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PARTNERING FOR WELLBEING AND ENABLING RECOVERY

Annex 2: HSC Trust Mental Health Workshops Report

Section 1: Introduction and Purpose

Across Northern Ireland's five HSC Trusts, mental health nurses deliver person, family and community-centred care across the lifespan, addressing the full spectrum of need and acuity. A series of HSC Trust-hosted workshops captured frontline nurses' perspectives on values, models of practice, skills, continuous professional development (CPD), workforce realities, and future priorities to inform a new regional model of mental health nursing across a lifespan.

This report will seek to address:

- The personal and professional values that underpin person-centred mental health nursing practice;
- Existing models of practice that inform mental health nursing;
- The challenges faced by mental health nurses in their roles;
- Experiences of Continuing Professional Development (CPD);
- Opinions regarding the future roles of mental health nurses; and
- Key components necessary for a future model of mental health nursing practice.

Section 2: Workshops Programme Overview

The facilitated workshops were hosted by each individual Trust, led by their Consultant Nurses and supported by Northern Ireland Practice and Education Council (NIPEC). The workshops were attended by over 400 staff members from across the five HSC Trusts, ranging from students to Consultant Nurses and spanning from levels of practice 3 to 9, with broad representation from Adult Mental Health Services (AMHS), Child and Adolescent Mental Health Service (CAMHS), Primary Care Multidisciplinary Teams (MDTs) and Higher Education Institutions (HEIs). Participants included nurses working in acute, community, primary care, specialist and regional services (e.g., addictions, perinatal, forensics, neurodiversity/Attention Deficit Hyperactivity Disorder (ADHD), older adults, sleep and memory clinics, and nurse-led prescribing), children's nurses, and

midwives who have a particular focus on perinatal and post-natal mental health care. This broad representation ensured a rich exchange of perspectives and experiences across the spectrum of mental health nursing care.

At each workshop facilitators and scribes captured key discussions points. Feedback from participants was overwhelmingly positive, with attendees welcoming the opportunity to contribute to shaping the future of mental health nursing for Northern Ireland.

The data collected was analysed to gain a deeper understanding of the insights and priorities expressed by the participants with the findings shared within this report.

Section 3: Analysis 1- The Values We Share and Shape Our Practice

Summative Key Message:

The core values underpinning mental health nursing practice include:

- **Compassion, empathy and human connection;**
- **Honesty, integrity, transparency and trust are critical to the therapeutic alliance and service user confidence;**
- **Professionalism, competence, reflection and accountability, including; a renewed call to re-anchor practice explicitly in the NMC Code and strengthen Quality Improvement (QI) and research literacy;**
- **Advocacy and empowerment, nurses are champions for rights and equitable access, especially in the contexts of economic deprivation or rural isolation; and**
- **Respect, fairness and equity, inclusion and diversity.**

The workshop explored participants' personal and professional values, as well as facilitating reflections as to what a service user

or carer would want to see as the core values of a mental health nurse.

In the analysis of responses, across HSC Trusts, a consensus on values was very apparent. The values elicited from participants have been categorised under the framework of the NMC Code of Practice (2018)¹.

Practice Effectively

Participants highlighted the importance of professionalism, competence, reflection, accountability and teamworking in order to collectively provide evidence-based practice. Participants stressed that mental health nurses need to be open to education and possess an ability to use their initiative with creative autonomy. Participants reported that being ethical and purposeful in building the therapeutic rapport with service users is central to mental health nursing. Using tailored communication, empathy and respecting confidentiality are essential components of practice. Participants highlighted that it takes courage, resilience and adaptability to practice as a mental health nurse, emphasising that staying composed under pressure is a key quality.

Preserve Safety

Participants highlighted the importance of leadership and accountability in their roles. They reported the need to be efficient, dependable and just in their practice. Participants recognise that risk assessment and safety planning remain central, but there is a call for more structured crises interventions. From a cultural perspective, they highlighted the importance of sharing knowledge and learning from poor outcomes and negative feedback.

Prioritise People

Participants highlighted the importance of forming meaningful relationships with service users and families, highlighting relational skills, such as empathy, compassion, respect and understanding of individual needs. To build meaningful relationships, nurses have to be good listeners and give people time. Being person and family-centred was seen as crucial in partnering with service users and carers. Participants highlighted the importance of good communication and patience. Openness and honesty in explaining confidentiality, consent and the limits to consent are viewed as very important.

¹ Nursing and Midwifery Council (NMC) (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and associates*. London: NMC

Promote Professionalism and Trust

Participants highlighted the importance of doing the right thing and focusing on justice in their practice, which can become difficult when there are contradictions in being able to practice and honour values. Mental health nurses need to be competent, dependable, knowledgeable and caring. Service users, as well as nurses need to feel validated and supported. Self-care and maintaining a sense of humour and positive outlook in the face of adversity were described as essential for staff. Participants highlighted the importance of a distinct 'professional identity' for mental health nurses. They highlighted key aspects of the mental health nurse's role as including advocacy for service users, being non-judgmental and optimistic with communication that is open and honest a key component.

Section 4: Analysis 2 - The Models That Shape Our Practice

Summative Key Message

Mental health nurses across all five HSC Trusts report that their practice draws from a flexible blend of models, including holistic, biopsychosocial, recovery-oriented, person-and family-centred and trauma-informed dimensions. Risk and safety frameworks, reflective practice, and medical/clinical elements are also viewed as critical components of practice.

In practice, mental health nurses often do not consciously or formally follow a single defined nursing model. Instead, nurses described their care as guided by a combination of frameworks, theories and learned approaches, which are applied dynamically, depending on the needs of the service user, the context of care and the priorities of the MDT. This reflects both the complexity of mental health nursing and the fact that practice often blends medical, psychological and social perspectives.

Use of Multiple Models of Practice

Many mental health nurses reflect that there is no distinct mental health nursing model that defines practice. Rather than a deliberate choice, mental health nurses often draw on aspects of different models in response to the service user's presentation, the assessment and the identified needs.

Examples include:

- Orem's self-care deficit model applied when promoting independence;
- Trauma informed practice in shaping communication, risk assessment and management approaches;
- Person-centred care when ensuring the primacy of therapeutic relationship and respect for the holistic needs of individuals in guiding practice;
- Family focused models when recognising the wider system and the impact of mental illness on family/children; and
- Recovery focused care when instilling hope, forward planning and supporting wellness for recovery;

Mental health nursing can be seen as eclectic, pulling together theory, therapeutic skills and intuition.

Holistic and Biopsychosocial Focus

The biopsychosocial model underpins mental health nurses' assessment, planning and interventions. It allows for:

- Biological considerations e.g. medication, physical health, comorbidities;
- Psychological needs e.g. coping skills, trauma, therapy; and
- Social complexities e.g. housing, finances and relationships.

This approach fits naturally with MDT working but also highlights tensions, such as whether mental health nurses adequately prioritise physical health, or whether social issues can be disentangled from core mental health needs.

Tensions and Challenges

- Medical model drivers: in acute and crises settings, practice often defaults to firefighting, risk management, and pharmacological interventions. Mental health nurses frequently de-escalate, where intuition and crisis management skills often become central to nursing practice;
- Recovery vs medical models: recovery focused approaches are actively promoted there remains a need to strengthen understanding and consistent application of recovery principles across frontline practice;
- Role clarity: mental health nurses sometimes experience blurred boundaries with other disciplines. Mental health nurses highlighted the need for clearer articulation of their unique contribution; and
- Deskillling vs upskilling: Questions remain whether inpatient mental health nurses should develop more physical clinical skills e.g. IV/cannula insertion, or whether this would risk moving too far from their psychosocial core.

Emerging Considerations for Mental Health Nursing Care

- Goal planning and achievement, linking models to outcomes such as readiness for discharge;
- Safety models such as; Stanley Brown, Case/Pisani and Towards Zero Suicide approaches are increasingly integrated into practice;
- Education and psychoeducation represent an important opportunity to strengthen the contribution of mental health nurses to early intervention, prevention and population focused practice;
- New frameworks for ongoing reflection highlight the need to develop or refine a specific mental health nursing model that reflects the profession's values and skills set.

Conclusion

Mental health nurses do not typically follow a single nursing model, but instead integrate multiple frameworks- biopsychosocial, recovery focused, trauma informed, person centred alongside the medical model and psychological therapies. This flexible and eclectic approach supports holistic and responsive care, but it also exposes challenges around role clarity, consistency and the lack of a distinct and specific mental health nursing model. The future direction may involve the redefinition or development of a

mental health nursing model that reflects the profession's expertise in areas such as crisis management skills, therapeutic relationship building, holistic care, recovery focused practice and advocacy.

Section 5: Analysis 3 – Envisioning the Future Model of Mental Health Nursing and How We Want to Practice

Summative Key Message

Nurses envisage a future for mental health nursing in Northern Ireland that is sustainably resourced, educationally robust, professionally distinct, leadership-oriented, collaborative, culturally sensitive, innovative and adaptable, while protecting its core values.

Sustainable Investment and Resources

Participants highlighted the importance of dedicated funding, workforce expansion, retention strategies, and future-proofing resources with ring-fenced investment in mental health nursing education and development. Without this, the profession risks being unable to sustain services or innovate for the future.

Integrated Eclectic Framework

A flexible, multi-modal approach that draws from established models such as:

- Recovery-Oriented Care - promoting autonomy, hope, and personal goals;
- Trauma-Informed Practice - ensuring psychological safety and recognising the impact of trauma;
- Biopsychosocial Model - addressing biological, psychological, and social determinants of mental health; and
- Person-Centred Care - tailoring interventions to individual needs, preferences, values, and lived experiences.

This framework allows nurses to adapt care delivery across diverse settings, ensuring responsiveness to both clinical complexity and cultural context.

Lifespan and Transition-Based Continuity

Mental health nursing should be structured to support individuals across the lifespan:

- CAMHS to Adult Services – seamless transitions with shared care planning;
- Older People's Mental Health – integrated support across acute and community settings; and
- Perinatal and Paediatric Mental Health – embedding mental health expertise in maternity and paediatric pathways.

This model promotes continuity, reduces service fragmentation, and supports long-term recovery.

Community-Embedded and Outreach-Oriented Practice

Expand the role of mental health nurses in:

- Primary care settings (e.g. GP practices, schools, youth centres);
- Outreach services for under-served populations (e.g. Homeless, hearing impaired, addictions and youth justice populations);
- Crisis response; and
- Neurodevelopmental Services, such as ADHD and Autism.

This approach enhances accessibility, promotes early intervention, and reduces reliance on inpatient care.

Digitally Enabled Mental Health Nursing

Optimise the use of technology to support care delivery, including:

- Telehealth and virtual consultations;
- Digital tools for symptom tracking and psychoeducation;
- Secure platforms for collaborative care planning; and
- Innovative use of AI

Training in digital competencies should be embedded in professional development pathways to ensure safe and effective use.

Role-Specific Development and Leadership Pathways

Support career progression and role clarity across levels of practice:

- 4–6: Core clinical roles with enhanced skills in therapeutic engagement and care coordination;
- 7–9: Specialist nurses, Advanced Nurse Practitioners (ANPs), Non-Medical Prescribers (NMPs), and Nurse Consultants leading service innovation, supervision, and strategic development.

This structure promotes retention, professional identity, and leadership within nursing.

Respects Diversity and Fosters Inclusion and Co-Production

- Training in cultural awareness, neurodiversity, and inclusive communication;
- Embed Service User and Carer involvement in model development, service redesign and evaluation, training and education; and
- Fair distribution of training opportunities and service access including transitions.

This promotes cultural competence and equity of access to opportunities.

Physical Health Integration

All Trusts emphasise closing the mortality gap through:

- Metabolic monitoring;
- Lifestyle support; and
- Proactive physical health checks.

This ensures the provision of holistic nursing care.

Evidence-Informed Practice and Evaluation

Establish mechanisms for:

- Ongoing evaluation of nursing interventions;
- Use of outcome measures and feedback tools; and
- Research and innovation in mental health nursing.

This ensures the model remains dynamic, accountable, and aligned with best practice.

Furthermore, participants emphasised that it is essential to clearly articulate the unique contribution of a mental health nurse to care, acknowledging that a flexible and eclectic approach is necessary to providing holistic and responsive patient outcomes.

Mental health nurses assert that any effective framework must highlight the profession's core expertise, including crisis management, therapeutic relationship building, holistic care, recovery-focused practice, and advocacy. Such a framework empowers nurses to adapt care across diverse settings, ensuring it remains responsive to both clinical complexity and cultural context.

Section 6: Analysis 4 - Continuous Professional Development (CPD)

Summative Key Message

Nurses want:

- **Equitable, transparent CPD pathways with ring-fenced time and funding;**
- **Annual training needs analyses linked to workforce planning and appraisal;**
- **Competency frameworks developed for core, specialist and advanced practice with supervision to maintain fidelity; and**
- **Stronger career-linked education e.g. Specialist Practice Qualification, Non-Medical Prescribing, Advanced Nurse Practitioner, Consultant Nurse, Nurse Psychotherapist roles and clinical leadership roles that don't require leaving patient care.**

Participants at the workshops highlighted that the benefits of CPD were multifactorial. Participants described how CPD helped to embed the implementation of evidence-based interventions, thereby enhancing assessment and treatment pathways. Skill development was key with new skills expanding the scope of nursing practice such as Non-Medical Prescribing roles. Knowledge underpins meeting the growing and ever-changing needs of service users, informs service redesign and improves outcomes.

Positive Impact of CPD

- Many participants describe CPD as supportive, growth-oriented, and beneficial to their professional development; and
- CPD is often linked to confidence, skill enhancement, and improved patient care.

Barriers to Participation

- Staffing shortages and clinical pressures limit the ability to attend training;
- Cancellation of training and a lack of protected time reduces motivation and effectiveness;
- Supervision requirements for certain courses (e.g., EMDR, NMP) are not always supported in practice;
- Inconsistent access to CPD across services and teams; and
- Equity concerns: Some staff feel CPD opportunities are not distributed or are dependent on management discretion.

Career Progression

- CPD is seen as a pathway to career advancement, especially from level of practice 5 to 6 roles;
- However, some feel career progression is stifled unless moving into managerial roles; and
- Desire for clinical career pathways outside of management is strong.

Organisational Support and links to service needs

- CPD is often discussed in appraisals and supervision, but managerial support varies;
- Need for structured planning, funding, and recognition of CPD to support service development;
- Concerns that staff do not use specialist training upon returning to their roles;
- Some staff are lost to other services after completing CPD, creating gaps in core teams;
- CPD should align with population health needs and service priorities; and
- Training should be forward-looking, preparing staff for future service models.

Changes needed

1. Staffing and Support

- The need for appropriate nurse staffing levels was the most frequently mentioned theme;
- Staff shortages and lack of support were cited as major barriers to accessing CPD and progressing professionally; and
- There is a strong desire for protected time, caseload easement, and improved supervision opportunities.

2. Training Opportunities

- Strong call for more training options, especially specialist courses like CBT, NMP, EMDR; and
- Need for bespoke training, tailored to models of service delivery and individual career goals.

3. Career Progression

- Repeated mentions of levels of practice 5 to 6 progression, including accelerated pathways;
- Frustration with limited advancement unless moving into managerial roles; and
- Desire for the development of clinical career pathways and recognition of specialist skills.

4. Utilisation and Retention

- Concern that staff who complete specialist training are often lost to other services; and
- Need for systems that retain trained staff and ensure they can apply their new skills.

5. Service Alignment

- CPD should be aligned with population health needs, future service models, and team development; and
- Emphasis on forward planning and equitable access across services and regions.

6. Structural and Systemic Changes

- Suggestions for reviewing roles, creating new roles, and improving appraisal systems; and
- Desire for a Trust-wide and regional approach to CPD and career development.

CPD Recommendations

- Promote equitable access to CPD across all services and teams;
- Provide protected time and supervision support for training;
- Develop clinical career pathways beyond management roles;
- Improve planning and the utilisation of specialist training; and
- Align CPD with population health needs and service development.

Section 7: Analysis 5. – Nursing and Health Interventions, Treatment, Skills and Knowledge

Summative Key Message

Mental Health Nursing interventions and treatment approaches centre around psychological therapies, safety & risk management, alongside medication and pharmacological treatments.

Psychological Therapies – Most Dominant

- Examples include CBT, DBT, EMDR, IPT, CAT, psychotherapy, play/art/music therapy; and
- Insight: Whilst some mental health nurses are extensively trained and actively delivering evidence-based psychological interventions, this is not seen as typical for nurses overall. However, this aspiration reflects a trauma-informed, recovery-oriented approach central to modern mental health care.

Safety & Risk Management – High Priority

- Examples include safety planning, risk management, harm reduction, de-escalation; and
- Insight: The prominence of this category highlights the clinical responsibility of nurses in managing acute risk, safeguarding, and crisis intervention; It's essential in inpatient and community settings where optimising safety is a daily concern.

Pharmacological Interventions – Strong Integration

- Examples include prescribing, clozapine, lithium, depot administration;
- Educating patients and carers around their psychotropic medications; and
- Insight: Nurses are increasingly involved in medication management, including advanced roles like non-medical prescribing. This reflects the evolving scope of practice and the integration of physical and mental health care.

Family & Group Work – Collaborative Focus

- Examples include family therapy, group work, collaborative care planning; and
- Insight: This category shows the importance of relational and systemic approaches, involving families and groups in treatment to enhance outcomes and support recovery.

Physical Health & Monitoring – Holistic Care

- Examples include physical health monitoring and health promotion; and
- Insight: Mental health nurses are addressing physical health needs, bridging the gap between mental and physical wellbeing, especially for patients with complex comorbidities.

Alternative & Creative Therapies – Personalised Approaches

- Examples include pet therapy, reminiscence therapy, hypnotherapy, relaxation; and

Section 7: Analysis 5. Future directions for Mental Health Nursing

- Insight: These interventions reflect creativity and personalisation in care, offering non-traditional methods that can be especially effective for engagement and emotional regulation.

Education & Psychoeducation – Empowerment Tools

- Examples include psychoeducation, belief modification, education programmes; and
- Insight: This category supports patient empowerment, helping individuals and families understand mental health conditions, treatment options, and self-management strategies.

Enablers to Nursing Skills development

- Supervision & Support are frequently cited enablers, highlighting the importance of reflective practice, peer support, and structured guidance;
- Training & Education are also highly valued, illustrating the importance of formal learning and CPD.
- Role models and peer learning are significant, suggesting that informal mentorship and shared learning are key to professional growth; and
- Experience and practice remain foundational, though less frequently mentioned explicitly.

Section 8: Conclusion

Summative Key Message

Mental health nurses aspire to a fully regional and whole-system vision for their profession that is values-driven, skilled, adaptive, and ready to lead. The regional model should be:

- **Values-anchored and fully aligned with the NMC Code (compassion, integrity, equity);**
- **Professionally defined (clear identity, applying a hybrid model of practice);**
- **Clinically led (visible nurse leadership, nurse-led clinics);**
- **Workforce-sustained (protected CPD, equitable access, career pathways;)**
- **Biopsychosocial and lifespan-oriented, with psychological skills embedded;**
- **Digitally enabled but relational at its core;**

- **Equity-aware, improving access for rural and deprived communities; and**
- **Continuously improving, with nurse-led evaluation and research culture.**

Mental health nurses highlighted a range of personal and professional values underpinning their drive to practice effectively, preserve safety and prioritise people, while promoting professionalism and trust.

Nurses described their care as guided by a combination of frameworks, theories and learned approaches, which are applied dynamically, depending on the needs of the service user, the context of care and the priorities of the multidisciplinary team (MDT). This reflects both the complexity of mental health nursing and the fact that practice often blends medical, psychological and social perspectives. Mental health nurses report that the interventions and treatment approaches they apply centre around the delivery of psychological therapies, safety and risk management strategies, alongside medication and pharmacological treatments.

Mental health nurses identified the need for a clearer articulation of their unique contribution to care provision, while recognising that nursing practice requires a flexible and eclectic approach to deliver holistic and responsive care. Of course, this exposes challenges around role clarity and consistency, which impacts on the development of a distinct and specific mental health nursing model. Nevertheless, mental health nurses assert that the development of a mental health nursing model needs to reflect the profession's expertise in areas such as crisis management skills, therapeutic relationship building, holistic care, recovery focused practice and advocacy. Such a framework would allow nurses to adapt care delivery across diverse settings, ensuring responsiveness to both clinical complexity and cultural context.

Mental health nurses suggest that the key components necessary for a future model of mental health nursing practice are presented in Table 2:

Table 2: Key Messages from Workshop Participants

Key Messages from Workshop Participants
Embedding Service User and Carer involvement in model co-production, service redesign and evaluation, and the design of train education.
Workforce development through workforce investment, retention strategies, role expansion and the development of career pathway
Integrating robust nursing leadership frameworks at all healthcare levels to optimise workforce retention and the delivery of high care.
Aligning nurse education programmes with population health needs and modern clinical service developments.
Improved access to Continuous Professional Development (CPD) with strengthened clinical supervision structures to support pract
Empowering the workforce with future-focused digital skills to optimise the integration of emerging technologies
A renewed focus on evidence-informed practice and the evaluation of mental health nursing interventions.



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