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A strong commitment to mental health nursing

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Publication Details

Brighton, R., Brown, A., Froggatt, T. & Liersch, S. (2011). A strong commitment to mental health nursing. Australian Nursing Journal, 19 (4), 40-41.

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RESEARCH ONLINE

A strong commitment to mental health nursing

Abstract
The School of Nursing, Midwifery and Indigenous Health (SNMIH) at the University of Wollongong, places great emphasis on providing nursing students with fundamental education and knowledge in mental health nursing. There are two dedicated undergraduate mental health subjects delivered within the Bachelor of Nursing (BN) program. Both subjects are placed in adjacent sessions to provide a consolidated speciality experience for all BN students. The two subjects incorporate core values and principles to guide the teaching of mental health nursing, learning outcomes that reflect the Australian Nursing and Midwifery Council (ANMC) competencies and are based on recommendations from the Mental Health Nurse Education Taskforce's (MHNET) framework for mental health content in comprehensive pre-registration nursing curricula.

Keywords
strong, mental, health, nursing, commitment

Disciplines
Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

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This journal article is available at Research Online: http://ro.uow.edu.au/hbspapers/1141

L to R: Susan Liersch and Renee Brighton with students undertaking the undergraduate second year mental health subject

A strong commitment to mental health nursing

BY RENEE BRIGHTON, ANGELA BROWN, TERRY FROGGATT AND SUSAN LIERSCH

The School of Nursing, Midwifery and Indigenous Health (SNMIH) at the University of Wollongong, places great emphasis on providing nursing students with fundamental education and knowledge in mental health nursing.

There are two dedicated undergraduate mental health subjects delivered within the Bachelor of Nursing (BN) program. Both subjects are placed in adjacent sessions to provide a consolidated speciality experience for all BN students. The two subjects incorporate core values and principles to guide the teaching of mental health nursing, learning outcomes that reflect the Australian Nursing and Midwifery Council (ANMC) competencies and are based on recommendations from the Mental Health Nurse Education Taskforce's (MHNET) framework for mental health content in comprehensive pre-registration nursing curricula.

It is also a requirement that for each of these subjects (placed at a 200 and 300 level) students attend a 20-day clinical placement that is mental health nursing specific. These placements occur at mental health facilities that care for people across the context of care continuum, such as mental health community facilities, inpatient units, Psychiatric Emergency Care (PEC) units and facilities that treat those with comorbidities, such as drug and alcohol use disorders.

Mental health is importantly integrated across the curriculum in all three years of the BN program. Students completing the (300 level) transition-to-practice subject also have the opportunity to undertake an additional 20-day clinical placement in a mental health environment.

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Health) four year degree in which the major field of study encompasses four subjects specific to mental health nursing. This program has been developed to ensure that the graduate is 'job ready' for employment, and is aimed at high achieving students with a strong interest in pursuing a career in mental health nursing. As part of this program, the student undertakes 80 days of mental health specific clinical placement.

At a postgraduate level, the SNMIH offers both a Graduate Certificate in Mental Health Nursing and a Master of Nursing majoring in Mental Health. Both courses of study are designed for practitioners commencing in the specialty of mental health nursing, as well as experienced mental health and drug and alcohol registered nurses.

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ALL WORK AT THE UNIVERSITY OF WOLLONGONG, SCHOOL OF NURSING, MIDWIFERY AND INDIGENOUS HEALTH IN NSW.

The major in mental health nursing

BY LORNA MOXHAM

Government inquiries and reports dating back almost as far as comprehensive nursing education itself have identified mental health nursing content as inadequate. Recommendations have been made but without 'the teeth' to make sure initiatives introduced have become part of the fabric of nursing education in Australia. One recommendation from at least two inquiries, including the recent Mental Health Nurse Education and Training (MHNET) report, was the introduction of a major in mental health nursing to provide an opportunity for interested students to hopefully become committed to pursue a career in mental health nursing after graduation.

Over the past decade, 14 universities have introduced a major of mental health nursing. All but four received funding from Commonwealth or state governments to assist this process. The initiative was welcomed by the mental health nursing profession. Many viewed it as the next best thing to a direct entry mental health program.

CQUniversity was one of the universities funded to introduce a major in mental health nursing. We wanted to examine how other universities had also progressed.

Our study involved a survey of the 14 identified universities to gain information about the status, uptake structure and content of the major, and telephone interviews with key staff to identify barriers and enablers.

Nine universities introduced a major between 2001 and 2011. Two universities have since ceased this program and five others have abandoned or indefinitely delayed their plans. That half of the programs offered are gone is cause for concern, particularly since the completion rate was estimated at about 80%. While numbers were small in some universities they were very impressive in others, with one university taking approximately 100 students a year into the program. Unfortunately that program is currently closing.

Despite repeated concerns about mental health nursing in undergraduate curricula, its status largely depends on senior mental health nurse academics to do what it takes to stop them disappearing.

LORNA MOXHAM IS ASSOCIATE PROFESSOR AT CQUNIVERSITY AUSTRALIA.

SIMULATION IN MENTAL HEALTH EDUCATION

BY NICOLE GOULTER

A workshop that provides nurses with the experience of hearing voices is aimed to help foster understanding and improve outcomes for mental health consumers.

In 2009, Arana Pearson from Keepwell Ltd provided training for Queensland Health clinical educators from the Central Mental Health Clinical Sub-Network. The workshop, co-facilitated with consumer consultants, is available to clinicians and the non-clinical workforce across the network.

The program consists of a four hour workshop and offers a brief presentation about the experience of hearing voices and some practical advice for helping people who hear voices. Participants are then invited to take part in a simulated hearing voices experience using Mp3 players, whilst undertaking a series of activities that replicate a mental health 'day program'.

Participants share their individual experience in a debriefing session to explore the variety of individual responses, before reflecting on personal and organisational practices that assist or hinder engagement with consumers who hear distressing voices. This is the most critical factor where activity is turned into a learning experience. On evaluation, 33% of participants concurred that the debriefing session was the primary activity which assisted in developing insight into the real experience of hearing voices.

The workshop aims to provide participants with the opportunity to experience the impact of hearing voices through a simulated experience; gain a better understanding of the challenges that people with a psychiatric disability face and increase empathy; and to evaluate their clinical practice and the clinical environment for the treatment of people who experience voices that are distressing.

The workshop has attracted 158 mental health professionals and 16 paediatric health professionals who voluntarily participated in the evaluation of the workshop post attendance. Preliminary evaluation data is positive: 100% of participants reported the experience as valuable to mental health clinicians; and 97% reported that the experience challenged their conceptualisation of hearing voices. Of the non-mental health participants 68.8% felt the experiences changed their attitude towards individuals with mental illness and 58.8% felt more confident to work therapeutically with mental health consumers in non-mental health settings.

The favourite components for the workshop were the Mp3 experience of hearing voices (67.7%) and the activities (41.9%) engaged during the simulation.

It is well documented that mental health faces significant stigma in the health care arena due to misinformation and misunderstanding, which interferes with the access and engagement with services. The aim is to expand the opportunity for non-mental health nurses and students to participate in this workshop in an effort to facilitate an empathetic experience that personalises the individual's understanding and improve the health care outcomes for mental health consumers in all health care settings.

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NICOLE GOULTER IS A NURSE EDUCATOR AT THE ROYAL BRISBANE AND WOMEN'S HOSPITAL, MENTAL HEALTH SERVICE IN QUEENSLAND.