

# A Framework for Mental Health Nursing in Wales

2018 - 2028



All Wales Senior Nurse  
Advisory Group



## Contents

### Mental Health Nursing

**Foreword:** Professor Jean White, Chief Nursing Officer/Nurse Director NHS Wales

---

**Foreword:** Alun Thomas, Chief Executive, Hafal

---

**Introduction** from the All Wales Senior Nurse Advisory Group for Mental Health

---

#### Executive Summary

---

#### **Section 1** Introduction

How the framework was developed  
Mental health nursing: our purpose  
Philosophy  
Our values

---

#### **Section 2** Professionalism, Voice and Leadership

Leadership to meet current and future needs  
Reaching potential

---

#### **Section 3** Workforce, Education and Research

Workforce  
Education  
Research

---

#### **Section 4** Promoting Population Health and Wellbeing

Health inequalities  
Building expertise across the system

---

#### **Section 5** Quality and Safety of Care

Outcomes-focused, values-based, care  
Quality improvement  
Safe, supportive and therapeutic working

---

#### **Section 6** Conclusion

---

#### **Section 7** Practice Examples

---

#### **Section 8** AWSNAG members involved in leading the production of this framework

---

#### **Section 9** References

---

## Foreword

**Professor Jean White**

*In 2018, Welsh Government set out an ambitious 10 year plan for health and social services in Wales with the express purpose of supporting the citizens of Wales to live longer healthier and happier lives, able to remain active and independent, living in their own homes, for as long as possible.*

'A Healthier Wales' sets out the strategic direction to develop a whole system approach that appears seamless to the end user and inherent in this plan are a number of actions for professionals to take based on the core values of the Welsh NHS. I am therefore pleased to see the development of this framework by the senior mental health nurse leaders in Wales who have set out a number of pledges they have committed to that will help deliver the aspirations in 'A Healthier Wales'.

Ensuring good mental health and wellbeing is vital for any society and is influenced by a wide range of factors throughout our lives. Mental health nurses

have an important role to play, including working with people to build resilience to life's challenges, help individuals understand the importance of adopting healthy lifestyle behaviours and provide person-centred care when they become unwell. There are many excellent initiatives springing up across Wales and other parts of the UK that are positively addressing the modern day challenges found in mental health and wellbeing services, numerous examples of which can be found in the annexes of the framework.

My hope is that mental health nurses will be inspired when they read this framework to quickly adopt the good practices described herein for the betterment of care delivery. I look forward to seeing how this framework is taken forward in coming years and congratulate the authors for their commitment to drive improvement in professional practice and care delivery in our mental health services, in line with the Together for Mental Health strategy 2012-2022.



*Jean White*

**Professor Jean White CBE**

Chief Nursing Officer

Nurse Director NHS Wales



# Foreword

Alun Thomas

*At a time where we see increasing pressures on NHS and social services budgets and a significant rise in demand for mental health services the All Wales Senior Nurse Advisory Group is to be praised for the development of this framework, which will provide recognition of the profession, guidance to practitioners and a direction of travel for continuous improvement in Wales.*

Mental health nurses work in some of the most diverse and challenging roles in our health, social care and wellbeing services providing care, support and compassion to people who experience some of the greatest challenges that life may bring. Ongoing changes in society, increasing expectations and the need to continuously improve outcomes for patients and carers sets a challenge for the profession.

Mental health is an area discussed and debated now more than ever but for mental health nurses the demands both on time and on an increasing need for complementary skills and the therapy offered continue to provide a challenge for the profession wherever the nurses are employed, be it in the NHS, local government, independent sector or by charities.

Mental health nursing will continue to evolve, and it is vital that this is supported by a co-production approach with patients and their loved ones; the influence of lived experience is vital in shaping the system.

Our members tell us that a good and caring mental health nurse can make their lives worth living by providing them with hope, meaning and kindness. This framework will help the profession continue to build on these skills and provide patients and carers with the care that they need.



*Althomas*

**Alun Thomas**  
Chief Executive  
Hafal

## Introduction from the All Wales Senior Nurse Advisory Group for Mental Health

The Welsh Government national strategy *Prosperity for All* (Welsh Government 2017) reaffirmed commitments to improving mental health by positioning it as one of only five priority areas. We have significant social challenges in Wales due to poverty that can have significant impact on mental health, affecting families, contributing to adverse childhood events, leading to homelessness, suicide and other forms of self-harm such as excessive alcohol consumption and gambling.

The Welsh Government mental health strategy, *Together for Mental Health* (Welsh Government 2012) aims for mental health services in Wales to meet the needs of the whole population. Mental health services should place people at the heart of decision-making and be delivered as efficiently as possible, by ensuring:

- services are delivered as close to people's homes as possible;
- people are assessed and treated in a timely manner;
- mental health and social services work together;
- emotional health and wellbeing is promoted among the wider population;
- mental health discrimination is ended.

The *Parliamentary Review of Health and Social Care in Wales* (Hussey 2018) emphasises the challenges for current health and social care provision. The impact of a growing and changing pattern of need, expectations of services and the challenges of securing a future workforce are significant and provide a compelling case for change. The review lays out key actions including clarifying what new models of care might look like, strengthening the power of citizens and users to make change and improving local leadership. *A Healthier Wales: our Plan for Health and Social Care* (Welsh Government 2018) promises a future in which care is more joined-up, person-centred and provided close to people's homes. The planning and provision of services will increasingly take account of future sustainability, a requirement signified by the passing of globally significant legislation in the shape of the Well-being of Future Generations (Wales) Act (2015).

Mental health nurses are at the heart of mental health service provision and as such have a key role in realising the aspiration to enhance the well-being of the people of Wales. People who use health services highly value mental health nurses and the central role they play in providing safe and purposeful care.

It is in this distinct context that we see mental health nurses continuing to fulfil their ambition to make real differences to people's lives and confirming their position at the forefront of efforts to improve services. Mental health nurses will need to meet new challenges and seize new opportunities. They will need strong alliances with others working in, and receiving, health and social care. This framework aims to enable mental health nurses in Wales to positively exercise accountability, voice, influence and leadership.

This framework is an opportunity to enhance and develop mental health nursing so that people using mental health services and their families gain continuous improvements in their experiences of care. It is our aspiration that mental health nurses in Wales will:

- continue to be at the forefront of driving improvements;
- deliver high quality compassionate care; and
- work in collaboration with people using mental health services and their families, to enable positive experiences.

We would like to thank everyone who has contributed to the development of this framework. The enthusiasm and passion for mental health nursing from families, carers and professionals from across health, social and third sector organisations has been heart-warming and demonstrates the value placed on this field of nursing.



## Executive summary

The breadth of the nursing contribution is wide, roles are varied and the skills and knowledge required to offer effective nursing care are drawn from a number of disciplines and theoretical bases. In this framework, we attempt to highlight the particular contribution that mental health nurses make, and shape the way forward for mental health nursing in Wales.

The framework sets out our vision and aspirations for mental health nursing in Wales underpinned by key strategy and policy. It articulates our sense of identity as mental health nurses and how we plan to expand our role to ensure that people with mental health difficulties are treated with dignity and respect and receive the care and support they need and deserve.

It commits our views in relation to:

- ▶ The potential for mental health nurses to contribute to the transformation of mental health services
- ▶ The distinct contribution we believe mental health nurses makes and thus emphasises our continued commitment to this work

The framework is organised around four key areas:

- ▶ **Professionalism, Voice and Leadership**
- ▶ **Workforce and Education**
- ▶ **Promoting Population Health and Wellbeing**
- ▶ **Quality and Safety of Care**

In the final section, there are a range of practice examples that have been collected throughout the development of the framework. These illustrate the wide range of areas where mental health nurses are making a positive difference. The framework lays out a series of pledges, and in the future the All Wales Senior Nurse Advisory Group will work to develop these into an action plan.

## Pledges:

Mental health nurses will:

- ▶ work collaboratively with people living with mental health problems, their families and carers
- ▶ have leadership opportunities
- ▶ undertake clinical supervision
- ▶ have effective and continuous professional development and postgraduate programmes that offer career development
- ▶ be research-minded and support research in practice
- ▶ have access to undergraduate programmes that prepare nurses uniquely for practice in mental health settings
- ▶ work to promote mental health awareness
- ▶ work to reduce health inequalities
- ▶ work with primary care to ensure individual's physical health needs are met and to promote healthy lifestyle choices
- ▶ ensure that people using services, their families and carers share their expertise to inform practice
- ▶ work with people using services to achieve outcomes that are important to them
- ▶ use improvement methodology
- ▶ work in environments that are safe, supportive and therapeutic



## Section 1: Introduction

### How the framework was developed

The All Wales Senior Nurse Advisory Group consists of senior mental health nurses from each health board and from the higher education establishments that provide undergraduate and postgraduate education and research for mental health nurses here in Wales.

We report to

- ▶ The Nurse Directors Group
- ▶ The Office of the Chief Nursing Officer, Welsh Government

Our aims are to:

- provide professional advice
- support the implementation of policy
- advise on current issues in mental health nursing

We seek to create conditions for mental health nursing to flourish by:

- Strengthening leadership in mental health nursing
- Shaping, and responding to, national policy
- Providing an interface between practice, education and research
- Supporting the work of the Office of the Chief Nursing Officer

As part of our work plan, we believed it was important to create a framework that laid out our aspirations for mental health nursing in Wales and to maximise the role of mental health nurses throughout the health and social care system.

In producing the framework we have involved nurses, and other health and social care professionals through:

- workshops and activities at our conference
  - we asked nurses what they thought we should carry on doing, and what they thought we should do differently
- a call for good practice examples, widely distributed through NHS and other networks
- a Twitter chat hosted by the @WeMHNurses community
- workshops with student nurses
- inviting comments from Executive Nurse Directors

We have involved people who have experience of mental health services, their families and carers through:

- a Twitter chat hosted by the @WeMHNurses Community

- working with Hafal and the Wales Alliance for Mental Health
- working with people accessing services, and their families, at local health board level

### Mental health nursing: our purpose

Mental health nurses are the largest professional group within mental health services in Wales. We therefore have a significant role in organising the system, have an important part to play in service modernisation and are highly valued by people who use our services and by their families. Mental health nurses offer assessment, intervention, coordinate people's care and help people in their journeys and at times of distress through what are often complex systems.

We are also a wide and diverse profession. In this framework we therefore draw out key themes and messages that our review found were important to all mental health nurses in Wales. We recognise that, at the centre of their work, mental health nurses use best evidence to support people with mental illness and their families, and in doing so help people to attend to their familiar whilst also helping them to move toward a new potential.

Mental health nurses spend time with people and develop and maintain helpful relationships with individuals and their families and carers. At the same time they work as part of wider multi-disciplinary and multi-agency teams, and promote joint working to support and address needs and ensure effective use of all resources. Often nurses take on care co-ordination roles in the teams within which they are members. The work of mental health nurses reveals it is a combination of art and science, requiring the capacity to be creative in initiating trusting relationships, using evidence based approaches and supporting problem-solving.

As part of our work we asked nurses "What is the unique contribution that mental health nursing makes?" Some of the responses people gave were:

*"A real focus on recovery that is truly person-centred, with key skills of empowerment, promoting and supporting self-management, promoting wellbeing. Building relationships is fundamental in often very complex situations with clients and families"*

*"Changing with the person around what they want to achieve on their own recovery"*

*"Building connections with families"*



*“A difference that makes a difference” – micro and macro interventions – humanistic, getting the basics right... kindness, compassion, privileged to be a part of a person’s journey, time”*

We asked mental health nurses what we should carry on doing. The importance of relationships and person-centred care to mental health nursing was clear:

*“See the real person”*

*“Talking, listening, spending time with patients”*

*“Inspire hope – go on the journey together”*

At our conference in October 2017 we invited participants to post messages telling us what they thought mental health nurses should continue doing, what they should do differently and what the unique contribution is that mental health nurses make. These messages are used throughout the framework.



Picture of tree depicting what attendants at our conference viewed as the unique contribution of mental health nurses

Used effectively mental health nurses can support person centred community based care. This can help provide alternatives to hospital admission and keep people at home for assessment and treatment.

## Philosophy

Underpinning mental health nursing is the idea that care and intervention should support people with mental health issues to continue to live their lives in as fulfilling a way as is possible. Mental health nurses have a key role to play in understanding and reducing the gap between ‘personal recovery’ and ‘clinical recovery’. Understanding the importance of committing to delivering support in a genuinely person-centred way will make the difference to individuals and to services becoming more recovery-focused in their approach.

Mental health nursing has long adopted, and should continue to promote, a holistic approach to care where support wraps around the whole person and their life. A central role for nurses is in negotiating and sustaining effective, hope-inspiring, relationships and in enabling and re-connecting people so that they can achieve possibilities now and in the future.

## Our values

Values-based practice is a fundamental element of mental health nursing, and enables positive ways of working with diversity and difference. Values underpin our behaviour and decisions, and are what drive and motivate us.

The values base for mental health nursing remains strong and we consider the following as core values of mental health nursing in Wales. We illustrate these values with contributions from nurses, other health and social care professionals, people who have experience of mental health services and their family and carers who took part in producing our framework.

| Value                            | How people described the values   |
|----------------------------------|---|
| <b>Strength-based approaches</b> | <i>“We value personal attributes, as opposed to tackling deficits”</i>            |
| <b>Working in partnership</b>    | <i>“with the person, family, other professionals and organisations”</i>           |
| <b>Acceptance and tolerance</b>  | <i>“Interested in the whole person”</i>   |
| <b>Humanity and compassion</b>   | <i>“Compassion-focused”</i>   |
| <b>Honesty</b>                   | <i>“Being open and honest”</i>  |
| <b>Empowerment</b>               | <i>“Working to ensure the person is in control”</i>                               |
| <b>Inspiring hope</b>            | <i>“Enable people to look to the sunshine so the shadows will be behind them”</i> |

Key messages from people who use services and their families included the need for staff who are caring and have time to listen and the importance of communicating with families and respecting their expertise in supporting their family member:

*“Listen to families who know the person best of all”*

*“Attitudes of staff vary from excellent to variable – need to consistently improve everyone’s attitude whatever their role – their impact can be huge”*

*“Some staff go over and above to support people effectively”*

Putting the values into practice, we would expect mental health nurses to:

- work to the principle of ‘nothing about us without us’
  - listen to people carefully, ensuring that records are co-produced as far as possible and accurately reflect their thoughts and feelings, recording in the person’s own words and asking people to check what has been written
  - communicate honestly and fully in a kind, compassionate and non-judgemental way
  - see the person not the label
  - use their voices to support people who use mental health services, their families and carers
  - use feedback from people who use mental health services, their families and carers to support staff appraisals and supervision, as well as support service development and evaluation
- involve people who use mental health services in workforce development, education, service development and evaluation
  - treat people with dignity and respect at all times
  - give people who use mental health services options, and as much control over their own lives and treatment as they want, as far as is possible
  - be there for people who use mental health services and their families and carers, listen, encourage, support and inspire hope
  - be ready to reassure people and their families and carers, recognising that mental illness can be very frightening and that reassurance goes a long way
  - have the ability to be non-judgemental with people in significant crisis, being attentive and responsive with the ability to use skills in pace and timing during therapeutic communication
  - be respectful and validate the emotional pain people experience, and help people to challenge this in a safe environment

**Pledge:**

Our first pledge arises from our values, and underpins everything that we do. Mental health nurses will:

- ▶ work collaboratively with people living with mental health problems, their families and carers





## Section 2: Professionalism, Voice and Leadership

### Leadership to meet current and future needs

Competent, compassionate leadership in mental health nursing is essential to drive forward the profession and ensure a responsive workforce is in place to meet current and future needs. This should include mental health nursing leadership in education and research settings as well as in clinical practice and management settings. We need to nurture influencing skills to ensure mental health nurses are leading and shaping the direction of practice, organisation of services, research and education.

Consequently, mental health nurses need to be politically astute, and need to be able to connect the overall picture with the day-to-day details. They need to be able to inform at all levels, and to be aware of, to respond to and to shape political drivers. They need to lead new initiatives wherever possible and realise the potential of their influence locally and wider. As Butterworth and Shaw say:

*“They [mental health nurses] are a critical part of service delivery and have shown the willingness and the ability to innovate in their practice. There is room to go further, however, and we would like to see these nurses play a more active part in policy development and be more confident and vocal about their significant contribution to caring for those with mental illness. We would urge graduate and registered mental health nurses, employers, senior nurses and educators to look again at this profession and its place in mental health care.*

(Butterworth and Shaw 2017, p10)

There are a number of areas where further development and improvement are required and mental health nurses should be at the centre of developments in, for example, the areas of:

- effective crisis care that delivers community based care;
- effective transition particularly from children to adult services;
- mental health care in prisons for adults and older adults;
- ensuring the physical health needs of people within primary and secondary mental health services are provided for;

- promoting mental health awareness across all parts of the health and social care system to promote positive mental health and reduce stigma;
- developing alternative therapeutic interventions to reduce the use of medication;
- developing innovative practice using technology;
- strengthening relationships with other services across the sectors to deliver person-centred care planning.

The importance of leadership was highlighted by mental health nurses when we asked the following questions:

### 1. What should mental health nurses carry on doing?

*“Promoting the profession”*

*“Political – ability to influence what we do”*

*“Developing with the time – modernising”*

### 2. What should mental health nurses do differently?

*“Better promote our own value”*

*“More proactive in promoting mental health nursing”*

*“Be heard and more active”*

### Reaching potential

All nurses are leaders, all nurses have a voice, and leaders at all levels of the profession must be supported to develop their leadership potential. We want mental health nurses to develop and reach their potential and this should be supported through continuing professional development, clinical supervision, mentoring and reflective practice.

Successful leaders are good role models, consistent with our shared values and vision for health care. They offer individualised consideration of staff, provide motivation and stimulate creativity and innovation, as well as supporting change and transformation in a positive way to inspire colleagues.

Being a good role model should include mental health nurses modelling self-care, both mental and physical. Important in the health service in general it is even more vital for mental health nurses to take care of their physical health and be clear about how they take care of themselves psychologically. Due to the relational work that is so central to mental health work being

a good role model is often more powerful than any information about 'healthy lifestyles'. We should all be working in organisations that support their workforces, and we should exercise our own responsibility to look after and respond to our own mental and physical wellbeing. It is important that employers promote mental health awareness and mental health nurses have a role to play in supporting this.

Mental health nurses need to be innovative, using skills they have developed to lead change and build a culture that focuses on what matters most to people, families and carers. We are seeing more mental health nurses in senior roles, but we need to see more visible leadership at all levels including strategic and national levels

“ ***But it's not easy – we have challenges – it takes courage ...the greater danger... lies not in setting our aim too high and falling short, but in setting our aim too low and achieving our mark*** ”

(Michelangelo quoted by Perkins R, 2017).

People using services and their families talked about the importance of services that are connected through one computer system, 24 hour services and services that can be accessed easily and quickly. Mental health nurses should as part of their leadership role ensure the voices of people and families accessing their services is central to service improvement and development. This should include routinely collecting information about service user and family experiences of care to inform practice and develop services.

*“Better service over the Christmas and New Year as we were let down at that time when help was desperately needed.”*

*“Reduce waiting times, improve practitioner competence and enable services to work better together.”*

*“Phone calls to people waiting for a mental health team to keep them positive and help them while they wait for assessment.”*

#### **Pledges:**

Mental health nurses will

- ▶ have leadership opportunities
- ▶ undertake clinical supervision





## Section 3: Workforce, Education and Research

### Workforce

In line with the wider nursing workforce, mental health nursing is facing challenges with demand and supply resulting in recruitment and retention challenges in most services. We value the nursing bursary in Wales and in recent years increases in commissioned numbers for undergraduate mental health nursing students demonstrates the commitment in Wales to secure the supply of nurses required to deliver high-quality care in the future.

However, more needs to be done. New roles will grow within the NHS and professional and skill mixes will evolve, but retaining current staff is vital as this has an immediate impact on quality of care. Training, educating and investing in the workforce has never been more important to give new and current staff flexibility and adaptability. Furthermore, there is a need to provide broad pathways for staff so they have careers, not just jobs.

We support Butterworth and Shaw's (2017) evidence that suggests registered mental health nurses are being underused and that more can be done to use mental health nurses to their full potential. More could be done to take advantage of nurses' prescribing skills, the capacity to become advanced practitioners and to secure new positions such as responsible clinicians. Benefits to primary and secondary care could be further maximised through developing new roles.

We want to see more mental health nurses in Wales developing their roles, acquiring skills, expertise, experience and confidence in specific areas of practice to enable them to assess, plan, deliver and evaluate entire episodes of care for individuals and groups of service users. We believe that there is value in nurse-led services for people, families and carers. Nurse-led services have value for whole services as well as for individual practitioners, with multidisciplinary colleagues more able to focus their energies on specific areas of expertise as a result.

There are opportunities for mental health nurses to develop therapeutic alternatives to medication and support the drive to reduce the use of antipsychotic medication in care homes. We have high numbers of people in Wales taking anxiolytic medicines and poor referral to talking therapies that are not always easily available. Mental health nurses are integral to helping people navigate the often complex care journey and to provide evidence based interventions to meet need.

Mental health nurses can deliver a wide range of psychological therapies and should be supported to undertake training which enriches their skillset.

We want mental health nurses to continue their long tradition of providing personalised, rights-based services that are embedded within caring and compassionate professional relationships with people, their families and carers. We want nurses to continue to take account of wider physical, psychological and social dimensions of people's lives, and to make real differences to health and wellbeing. We want nurses to be prepared for increasing technological environments, and to be equipped with both the technical and communication skills to support and enable self-management. There is significant scope for innovative practice in the use of technology in this digital age and mental health nurses should be embracing and driving these opportunities. The Welsh Community Care Information System (WCCIS) will be in place across services by 2022, and mental health nurses should support the potential created by a shared system.

Mental health nurses are also instrumental in providing psychological interventions. Mental health nurses are the professional group that has the most contact with people using services and thus are at an advantage when it comes to working with their psychological needs. This includes discussing and providing interventions such as promoting psychological awareness or mindfulness, delivering therapies and providing complex interventions reflecting service user-specific formulations. Many nurses have undertaken secondary qualifications to enable them to work as nurse therapists or psychotherapists and work closely in needs-led fashion with people experiencing psychological difficulties. Nurse-delivered therapy has a long history of success and can be counted to have had a measurable impact on people's lives and recovery. The Matrics Cymru and implementation plan provide an overview about the wide range of supports that can be offered within primary and secondary care by mental health nurses, in line with individual needs and choice.

The changing face of mental health service delivery provides opportunities to consider where new roles may add value. Mental health nurses have an important part to play in these new roles and should embrace these opportunities. Mental health nurses will require the right preparation, supervision and support to be confident in taking advantage of the transformed roles that will be in place, and will need to be educated and prepared in the right numbers to meet population needs.

When asked what mental health nurses could do differently, people who access services talked about the importance of working with children and young people and having medication reviewed regularly; developing new roles in schools and advanced nurse prescribers could be key in supporting the service user experience:

*“Work more with children and in schools to promote good mental health.”*

*“Little information and support to help prepare for and cope with side-effects of medication”*

## Education

For mental health service providers in Wales to deliver high-quality mental health services, it is essential that we have a well-prepared, developed and supported workforce. Education and training throughout the career pathway is key to achieving this. Education frameworks need to outline the knowledge, skills, attitudes and values required by the mental health-nursing workforce, including those in specialist practice and consultant roles.

We support the continued preparation of mental health nurses as a distinct field, at pre-registration level. Undergraduate programmes will act as the foundation for informing future developments in postgraduate mental health nursing education, research and scholarly activity. It is important that mental health nurses have the skills to access and use evidence.

We also recognise that all mental health nurses need knowledge and skill in physical health assessment, just as adult, child and learning disability nurses need knowledge and skill in the assessment of mental health. We recognise that people with mental health problems and their families and carers can be more involved in the education of nurses in all fields. Such involvement would meet workforce development needs and enable the needs of people with mental health problems and their families and carers to be better met.

The importance of investing in mental health nurses beyond the point of initial qualification cannot be overstated. In addition to maintaining, the competencies needed to keep up to date with professional development and mandatory training postgraduate provision for mental health nurses should focus on advancing evidence-based practice interventions that improve outcomes for people who use the service. This should include the delivery of therapeutic psychosocial interventions and psychological therapies and education to support new roles and advanced practice.

We want to see more mental health nurses undertaking doctoral level study and more opportunities for clinical academic careers in mental health nursing.

Those who commission, develop or deliver education should ensure that all nursing education programmes reflect the key values, content and approaches recommended in this framework.

People and families accessing services told us how important holistic models are and this should be reflected in education:

*“Too reliant on medical model – not enough alternative activities / options available to people – not holistic”*

## Research

It is important to support nursing research, to promote use of research in practice and to support nurses to become more involved in research taking place in clinical practice.

Research produces knowledge, and knowledge is essential for any modern profession. Research in mental health nursing can create an evidence base for clinical interventions. It can also generate new understandings of how mental health care is organised, delivered and experienced. The products of research are therefore vital in informing developments in services and standards, and in underpinning advances in professional practice.

We need to ensure that we involve people who use mental health services and their families and carers through asking them what the research questions should be. We should work with people who use mental health services and their families and carers as equal partners at all stages of the research process.

Historically, mental health research has suffered from a lack of investment compared to research in other areas of health and social care, but with the publication in 2017 of a cross-UK framework for mental health research opportunities exist for this to change (Department of Health 2017). All mental health nurses need to be research-minded, and some need to be research leaders. This means maximising opportunities for growing numbers of mental health nurses to develop their formal research skills far beyond the level acquired during undergraduate education, and to grow towards research independence. Achieving this means working collaboratively across Universities and the NHS. It also means collaborating with research funding and infrastructure bodies, including those (such as the Research Capacity Building Collaboration (RCBC) Wales) supported by Health and Care Research Wales.



### Pledges:

Mental health nurses will

- ▶ have effective and continuous professional development and postgraduate programmes that offer career development
- ▶ be research-minded and support research in practice
- ▶ have access to undergraduate programmes that prepare nurses uniquely for practice in mental health settings



## Section 4: Promoting Population Health and Wellbeing

### Health Inequalities

Improving the health and wellbeing of the people of Wales is aligned with *Taking Wales Forward* (Welsh Government 2016), *Prosperity for All* (Welsh Government 2017), the Well-being of Future Generations (Wales) Act (2015) and key Welsh Government priorities around values-based health care and public health, early years and social care strategies.

The relationship between physical and mental health is such that poor mental health is linked with a higher risk of physical health problems and poor physical health is linked with poor mental health. We know that people with mental health problems have poorer physical health than the general population. They are often unable to access physical health care services they need, and experience unnecessary health inequalities. We know that people with severe mental illness are particularly at risk and die on average 15-20 years earlier than the general population. These avoidable differences in health require targeted population health approaches to reduce inequalities in access, quality and outcomes of care.

Mental health nurses have a vital role in reducing these stark health inequalities and improving the physical health of people with mental health needs. They must take every opportunity to promote physical health and well-being. The ability to undertake skilled assessment in both mental and physical health is crucial in providing the most appropriate evidence-based interventions for each person.

The importance of physical health was highlighted by mental health nurses when we asked the following questions:

#### 1. What should mental health nurses carry on doing?

*“Continue to maintain physical and mental health link”*

#### 2. What should mental health nurses do differently?

*“Stop forgetting physical health”*

*“Help connect the system so people’s physical and mental health needs are met”*

When we asked a range of other nurses to tell us what they saw as the unique contribution of mental health nurses, an associate nurse director in the NHS said that mental health nurses:

*“Deliver ethical psychological care, ensuring emotional and physical needs are addressed, support patients to overcome challenges and to have greater control and management of their condition, and act as the patient advocate all to ensure the delivery of safe, effective, competent care”*

Mental health nurses have a key role in promoting health through helping people to develop their own plans for well-being, through being collaborative and person-centred and by empowering the person to tell and be part of their own story. Mental health nurses should continue to develop their contribution to early intervention and anticipatory care.

Mental health nurses should work to make every contact count, recognising the role they have in promoting healthy lifestyles, supporting behaviour change and contributing to reducing the risk of chronic disease. This recognition extends not only to their interaction with people accessing services, but also to their own health and wellbeing and that of their friends, families and colleagues.

### Building expertise across the system

Mental health nurses work across health and social care and have an important role in supporting and building expertise in other parts of the health and social care system.

Parity of esteem remains a challenge across health services. This means equal access to effective care and treatment; equal efforts to improve the quality of care; equal status within health care education and practice; equally high aspirations for service users; and equal status in the measurement of health outcomes. Appropriate funding, safe staffing and a co-ordinated approach across the NHS are all important factors in improving parity of esteem.

When we asked a range of other professionals what they value about mental health nurses, a Director of Organisational Development within the NHS described mental health nurses as:



*“Making a unique contribution in the wider health community and nursing workforce, working together in support of people with mental health needs accessing accident and emergency, and areas such as cardiac rehab where mental health features as equal to general health needs for people recovering from an acute life event.”*

We need to continue to demonstrate our value across the whole health care system through roles such as psychiatric liaison. At the same time mental health nurses need to challenge the wider health care system to ensure effective care is accessed within mental health services, for example enabling specialists in other fields (such as tissue viability nurses) to in-reach into mental health services.

Mental health nurses at all levels will continue to champion parity of esteem and strive to shape empathetic, resilient organisations in which compassionate care is central and there is mutual respect for each discipline’s contributions.

Mental health nurses need to promote and highlight the important role of peer trainers. We need to work with peer trainers to develop mental health awareness and resilience training for schools and workplaces. We also need to support people who use mental health services to become peer trainers delivering self-management training and to set up and maintain peer support groups for people with similar needs. The box below reproduces the words of a person using mental health services who told us about their involvement activities:

*I often talk to my nurse about the service user involvement and representation work I do. He approached me to ask if I could help to improve service user and carer engagement in the CMHT.*

*I am now involved in setting up a process for service users and carers to talk face-to-face with other service users and carers about how they feel about the service. I really feel he has put me into a position to make a real difference. He did the same for another service user who joined us in the project.*

*He also approached me to see if I would take part in recruiting a couple of nurses. Which I did.*

*I feel really excited that new voices are being found in this way*

People who access services and their families are a source of expertise that could be better utilised to build knowledge across the system:

*“As a family carer I teach nurses and others, so they can learn from my experiences.”*

#### **Pledges:**

Mental health nurses will

- ▶ work to promote mental health awareness
- ▶ work to reduce health inequalities
- ▶ work with primary care to ensure individual’s physical health needs are met and to promote healthy lifestyle choices
- ▶ ensure that people using services, their families and carers share their expertise to inform practice



## Section 5: Quality and Safety of Care

### Outcomes-focused, values-based care

Outcome measures are important to assess whether or not interventions are associated with change (for better or worse) in a person's health status. Mental health nurses highlighted the importance of outcomes when we asked the following question:

#### 1. What should mental health nurses do differently?

*"Develop and use outcome measure – gather evidence"*

*"Measure outcomes"*

*"Show how effective we are at what we do"*

Outcomes measures should help measure the effectiveness and safety of the service and the effectiveness and safety of interventions. There is a raft of outcome measures available across professional disciplines. Mental health nursing needs to use these where appropriate and ensure that the personalised goal of the person receiving care, their experience and their carers' experiences is central to all interventions.

In Wales, a mental health core dataset is being developed. Part of this work involves moving towards outcome-focused practice across disciplines in mental health services. This includes supporting the therapeutic relationship through using outcome measures to plan care, monitor progress against goals, and to reflect upon the service user experience of care. Mental health nurses can take a leadership role in supporting the cultural shift to routine outcome-focused practice, using information to inform care planning, professional development, service planning, delivery and evaluation.

The NHS in Wales has taken on the principles of values-based healthcare through prudent health care, where any service or individual providing a service should:

- achieve health and wellbeing with the public, patients and professionals as equal partners through co-production;
- make the most effective use of all skills and resources;
- do only what is needed, no more, no less, and do no harm;
- reduce inappropriate variation using evidence-based practices consistently and transparently.

Mental health nurses are in a strong position to take forward values-based health care from a position of working as equal partners. A service user had this to say:

*In the past the multi-disciplinary team has always met without me, and every time it produced misconceptions. Every time prescriptions would come out of these meetings without any flexibility to be influenced by me at all.*

*Over the long term it has turned out that they were wrong on many occasions, leading to huge amounts of waste and too much energy going into conflicts between the nurses and me because they either made no sense or forced treatments upon me that had never worked in the past, or which I felt I couldn't comply with. When I eventually got a diagnosis that made sense and services that I preferred I made good progress.*

*Recently my nurse asked me whether I would be happy for the MDT to meet without me, whether I would like to come to an MDT meeting, or whether I would prefer to just work through him.*

*This was helpful. I preferred not to face the whole MDT on this occasion and wanted to only go through him. It was emancipating and revolutionary to have been offered a choice.*

Mental health nurses must seek to reduce harmful variation and to always offer assessment and interventions that add value.

People using services and their families talked about the importance of support in times of crisis and the need for individual support in the evenings, night times weekends and holidays:

*"Going through A&E and the effort and waiting to see crisis team is impossible with nobody for support to get you there and hold your hand through the process"*

*"Major issues over lack of communication / involvement / support for carers of people with mental health problems"*



As one person who has accessed services said to us:

*“A caring mental health nurse who can provide hope and kindness can make the difference between life and death.”*

Mental health nurses have a key role in signposting and empowering individuals to self-manage so no one is turned away without support.

### Quality improvement

*“Everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it.”*

(Batalden and Davidoff 2007, p3)

As one of the professions with the most contact with people accessing mental health services, mental health nurses are in a key position to apply a systematic approach to iteratively secure positive change to the care and support that is provided to and with people. Quality improvement relies on working with others to continuously test, measure and improve services for the benefit of people. In Wales many mental health nurses will be familiar with the Model for Improvement through their training in Improving Quality Together (IQT) Bronze and Silver. There are however other quality improvement methodologies and approaches that can be utilised to deliver positive results.

Quality improvement is about continuous learning and relies on all mental health nurses considering opportunities to improve what they do. It is dependent on the support and infrastructure and training that leaders can provide, but it is most reliant on mental health nurses on the frontline working in partnership with people accessing services to develop new solutions to achieve positive change.

We want to see more mental health nurses committing to training in a quality improvement methodology and using it to improve services.

There are a number of areas where service development and improvement has a role, including:

- perinatal mental health to ensure early identification and management for women experiencing perinatal mental illnesses to improve outcomes for women and their families;
- early intervention psychosis to improve short- and long-term outcomes by reducing the duration of untreated psychosis;

- in-reach into schools to promote population health from an early age and help build resilient adults and provide support where there are adverse childhood events;
- mental health care in prisons to support people with mental health issues and mental illness and that reflect the changing prison population and increasing numbers of older people in prisons with dementia.

This list is by no means exhaustive but rather illustrative of some of the many areas where quality improvement has potential to improve services and where mental health nurses have scope to support positive change.

### Safe, supportive and therapeutic working

In 2016 Wales became the first country in the UK to introduce a law placing a duty on NHS organisations to ensure that nurses have enough time to allow them to ‘care for patients sensitively’. In mental health, we have so far focused on developing an evidence-based tool for inpatient settings. Recognising the lack of good evidence from elsewhere on therapeutic staffing levels, we have placed a heavy emphasis on capturing structured professional judgement from nurses on our wards alongside basic acuity information.

Some of the issues highlighted by the work have now been responded to in draft principles, devised to support setting nurse staffing levels while we continue to develop our approach. We have also started work on defining nursing-sensitive quality indicators. These incorporate sensitivity to patient safety, but also highlight that we need to make more use of service user, carer and staff feedback to capture quality in terms of building therapeutic relationships and not just avoiding harm.

### Pledges:

Mental health nurses will:

- ▶ work with people using services to achieve outcomes that are important to them
- ▶ use improvement methodology
- ▶ work in environments that are safe, supportive and therapeutic

## Section 6: Conclusion

The development of the Framework has enabled us to put a spotlight on mental health nursing in Wales. We have heard the aspirations and concerns of mental health nurse practitioners, managers, educators and researchers and, most importantly, we have heard what qualities people who use services, their families and carers value most in mental health nurses.

In developing the framework we want to maximise the mental health nursing contribution to health and social care and improve understanding about the things we do well and the things that need to change.

We are ambitious for mental health nursing in Wales. There is much innovative and positive work already being taken forward by mental health nurses in this part of the UK. We want to build on this to ensure that the attributes and value of mental health nurses are harnessed and channelled to enhance health and wellbeing, and to improve people's outcomes and experiences of services.

## Section 7: Practice Examples

This section gives a range of practice examples collected throughout the development of the framework. The All Wales Senior Nurse Advisory Group will work together to support roll out of these practice examples so that every person in Wales has access to the same good practice.

### Professionalism, Voice and Leadership

#### **Practice Example: The mental health nursing role in leadership and developing NICE guidelines**

In 2015 Kay Isaacs, adult mental health services manager was successful in her application to join a Guideline Development Group (GDG) on behalf of the National Institute for Health and Care Excellence (NICE). This was an eighteenth month project and the guideline developed was Mental Health Care for Adults in the Criminal Justice System.

This guideline covers assessing, diagnosing and managing mental health problems in adults (aged 18 and over) who are in contact with the criminal justice system. It aims to improve mental health and wellbeing in this population by establishing principles for assessment and management, and promoting more coordinated care planning and service organisation across the criminal justice system. Guideline members are expected to undertake a range of activities including:

- agree the review questions, based on the key clinical issues in the scope;
- use their background knowledge and experience of the guideline topic to provide guidance to the NICE technical team in carrying out systematic reviews and economic analyses;
- with other members of the GDG, develop recommendations based on the evidence reviews, or on consensus when evidence is poor or lacking;
- advise on how to identify best practice in areas where research evidence is absent, weak or equivocal.

*Hywel Dda University Health Board*



### **Practice Example: Mental health nursing leadership**

The Welsh Ambulance Service Trust (WAST) is, perhaps surprisingly, a key provider of mental health services in Wales. A significant proportion of its 800,000 contacts with the public each year are from people in mental distress and crisis. WAST currently employs a small number of mental health nurses, such as Steve Clarke, Head of Mental Health. Steve is responsible for leading a programme of work to improve mental health practice across WAST, but also to work with health and wellbeing services to improve the mental wellbeing of staff too. Steve sees great opportunities for mental health nurses to work in 'hear and treat' roles in WAST, in clinical contact centres and in NHS Direct Wales and NHS 111.

*Welsh Ambulance Services NHS Trust*

### **Practice Example: Advanced nurse practice in older persons' mental health**

There is one advanced nurse practitioner (ANP) employed in the Older Persons Mental Health Service in Powys Teaching Health Board, John Hampton-Saunders. Powys has vast geographical challenges with the added complexities for staff of working in an isolated rural environment. The ANP's role has been crucial in maintaining a safe, timely service for two older persons' mental health wards and links with on-site general medical wards.

John's main role is on the units. He makes an enormous contribution to service user experience with timely diagnosis, investigations and administration of treatments. He also provides strong clinical leadership, training nursing staff to enhance their skills and knowledge base along with supporting psychiatrists. This enables medical colleagues to focus on undertaking more complex duties appropriate to their roles. Psychiatrists and care of the elderly doctors greatly value the ANP and service users, families and carers appreciate the time spent with them explaining aspects of complex care and treatment. This they find reassuring, as they are not always able to meet with the medical staff as frequently as they would like, due to workload demands.

Such is the success of the role that a further 2 ANPs will be introduced in older persons mental health services in Powys, including (in 2019) into the dementia home treatment team, establishing a strong nurse-led culture in rural mental health.

*Powys Teaching Health Board*

### **Practice Example: Nurse-led out-of-hours mental health assessment unit**

Since June 2017 Felindre acute admissions ward in Powys Teaching Health Board has provided a nurse-led assessment service out-of-hours for people experiencing mental health difficulties, led by ward manager Lisa Hale and deputy ward manager Amy Prosser. Nurse assessors receive referrals and offer the people of Powys an assessment. If admission is required, the person will be admitted to one of the crisis beds overnight with a follow-up review the next morning by one of the psychiatrists and another member of the multi-disciplinary team. An on-call psychiatrist is available to the team.

If the person needs to remain in hospital, they are transferred from the crisis bed to an admission bed on the main ward to continue their assessment and treatment/care plan.

The commencement of this nurse-led model means that the people of Powys who require mental health services receive a local and timely assessment and support before further arrangements are made, offering consistency for service users and families/carers outside of core working hours. It also supports professional nursing development and advanced skills in the multidisciplinary setting.

*Powys Teaching Health Board*

### Practice Example: Developing leaders

The senior mental health and learning disability nurses at Abertawe Bro Morgannwg University Health Board identified a need to support individuals in their journey to becoming well-informed, skilled and robust managers/leaders within the continually changing world of the NHS.

A partnership was developed with Gower College and 23 band 6 and 7 nurses were recruited onto a level 5 leadership and management programme.

The programme requires students to undertake a quality improvement (QI) initiative, which was also in line with the Delivery Unit's aspirations to increase knowledge, skills, and the use of QI methodology across services. In addition, students would be offered the opportunities to shadow members of the senior team and attend Health Board senior meetings.

Twelve months into the first cohort feedback includes:

*"This course has been able to give me direction especially in leadership focusing on engagement and inspiring staff to help achieve set goals"*

*"This course ensures that you are researching the local and national strategy plans, something I may not have done without this course and used this strategy in my management project."*

*"It has been beneficial being invited to meetings that we would not normally gain experience in, such as the Safeguarding meetings."*

A review of the programme will be undertaken by the Senior Nurse Team to ascertain the measurable benefits; achieved outcomes and to inform future programme development. The first cohort of candidates are expected to contribute to the programme development as experiential learners.

**Abertawe Bro Morgannwg University Health Board**

## Workforce, Education and Research

### Practice Example: Developing career awareness

Ysbyty'r Tri Chwm unit has recently been involved in promoting older adult mental health as a career to school pupils aged from 10 to 16. The team developed a presentation board with brightly colour visual stories of how members of the team became interested and the pathway each followed which led to their roles today. This work has taken a number of different paths. Staff presented at a health board careers fair held in Llanfrechra Grange Hospital, and the team spent two days talking to numerous schoolchildren about future career opportunities offering advice and sign posting. Both children and teachers, with some of the children relating to mental illness within their own families, warmly received this initiative. They also showed a positive interest and a good understating of mental health in general, asking how nurses offer help within our role. This work has been further developed at Ysbyty'r Tri Chwm unit with a recent initiative providing work experience opportunities to students from a local college who are already following health and social care courses. The aim is to enthuse and motivate students to develop a career in older adult mental health care, and to raise awareness of the rewarding opportunities available to people working in this field in the future.

**Aneurin Bevan University Health Board**

### Practice Example: Leading and collaborating on research

Mental health nurses in Wales are leading and collaborating on ambitious research projects producing new knowledge for the improvement of care and services. Examples are *Cross-national comparative study of recovery-focused mental health care planning and coordination (COCAPP)* (Simpson et al. 2016) and *Cross-national comparative study of recovery-focused mental health care planning and coordination in acute inpatient mental health settings (COCAPP-A)* (Simpson et al. 2017). In these linked, mixed methods, projects funded by the National Institute for Health Research, mental health nurse and



service user researchers in England and Wales (including Alan Simpson, Ben Hannigan, Michael Coffey and Aled Jones) worked together to examine factors helping and hindering recovery-focused, personalised, care planning and coordination. Findings have been widely shared, and are now being used to inform new NHS policy and guidance.

Another example is a funded evidence synthesis led in Cardiff University by Ben Hannigan and Nicola Evans, which examined the risks to young people's education, friendships and family relations during periods of inpatient mental health care (Edwards et al. 2015). This has now led to a funded PhD investigating how young people can be helped to keep in touch.

*School of Healthcare Sciences, Cardiff University*

#### **Practice Example: New clinical nurse specialist roles**

Jess Wilson has been seconded from her employer Elysium Health Care for one day per week to work as a clinical nurse specialist in storytelling in Abertawe Bro Morgannwg University Health Board.

Jess has a broad background in mental health nursing since the early 1990s. In 2008 she worked in a medium secure forensic hospital. It was there that she discovered the full potential of using traditional oral storytelling in a hospital setting. This led on to her completing a research dissertation for an MSc investigating traditional oral storytelling in mental health nursing. Jess' website provides more information about her work:

<http://jesswilsonstoryteller.co.uk/>

*Elysium Healthcare / Abertawe Bro Morgannwg University Health Board*

#### **Practice Example: Enabling and supporting staff in forensic settings**

In order to prepare mental health nurses to work in forensic settings, in collaboration with the Caswell Clinic in Bridgend the 'Contemporary Issues in Forensic Nursing Module' was developed in 2008, and has been successfully running ever since. The module has been developed with, and is delivered with forensic experts in practice. In 2016 the module became 'Contemporary issues in forensic health care', dropping nursing from the title. This allowed qualified Allied Health Professional colleagues to be eligible for attendance, providing essential multi-disciplinary discussion and learning.

Students complete an academic essay based upon the current care of a service user in their areas, adhering to NMC and associated codes of conduct regarding confidentiality and service user anonymity, and produce and deliver a 10-minute presentation or lead a discussion on one care intervention aimed at promoting safety. There have been some remarkable projects developed which are being used to improve areas of care. A recent example is shift handovers can improve care and safety.

To date staff from a multitude of work areas have participated, medium and low secure forensic units, Prison in Reach teams, Community and Locked rehabilitation wards from a range of Health Boards. The feedback continues to be positive and suggestions for content and context have been welcomed in order that the very best in academic theory and up-skilling of staff and colleagues is offered, enabling them to work effectively, safely and always in a person centred way.

*College of Human and Health Sciences, Swansea University*

### **Practice Example: Mental health nurses providing dialectical behaviour therapy**

In 2014, Cwm Taf University Health Board secured funding from the Welsh Government for training staff in dialectical behaviour therapy (DBT). This was part of a national initiative to increase access to evidence-based psychological treatment. Training 12 therapists greatly increased the Health Boards capacity to offer DBT, and staff have now run a comprehensive programme across two skills training groups. Staff in the service have assessed 90 people for DBT in the course of 3.5 years, and 25 people have completed the programme with 12 currently receiving treatment. Outcomes suggest substantial benefit across the programme. A further six therapists been trained since the start of the programme.

Therapists have all been trained mental health professionals, and just over a third have been mental health nurses. A multidisciplinary team has been a particular strength in delivering a service to people. Nurses have worked with colleagues to deliver all modalities of the programme, including individual therapy, phone coaching and group skills training. In addition, nurses have been able to make use of DBT-derived knowledge and skills in areas beyond the DBT programme itself. For example, they have helped members of their wider team think about managing suicide risk, or in teaching specific emotion regulation skills to service users outside the DBT programme.

The DBT programme has been successful and sustainable, in contrast to some other initiatives aiming at establishing psychological therapies. This owes much to the commitment of nursing staff within the DBT treatment teams.

*Cwm Taf University Health Board*

### **Practice Example: Partnership in research**

Dr Seren Roberts and Dr Marjorie Ghisoni are part of the Centre for Mental Health and Society (CFMHAS) and PAR which is an all Wales Partnership in Research group with service users and carers, both are supported by the National Centre for Mental Health in Wales (NCMH) and Health Care Research Wales. The group won the

award for best PPI group with Health and Care Wales 2018 relaunched in November in Bangor and Cardiff.

Dr Marjorie Ghisoni is also chair of The North Wales & North Powys Recovery Network, which is a Mental Health Awareness Network, working closely with the Third Sector and Local Authorities to support and improve mental health in our region.

*School of Health Sciences, Bangor University*

### **Practice Example: Developing knowledge skills and research in safeguarding**

Mental health nurses are working alongside learning disability nurses in Abertawe Bro Morgannwg University Health Board to increase knowledge and skills in safeguarding and to develop research capacity.

A specific programme of safeguarding work is underway led by the mental health and learning disability senior nurses. This includes a research theme consisting of:

- participatory research within our services;
- using simulation to research decision-making in safeguarding;
- a collaborative research project on values in services in partnership with Anuerin Bevan Health Board and the University of South Wales;

In addition there is a practice development theme consisting of:

- roadshows across the Health Board, and workshops jointly with local authority colleagues, aiming to increase knowledge amongst health care support workers of key good practice and their role;
- during National Safeguarding week, a series of workshops to raise awareness of what safeguarding is, to help staff understand what support is available for staff and to appreciate staff roles in safeguarding.

*Abertawe Bro Morgannwg University Health Board*



### **Practice Example: Embedding Dementia Care Mapping (DCM) in Wales**

Ian Davies-Abbott is a Lecturer in Healthcare Sciences (mental health nursing) at Bangor University. Ian has been working in partnership with Public Health Wales in support of the Dementia Action Plan for Wales to expand the use of DCM as a means to measure and strengthen the delivery of person centred care for people with dementia. Ian has led staff from health boards across Wales through Appreciative Inquiry workshops to create action plans for the continued use and development of DCM. Workshops will continue in 2019.

*School of Health Sciences, Bangor University*

### **Practice Example: The use of simulation within pre-registration mental health nursing**

Darren Prince is a Senior Lecturer in mental health nursing at the University of South Wales based within the School of Care Sciences. At the request of student mental health nurses, a variety of clinical simulations have been developed within hospital and community care settings focusing on:

- working with people who engage in acts of deliberate self-harm (with John Allen and Walter Tasosa);
- working with people with physical and mental health problems (with Denise Langford);
- simulating the administration of intravenous infusions and nasogastric tubes (with Jane Riddiford and Debbie Thomas).

The use of simulation has shown to improve student mental health nurses confidence and competence when working with service users presenting with both mental and physical health problems.

*School of Care Sciences, University of South Wales*

## **Promoting Population Health and Wellbeing**

### **Practice Example: RAID hospital support team**

In January 2018 the older adult hospital liaison team (RAID) incorporated a new service (RAID hospital support team, or RHST) into the service.

RHST consists of 8.5 health care support workers, working alongside RAID practitioners supporting older adults with cognitive impairments (such as dementia) in the general health setting.

Often service users with dementia struggle to cope within an acute hospital setting, resulting in agitated and distressing behaviours, which impact on their general health. Environmental changes cause confusion and reduce memory functioning, which are exacerbated by the illness that brought the individual into the acute care setting.

The RHST supports staff to help these older people in a way that maintains their dignity and allows them to have personalised care in difficult environments. The team provides personal care, activity-based interventions and education to staff and family members.

The most notable positive impact the team has had is due to the introduction of lunch clubs on care of older people wards in the two district general hospitals within the health board. These were introduced with the intention of having a positive social-based activity within the wards. However, they have become a more valuable tool than ever anticipated. Dementia means that some individuals lose the ability to eat, struggling to handle tools such as cutlery or recognise food. The ability to eat is also hindered by eating at a bedside in a situation, which they would not necessarily identify with. The staff decided to normalise lunch times, by laying a large table with cutlery and linen, and bringing service users to the table with the aim of making the process of eating more recognisable and more appropriate for that person. During this time, the team interact using music, reminiscence games and activities, and with the support of Age Cymru volunteers, allow people to interact in a supported and safe way over a meal.

This simple activity has led to a marked reduction in agitated and distressing behaviours, increased mobility, increased nutritional intake, and also less evidence of behaviours which impact on the person's ability to receive treatment, allowing the person to be moved out of the acute setting more quickly. The hope is that with the support of volunteers these lunch clubs, which are easy to set up and inexpensive, can be rolled out across the rehabilitation hospital sites. Our ambition is that these become integral to the daily running of wards, improving the wider experience for people with dementia and cognitive impairment whilst they are in hospital.

*Aneurin Bevan University Health Board*

#### **Practice Example: Reducing the stigma of mental illness amongst young adults**

Stigma, embarrassment, problems recognising symptoms (poor mental health literacy) and a preference for self-reliance are all barriers to seeking help for mental health problems by young adults. The Crisis Resolution and Home Treatment Team in Ceredigion has established links with Coleg Ceredigion to work with groups of students to provide education about mental health and develop pathways for students to be able to access mental health support in a timely manner.

Weekly sessions have been held including:

- mental health awareness sessions;
- reducing stigma;
- developing a poster presentation for world mental health day;
- mindfulness/ distress tolerance and crisis kit taster sessions;
- developing an information sharing process with Coleg Ceredigion;
- advising and supporting mentors/welfare staff regarding support and signposting;
- joint working in service user care planning as appropriate.

*Hywel Dda University Health Board*

#### **Practice Example: Homelessness**

The Community Care Hub was founded in 2016 by Wrexham GP Karen Sankey, Mental Health Manager Dewi Richards, and Tanya Jones from homeless charity The Wallich, in a bid to provide better support to homeless people who were in crisis.

The Hub brings together a range of organisations under one roof to provide support to Wrexham's homeless community, including those suffering the effects of the synthetic cannabinoid drug Spice. It now supports more than 100 people who are homeless, rough sleepers or have mental health or substance misuse problems.

The drop in sessions see organisations and charities including BCUHB, the Department of Work and Pensions and Wrexham County Borough Council come together to provide bespoke, co-ordinated and timely support for homeless and rough sleepers on a range of issues including health, benefits and housing.

As one person who used the service says;

*"There's been nothing like this before and not being able to access support just makes you want to give up. Before the hub came along a lot of us did not have doctors and you might get funny looks when you tried to access support because of the way you were dressed. Here everyone is accepted."*

*Betsi Cadwaladr University Health Board*

#### **Practice Example: Working with local communities in promoting community mental health initiatives**

Alicia Stringfellow and Gemma Stacey-Emile are both mental health nurse lecturers at Cardiff University and are based within the School of Healthcare Sciences. Hannah Morgan is a third year mental health student nurse

The team have been involved with the University's Community Gateway project and have facilitated two community events celebrating World Mental Health Day with further events planned for the future. Over the past two years, they have engaged



with community residents to generate ideas about what is wanted and needed to enable people to feel better prepared in gaining information around mental health and caring issues.

*School of Healthcare Sciences, Cardiff University*

### **Practice Example: Family wellbeing practitioner**

Specialist Children and young people mental health services in Denbighshire work in partnership with North Denbighshire GP Cluster to provide a collaborative model to improve response at primary care level to families presenting with emotional and social concerns that impact on their mental wellbeing and impact on the emotional and or physical development of their children.

During the initial three months, the service has been shaping referral pathways and service delivery models by engaging with GP's, practice staff and families in order to develop a profile of need and requirement and identify opportunities for meeting these needs.

The Family Wellbeing Practitioner works with families and young people with mental health and behavioural issues to support the growing need of practices in North Denbighshire. The aim is to provide early access to advice and appropriate signposting for families through training and consultation to staff in the cluster of surgeries in addition to face-to-face consultations with children, families and young people to offer advice and brief intervention to improve the wellbeing of the individual and family as a whole.

A training package was developed and delivered to 82 staff. Three high risk topics covered; self-harm/suicide, eating disorders and psychosis. The training has been designed for both clinical and non-clinical staff and aims to provide staff with a better understanding of mental health disorders and equip staff with knowledge of other avenues of support and information required for onward referrals.

*Betsi Cadwaladr University Health Board*

### **Practice Example: Physical Health & Wellbeing Clinics in Adult Mental Health**

Kelly Panniers, advanced nurse practitioner worked with the team at Hafan Y Coed University Hospital, Llandough to establish a physical health and wellbeing clinic to improve the physical health monitoring and wellbeing of service users within adult mental health services and:

- ensure equitable access to a range of physical health interventions during admission;
- increase staff awareness of the correlation between physical and mental health conditions.

The work led to:

- introduction of NEWS (National Early Warning Score) on all inpatient areas to monitor and assess;
- Accelerated Development Programme (ADP) a cohort undertook a scoping exercise to ascertain current knowledge, confidence and existing skills. Particularly amongst newly qualified staff;
- Advanced Nurse Practitioner (ANP) successfully undertook further academic training in both Clinical Patient Assessment and Non-Medical Prescribing to enable clerking in of new service users in the absence of a doctor.

As a result of the work:

- service users now have access to ECG's, bloods, physical health examinations and advice on an ongoing basis from clinical staff;
- early identification of poor physical health and deterioration has been noted;
- increased success with smoking cessation in preparation for future total ban;
- increased understanding amongst service users of the impact of lifestyle choices on physical health;
- ongoing ward based clinics;
- increased staff confidence in acting upon NEWS scores and accessing relevant support.

*Cardiff and Vale University Health Board*

### **Practice Example: Yoga to support mental well being**

Staff on a Bangor mental health unit are using the power of yoga-based exercises to help service users with depression.

Mental health service users on Ysbyty Gwynedd's Hergest Unit are being encouraged to take part in sessions of regular light physical exercise and relaxation to combat a 'vicious circle' of mental health problems and inactivity.

Based on the principles of yoga, the sessions have been credited with lifting the mood of service users with depression and reducing their stress and anxiety whilst in the hospital.

*Betsi Cadwaladr University Health Board*

### **Practice Example: Raising awareness of Dementia**

Karyn Davies, Senior Lecturer, Mental Health, has led the Dementia Friends initiative, and since 2015, all University of South Wales Nursing and Midwifery students attend a Dementia Friends awareness raising session prior to embarking on their first clinical placement. This has led to some students signing up and becoming Dementia Friends Champions; facilitating awareness sessions themselves, and increasing the awareness of countless others of the challenges faced by both those diagnosed with Dementia, and their carers.

*School of Care Sciences, University of South Wales*

### **Practice Example: Physical health issues in adult mental health practice module – A post registration module at degree and Masters level**

International research has shown that people with severe mental illness have an increased risk of comorbid physical health conditions with reports of reduced life spans of between 10 and 15 years compared to the general population. Over time the amount of physical health content in preregistration mental health nurse education

programmes has increased, however nurses who trained more than 5 years ago have indicated lacking both knowledge and confidence in addressing service users' physical health needs. To address these gaps a post registration module 'Physical health issues in adult mental health practice' was developed with local health board staff and service users, and has been running regularly since 2012 at both degree and Masters level.

The module provides the opportunity for students to demonstrate an enhanced knowledge of the concepts and principles relating to common physical health issues that affect adults with mental illness. Students also engage in critical reflection on their own performance in practice relating to physical health issues in mental health care.

*College of Human and Health Sciences, Swansea University*

## **Quality and Safety of Care**

### **Practice Example: Improving quality in the electroconvulsive therapy clinic**

Electroconvulsive therapy (ECT) is a misunderstood but effective intervention for people with severe depression. Those who can benefit from ECT should have the right to receive it in a high-quality nursing care environment in which the service user experience is at the forefront. Kara Hannigan, finalist for the 2017 RCN Wales Mental Health and Learning Disabilities Award, manages the ECT clinic in Cardiff and Vale University Health Board and has led the introduction of a 'one stop shop' approach. This means multidisciplinary members of the ECT clinic team:

- accept referrals and complete all ECT preparation (e.g. taking bloods, undertaking physical exams, conducting ECGs and carrying out anaesthetic assessments);
- carry out pre-treatment cognitive and mood assessments;
- obtain consent, if this has not been obtained by referring clinicians;
- monitor effectiveness and side-effects;
- prescribe each ECT treatment;
- complete follow-up cognitive assessments.



Feedback from service users is positive, with one person writing: *“Thank you so much for putting me at ease and taking such good care of me during my treatment. Also for making the department so comfortable and cheerful. You’re the friendliest most organised team in all of the NHS.”*

Kara is active in national and international ECT networks, representing nurses on Royal College of Psychiatrists (RCPsych) ECT committees and writing the chapter for nurses in the forthcoming RCPsych ECT handbook, and is deputy chair of the National Association of Lead Nurses in ECT.

*Cardiff and Vale University Health Board*

### **Practice Example: Recognising and managing risk**

A thematic review of lessons learned from serious incidents identified risk assessment and management as an area of improvement. Training was in place however, compliance was low. The Welsh Applied Risk Research Network (WARRN) is one tool in use across mental health services for service users who are subject to Care and Treatment Planning.

A service improvement plan was put in place to train all qualified staff to use WARRN as the standard for all risk assessments. The target of training all mental health nursing staff was achieved within a 2 year period and is now being supplemented with 1 day refresher training. All inpatient units are now using the evidence based risk assessment. Staff are using formulation of risks and management plans.

Audit of documentation is evidencing that service users are benefitting from the improved practice in care planning and positive risk taking strategies. Staff report that they are confident in the process and formulation skills. All newly qualified mental health nurses are receiving training and new staff are trained during their induction. The training is being further rolled out to psychiatrists through their learning programme.

Understanding and managing risk is fundamental to the service users care plan, using the evidence-based formulation of serious risk supports staff and care teams in managing risks and improving outcomes.

*Hywel Dda University Health Board*

### **Practice Example: Falls reduction**

Over the last three years, the Annwylfan ward team has been working to reduce the number of inpatient falls. James Robinson, ward manager, took up his post in early May 2016. Connections were made with Dr Inder Singh (falls specialist at Ysbyty Ystrad Faw) and Dawn Morgan (falls Leader for older adult mental health services) who were able to provide data of times and location of falls. From this data, it transpired that the majority of falls were occurring within the day rooms between midday and 2pm and between midnight to 3am. This information was shared with the ward team, and it was identified that a range of issues could all be increasing the risk of falls, including:

- noise levels around meals;
- light weight furniture moving when people sat down;
- crowded day areas;
- difficult-to-observe areas;
- medication times.

Staff began undertaking a number of observations around these peak times and were able to make some immediate changes to the environment. This included:

- protected meals;
- redesigning the lounge;
- qualified staff oversight around meals;
- reviewing prescribing times;
- ordering new colour-contrasting dining room chairs and tables.

During the next few months, the team saw a steady reduction in falls. Further training and refreshers were arranged with Dr Singh, and the ward round tool was reviewed to incorporate identified falls risk factors so this could be shared with the multidisciplinary team and lead to a plan being jointly formulated.

'Fall Friday' was launched where a full review of all service users' falls risk was undertaken. This allowed for regular monitoring as well as screening for new risks. This information was then presented at ward round meetings. Falls data is shared at the monthly team meeting, and discussion and learning takes place at the 9am handover. Additionally the ward team devised detailed induction and resource packs for staff to ensure new colleagues were fully informed and aware of the risks, thus promoting ongoing learning and development.

In July 2017 weekly medical review of all service users commenced. This was extremely beneficial as enabled advice on management of blood pressure and other physical health issues that could affect mobility and increase falls risk.

In March 2018 the ward was painted to ensure a colour contrast to help people with visual impairment. Seating has been purchased to optimise space and allow for people to rest if walking along the ward corridor. A falls alarm check has been introduced to ensure alarms were in place for service users at risk at night.

To date the ward's rate of falls remains low, with some months passing without any falls recorded. The team has received commendation from the falls scrutiny panel due to the quality of its assessments and its management plans. Staff will be continuing to reduce falls into the future and are waiting on an agreement for infrared falls sensors in rooms and new flooring to support this.

*Aneurin Bevan University Health Board*

#### **Practice Example: Nurse prescribing in a rural residential home**

Drew Richardson is a team manager for community older persons mental health services in South Powys. As part of his nurse prescribing competencies, Drew undertakes regular review visits to a local residential home.

Drew provides the home with advice and support in recognising the most common causes of distress and behavioural problems for individuals with dementia. This includes checking for pain, constipation, environmental factors, depression, and lack of stimulation. He also considers the importance of human contact, feeling loved,

and being safe and cared for. After considering these and other factors, Drew and care home staff discuss why residents might be prescribed antipsychotics, their risks and benefits and whether a non-pharmacological approach would be more effective.

Several residents prescribed low doses of antipsychotics have been able to have these reduced and stopped, without any deterioration in their mental health. This has delivered benefits in reducing their risk of stroke, falls and other side effects, along with producing resource benefits for the local GP practice.

Staff in the care home are able to access advice and support at an earlier stage and now inform the nurse prescriber if they have a new resident who is prescribed antipsychotic medication, or whom they feel may be low in mood. Finally, they increasingly use other approaches to manage distress or behavioural problems before asking about pharmacological treatments.

*Powys Teaching Health Board*

#### **Practice Example: Supporting families and carers**

Led by Sharon Howatson, ward manager, members of the therapy and nursing team in Ty Llidiard inpatient child and adolescent mental health unit have established a parent and carer parenting skills group. The group supports parents to use a non-violent resistance (NVR) approach, and those taking part report that the group has helped them in the following ways:

- *"not feeling alone in our situation"*
- *"giving advice and learning new strategies to try at home with my child"*
- *"It helped me break down the different behaviours instead of seeing it as one big behaviour"*
- *"helped change how we behave as a family to each other and how we handle difficult situations"*

Two parents have become graduate parents, and have agreed to come to the beginning of the next parent group cohort to talk about their experience of using NVR in the home.

*Cwm Taf University Health Board*



### Practice Example: Working in partnership

Mental health nurses, including Laura Bates, working at Gellinudd Recovery Centre. The nurses work in partnership with guests to develop weekly planners. These outline activities and therapies, which make up each day. During the week, some essential activities will be rostered in, such as group psychosocial therapy groups, occupational therapy groups and ward rounds with the consultant psychiatrist. However, guests also get to help staff plan the activities. Recently Ellie (not her real name) decided which outdoor activities should be rostered, and decided to plan a day out to the beach. She also planned other social activities such as a group coffee outing.

Ellie has found the therapeutic community model that is practised at Gellinudd Recovery Centre helpful to her recovery and finds meaning and purpose in the activities that she participates in. Mental health nurses encourage Ellie to lead groups, and recently Ellie led a group on recycling (what to recycle and how), gardening and an origami arts and crafts group. Twice a week, meal planners are developed. Ellie always takes part in this group, deciding on healthy meal options and the ingredients to buy in preparation. She also assists staff in shopping for this food. Ellie has also participated in staff training. She has given a talk about her own personal experiences during a talk on personality disorder. This helped staff to understand this disorder from a service user perspective.

From performing activities in partnership with staff, and as a part of the therapeutic community model, Ellie has learnt new skills that are helping her in her recovery and to prepare for living independently in the community. She has also learnt the value of taking ownership, responsibility and working together in a team. These achievements have given her a sense of purpose and pride in her actions, which, in turn, has helped build her self-esteem.

*Gellinudd Recovery Centre, Hafal*

### Practice Example: Focussed outreach and recovery

The focussed outreach and recovery team (FORT) in Cardiff and Vale University Health Board is a redesigned team, which is part of mental health rehabilitation and recovery services. The team has

combined the previous day opportunities and assertive outreach services. Traditionally the service had only been operational during the hours of 9 to 5, from Monday to Friday.

Initial changes included:

- initiating a situation, background, assessment and recommendation (SBAR) review to drive change;
- a staff survey and consultations;
- service development meetings;
- away days to share ideas and concerns;
- working groups to define procedures and to define what the service will look like.

Implementation of changes included:

- setting dates for amalgamation of the two separate teams;
- running trial days where the two teams worked together;
- helping service users no longer needing the service to find alternative support;
- recruiting new staff and providing inductions;
- improving communication via one-to-one and staff meetings;
- holding visits to other teams to inform colleagues about service changes.

The current service is now very different. Outreach and recovery is a method of working with people who have severe and enduring mental illness who have not engaged well with mainstream mental health services in the past. The new combined service team operates seven days a week between the hours of 07:30 and 20:30. Currently the team is a nurse-led team, and interventions are provided in association with other disciplines from the wider rehabilitation and recovery service. The team is able to work intensively in order to help people develop their daily life skills, leading to independent living and improved mental health. The service is also able to provide education about, and to administer, medication to service users who struggle with managing this. Plans are in place to evaluate using the Camberwell Assessment of Need (CANS) and Life Skills Profiling (LSP-39) tool to assess service users' functioning.

*Cardiff and Vale University Health Board*

### **Practice Example: Developing a therapeutic planner**

Gemma Holcombe is a therapeutic lead nurse in adult acute mental health services within Cwm Taf University Health Board, covering an acute admissions unit, two treatment wards and a psychiatric intensive care unit (PICU).

The therapeutic care team at the Royal Glamorgan Hospital devises and runs a range of sessions, which encourage individuals to engage in their recovery journeys. The sessions can include individual psychological therapies or group sessions, which look at goal setting and accountability, cooking on a budget, gardening and encouraging creativity. There is also a focus on exercise and moving, with activities such as gentle circuits, a successful walking group and one-to-one gym sessions. The multidisciplinary team is made up of a range of health professionals including four occupational therapy staff, a therapeutic nurse, a psychotherapist and an exercise therapist, with each providing different skills to support individuals.

The planner changes every week and can also include sessions from outside agencies such as Drink Wise Age Well, Hafal and Interlink.

The therapeutic groups and sessions offer for example:

- mindfulness walking;
- shared understanding;
- relaxation;
- target-setting;
- gardening;
- creative activities;
- healthy living and cooking on a budget;
- film;
- a positive focus for women;
- a positive focus for men;
- Drink Wise Age Well workshops;
- a Hafal drop in, providing awareness of what's available in the community and recovery planning
- chaplaincy coffee mornings;
- carers clinic.

The result is a holistic approach to high standards of care and treatment whereby service users choose and take ownership for what they wish to be involved and take part in.

*Cwm Taf University Health Board*



## Section 8: All Wales Senior Nurse Group Members involved in leading the production of this framework

| Name  | Representing                                   |
|---|--|
| <b>Hazel Powell</b> (Chair)<br>Nurse Director, Mental Health and Learning Disability        | Abertawe Bro Morgannwg University Health Board |
| <b>Dr Euan Hails</b><br>Consultant Nurse, Child and Adolescent Mental Health Services       | Aneurin Bevan University Health Board          |
| <b>Ana Llewellyn</b><br>Divisional Nurse, Mental Health and Learning Disability             | Aneurin Bevan University Health Board          |
| <b>Jen French</b><br>Nurse Director, Mental Health and Learning Disability                  | Betsi Cadwaladr University Health Board        |
| <b>Steve Riley</b><br>Consultant Nurse, Child and Adolescent Mental Health Services         | Betsi Cadwaladr University Health Board        |
| <b>Steve Forsyth</b><br>Director of Nursing for Mental Health and Learning Disability       | Betsi Cadwaladr University Health Board        |
| <b>Jayne Tottle</b><br>Director of Nursing, Mental Health Clinical Board                    | Cardiff and Vale University Health Board       |
| <b>Lynne Garwood</b><br>Nurse Consultant and Interim Clinical Director                      | Cwm Taf University Health Board                |
| <b>Phil Lewis</b><br>Head of Mental Health Nursing  | Cwm Taf University Health Board                |
| <b>Nadine Morgan</b><br>Senior Nurse Quality Assurance and Professional Practice            | Hywel Dda University Health Board              |
| <b>Michelle Forkings</b><br>Head of Mental Health Nursing                                   | Powys University Health Board                  |
| <b>Mark James</b><br>Senior Lecturer, Community Mental Health Nursing                       | University of South Wales                      |
| <b>Dr Nicola Evans</b><br>Reader in Mental Health Nursing                                   | Cardiff University                             |
| <b>Professor Ben Hannigan</b><br>Professor of Mental Health Nursing                         | Cardiff University                             |
| <b>Gerwyn Jones</b><br>Lecturer, Mental Health, Learning Disabilities and Psychosocial Care | Cardiff University                             |
| <b>Professor Michael Coffey</b><br>Professor of Mental Health Care                          | Swansea University                             |
| <b>Keith Bradley-Adams</b><br>Senior Lecturer   | Swansea University                             |
| <b>Dr Julia Terry</b><br>Associate Professor  | Swansea University                             |
| <b>Dr David Coyle</b><br>Lecturer, Mental Health Nursing                                    | Bangor University                              |
| <b>Michaela Morris</b><br>Mental Health Service Improvement Manager                         | Public Health Wales<br>1000 Lives Improvement  |
| <b>Sue Beacock</b><br>Nursing Officer   | Welsh Government                               |
| <b>Liz Carroll</b><br>Head of Nursing, Mental Health Services                               | Hywel Dda University Health Board              |

## Section 9: References

Batalden, P.B. & Davidoff, F. (2007) What is 'quality improvement' and how can it transform healthcare? *Quality and Safety in Health Care*, **16**(1), 2-3.

Butterworth, T. & Shaw, T. (2017) *Playing our part: the work of graduate and registered mental health nurses*, Foundation of Nursing Studies, London.

Department of Health (2017) *A framework for mental health research*, Department of Health, London.

Edwards, D., Evans, N., Gillen, E., Longo, M., Prymachuk, S., Trainor, G. & Hannigan, B. (2015) What do we know about the risks for young people moving into, through and out of inpatient mental health care? Findings from an evidence synthesis. *Child and Adolescent Psychiatry and Mental Health*, **9**(55).

Hussey, R. (2018) *The Parliamentary review of health and social care in Wales*, Welsh Government, Cardiff.

Simpson, A., Coffey, M., Hannigan, B., Barlow, S., Cohen, R., Jones, A., Faulkner, A., Thornton, A., Vřetečková, J., Haddad, M. & Marlow, K. (2017) Cross-national mixed-methods comparative case study of recovery-focused mental health care planning and coordination in acute inpatient mental health settings (COCAPP-A). *Health Services and Delivery Research*, **5**(26).

Simpson, A., Hannigan, B., Coffey, M., Barlow, S., Cohen, R., Jones, A., Vřetečková, J., Faulkner, A., Thornton, A. & Cartwright, M. (2016) Recovery-focused care planning and coordination in England and Wales: a cross-national mixed methods comparative case study. *BMC Psychiatry*, **16**(147).

Well-being of Future Generations (Wales) Act (2015).

Welsh Government (2012) *Together for mental health. A strategy for mental health and wellbeing in Wales*, Welsh Government, Cardiff.

Welsh Government (2016) *Taking Wales forward*, Welsh Government, Cardiff.

Welsh Government (2017) *Prosperity for all: the national strategy*, Welsh Government, Cardiff.

Welsh Government (2018) *A healthier Wales: our plan for health and social care*, Welsh Government, Cardiff.