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## Implementation of a major in mental health nursing in Australian universities

### Abstract

The difficulty recruiting and retaining an adequate mental health nursing workforce is acknowledged. The major in mental health nursing has been identified as a strategy to promote this specialist area of practice as desirable for students' future careers. Measuring its success requires the collection of detailed data about the structure, content, and uptake of these programmes. A survey was specifically developed to elicit descriptive information about the structure and content of a major in mental health nursing programmes. Fourteen universities participated in this research. Eight had implemented a major, one intends to do so in 2011, and five had abandoned or suspended their plans for the major. The findings suggest considerable variation in both structure and content of the major in mental health nursing throughout Australia. Students are required to commit to and commence the programme at differing stages, and there is a substantial variation in the theoretical and clinical content in mental health undertaken as a requirement for the major. The numbers of students taking the major is relatively small in most universities; however, the retention rates are favourable. These findings provide important data for discussion about the ideal structure and content of a major in mental health nursing.

### Keywords

nursing, australian, implementation, major, universities, health, mental

### Disciplines

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

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FEATURE ARTICLE

# Implementation of a major in mental health nursing in Australian universities

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**ABSTRACT:** *The difficulty recruiting and retaining an adequate mental health nursing workforce is acknowledged. The major in mental health nursing has been identified as a strategy to promote this specialist area of practice as desirable for students' future careers. Measuring its success requires the collection of detailed data about the structure, content, and uptake of these programmes. A survey was specifically developed to elicit descriptive information about the structure and content of a major in mental health nursing programmes. Fourteen universities participated in this research. Eight had implemented a major, one intends to do so in 2011, and five had abandoned or suspended their plans for the major. The findings suggest considerable variation in both structure and content of the major in mental health nursing throughout Australia. Students are required to commit to and commence the programme at differing stages, and there is a substantial variation in the theoretical and clinical content in mental health undertaken as a requirement for the major. The numbers of students taking the major is relatively small in most universities; however, the retention rates are favourable. These findings provide important data for discussion about the ideal structure and content of a major in mental health nursing.*

**KEY WORDS:** *major stream, mental health, nursing, undergraduate nursing, workforce.*

## INTRODUCTION

Given that approximately one in five Australians experience a mental illness at some stage in their lives (Australian Bureau of Statistics 2007), there is now, more than ever, an urgent need to secure a viable and sustainable mental health workforce for the future. As a result of the changing policy and focus of mental health service delivery, over 80% of all acute mental health beds are now found in the general health setting (Australian Institute of

Health and Welfare 2010), with nurses comprising a significant proportion of the mental health workforce.

The survival of this specialized field of nursing practice is in doubt, due to the current difficulties in securing enough nursing graduates who are able to provide safe and quality care to those individuals with mental health challenges. The increasing burden of disease means that all graduate nurses require, now more than ever, a thorough understanding of mental health issues. The heightened demand for mental health services and the demise of direct-entry mental health nursing specialization has meant that the responsibility for recruiting this future mental health workforce now lies within the scope of comprehensive undergraduate nursing education (Curtis 2007; Happell 2009a).

At present, there are no precise figures to indicate the expected vacancy rates of mental health nurses within the Australian workforce. However, with the anticipated exit of many mental health nurses through retirement, it is

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certain that the future for mental health nurses appears problematic and that solutions are needed to meet the growing educational and clinical demands of nurses working in mental health (Mental Health Workforce Advisory Committee 2008). This central issue has already been the focus of at least two comprehensive taskforces (Australian Health Workforce Advisory Committee 2003; Mental Health Nurse Education Taskforce (MHNET) 2008).

A significant body of work has argued that nurse graduates have been insufficiently prepared to work within the mental health setting as beginner practitioners and that universities have failed to provide adequate theoretical and practical components within their mental health curricula (Farrell & Carr 1996; Happell & Platania-Phung 2005; Wynaden *et al.* 2000). Inadequate knowledge, skill and stigma, and negative misconceptions of mental illness and the practice of mental health nursing contribute to mental health nursing to be seen as a less than popular career destination for nursing graduates (Arnold *et al.* 2004; Bell *et al.* 1997; Curtis 2007; Happell 2000; 2001; 2008a,b; Happell & Rushworth 2000; Mullen & Murray 2002; Nolan & Chung 1999; Rushworth & Happell 1998; Stevens & Dulhunty 1997; Surgenor *et al.* 2005).

It has also been suggested that students might be actively discouraged by non-mental health academics from pursuing mental health nursing as a career (Evangelou 2010; Happell 1999). This is particularly problematic given that nursing academics with mental health nursing qualifications generally constitute a small minority (Clinton & Hazelton 2000; MHNET 2008). The fact remains that strategic methods to address the current problems associated with recruiting a sustainable future mental health workforce must be examined extensively and implemented urgently.

The literature has consistently demonstrated that universities have not adequately prepared undergraduate students to provide safe and competent care to consumers with mental illness. Furthermore, they have stimulated interest in mental health as a viable career option in undergraduate students. In response, the Victorian Taskforce on Nurse Preparation for Mental Health Work Report (2005) consulted with key stakeholders and an expert reference group. Through the work of this group, recommendations were made for significant change to the existing undergraduate curricula to provide a more solid mental health framework. The taskforce recommendations included the development of a new educational model to include a 3-year undergraduate course with a major stream in mental health. The student undertaking this course would have a programme of core components

in addition to mental health electives and clinical placements. To improve the core component of the undergraduate programme, it was also recommended that mental health be integrated across the curriculum in all 3 years of study, be incorporated into other appropriate non-mental health subjects (such as pharmacology, child and adolescent health, and aged care), and be provided in an increasingly complex manner across each year of study (Victorian Taskforce on Nurse Preparation for Mental Health Work Report 2005).

These recommendations were further strengthened by the MHNET. The work of the taskforce included the development of a framework for mental health nursing in undergraduate curricula. This framework reflected the need for 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 the establishment of benchmarks for mental health nursing content. In the report, reference was made to the need for mental health content to be 'a significant, discrete and compulsory component' (p. 40). In addition, it was stated that 'a minimum number of core clinical hours is required to achieve pre-registration mental health outcomes' (p. 40). In response to this national report, the Commonwealth Government provided an opportunity for universities to apply for funding so that they could expand and enhance the mental health nursing content of their undergraduate programmes and/or to enable them to introduce a major in mental health nursing (Department of Health 2009).

La Trobe University and the University of Ballarat in Victoria were funded by the Department of Human Services Victoria to develop an undergraduate nursing programme with a mental health major. La Trobe University implemented a programme with six specialist mental health subjects across second and third year, including an increase in the clinical hours allocated to mental health. The programme involved strong partnerships with industry and included a formalized mentoring programme to support students across the mental health major. While La Trobe University saw the ability to foster interest in mental health nursing as a specialized field, an important outcome of the programme, the primary goal, was to more adequately prepare graduate nurses for working with mental health consumers in any area of the general health-care setting (Kenny *et al.* 2009). To date, this appears to be the only work within the Australian literature that attempts to qualitatively describe the process of developing this new model of mental health nursing education.

Although the evaluation of the major in mental health continues to be an important step in the process of assessing the proposed educational model for both viability and sustainability, there is a definite dearth within the literature of any significant work that has undertaken this task. An evaluation is urgently needed, as little is known about the success or effectiveness of the major and whether it is viable or sustainable. The analysis should seek to establish whether the mental health programme has met its primary aim in providing adequate mental health preparation to undergraduate students, and it should also explore whether extended exposure to mental health nursing care through the major in mental health stream within the Bachelor of Nursing is in fact leading to greater recruitment of nurses to mental health.

## METHOD

### Aims

The aim of the study reported in this paper is to evaluate the development and implementation of the major in mental health within comprehensive Bachelor of Nursing programmes in Australia. The first stage of this evaluation is to identify the universities that have implemented, are in the process of implementing, or are planning to implement a major in mental health nursing, and to collect data about the content and structure of the major, and the numbers of students who have undertaken and completed the major to date.

### Sample

The target participants for this project were the programme coordinators for the undergraduate Bachelor of Nursing. The investigators started with a list of universities they knew to have involvement in developing a major in mental health nursing. To ensure they did not inadvertently exclude anyone, the list was sent to all Heads of Schools of Nursing in Australia, via the mailing list of the Council of Deans of Nursing and Midwifery, asking them to notify the research team of any other universities that should be included.

### Procedure

Contact was initially made with the Head of the School of Nursing of each identified university to ascertain the person best able to assist with the completion of the survey. Contact was subsequently made with this person via email, which included a short overview of the study provided. The plain language statement and consent forms were attached. The participants were asked to complete the survey and return to the research assistant. All of

the universities contacted agreed to participate and returned the completed form.

### Materials

A survey was specifically developed by the research team. The aim of the survey was to elicit descriptive data about the major in mental health nursing. It included primarily closed questions designed to elucidate specific information. This included the design and structure of the major; whether it was currently operating, no longer operating, or under development; the theoretical and clinical content; whether other majors are also included; the stage of the programme where the major is introduced; and the number of applicants/enrolments and completions/withdrawals within the major stream.

### Ethical issues

Ethics approval was gained from the auspice university. Participants were provided with information about the research, and given the opportunity to ask questions about the study. They were also advised that participation in the project was purely voluntary, and they were at liberty not to participate. The participants were assured that their identity would be kept confidential. Given that most information collected would be publicly available, contact was made with Heads of Schools, asking them to inform the researchers if they did not want their university to be identified. One university chose not to be identified. It will be referred to in this paper as 'unidentified university'.

## FINDINGS

### Major in mental health nursing in Australian universities

Fourteen Australian universities were identified as having some involvement with a major in mental health nursing, and therefore, appropriate participants for this research. Eight universities have implemented a major in mental health between 2001 and 2010, and one is planning to do so in 2011. However, Charles Sturt University has not yet received the necessary approval from the Nurses Board of New South Wales to implement the major in 2011 as planned. They are now in the process of applying for approval from the ANMC for implementation in 2012. The major in mental health nursing to be introduced in 2011 by the University of Wollongong is a 4-year programme entitled 'Bachelor of Nursing Advanced (Mental Health)'. Three universities received funding to implement a major in mental health nursing, but while undertaking the project, they concluded that the skills and

**TABLE 1:** *Introduction of the major in mental health nursing*

Major in mental health nursing already introduced	Year
• CQUniversity Australia	2010
• La Trobe University	2007
• James Cook University	2008
• University of Ballarat	2005
• University of Notre Dame	2007
• University of the Sunshine Coast	2007
• University of Technology Sydney	2001
• Unidentified University	2007
Major in mental health nursing to be introduced in 2011	
• University of Wollongong	
Plans for major in mental health nursing abandoned/delayed	N/A
• University of Newcastle	
• Southern Cross University	
• University of New England	
• University of Queensland	
• Charles Sturt University	

knowledge contained within the major was essential for all undergraduate nursing students. The direction of the project consequently changed focus towards the enhancement of the mental health content in undergraduate curricula. The University of Queensland has postponed its initial plans to introduce a major in 2011.

Most universities received funding from the Commonwealth Department of Health and Ageing for this initiative. Two were funded by the Department of Human Services Victoria, and three were funded internally. The first major was implemented in 2001. Further information about the universities and the year of implementation or proposed implementation is presented in Table 1.

### Uptake of the major in mental health nursing

For most universities, the intakes have been quite modest, generally between five and 30 students. The University of Technology, Sydney, is a notable exception. After the first year of the programme, the intake has increased substantially, between 72 and 105. Generally, the retention rate for the majors have been quite high, mostly ranging between 63% and 100%, with the majority having 80% or more of those commencing completing the major. This information is presented in Table 2.

### Structure of the major in mental health nursing

The information presented in Table 3 demonstrates substantial variation in the structure of the major between universities. The point at which students are required to commit to and commence the major varies from the commencement of the Bachelor of Nursing programme to the middle of the third year. For most universities, mental health was the only major stream offered, but a small

number offered a major in other areas, including aged care, paediatrics, perioperative, palliative care, and leadership and management. Only one of the programmes has capped the number of students who can take the major, and for another university, the places are limited by the availability of clinical placements.

The most marked difference in the structure is evident in the programme offered by the University of Wollongong. The major of mental health nursing is part of the Bachelor of Nursing Advanced (Mental Health), which is a 4-year programme. Most of the content of the additional year is either mental health specific or is a more general nursing subject that is adapted for mental health.

### Content of the major in mental health nursing

The absence of consistency in the additional theoretical and clinical content that constitutes a major in mental health nursing is evident from the information presented in Table 4. In terms of theory there is a marked variation from no increase to the theoretical component to the inclusion of one to two additional subjects. Some universities have chosen to adapt existing subjects by increasing the focus on mental health nursing within the curricula, rather than to develop new ones. For example, the assessment exercises focus specifically on mental health issues. Two universities, namely La Trobe University and the University of Wollongong, have an additional two subjects, and have adapted the content of others to a mental health focus. An unidentified university established a mental health tutorial group so that students planning to take the major could focus more on mental health in other subjects. One university also includes an elective in mental health nursing that students undertaking the major can choose, but are not required to do so. Variation in clinical hours is also evident, with a range from 28 to 440–480 hours. On average, the amount tends to be in the higher range, with all but one university including an additional 200 hours or more of clinical experience.

## DISCUSSION

The development and implementation of a major in mental health nursing has been recommended as a strategy to encourage undergraduate nursing students to consider a career in mental health nursing (McCann *et al.* 2010; MHNET 2008). Fourteen universities were identified for inclusion in this research because they have implemented or are currently implementing a major in mental health nursing. Five universities were funded for this purpose, but have abandoned or delayed their plans to do so.

**TABLE 2:** *Commencement and completion rates for the major in mental health nursing*

University	Year	No. commenced	No. completed
CQUniversity Australia	2010	23	Not yet completed
James Cook University	2008	20	20
James Cook University	2009	20	20
James Cook University	2010	20	Not yet completed
La Trobe University	2006	30	19
University of Technology, Sydney	2004	26	21
University of Technology, Sydney	2005	93	84
University of Technology, Sydney	2006	92	81
University of Technology, Sydney	2007	73	68
University of Technology, Sydney	2008	105	87
University of Technology, Sydney	2009	82	71
University of Technology, Sydney	2010	72	Not yet completed
University of the Sunshine Coast	2007	5	5
University of the Sunshine Coast	2008	8	Not yet completed
University of the Sunshine Coast	2009	16	Not yet completed
University of the Sunshine Coast	2010	72	Not yet completed
University of Notre Dame	2007	6	6
University of Notre Dame	2008	21	Not yet completed
University of Notre Dame	2009	27	Not yet completed
University of Notre Dame	2010	22	Not yet completed
University of Ballarat	2008	15	11
University of Ballarat	2009	12	10
University of Ballarat	2010	15	Not yet completed
Unidentified university	2007	46	27
Unidentified university	2008	62	Not yet completed
Unidentified university	2009	49	Not yet completed
Unidentified university	2010	20	Not yet completed

**TABLE 3:** *Structure of mental health nursing major*

University	Capped	Year decided	Year commenced	Other majors
CQUniversity Australia	No	Year 2, semester 2	Year 2, semester 2	Perioperative cardiac care
La Trobe University	Yes	Year 1, semester 2	Year 2, semester 1	Midwifery
James Cook University	No	Year 2, semester 2	Year 3, semester 1	No
University of Ballarat	No	Year 2, semester 2	Year 3, semester 1	No
University of Notre Dame	No	Year 1, semester 1	Year 1, semester 1	Palliative care
University of the Sunshine Coast	No	Year 1, semester 1	Year 1, semester 1	No
University of Technology, Sydney	Limited by availability of clinical placements	Year 2, semester 2	Year 3, semester 1	Aged care Paediatrics Medical/surgical
Charles Sturt University	No	Year 1, semester 1	Year 1, semester 1	No
New England University	No	Year 1, semester 1	Year 1, semester 1	No
University of Queensland	No	Year 3, semester 1	Year 3, semester 2	Paediatrics (proposed)
University of Wollongong	No	Year 3, semester 1	Year 3, semester 2†	Leadership and management Aged care Indigenous health (proposed)
Unidentified university	No	Year 1, semester 2 Year 2, semester 2	Year 3, semester 1	No

†Major in mental health nursing at University of Wollongong is part of the Bachelor of Nursing (advanced), and includes a fourth year.

**TABLE 4:** *Additional mental health content in the major stream*

University	Theoretical content	Clinical content (hours)
CQUniversity Australia	Two subjects	320–480
University of Ballarat	One subject	440
La Trobe University	Two subjects	280
James Cook University	Three existing subjects adapted subject	320
University of Notre Dame	No additional subjects. One subject adapted to focus on mental health in assessments	320
University of the Sunshine Coast	No additional subjects. Students in major encouraged to address mental health in assessments	320
University of Technology, Sydney	Two subjects. One elective in mental health available, but not compulsory	200
Charles Sturt University	Two subjects	28
University of Queensland	Not yet decided	Not yet decided
University of Wollongong	Two subjects. Three additional subjects adapted	320
Unidentified university	One subject. Specific mental health tutorial groups in second year	120

The major in mental health nursing has been identified as a necessary strategy because of the image undergraduate nursing students hold of mental health nursing. It has been acknowledged as an unpopular area of nursing practice, and nursing students tend to feel they do not have the necessary skills and knowledge to practice in this field (Arnold *et al.* 2004; Bell *et al.* 1997; Curtis 2007; Happell 2000; 2001; 2008a,b; 2009a; Happell & Rushworth 2000; Mullen & Murray 2002; Nolan & Chung 1999; Rushworth & Happell 1998; Stevens & Dulhunty 1997; Surgenor *et al.* 2005; Wynaden *et al.* 2000).

The concerns about the image of mental health nursing and the expected impact on the nursing workforce have been acknowledged in government and statutory reports that span nearly two decades (Australian Health Workforce Advisory Committee 2003; Australian Health Workforce Institute 2010; Clinton 2001; Commonwealth of Australia 2002; Department of Human Services 1998; Nurse Recruitment and Retention Committee 2001; Nurses Board of Victoria (NBV) 2002; Reid 1994; Senate Community Affairs References Committee 2002). It is hoped that the major in mental health nursing will attract more students to consider this field and will provide them with additional skills and knowledge so they will feel more comfortable in pursuing a career in mental health after graduation.

Another significant issue facing the mental health nursing profession is the lack of workforce data to assist with identification and planning of effective strategies to promote mental health nursing (Clinton 2001; Happell & Gough 2009). It is therefore imperative that data pertaining to the implementation and operation of the major in mental health nursing are collected, recorded, and made publicly available. The data presented in this

study will, therefore, contribute to identifying the success or otherwise of this strategy and will provide important baseline information for additional research and evaluation.

The findings of this research suggest a positive response to the major in mental health nursing, with nine universities having either implemented a major or have one currently under development. This represents approximately 29% of the 35 university schools currently offering an undergraduate nursing programme. However, it is noted that two universities have already discontinued the major in mental health nursing, and a third one will cease from 2011. In addition, three programmes have abandoned plans for the major, and a further two have them on hold. This represents 50% of the universities involved with a major in mental health nursing, and creates uncertainty about the sustainability of these programmes.

For those programmes that have already commenced, the uptake appears to be modest, but relatively stable. The number of students commencing the major at most universities is between 20 and 30 each year. Given that most universities have not placed a limit on the number of students able to commence the major, it might appear that this lack of uptake reflects the lack of popularity of mental health nursing, as described in the literature (Happell 2001; 2008a,b; 2009a; Stevens & Dulhunty 1997; Wynaden *et al.* 2000). The University of Technology, Sydney, was a notable exception, with a range of 72–105 (following the first year of the programme). One possible explanation is that students at the University of Technology, Sydney, are required to complete a major in one of four areas. If mental health is the only major or one of a small number of majors that students are

undertaking, and if the mental health nursing major is not compulsory, students might feel that completing the mental health major might be at the expense of other 'more necessary' content.

The findings suggest that once students make the decision to undertake a major in mental health nursing, the completion rate is 80% or better in most of the universities. Because the major was recommended as a recruitment strategy into mental health nursing (MHNET 2008) to address the identified workforce crisis in this field (Australian Health Workforce Advisory Committee 2003; Australian Health Workforce Institute 2010), these findings are positive. However, it is also important to note that while the uptake and completion of the major assumes a degree of interest in mental health nursing, it is not possible to determine how many of these students then go on to pursue a career in mental health nursing after they have completed the programme. This is an important area for future research.

A lack of consistency in the structure and content of the major is clearly demonstrated in this paper. The stage of the programme where students are required to choose to enter the major stream varies from the beginning of the programme to the end of the first semester of the third year. A review of the literature does not provide any advice regarding the most appropriate stage to commence a major stream. However, the lack of popularity of mental health for nursing students at the commencement of their programme is evident in the literature (Happell 2001; 2008a,b; 2009a; Stevens & Dulhunty 1997; Wynaden *et al.* 2000). Having to choose at or near the commencement of the programme might, therefore, not maximize the potential interest, and students who develop an interest further into their Bachelor of Nursing, might in fact miss out on the opportunity. Exposure to the theory and practice of mental health nursing results in an increase in its popularity (Arnold *et al.* 2004; Bell *et al.* 1997; Curtis 2007; Happell 2000; 2001; 2008a,b; 2009a; Happell & Rushworth 2000; Mullen & Murray 2002; Nolan & Chung 1999; Rushworth & Happell 1998; Stevens & Dulhunty 1997; Surgenor *et al.* 2005; Wynaden *et al.* 2000). While low numbers were evident in one of these programmes, after the first year of the programme, the University of Notre Dame appears to be attracting similar numbers to programmes, where the choice about the major is made at a later stage. It might also be argued that the requirement to choose the major stream at an early stage in the programme might have some advantages, as there is less opportunity for students with an interest in mental health to be dissuaded from this choice (Evangelou 2010).

A substantial variation of the content for the major in mental health nursing is also evident. Most universities offered an additional two subjects in mental health for students choosing the major. At one extreme, students did not complete any additional theory. At the other extreme, there were two or three additional subjects and an additional subject, where students completing the major were able to focus on mental health in more generalist, focused subjects.

Students undertaking the major in most universities are provided with the opportunity to undertake a substantial amount of clinical experience in the mental health field. It was interesting to note that one university proposes to introduce a programme with only an additional 28 hours of clinical experience. This is unfortunate, as Australian research demonstrates that undergraduate students do not have the same confidence and sense of preparedness for employment in the mental health field as they do in other areas (Happell 2008a,b; Wynaden *et al.* 2000). If one of the fundamental aims of the major in mental health nursing is to increase students' confidence to seek employment in the mental health field, there must be concerns about the adequacy of such a small increase in clinical exposure. If students were to complete the major and yet still feel ill-prepared to practice in mental health nursing, the success of this initiative would need to be questioned, regardless of the number commencing and completing the programme.

Clinical experience has been identified as a significant factor influencing nursing students' attitudes towards mental health nursing (Happell 2001; 2008a,b; 2009a; Stevens & Dulhunty 1997; Wynaden *et al.* 2000). It is perhaps for this reason that historically less attention has been paid to the impact of theoretical preparation on attitudes. Considerable variation has been identified in the amount of time devoted to the theory component of mental health nursing in undergraduate nursing programmes (Clinton & Hazelton 2000; Farrell & Carr 1996; Hayman-White & Happell 2005; Nurses Board of Victoria 2002). This would not seem unreasonable if one accepts that clinical experience is the main influential factor. Although the field is limited, there is research to support the importance of theoretical preparation (Happell 2009b; Henderson *et al.* 2007; Mullen & Murray 2002). For example, in a study of eight universities in Victoria, Happell (2009b) found a relationship between the amount of theory content and undergraduate nursing students' attitudes to mental illness and mental health nursing, confidence and preparedness for practice, and interest in pursuing mental health nursing as a career, both before and after clinical exposure to mental health nursing.

Furthermore, the size of the theoretical component within the Bachelor of Nursing programme impacted on the students' perception of the benefits and value of their clinical experience in the mental health area. Happell's (2009b) research suggests that theoretical preparation in mental health might be more significant in influencing nursing students' attitudes towards mental health nursing than previously argued, and therefore, should be considered as complementary and equally important to clinical experience.

The MHNET (2008) report is the most recent description of mental health nursing content in undergraduate programmes in Australia. The lack of consistency in the mental health curriculum has been noted through reports and inquiries since 1994 (Australian Health Workforce Advisory Committee 2003; Australian Health Workforce Institute 2010; Clinton 2001; Commonwealth of Australia 2002; Department of Human Services 1998; Nurse Recruitment and Retention Committee 2001; Nurses Board of Victoria (NBV) 2002; Reid 1994; Senate Community Affairs References Committee 2002). Some universities argue that an overcrowded curriculum prevents them from increasing the mental health nursing content. Other universities with similar constraints demonstrate a capacity to make substantial increases and have done so. The findings from the current research suggest there is also a lack of agreement between universities as to what constitutes a major in mental health nursing. In the absence of clear guidelines, it has been left to individual universities to make this decision. It is not clear from the findings whether the structure of the major reflects contemporary evidence or a sound rationale, or the universities' decisions about the theoretical and clinical content that is available to support a major stream.

The introduction of a major in mental health nursing is a relatively new initiative that has not yet been systematically evaluated (Kenny *et al.* 2009). The absence of appropriate data for mental health nursing has been noted as a serious limitation for workforce planning (Clinton 2001; Happell & Gough 2009). It is therefore important that data pertaining to the implementation of the major of mental health nursing is systematically collected. The findings from this research represent the collection of initial data on the implementation of this initiative. It is hoped that this data will form the basis of further research.

### Limitations

The findings of this research are essentially descriptive of the number of people who have commenced and completed the major in mental health nursing across Aus-

tralian universities. We are not able to extrapolate from this data the number of graduates who ultimately choose to pursue a career in the mental health nursing field.

### CONCLUSIONS

These research findings present a descriptive overview of the implementation of a major in mental health nursing in Australia, particularly in relation to the structure, uptake, and content of these major streams. Fourteen universities have been involved in a major in mental health nursing in some capacity. Two programs were abandoned before commencement; two are delayed; two have discontinued, with a third planning to discontinue from 2011 and one proposed for introduction in 2011. The uptake for most universities has been modest, but overall, the completion rate has been positive. An overview of the structure and content of the major programmes demonstrates considerable variation between universities. It would appear that a common understanding of what constitutes a major study in mental health nursing does not exist. A systematic approach to analysing the effects on growth within the mental health nursing workforce as a result of participation in a mental health nursing major within a Bachelor of Nursing is warranted.

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