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PARTNERING FOR WELLBEING AND ENABLING RECOVERY

Annex 6: Mental Health Student Nurse Focus Group Report

Section 1: Introduction and Purpose

Harnessing students' perspectives on contemporary practice, their thoughts about the role of the mental health nurse, and their career trajectories will be paramount in shaping the future models of mental health nursing care, and in addressing current and future service priorities. Understanding the experiences, and challenges faced by students entering the mental health nursing profession and that of early career mental health nurses, is crucial for; informing educational, learning and development, improving clinical placement experiences, strengthening therapeutic practice and identifying factors influencing the transition and retention of mental health nurses during the initial years of practice.

A focus group strategy was developed and agreed upon to effectively gather insights from mental health student nurses and early career nurses, while accommodating time constraints and the geographical spread of participants across the region.

The Mental Health Nursing Specifications document outlined the inclusion of mental health student nurses and early career nurses, initially defined as those qualified within the last two years to share their experiences, perspectives, and views on the future role of mental health nurse in Northern Ireland. However, it was recognised that including registrants who qualified within the last five years enabled greater inclusion of all areas of practice, in particular to include Child and Adolescent Mental Health Services (CAMHS).

In addition, it was also recognised that bringing both groups together in a single session, either in person or virtually, would be challenging due to the potential number of participants. Consequently, it was agreed that two separate online focus groups would be convened:

- *Mental Health Student Nurses Focus Group; and*
- *Early Career Mental Health Nurses Focus Group.*

Please note that the findings presented should be interpreted within the context of this focus group methodology and reflect the views and experiences expressed by the participants during discussions. Focus groups provide an opportunity to explore participants' perspectives, experiences and views in depth; however, the findings are influenced by the composition of the groups, the number and range of participants and the group discussion process. Individual views may also be influenced by group dynamics, including the willingness of participants to contribute and the potential for some perspectives to be more prominent than others. As such, the findings should not be considered representative of, or generalisable to, the wider population or stakeholder group. They should instead be viewed as providing qualitative insight into the experiences and perspectives shared by those who participated.

Section 2: Focus Group Programme Overview

Recruitment for the student nurse focus group required targeted coordination and support. The project specification outlined the inclusion of three student nurses from each academic year (Years 1, 2 and 3), drawn from the three Higher Education Institutions (HEI's) in Northern Ireland offering mental health nursing programmes: Queens University Belfast, Ulster University, Belfast and the Open University.

However, during planning it became apparent that Year 1 students had not yet commenced their academic studies and therefore would be unable to contribute meaningful reflections on their training experience. Following discussion, it was agreed to adapt the approach as follows:

- Year 2 students would provide perspectives on the Year 1 experience;
- Year 3 students would share their insights from their Year 2 experience; and
- Pre-registration nurses, awaiting Nursing and Midwifery Council registration process, would provide reflections on their final (Year 3) experience.

To support recruitment, the three HEI's recruited students within their university identifying those students that wished to be involved in the focus group. Mental health consultant nurses across the Health and Social Care Trusts were asked to identify pre- registration nurses awaiting registration who wished to participate.

As with the early career nurse focus group, strong engagement led to over-recruitment and a decision was made to include all nominated participants to ensure a diverse range of student voices. Participants were provided with an invitation email, including the Microsoft Teams link, session details, and an overview of the discussion topics and key questions. Thirteen student nurses joined the session.

The structure of the Student Nurse Focus Group mirrored that of the Early Career Nurses Focus Group. The meeting commenced with an introductory presentation, setting the context of the NIPEC mental health nursing review, outlining the aims and objectives from discussions along with reminders of the focus group ground rules, such as; confidentiality and disclosure. Participants were divided into breakout rooms, each facilitated by two mental health nurses. These nurses were members of the Northern Ireland Practice Education Council (NIPEC) Project Management Group or Senior Trust mental health nurse leaders. One nurse guided the conversation through agreed pre-set questions and their colleague transcribed the feedback from the participants. Microsoft Teams Forms were utilised to capture discussion points in real time, ensuring consistency and ease for analysis. Following the sessions, all responses were submitted to the consultant nurses leading this workstream for thematic analysis.

Upon completion of the breakout discussions, participants reconvened in the main session for collective feedback and summary reflections. During this debrief, one group reported that some students had shared negative experiences during their clinical placements. Following the focus group, it was agreed that this feedback required further consideration, and the facilitator from that breakout group was asked to provide a written summary of the issues raised to ensure these concerns were appropriately captured and addressed within the wider review.

The focus group ended with a reminder of each HEI's wellbeing support along with public mental health wellbeing support information. A follow up email was sent to all participants to offer appreciation of their support for the mental health nursing review and a reminder of completing the Student Nurse Survey (NIPEC, 2025) via QR code and the wellbeing supports available.

Section 3: Analysis 1. – Educational Experiences: Preparing for Clinical Practice

Summative Key Message

Students found placements the most effective, although suggest the curriculum needs more mental health focus, practical skills and Northern Ireland relevance

Preparation for Clinical Practice:

- Placements were the most effective learning tool, especially longer ones that built confidence and rapport;
- Hands-on ward experience valued more than classroom learning;
- Mental Health specific modules in later academic years were more useful than generic ones; and
- Assessment framework (NIPAD) was reported to be adult-nursing focused and confusing for mental health student nurses.

Curriculum Enhancements Needed:

- Mental Health focus: Early emphasis on Mental Health nursing skills and a tailored NIPAD;
- Legislation: More NI-specific law (e.g., Mental Health Order 1986);
- Transition support: Stronger preparation for moving into practice from study;
- Clinical and psychosocial skills: More structured opportunities for therapy and intervention training;

- Digital systems: Encompass training needs face-to-face delivery and broader access;
- Structural reform: Apprenticeship-style model suggested; curriculum should reflect NI population health needs; and
- Student support: More flexible, tailored support depending on circumstances.

Practical Skills Coverage:

- Mixed experiences: Some students reported poor coverage of assessment/treatment skills, others had good, varied opportunities.

Theory-to-Practice Translation:

- Self-directed learning often required due to lack of curriculum depth;
- Variation across universities in consistency and quality of learning; and
- Some students reported positive translation of theory into practice.

Section 3: Analysis 2. Clinical Placement Experiences: Bridging the Gap Between Theory and Practice

Summative Key Message

Clinical placements are essential for learning, but inconsistent support and reports of unhealthy learning environments can impede student development

Valuable Aspects of Placements:

- Interprofessional learning: Exposure to multidisciplinary teams (MDTs) and services; applying theory in practice;
- Communication & relationships: Building therapeutic skills and empathy through lived experience interactions; and
- Supportive mentorship: Feeling included, encouraged, and able to ask questions boosted confidence.

Placement Challenges:

- Integration issues: Short placements hindered adjustment and sense of team belonging;
- Academic/personal strain: Balancing full-time placements with exams and responsibilities was difficult;
- Negative culture: Reports of exclusion, verbal abuse, dismissive attitudes, and contradiction of NMC standards; and
- Role misalignment: Students often used as HCAs, limiting skill development and assessment opportunities.

Supervisor & Mentor Support:

- Positive mentorship: Constructive feedback and expertise valued;
- Inconsistent support: Quality varied; some students felt neglected; and
- Culture barriers: Negative ward culture limited development; students felt powerless to challenge it.

Suggestions for Improvement:

- Broader placement exposure: Access to diverse settings, including CAMHS; and
- Lifespan approach: Placements across age groups to strengthen developmental understanding.

Section 3: Analysis 3. – Knowledge of Underpinning Models of Practice and Therapeutics**Summative Key Message:**

Students feel broadly confident in applying theory and interventions, although suggestions that holistic preparation varies.

To note, this question had limited responses from student nurses therefore thematic analysis has been collaborated in the key themes below.

Confidence in Theoretical Models:

- Students generally confident applying core frameworks (recovery and biopsychosocial); and
- Depth of understanding varied, with some student nurses having a basic grasp of this concept.

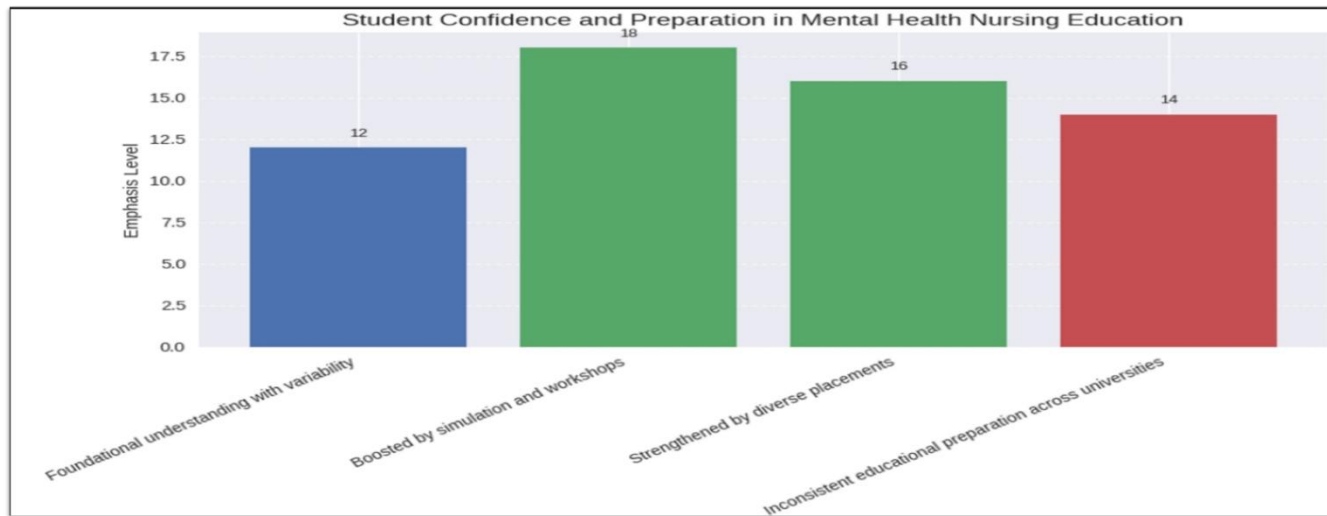
Confidence in Therapeutic Interventions:

- Confidence strengthened by simulation, workshops, and diverse placements; and
- Practical learning seen as critical for translating theory into practice.

Holistic Preparation for Mental Health Complexity:

- Preparation inconsistent across universities;
- Some institutions offered stronger experiential learning; others lacked robust simulation/practice; and
- Indicates lack of curriculum standardisation.

Table 1: Student Nurse Confidence and Preparation in Mental Health Nursing Education



Section 3: Analysis 4. – Perceptions of the Mental Health Nurse's Role Across the Life Course

Summative Key Message:

Mental health nursing students value therapeutic, recovery-oriented care but experience gaps in lifespan exposure and perceive the public has a lack of understanding around mental health nurse's role and value

Role Across the Lifespan:

- Adult-focused practice: Confidence mainly in adult care (dementia, physical health);
- Limited child and adolescent exposure: Minimal training or placements in CAMHS;
- Holistic care: Emphasis on recovery, patient-centred assessment and rehabilitation;
- Advocacy & empowerment: Strong focus on amplifying the patient's voice, especially for vulnerable groups;
- Family and MDT collaboration: Importance of teamwork and family involvement; and
- Multifaceted role: Therapeutic relationships central but undervalued.

Future Evolution of the Role:

- Technology integration: Anticipated growth in digital tools (virtual assessments, CBT apps);
- Specialist expansion: Desire for more prescribers and therapy training (CBT, EMDR);

- Therapeutic focus: Frustration with task-heavy roles; aspiration for more direct therapeutic work;
- Educational role: Nurses seen as educators for patients and families;
- Peer support: Need for stronger student peer support on wards; and
- Adaptability: Recognition that the role must evolve with changing mental health needs.

Public & Media Representation:

- Persistent stigma: Mental Health nurses often not seen as “real nurses”;
- Negative portrayal: Social media amplifies misunderstanding and unrealistic expectations;
- Need for public education: Greater awareness of Mental Health nursing role required; and
- Self-advocacy: Nurses feel compelled to explain/defend their role; encouraged to act as role models.

Section 3: Analysis 5 - Key Challenges Faced as Early Career Nurses

Summative Key Message:

Students value strong university support but face challenges with placements, mentorship, and future job prospects

Biggest Challenges:

- Professional identity: Difficulty understanding and asserting their role within clinical teams;
- Clinical environment barriers: Poor mentorship, limited staff engagement, lack of support;
- Risk management: Unprepared for aggressive/high-risk situations, especially in early placements;
- Placement structure: Concerns about length, relevance, and inequality;
- Balancing demands: Struggles with wellbeing, personal responsibilities, and placement workload;
- Financial pressures: Mature students highlighted significant strain; and
- Assessment focus: NIPAD seen as overly dominant, detracting from meaningful mental health learning.

Support Systems:

- University support: Tutors, link lecturers, and wellbeing services praised;
- Placement support: Positive mentors and approachable ward staff valued;
- Academic support: Personal tutors, study advisors, and reflective tools (e.g., NMC Code (NMC, 2028)¹ helpful; and

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

- General support: Students felt support was accessible across academic and clinical settings.

Concerns About the Future of Mental Health Nursing:

- Underfunding & staff shortages: Worries about care quality and being used as Health Care Assistants;
- Training–practice disconnect: Academic preparation not always translating into readiness for clinical practice;
- Workforce issues: Anxiety about limited job availability, especially Band 5 community roles;
- Stigma & culture: Persistent stigma and “toxic” workplace cultures seen as barriers; and
- Complex patient needs: Rising complexity of presentations adds to concerns about preparedness for clinical practice.

Section 3: Analysis 6 - Systems of Support

Summative Key Message

Students appreciate available support and seek consistent mentorship along with clear CPD pathways

Current Support:

- University: Strong placement planning, responsive staff, efficient issue resolution, good academic resources;
- Clinical placements: Some mentors supportive and genuine; learning help available, though duration inconsistent; and
- Workplace: Generally supportive culture; HCA role exposure adds learning opportunities.

Desired Additional Support:

- Peer/student ambassador support: Mixed effectiveness; WhatsApp groups variable, ambassadors seen as useful;
- Wellbeing resources: Inspire and student union valued; and
- Reflective practice: Calls for structured debrief groups led by senior mental health nursing staff.

Awareness & Access to Resources:

- Limited awareness: Students unsure about professional support groups;
- Networking: Desire for stronger peer and external links; and
- Accountability: Concerns about oversight of mentors and assessors; calls for more accountability.

Continuing Professional Development (CPD):

- Lack of structure: Most unaware of CPD plans; no formal pathways; and
- Career planning: Students want clearer guidance on career progression.

Section 3: Analysis 7 - Exploration of Opportunities and Future Aspirations

Summative Key Message

Students seek specialist and advanced roles, although face inconsistent access to development opportunities.

Professional Goals & Aspirations:

- Career direction shaped by placements; there was a strong interest in CAMHS, addictions, and forensic nursing;
- Progression plans: Consolidate skills at Band 5, then progress to levels of practice 6 and 7 roles, with greater leadership/management responsibilities;
- Ambition for senior nurse roles: Some aspire to senior operational manager roles in forensic nursing; and
- Education/advocacy: Desire to educate young people about addiction.

Opportunities for Growth & Development:

- Training access mixed: Some report good CPD and support; others face funding barriers (“lucky dip”);
- Peer learning valued post-qualification; and
- Further education: Interest in specialist and advanced roles (E.g. Non-Medical Prescriber, Advanced Nurse Practitioner, Consultant Nurse).

Supporting Advancement in the Profession:

- Cultural/structural change: Need to reduce stigma and integrate with other nursing specialties;
- Leadership & supervision: Strong emphasis on supportive management and consistent supervision; and
- Visibility & advocacy: Promote mental health nursing through communication, self-advocacy, and public education (schools, communities).

Section 4: Conclusion

Mental health nursing students consistently highlight placements as the most valuable preparation, yet report wide variation in quality, mentorship, and cultural support. The curriculum is seen as too generic and adult-focused, with a need for Mental Health NIPAD specific competencies. Students seek more training and knowledge around frameworks, NI legislation, and practical skills. Students often rely on self-directed learning to bridge training gaps, while structural reforms such as an apprenticeship model are strongly suggested. Students advocate for a regionally consistent approach across all universities regarding Mental Health Nursing education. Students want longer placements, across the lifespan with more practical learning opportunities for therapeutic interventions.

Across placements, challenges include poor mentorship, negative ward culture, role misuse, and balancing academic/personal demands. Confidence in theoretical models and interventions grows when supported by simulation and diverse placements, but disparities across universities create uneven readiness. Students envision their role evolving toward specialist, therapeutic, and digitally enabled practice, yet stigma and public misunderstanding remain barriers.

Support systems at university are strong, but placement mentorship can be inconsistent; students call for peer support, structured reflection, consistent support from Practice Assessors and clearer CPD pathways. Career aspirations are ambitious—spanning CAMHS, addictions, forensic nursing, and leadership roles but are constrained by perceived funding barriers, workforce shortages, and limited progression opportunities.

Student nurse Focus Group Key messages and opportunities for development reflecting the NMC education programme standards (NMC, 2023) are presented in Table 10.

Table 2: Student Nurse Focus Group Key Messages and Opportunities for Development Reflecting NMC Education Programme Standards

Student Nurse Focus Group Thematically Presented Key Messages

To prepare mental health nurses for the realities of clinical practice, student nurse reforms must prioritise:

- **Standardised Curriculum:** Implementing a consistent and focused curriculum that ensures uniform educational outcomes in line with specific NMC education programme standards (NMC, 2023);
- **Supportive Clinical Environments:** Fostering a positive placement culture driven by highly skilled, transparent, and accountable Practice Assessors;
- **Experiential Learning:** Enhancing nursing practice through clinical simulations;
- **Clear Career Progression:** Providing structured, continuous professional development (CPD) and well-defined clinical career pathways; and
- **Advocacy & Awareness:** Championing the profession to dismantle stigma and elevate its overall status and public image.



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