance of student numbers within the resources available:

1. Curricula need to be responsive to changing health needs locally, includes consultation with key stakeholders, and is systematically monitored, reviewed and developed.
2. Admissions reflect the resources of the faculty to ensure good quality education and responsiveness to local needs, are governed by academic and practice demands and reviewed regularly.
3. Learning experiences include practice experience and simulation, with a variety of clinical settings and population diversity, are graded by increasing complexity, take gender and cultural difference into account for learners and include interprofessional learning.

Institutions delivering nurse training should also attain basic standards (Pillar 3) to deliver effective nurse training:

1. Nursing faculty members will have graduate-level education and expertise in their areas of teaching, while instructors or preceptors will have clinical practice and experience in their relevant area. Student numbers in classrooms should be limited to ensure optimum learning outcomes.
2. Resources available should include library and internet access for evidence informed practice, material (presumably for simulation training) and learning resources, and faculties

should have sufficient financial resources to support the tutors and material resources in delivering learning.

3. There needs to be an institutional governance structure, with a graduate level registered nurse leading the programme, and good links and collaboration with health services that provide practice learning opportunities.
4. Finally, the nursing programme and outcomes will need to be evaluated in order to improve the programme and quality for student nurses.

It is suggested that the convergent agreement on these fundamentals for the provision and delivery of nurse education globally, and the uptake of these by countries across the globe, can result in a standardisation of nurse education and practice that facilitates a greater mobility of the nursing workforce (Baker et al., 2021). It was not clear from this work whether registered nurses will be graduate degree-level, *but did state that entry-level should be baccalaureate as a minimum*. Most of the documents reviewed referring to nurse education make the distinction between nursing and midwifery, while standards apply to both. However, none makes any distinction between fields of nursing, implying that all standards recommendations apply similarly to mental health nursing.

Standards for nursing proficiency

In order to ascertain modern learning outcomes, as there is very little evidence that stipulates core competencies internationally, we examined high income country standards of proficiency for mental health nursing. These are limited to those countries that differentiate between general (adult) and mental health nursing as a core field of nursing – rather than regarding mental health nursing as a specialism within general nursing as is the case in the United States, for example. Among high income countries, these are limited to the UK, Canada and New Zealand. As the New Zealand standards have not been updated since 2012 (NZCMHN (2022)), these have not been reviewed. The Canadian standards have not been reviewed since 2014 but are currently being updated for 2022 (CFMHN, 2022) under a reorganised regulatory system for nurses (Almost, 2021; CAN, 2022). Confusingly, Canada traditionally had separate regulatory bodies at State level. These have to some extent been amalgamated in 2019 to form agreed competencies for those States. See Appendix III.

UK standards of proficiency for nursing (NMC, 2018b) emphasise changes to the nursing role in response to policies to function in a person-centred approach and the need to focus on lifestyle diseases and prevention approaches. This means there is more emphasis in the UK on health promotion and illness prevention, working with other agencies and disciplines, communication skills and leadership in nursing. These standards are the minimum expected at point of registration and are presented by the NMC as 7 platforms:

- Platform 1 Being an accountable professional
- Platform 2 Promoting health and preventing ill health
- Platform 3 Assessing needs and planning care
- Platform 4 Providing and evaluating care
- Platform 5 Leading and managing nursing care and working in teams
- Platform 6 Improving safety and quality of care

Platform 7 Coordinating care

See Appendix I for a breakdown of the NMC domains for mental health nursing practice.

The Canadian mental health nursing competencies (CFMHN, 2014) are similar although more directive and focused on specific tasks. The New Zealand standards also list areas of practice which are behavioural and directive. Both these examples may reflect their need for updating (see Appendices II and III). The Canadian States amalgamated standards of practice represent a more updated perspective of modern nursing, and this is apparent from the inclusion of leadership, professionalism, accountability and evidence-based ethical practice. While there may be a difference between country regulations for standards and competencies, it is clear that the current and recent standards for entry-level mental health nursing registration is moving towards a greater professionalism and autonomy and focus on effective functions of a nurse as a manager as well as a practitioner.

ANALYSIS AND RECOMMENDATIONS

The current guidelines and recommendations for basic nurse competencies and standards in mental health practice for newly registered nurses focus not only on the knowledge and skills required for practice but particularly on professionalism, leadership, flexibility and critical abilities to deliver evidence-based care, decision-making and accountability. These competencies are more likely to produce an accountable and autonomous professional, with the key skills for practice, but additionally with leadership qualities to make a difference in specific localities and in response to local needs and challenges. Modern curricula should therefore focus on the qualities that create an autonomous practitioner as a leader within a health care system. This is compatible with the need for nurses to be a leading part of health systems development, especially in LMICs, and for registered mental health nurses to be leaders of and contributors to health system development as well as clinical practitioners. This will require degree-level training and education, and training that focuses on personal and professional development as well as knowledge and skills development.

It is clear that mental health nursing curricula for LMICs such as Uganda will also need development of the educational environment and capacity-building in order to deliver training at degree level and to accommodate a higher professional development content. Here, the recommendations for standards for education and institutional provision from GANES (2019) will be useful, however these do not specify the required capacity-building. It is for individual institutions to evaluate their capacity needs against the end-product of the entry-level requirements for a modern internationally recognised mental health nurse.

These fundamental standards, or, more helpfully, learning outcomes for students should include:

1. Professional and personal development to achieve an accountable and autonomous practitioner with leadership knowledge and skills
2. Critical thinking, problem-solving and evidence-based practice skills and abilities

3. Interprofessional and communication capabilities to work in teams, with external agencies and able to co-ordinate lead care delivery
4. Abilities to maintain up to date practice and life-long learning through continuing professional development

It will be against such standards that educational and institutional development and capacity-building may be assessed.

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APPENDIX I

The field-specific competencies for mental health nursing from the NMC (2021)

DOMAIN 1

1.1 Mental health nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.

2.1 Mental health nurses must practise in a way that addresses the potential power imbalances between

3.1 Mental health nurses must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems.

4.1 Mental health nurses must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centred and recovery focused practice

8.1 Mental health nurses must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health; how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.

DOMAIN 2

1.1 Mental health nurses must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.

1.2 Mental health nurses must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.

4.1 Mental health nurses must be sensitive to, and take account of, the impact of abuse and trauma on people's wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help people disclose and discuss their experiences as part of their recovery

5.1 Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.

6.1 Mental health nurses must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use

communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable

DOMAIN 3

1.1 Mental health nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.

3.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments, develop case formulations and negotiate goals

4.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.

5.1 Mental health nurses must work to promote mental health, help prevent mental health problems in at risk groups, and enhance the health and wellbeing of people with mental health problems

6.1 Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.

7.1 Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery

7.2 Mental health nurses must work positively and proactively with people who are at risk of suicide or self-harm, and use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk.

8.1 Mental health nurses must practise in a way that promotes the self- determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management.

9.1 Mental health nurses must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress; when compulsory measures are used; and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking.

DOMAIN 4

4.1 Mental health nurses must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management and practice.

5.1 Mental health nurses must help raise awareness of mental health, and provide advice and support in best practice in mental health care and treatment to members of the multi-professional team and others working in health, social care and other services and settings

6.1 Mental health nurses must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes, and by ensuring effective communication, positive risk management and continuity of care across service boundaries.

APPENDIX II

New Zealand standards of mental health nursing.

Standard One

The Mental Health Nurse acknowledges Māori as tangata whenua of Aotearoa New Zealand. The Mental Health Nurse is knowledgeable of the place of Te Tiriti o Waitangi in nursing care and acknowledges the diversity of values, belief systems and practices of people and cultural groups within New Zealand society.

Standard Two

The Mental Health Nurse establishes collaborative partnerships as the basis for therapeutic relationships. This involves building on strengths, holding hope and enhancing resilience to promote recovery and wellbeing.

Standard Three

The Mental Health Nurse provides nursing care that reflects contemporary mental health care and standards.

Standard Four

The Mental Health Nurse promotes mental health and wellbeing in the context of their practice.

Standard Five

The Mental Health Nurse is committed to their own professional development and to the development of the profession of Mental Health Nursing.

Standard Six

The Mental Health Nurse's practice reflects relevant policies, legislation, ethical standards and codes of conduct.

APPENDIX III

Canadian Federation of Mental Health Nurses standards of entry level mental health nursing:

Standard I: Provides Competent Professional Care Through the Development of a Therapeutic Relationship

Standard II: Performs/Refines Client Assessments Through the Diagnostic and Monitoring Function

Standard III: Administers and Monitors Therapeutic Interventions

Standard IV: Effectively Manages Rapidly Changing Situations

Standard V: Intervenes Through the Teaching-Coaching Function

Standard VI: Monitors and Ensures the Quality of Health Care Practices

Standard VII: Practices Within Organizational and Work-Role Structure
(CFMHM,2014)

Canadian states amalgamated standards of psychiatric nursing, 2019:

1. Therapeutic relationships: establishes collaborative professional, interpersonal, and therapeutic relationships with clients.

2. Competent, evidence-informed practice: continually acquires and integrates evidence-informed knowledge and builds on psychiatric nursing education and lifelong learning.

3. Professional responsibility and accountability: accountable and responsible for safe, competent, and ethical psychiatric nursing practice that meets the standards of the profession and legislated requirements.

4. Leadership and collaboration in quality psychiatric nursing practice: enhances the safety, quality, and effectiveness of psychiatric nursing practice through leadership and collaboration.

5. Professional ethical practice: understands, upholds, and incorporates the profession's Code of Ethics into their professional practice

(British Columbia College of Nursing Professionals, College of Registered Psychiatric Nurses of Alberta, College of Registered Psychiatric Nurses of Manitoba and Registered Psychiatric Nurses Association of Saskatchewan, 2019).