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MENTAL HEALTH NURSING:

Partnering for Wellbeing and Enabling Recovery

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Foreword

I firmly believe that meeting the holistic mental health needs of our population is one of the defining health and social challenges of our time. Across Northern Ireland, increasing demand, growing complexity of need, and persistent inequalities continue to impact individuals, families and neighbourhoods. At the same time, there is a clear opportunity to transform how we promote mental wellbeing, prevent mental ill-health, and support people to recover and live fulfilling lives.

This report, ***Mental Health Nursing: Partnering for Wellbeing and Enabling Recovery***, sets out a clear vision for the future contribution of mental health nursing within an evolving Health and Social Care system. Developed through extensive engagement with mental health nurses, student nurses, people with lived experience, education partners and system leaders, the report highlights both the strengths of the profession and the challenges that must be addressed to meet future population needs.

Mental health nurses play a critical role across the life course and across a wide range of settings. Their unique contribution lies in building therapeutic relationships, promoting recovery, delivering evidence-based care, supporting families and carers, and advocating for those experiencing mental health difficulties. This report recognises that contribution and presents a future-focused model that strengthens prevention, early intervention, integrated care and recovery-oriented practice.

The proposed model aligns with the strategic direction of health and social care reform in Northern Ireland, placing mental health nursing at the heart of neighbourhood-based, person-centred services provided closer to home. It provides a framework for developing the workforce, enhancing education and leadership, strengthening quality and governance, and ensuring people receive the right care, at the right time, in the right place, from the right professional.

I would like to thank everyone who contributed to this review, particularly those who shared their professional expertise and lived experience. Their insights have helped shape a comprehensive and ambitious vision for the profession. I am confident that the recommendations contained within this report will support the continued development of mental health nursing and, most importantly, improve outcomes for the people and communities we serve.

PROFESSOR MARIA MCILGORM OBE
Chief Nursing Officer for Northern Ireland

1.0 Introduction

In October 2024, Professor Maria McIlgorm, Chief Nursing Officer (CNO), requested that the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) conduct a programme of work, to inform the strategic direction and development of a new professional Mental Health Nursing Model to deliver better outcomes to meet the current and future needs for our population in Northern Ireland (NI).

Mental health is undeniably one of the most pressing challenges of our time, with statistics indicating that at least one in four individuals will experience mental health issues during their lives (DoH, 2021)[1]. *The Youth Wellbeing Prevalence Survey (2020)* Bunting et al. (2020)[2] provides the first robust population-level prevalence estimates of mental health conditions among children and young people in NI. It reports that approximately one in eight children and young people meet criteria for common mood and anxiety disorders, indicating a substantial burden of clinically significant mental illhealth at a population level. In addition, a 2023 survey of 16-year olds in NI reported that, 45.2% met the criteria for a probable diagnosis of mental ill-health (Bond and O'Neill, 2023)[3]. Furthermore, the *Health Survey (NI): First Results 2024/25* DoH (2025)[4] reported under a fifth (18%) of respondents" aged 16 and over had a high GHQ12 score (≥4), indicating psychological distress and a possible underlying mental health condition.

Mental health nursing has consistently been at the forefront of delivering care across all stages of life and within a diverse range of settings. Encouragingly, the past two decades have seen significant advances in treatment approaches and interventions, supporting people to achieve greater empowerment, enhance recovery and live well with their mental health needs (Badu, et., al., 2021[5] and Lean et, al., 2019)[6].

The rationale for a robust and contemporary model to guide and support mental health nursing practice is presented, specifying key points, such as; enhancing patient outcomes, promoting evidence-based care, and fostering professional development within the mental health nursing workforce.

1 Department of Health (2021) *Health Survey (NI): First Results 2020/2021*. NI Executive: Belfast
2 Bunting, L., McCartan, C., Davidson, G., Grant, A., McBride, O., Mulholland, C., Murphy, J., Schubotz, D., Cameron, J. and Shevlin, M. (2020) *The mental health of children and parents in Northern Ireland: Results of the Youth Wellbeing Prevalence Survey*. Belfast: Health and Social Care Board. *Youth Wellbeing Prevalence Survey 2020 - DOH/HSCNI Strategic Planning and Performance Group (SPPG)*
3 Bond, N. and O'Neill, S. (2023) *Factors Affecting Mental Health and Wellbeing in Children and Young People in Northern Ireland*. Mental Health Champion NI: Belfast
4 Department of Health (2025) *Health Survey (NI): First Results 2024/25*. NI Executive: Belfast
5 Badu, E., O'Brien, A.P. and Mitchell, R (2021) An *Integrative Review of Recovery Services to Improve the Lives of Adults Living with Severe Mental Illness*. International Journal of Environmental Research and Public Health 18(16): pp.8873
6 Lean, M., Fornells-Ambrojo, M., Milton, A., Lloyds-Evans, B., Harrison-Stewart, B., Yesufu-Udechuku, A., Kendall, T. and Johnson, S. (2019) *Self-management interventions for people with severe mental illness: systemic review and meta-analysis*. The British Journal of Psychiatry 214(5), pp.260-268

A model is proposed that fully recognises the value and contribution of every mental health nurse, and all nurses involved in delivering mental health care. While registered mental health nurses form the core of this workforce, it is crucial to acknowledge the vital roles played by all registered nurses across the health care system who are also actively engaged in providing essential mental health support, as well as those who provide care in supporting roles.

A Steering Group was established, co-chaired by Professor Linda Kelly, Chief Executive, NIPEC and Suzanne Pullins, Executive Director of Nursing and Midwifery, Allied Health Professionals, Northern Health and Social Care (HSC) Trust until October 2025, and later replaced by Gill Murphy, Interim Executive Director of Nursing. The membership was representative across professions and organisations. Details of the Project Initiation Document, the Terms of Reference and membership can be accessed at; *Mental Health Nursing: Project Initiation Document*. The governance arrangements for the Steering Group are outlined in Appendix 1.

Recommendations to support the implementation of the proposed model for mental health nursing are presented within this report.

2.0 Strategic Context and Background

This review is strategically positioned within the evolving landscape of mental healthcare in NI, recognising the imperative for mental health nursing to align with the NI workforce strategy in 2026, and to ensure that the HSC system has the right people and the right leadership to deliver safe, high quality services now, as well as meeting future challenges (DoH, 2018)[7]. This is further reinforced within the *Refreshed Delivering Care Policy Framework* (DoH, 2026)[8], which provides an important strategic context for strengthening workforce capability, service transformation and delivering person centred sustainable care.

The Health Minister's three-year plan *Health and Social Care NI Reset Plan* (2025)[9] sets out to stabilise our system through driving efficiencies, valuing the workforce and reducing waiting lists in line with Programme for Government commitments. This will drive reform through a focus on prevention and early interventions with all partners working to develop a holistic model of primary care achieved through the expansion of Multi-disciplinary Teams (MDTs). The strategy advocates for improving integrated care delivery within existing resources by adopting a whole-system approach. This will reduce unwarranted clinical variation and optimise community and Neighbourhood level care. Further measures are also to be taken to progress the establishment of a Regional Mental Health Service.

The focus is on a proactive model, emphasising the promotion of positive mental health, prevention of mental illness, and addressing the broader social determinants that impact mental health. This entails designing services that facilitate early intervention and foster positive mental and emotional well-being across all life stages, underpinned by a commitment to getting it right first time, every time. Thus, creating an environment that consistently supports effective recovery through evidence-based interventions and genuine partnership with individuals, their families, carers, neighbourhoods and communities is crucial.

Furthermore, this approach necessitates addressing health inequalities, particularly the often-overlooked relationship between physical and mental well-being. Parity of esteem continues to be a major concern with continuing inadequate health provision and worsening outcomes for patients. Hence the need to address the inequalities between mental and physical healthcare. Patients with severe mental illness die 10–20 years prematurely and have a high rate of cardiometabolic complications as well as other physical illnesses (Mitchell et al., 2017)[10].

7 Department of Health (2018) *Health and Social Care Workforce Strategy 2026. Delivering for Our People.* Belfast: DoH
8 Department of Health (2026) *The Refreshed Delivering Care Policy Framework.* Belfast: DoH
9 Department of Health (2025) *Health and Social Care NI Reset Plan.* Belfast: DoH
10 Mitchell, A.J., Hardy, S. and Shiers, D. (2017*) Parity of Esteem: Addressing the inequalities between mental and physical healthcare.* British Journal of Psychological Advances. V. 23, pp.196–205

Improving access to mental health and well-being support requires a fundamental shift in the current model of provision, adopting innovative ways of working and also addressing the legacy of mental health challenges inherent in NI.

The *Mental Health Strategy 2021-2031* (DoH, 2021)[11], demands a radical and fresh approach, mirroring the ambitions set out in the *Health and Wellbeing 2026: Delivering Together 2026*[12] and the principles of Systems, Not Structures (DoH 2016)[13] from the Bengoa report. The *Health and Social Care NI Reset Plan* (DoH, 2025) calls for investment in Primary Care, Community Care and Social Care; delivering mental, physical and social healthcare in a joined-up way. The strategy is person-centred, takes a whole life approach and has a whole system focus to fundamentally reform mental healthcare by shifting focus toward prevention, early intervention, and community-based support.

The key aim is to ensure long-term improved outcomes for peoples' mental health. Recognising the critical drivers of increasing demand for Mental Health Services, the growing complexity of presentations, and the significance of comorbidities. This strategy also acknowledges the expectation that mental healthcare is considered a core service. It embraces technological advances to deliver mental healthcare in innovative ways, ensuring the highest quality and promoting safety.

In developing this model, the NMC (2020)[14] recognises the health and well-being of nurses is fundamental to delivering safe and effective high-quality care. The NMC is committed to fostering a positive professional culture in which staff feel valued and supported, enabling them to flourish both personally and professionally. Supporting the wellbeing of the nursing workforce is essential for resilience, psychological safety, and workforce sustainability, while also underpinning the delivery of compassionate, person-centred care. Investment in workforce wellbeing helps maintain a capable, confident, and empowered profession equipped to meet the complex and evolving needs of people experiencing mental health difficulties.

Action 31 of the *Mental Health Strategy 2021–2031*, sets out the development of a Regional Mental Health Service with a key objective of providing people across NI with equitable access to high quality, regionally consistent but locally based Mental Health Services, working across primary and secondary mental healthcare which are fully integrated with the community and voluntary sector, and aligned to the Neighbourhood Model. The establishment of the Regional Mental Health Service is expected to enhance the quality and accessibility of Mental Health Services and lead to improved outcomes for the individuals who use them.

11 Department of Health (2021) *Mental Health Strategy 2021-2031.* DoH: Belfast
12 Department of Health (2016) *Health and Wellbeing 2026: Delivering Together.* DoH: Belfast
13 Department of Health (2016) *Systems, Not Structures*: *Changing Health and Social Care.* DoH: Belfast
14 Nursing Midwifery Council (2020) *Regulate Support Influence Strategy 2020-2025.*NMC: London

It will also serve as a key enabler for the development and implementation of regional solutions to address emerging system-wide pressures. This project is closely aligned with the wider work of the Regional Mental Health Service. It supports the drive for greater consistency and integration by establishing mechanisms that foster connection and collaboration among people, services, and systems at regional, trust, and local levels. Given its overlap with key Regional Mental Health Service workstreams, ongoing, clear, and effective communication will be essential to maintain alignment and optimise outcomes across both initiatives.

This project's framework is firmly rooted in the CNO's *Shaping Our Future A Vision for Nursing and Midwifery in Northern Ireland: 2023-2028* (DoH, 2023)[15].This aligns with the priorities established within the NI Mental Health Strategy (DoH, 2021), mental health workforce and workload planning. Likewise, in the *Nursing and Midwifery Task Group (NMTG) Report,*[16] which seeks to optimise the contribution of nursing in improving population outcomes. Future mental health nursing care must reflect a population health approach, ensuring the right care, by the right person, in the right place, with the right skills, knowledge and behaviours and of course, most importantly delivering the right experience and outcomes for people, families, carers and communities.

15 Department of Health (2023) *Shaping Our Future A Vision for Nursing and Midwifery: 2023-2028.* DoH: Belfast
16 NMTG (2020) *Nursing and Midwifery Task Group: Report and Recommendations.* DoH: Belfast:

3.0 Purpose and Methodology

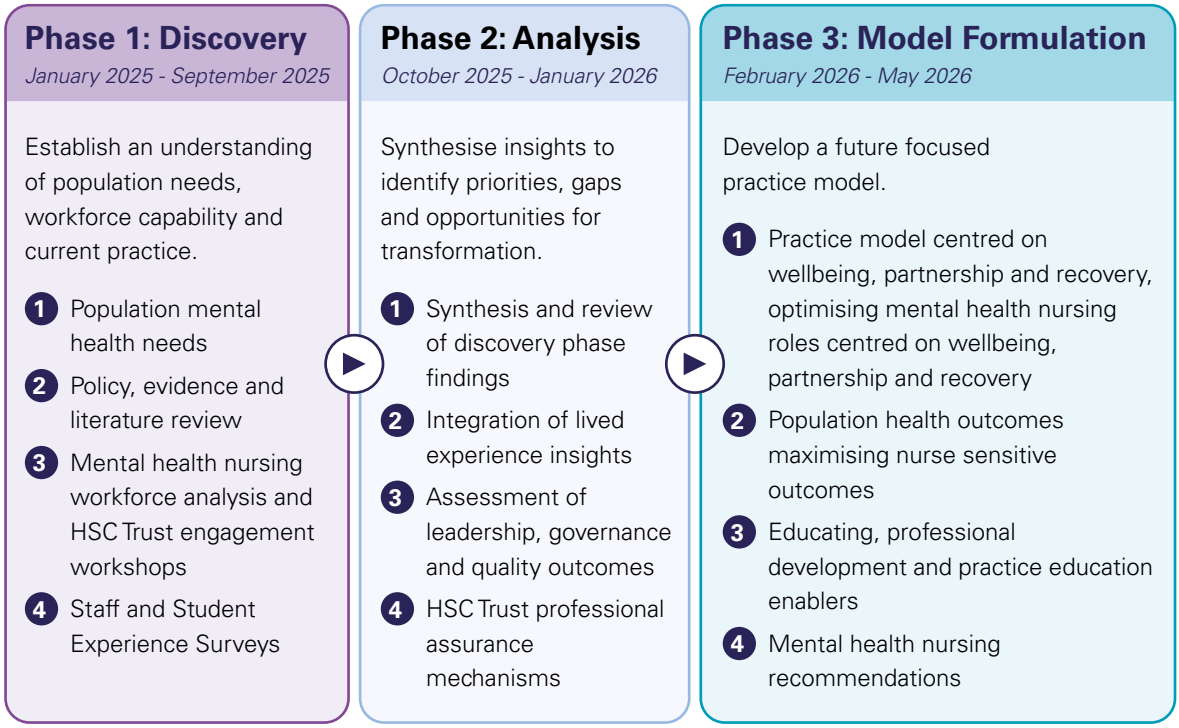
This project involved a comprehensive review of mental health nursing care across the life course. It included a detailed examination of the roles undertaken by mental health nurses across primary care, secondary care, specialist services, Child Adolescent Mental Health Services (CAMHS), adult and older peoples' mental health services, recognising the interdependencies within and between these settings. The review also considered the contribution of health visitors, adult nurses, children's nurses, and midwives, with particular attention to perinatal mental health care.

A series of workstreams were conducted concurrently to inform the development of the overall report. This report summarises the key findings and directs readers to the relevant Annexes for more detailed information.

The project's recommendations were developed in accordance with the four strategic priority areas identified within *Shaping Our Future: A Vision for Nursing and Midwifery in Northern Ireland 2023–2028*: workforce and workload planning; education and training; quality assurance; and career pathways. Priority areas specific to mental health nursing are summarised in Appendix 2. The project findings and recommendations, presented in Section 13, have been aligned with the ambitions and principles set out within this vision.

The project methodology was delivered through three distinct phases, as outlined in Figure 1.

Figure 1: Project Phases and Timescales



4.0 Population Health Needs of People in NI

Population health approaches recognise that mental health outcomes are shaped not only by clinical care but also by the social, economic, and environmental conditions in which people live. Improving mental wellbeing, reducing inequalities, and supporting prevention across the life course therefore requires action beyond healthcare services alone. As highlighted by Purtle et al. (2022)[17], population-based mental health approaches encompass both clinical and non-clinical interventions that target shared populations, while addressing the wider determinants of health. These approaches are essential in tackling structural factors such as poverty, housing, education, and inequality, which significantly influence mental health outcomes and contribute to disparities across communities (Kirkbride et al., 2024)[18]. Evidence suggests that sustainable improvements in population mental health can only be achieved through a combination of high-quality healthcare services and coordinated population-level interventions that address these underlying determinants.

The *Population Mental Health Report* is available; *Annex 1: Population Mental Health Report.*

4.1 Northern Ireland Context

NI experiences disproportionately high levels of mental ill health, with prevalence estimated to be 25% higher than in England (DoH, 2022)[19]. Socioeconomic deprivation, historical trauma, and service access challenges contribute to this burden. Data consistently demonstrates inequalities, with higher mental health morbidity in deprived communities and among women. Suicide remains the leading cause of death among men under 50, accounting for 21.9% of deaths in this group (NISRA, 2025)[20].

Policy frameworks, including; *Health and Social Care NI Reset Plan (DoH, 2025), the Mental Health Strategy 2021–2031 (DoH, 2021) and Protect Life 2 (DoH, 2019)*[21], set out clear ambitions for prevention, early intervention, and reducing inequalities. Nevertheless, systemic barriers specifically concerning human resource capacity, integrated care pathways, and population-wide interventions continue to impede full implementation.

17 Purtle, J., Nelson, K.L., Counts, N.Z. and Yudell, M. (2020) *Population based approaches to mental health: History, strategies and evidence*. Annual Review of Public Health, 41, pp. 201-221
18 Kirkbride, J. B., Anglin, D.M., Colman, I., Dykxhoorn, J., Jones, P.B., Patalay, P., Pitman, A., Soneson, E., Steare, T., Wright, T. and Griffiths, S.L. (2024) *The social determinants of mental health and disorder: evidence, prevention and recommendations*. World Psychiatry, 23(1), pp. 58-90
19 Department of Health (2022) *Health Survey Northern Ireland: First Results 2021/22*. Belfast: DoH
20 Northern Ireland Statistics Research Agency (NISRA) (2025) *Suicide Statistics 2024*. Belfast: NISRA
21 Department of Health (2019) *Protect Life 2: A Strategy for Preventing Suicide and Self-Harm in Northern Ireland*. Belfast: DoH

4.2 The Role of Mental Health Nurses in Addressing Population Health Needs

Mental health nurses are uniquely positioned to support a population health approach through their expertise in addressing the interconnected biological, psychological, and social factors that influence wellbeing. Their broad skill set equips them to work across clinical, community, public and population health domains; however, current models underutilise this potential, with roles often confined to reactive and episodic care. A strategic shift is required to embed mental health nurses within population health frameworks and integrated care systems.

Embedding mental health nurses within Integrated Neighbourhood Teams would enable:

- Earlier identification of need;
- Coordinated, community-based interventions;
- Targeted support for high-risk populations;
- Improved continuity of care across the life course;
- Reductions in avoidable emergency admissions;
- Streamline referrals; and
- Enhanced connections between patients and community support networks.

A strategic expansion of specialist, advanced and consultant nurse roles, in line with the *NI Career and Development Model for Nursing and Midwifery* (NIPEC, 2025)[22] this will enable targeted interventions across key priority areas providing a scalable mechanism to operationalise policy objectives.

4.3 Proposed Mental Health Nursing Roles

A population health approach requires a transformation and reconfiguration of mental health nursing roles to provide proactive prevention, early intervention, and targeted support across the life course. Optimising the immediate contribution of mental health nursing requires a targeted expansion, development and swift implementation of specialist and advanced nurse-led interface roles. Such roles are pivotal in strengthening coordination, improving service integration and facilitating seamless pathways across primary, community, secondary and specialist mental health services. These roles are a key enabler of the Neighbourhood Model of care, improving access, continuity, and integration across HSC services.

Achieving this vision will require the development of critical specialist, advanced and consultant mental health nursing roles across MDTs, as outlined below:

22 Northern Ireland Practice and Education Council (NIPEC) (2025) *NI Career and Development Model for Nursing and Midwifery.* Belfast: NIPEC

- **Population-level mental health care** with nurses leading population-level improvement by integrating physical health monitoring into mental health care and leading public mental health initiatives. They would work with primary care and the PHA to monitor patterns of mental illness and identify high-risk groups within the population. They would design, implement, and evaluate prevention programmes aimed at improving mental health outcomes. They would also lead anti-stigma initiatives to reduce discrimination and promote mental wellbeing. In addition, they would coordinate cross-sector interventions that address wider determinants of mental health, such as housing, employment, and social inclusion.
- **Trauma-informed mental health care** delivered by nurses championing system-wide healthcare strategies. This will enable identification and the effective management of the deep-rooted effects of trauma, guiding the broader healthcare system in implementing trauma-responsive practices as well as developing educational initiatives.
- **Perinatal mental health nurses,** working alongside midwifery and health visiting services, would provide screening, early intervention for common perinatal mental health difficulties, support parent–infant relationships, and proactively engage vulnerable women.
- **CAMHS nurses** embedded within schools and community hubs would provide early intervention through accessible, youth-friendly services, including school-based support, digital and drop-in models, and family-focused care.
- **Neurodiversity mental health nurses** would support children, young people, and adults through diagnostic assessment, pre-diagnostic support, and coordination of personalised, sensory-informed care pathways, working in partnership with education services, families, and carers to prevent crisis escalation.
- **Mental health nurses engaging in suicide prevention** would implement targeted, data-driven interventions, including neighbourhood risk stratification, assertive outreach to high-risk individuals, rapid response services, and postvention support, alongside analysis of suicide trends, clusters, and inequalities.
- **Nurses working in eating disorder services** would lead integrated, multi-disciplinary care pathways, thereby reducing the need for hospital admissions and providing advanced clinical management for eating disorder conditions, which is associated with significant medical and psychiatric mortality.
- **Nurses working with early intervention psychosis and Severe Mental Illness (SMI)** would deliver assertive, proactive, biopsychosocial care, focusing on early identification, to support individuals experiencing first-episode psychosis, with integrated management of mental, physical, and social needs, health behaviour change, and relapse prevention to reduce hospitalisation and premature mortality.

- **Co-occurring and substance use mental health nurses** would take a population-based approach to reducing harm by analysing patterns and 'hotspots' of use, coordinating prevention and early intervention strategies, delivering community awareness initiatives, and implementing harm reduction measures to empower patients and their families with the tools needed for sustainable recovery.
- **Mental health nurses in community forensic services** providing targeted, data-driven interventions to individuals at greatest risk at court or on release from police custody or prison. Using neighbourhood risk stratification, multi-agency intelligence, and a holistic biopsychosocial approach, they work alongside Healthcare in Prison teams, Police Custody nurses and independently within the courts to identify needs early, support transition planning, and coordinate care from court or on release.
- **Later life and dementia-focused mental health nurses,** integrated with MDTs in primary care and community nursing teams, would provide specialised cognitive and emotional support tailored to the elderly, dementia patients, and their families, alongside early identification, community support and care home management of behavioural symptoms, provide carer education, and prevent avoidable acute hospital admissions.

Maximising the development and scope of mental health nursing roles supports proactive prevention and early intervention, and enable more care closer to home. Hereby, reducing existing mental health acute need, secondary care pressures across the system and coordinating with community and voluntary organisations locally, with responsive prevention and recovery focused care.

An ambitious but deliverable transformation model grounded in system priorities and workforce development will help stabilise system pressures to reduce an over reliance on acute and secondary care services through improved flow, decision-making, faster access to evidence-based interventions, coordination of care and sustainable care delivery. Examples of existing pilots and pockets of nursing excellence across the life course for consideration are presented as Appendix 3.

The overall population health the recommendations are presented in Table 1.

Table 1: Population Health Key Messages

Population Health Key Messages
Develop a population mental health nursing workforce model that strengthens mental health nursing practice towards prevention, early intervention, and population mental wellbeing, through focusing practice on the four pillars of nursing practice: • Promoting wellness and prevention of ill-health; • Responding to deterioration; and acute needs; • Supporting self-management, anticipatory care and early intervention; and • Provide monitoring and treatment for long term conditions, including palliative and end of life care Mental health nursing within Neighbourhood MDTs, primary care, community services, coordinating with community and voluntary organisations to deliver accessible, locally responsive mental health support and recovery focused care.

5.0 Capturing Insights

A comprehensive stakeholder engagement programme was undertaken to validate the review and ensure our recommendations are grounded in current practice and experience. This work captured a cross-sectional snapshot of perspectives from mental health student nurses, registered mental health nurses, individuals with lived experience of mental health challenges, and regional partners across education and service settings. This mixed-methods approach enabled the triangulation of quantitative and qualitative insights, ensuring the emerging themes accurately reflected both professional and lived expertise.

Engagement activities were designed to capture a comprehensive descriptive analysis from the mental health nursing review. By combining survey data with facilitated workshops, this approach balanced breadth of reach with depth of discussion, empowering participants to evaluate current strengths, address challenges, and shape future priorities. The following sections highlight key messages and proposed development opportunities.

5.1 HSC Trust Hosted Mental Health Nursing Workshops

Five HSC Trusts hosted engagement workshops were conducted between June 2025 and September 2025, to elicit stakeholder and partner insights, facilitating an exploration of the professional challenges currently facing mental health nursing. The workshops provided a structured forum for registrants and support staff who contribute to mental health care and treatment, reflecting a range of service delivery models across primary care, community services and hospital services.

The *HSC Trust Mental Health Nursing Workshops Report* is available; *Annex 2: HSC Trust Mental Health Nursing Workshops Report.*

5.2 Summative Messages from Workshop Participants

Overall, mental health nurses highlighted the personal and professional values that underpin their commitment to delivering excellent, effective, person-centred care, maintaining clinical safety, and upholding professionalism and public trust.

Nurses described their practice 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 highlights the multifaceted nature of mental health nursing, illustrating how clinical practice frequently integrates medical, psychological, and social frameworks. Mental health nurses report that the interventions and treatment approach they apply centre around the delivery of psychological therapies, safety and risk management strategies, alongside medication and pharmacological treatments.

Furthermore, participants emphasised that it is essential to clearly articulate the unique contribution of a mental health nurse to care, acknowledging that a flexible, wide ranging approach is necessary to provide 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. 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 evaluation, and the design of training and education.
Workforce development through workforce investment, retention strategies, role expansion and the development of career pathways.
Integrating robust nursing leadership frameworks at all healthcare levels to optimise workforce retention and the delivery of high-quality 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 practice.
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.

5.3 Staff Survey

A staff survey was issued to complement the workshops by capturing a broader and more diverse range of perspectives, including those who may not have participated in group discussions. This approach enhanced the validity of the findings by combining the depth of qualitative workshop data with the breadth and anonymity afforded by survey responses. It is essential to understand mental health clinical nursing workforce experiences, capturing day to day realities, professional development needs, and their expectations for a future model that is proactive, equitable, digitally-enabled and aligned to long-term reform. This Staff Survey, was issued to mental health nurses across a range of settings, including; primary care, hospital, community, specialist services, CAMHS and Older Peoples' Mental Health Services. A total of 331 mental health nursing staff responded to the survey (n = 331), representing a statistically representative sample of the target population.

The *Mental Health Nursing Staff Survey Report* is available; *Annex 3: Mental Health Nursing Staff Survey Report*.

A summary of the key messages and recognised opportunities for development are presented in Table 3.

Table 3: Staff Survey: Summary of Key Messages and Opportunities for Development

Staff Survey: Summary of Key Messages and Opportunities for Development
Increased workload pressures.
Reduced workforce capacity.
Increased acuity and complexity of clinical presentations.
Challenges with providing therapeutic clinical care interventions.
A need for enhanced training and professional development, particularly in psychological therapies, therapeutic modalities and neurodivergence.

5.4 Student Nurse Survey

Understanding the experiences of undergraduate mental health nursing students is crucial for informing educational provision, supporting professional development, and enhancing clinical placement quality. Accordingly, this survey explored student perspectives on contemporary clinical practice, therapeutic nursing interventions, academic curricula, and the future direction of mental health nursing, identifying areas for improvement to inform future education and workforce development initiatives. A purposive sampling approach was used. A total of 34 mental health nursing undergraduates responded to the survey (n = 34), representing a relatively low response rate of the target population.

The *Mental Health Student Nurse Survey Report* is available; *Annex 4: Mental Health Student Nurse Survey Report*.

A summary of the key messages recognises opportunities for development, reflecting on the identified undergraduate learning needs, in conjunction with NMC requirements. These are presented in Table 4.

Table 4: Student Nurse: Summary of Key Messages and Opportunities for Development

Student Nurse: Summary of Key Messages and Opportunities for Development
Increase curriculum focus on mental health specific disorders treatment interventions, pharmacology and therapeutic interventions.
Emphasise the need for consistency in providing supporting evidence within the portfolio across the 3-university curriculum and the Mental Health Northern Ireland Practice Assessment Document (NIPAD). Maintain a standardised approach to portfolio evidence across the three-university curriculum and the Mental Health NIPAD.
Reinforce positive clinical learning environments to optimise learning outcomes and strengthen mental health nursing, professional identity and culture. Cultivate supportive clinical environments to maximise educational success, nurture nprofessional identity, and build a strong, healthy culture within mental health nursing.
Greater exposure to early intervention and preventative mental health strategies. Broadening the integration of preventive mental health frameworks and early-stage intervention models.
Expanding inter professional learning opportunities within mental health practice.
Strengthened proficiency, knowledge, skills and behaviours in the management of the de-escalation of aggression.

6.0 Mental Health Nursing Workforce in NI

6.1 RMHN Workforce Availability in NI

Overall, Mental Health Services continue to experience significant pressures. The *Mental Health Strategy (MHS) 2021-2031,* recognises the significant workforce challenges across the region, and recognises we must transform our service models to meet existing and future requirements. This is essential, for navigating more complex presentations while simultaneously overcoming ongoing staff recruitment and retention challenges.

Action 32 of the MHS led to the completion of a comprehensive workforce review, taking into consideration the existing workforce need and training, and the development of a new workforce. The DoH appointed an independent review team from Ernst and Young (EY) Consultancy from 2022, to undertake the *Mental-Health-Workforce-Review-22-32,* which involved extensive stakeholder engagement and data collection over a 12-month period, aimed at informing the development of a future workforce model (DoH, 2022)[23].

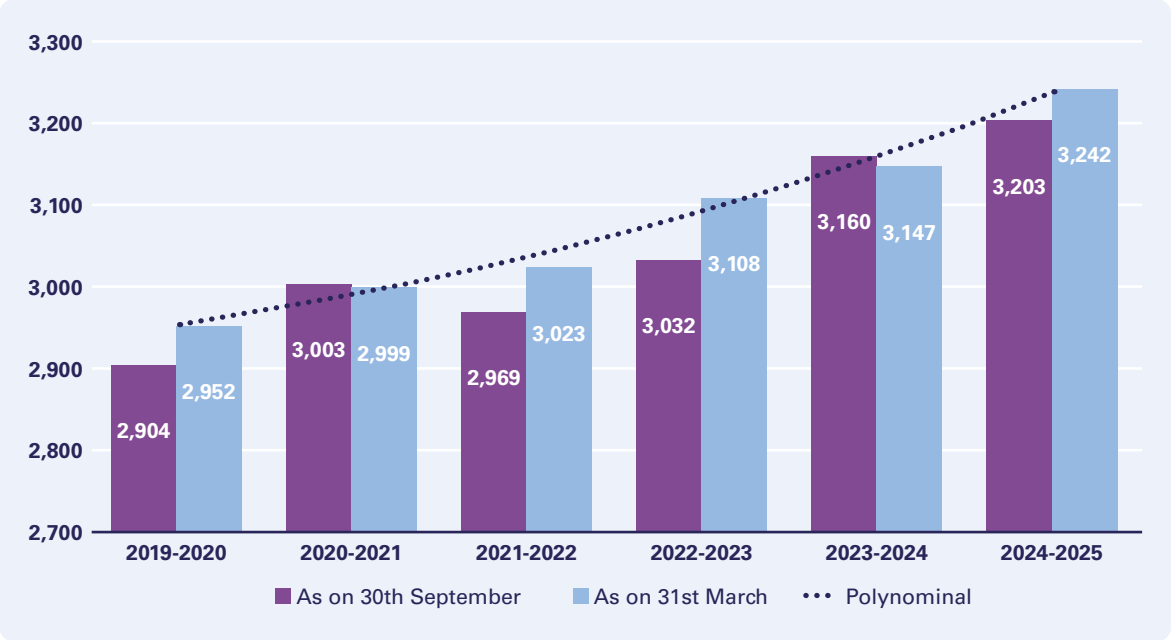
The focus of the review was on statutory Mental Health Services; however, it was recognised that further assessment of the community and voluntary organisations would also be required, recognising the key role that the community and voluntary organisations plays in the delivery of Mental Health Services. The scope of the review did not include the consideration of workforce required to care for people with dementia or neurodevelopmental disorders.

EY's review proposed an increase of 526 mental health nursing posts, which represents an increase of 40% in the overall nursing workforce across both Adult Mental Health Services and CAMHS. Indeed, EY identified that within Adult Mental Health Services, a 38.2% increase in all profession's workforce resource is needed to deliver future services. This increase in workforce profile is due to increased demand forecast for services, adult population growth of 5.3%, and the incorporation of optimal team configurations based on best practice and planned service developments impacting on the level of resource needed. While within CAMHS, a 102.1% increase in all profession's workforce resource is needed.

Between 1 April 2024 and 31 March 2025, the total number of nurses, excluding dual registered midwives, dual registered nurses/ midwives and nurse associates registered with the Nursing and Midwifery Council (NMC) with an address in NI was 27,975. Of these, 3,242 were RMHN's which represents 11.6% of the family of nursing. Figure 3 outlines the total numbers of RMHNs registered with the NMC, as an in-year comparison. Although, it should be noted that registered nurses can hold more than one qualification.

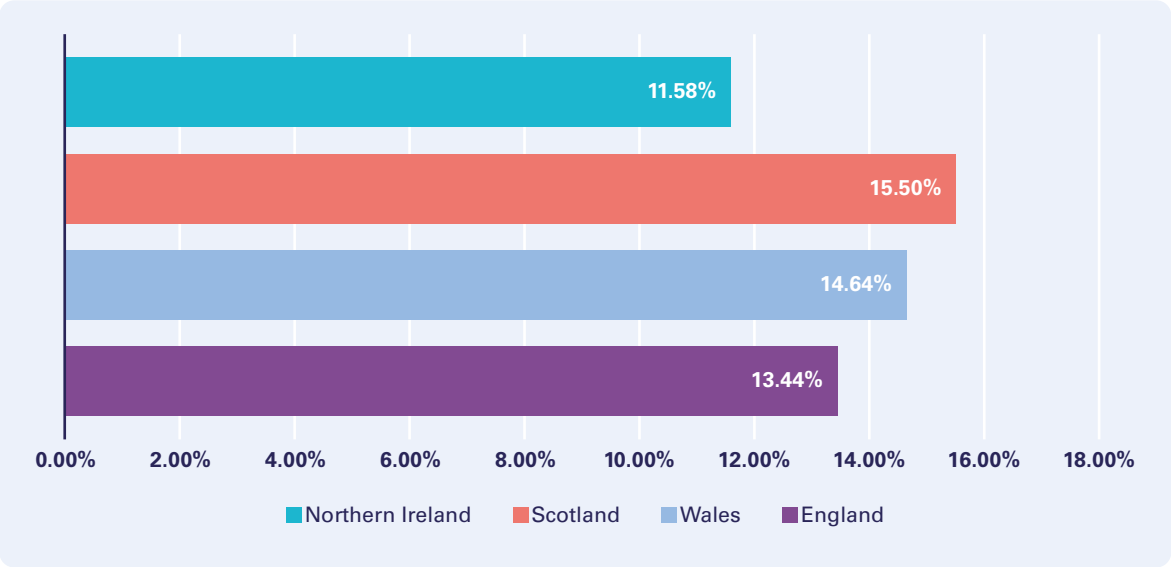
23 Department of Health (2022) *Northern Ireland Mental Health Services Workforce Review 2022-2032*. Belfast: DoH

Figure 2: Total RMHNs with an address in NI – in Year Comparison (NMC, 2025)



It is important to note that although there is a 9.8% growth of RMHNs registered with the NMC register (with an address in NI) since 2019/20, it is unclear how many of these have opted to work within Mental Health Services in NI, as the employment location of nurses' post registration is not currently tracked by NMC and regional student streamlining has only recently been introduced. Therefore, it is difficult to rigorously assess where RMHNs take up post.

Figure 3: Percentage Comparison of RMHNs across the 4 UK Nations



As a proportion of the total registered nursing workforce in each UK jurisdiction, (excluding midwives and nursing associates), NI appears to have the lowest percentage of RMHNs when compared to the other UK nations. However, again, the NMC register by country relates the correspondence address of registrants only and this may impact on the analysis.

6.2 HSC Trust Analysis

For the purposes of this study, HSC workforce information was provided by the Department of Health (DoH) (2025)[24] Information & Analysis Directorate. This information was derived from the Human Resource, Payroll, Travel and Subsistence system that is used to hold HSC staff records. This data shows 1,852 (1,775.9 whole-time equivalent) HSC staff with a job code of mental health nurse at 31st March 2025. These staff will be working across mental health services in the HSC Trusts and other services. Not all staff will have a field of practice of mental health registered with NMC. As described in section 1.1, the NMC has recorded a total of 3,242 registered nurses (with an address in NI) who have the mental health field of practice. Those with the field of practice within mental health may be working outside of HSC or could be working in an HSC job that is not denoted as mental health. In addition, data on the number of RMHNs working in non-nursing roles in social care settings is not available.

Figure 4: HSC Trust Mental Health Nurses by Head Count and Whole Time Equivalent (WTE)

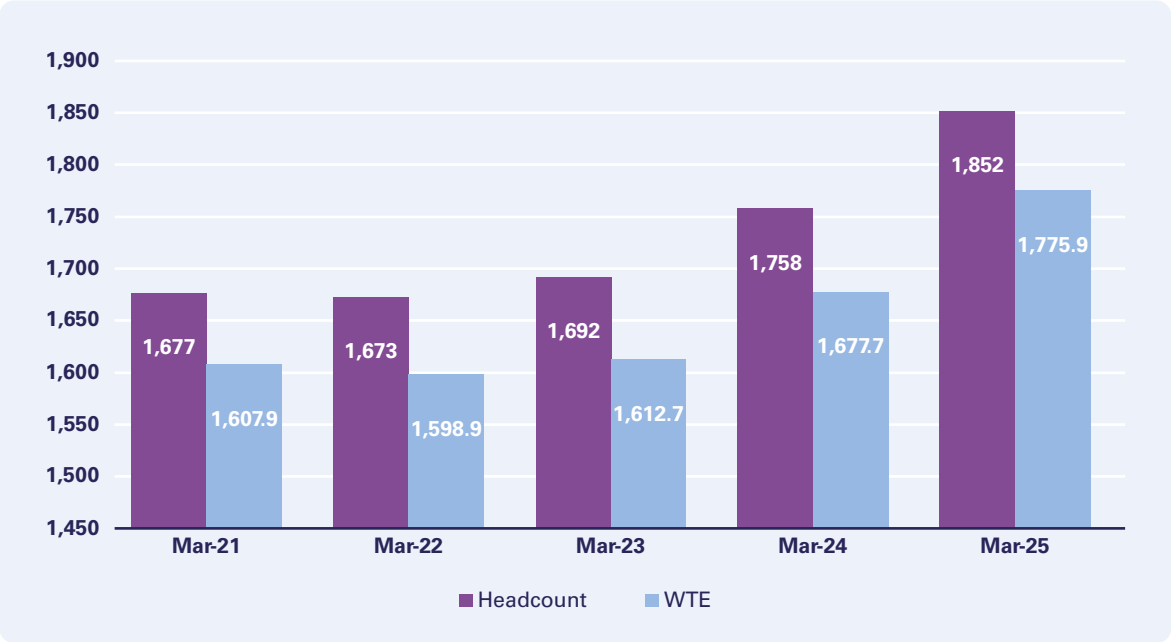


Figure 4 shows a 10.4% increase in HSC staff graded as mental health nurses between March 2021 – March 2025 (by headcount) or a 10.5% increase in WTE.

24 Source: HRPTS. Data excludes bank staff. Note that Mental Health Nurse is identified by Job code in HRPTS and has not been validated by DoH.

6.3 HSC Mental Health Nurses by Agenda for Change (AFC)

Figure 5: WTE by AFC Band

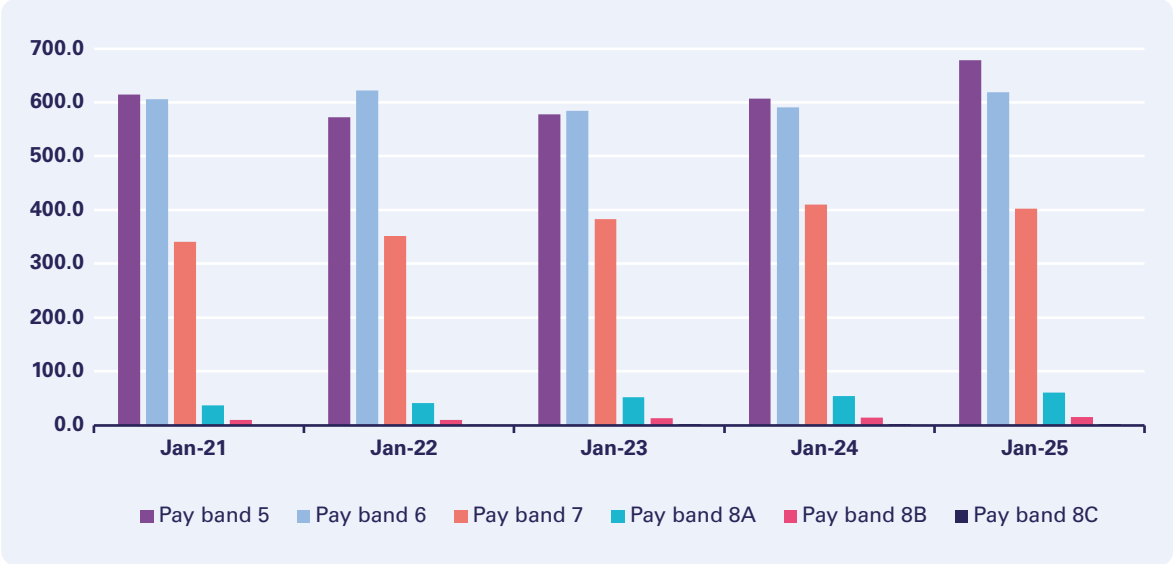


Figure 5 shows a low proportion of more senior bands. Further investment is crucial to develop additional senior, specialist and advanced clinical roles to meet the increasingly complex needs and comorbidities of the population. For example, in 2022, a focus on safe nurse staffing levels resulted in investment in a Consultant Mental Health Nurse role at a band 8b within both Adult Mental Health Services and CAMHS, in each HSC Trust.

There is also a need to increase the number of mental health nurses, primarily through increased funding in additional mental health nurse training places in accordance with the Nursing and Midwifery Task Group Report (NMTG) recommendations (DoH, 2020).

6.4 Age Profile

Figure 6: HSC Mental Health Nurse Headcount by Age Group

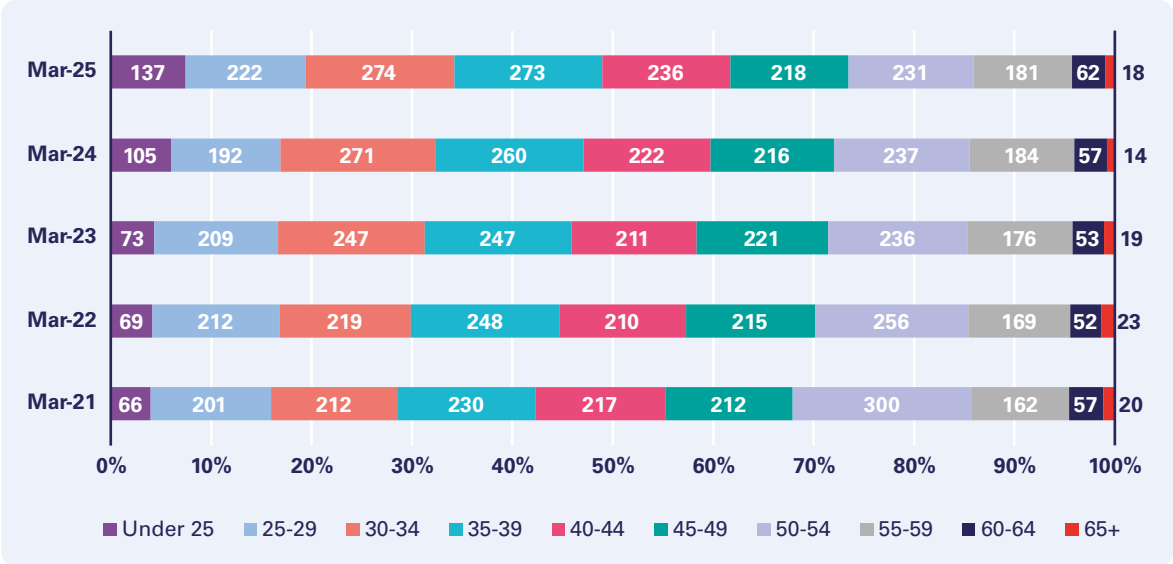
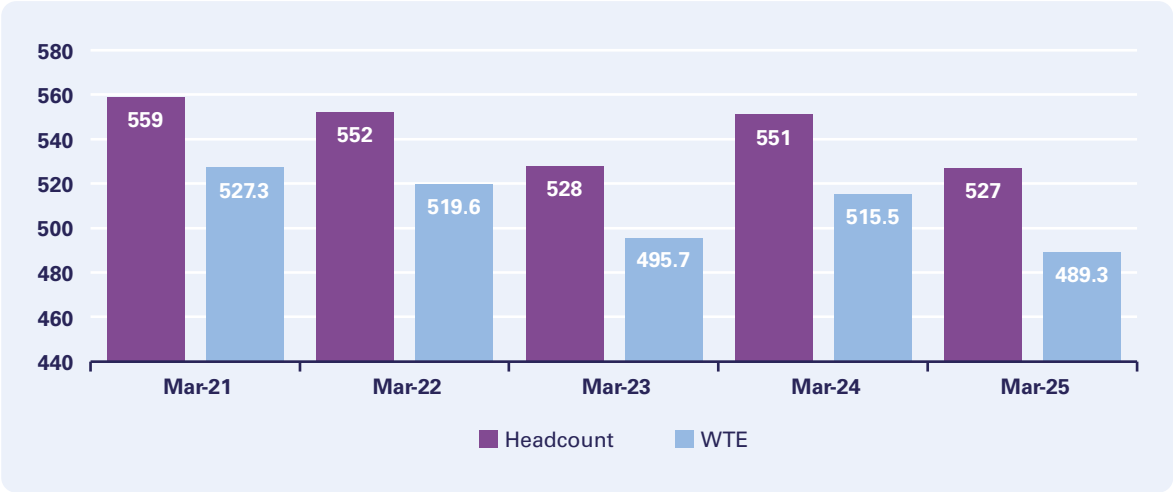


Figure 6 indicates a relatively even distribution of RMHNs across the 25 – 54 age brackets, with tapering off in those over 55 years of age. In March 2025, 492 (27%) of RMHNs working in HSC Trusts were aged 50+ years. Whilst this appears lower than the 32% of the overall registered nursing workforce aged 50+ years, it is nevertheless a significant proportion of the mental health nursing workforce. This needs to be considered in relation to workforce stabilisation, progression and succession planning. In addition, there are notably fewer nurses aged under 25 years, although a slight increase is noted between 2024 and 2025. This most likely reflects an overall increase in the numbers of commissioned training places over recent academic years, with a greater number of younger people registering and joining the workforce.

6.5 Nursing Support Staff

Figure 7: HSC Mental Health Nurse Support Staff - March 2021 to March 2025



Whilst there has been a 10.5% increase (March 2021-2025) in HSC mental health nurses the data suggests a downward trajectory for mental health nursing support (MHNS) staff working across the HSC. This represents a 6% reduction in MHNS staff per headcount and 7% reduction in WTEs, over the five-year period. This reflects a vacancy problem in general with nurse support. Also, potentially impacted by service model changes that have reshaped workforce profiles, with a move towards social care-led provision as referred to in Ernst & Young's *Northern Ireland Mental Health Services Workforce Review 2022 – 2032* (DoH, 2022).

6.6 Pre-Registration Training Places

Pre-registration training places are delivered across all three Higher Educational Institutions (HEI's) in NI offering mental health nursing programmes; Queens University Belfast (QUB), Ulster University (UU) and Open University (OU). A Graduate Entry Masters (GEMS) in professional nursing, offers a fast track, two-year master's program for graduates with a previous degree in any discipline, who have attained 650 hours of verified direct-care experience. These training places are commissioned through the DoH Nurse Education Commissioning process. Pre-registration places are presented in Table 5.

QUB and UU provide a traditional university-based route into nurse training. Alternatively, the OU offers an employment-based route that enables staff employed working within HSC Trusts to progress into a registered nursing career. This dual pathway approach supports widening participation, strengthens workforce sustainability, and reflects a clear strategic commitment to developing and retaining a skilled nursing workforce within the HSC system.

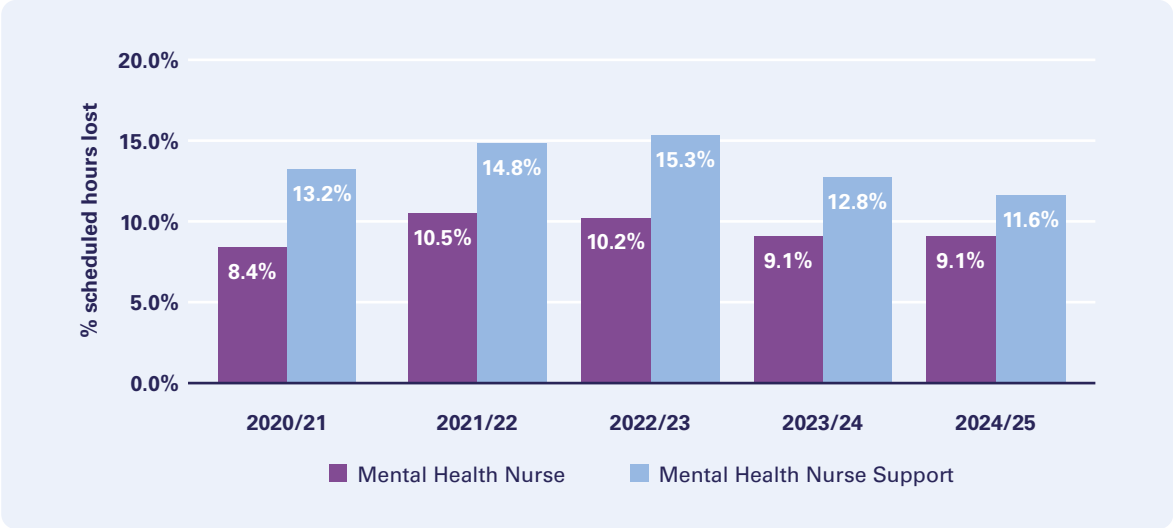
Table 5: Pre-registration Training Places 2020-2026 (DoH, 2026)

Academic Years	Total Commissioned Numbers	Total Actual Numbers Started	Unused Places
2020/21	180	163	17
2021/22	210	166	44
2022/23	195	164	31
2023/24	147	147	0
2024/25	175	144	31
2025/26	163	142	21
Total Numbers	**1070**	**926**	**144**

While the number of commissioned training places increased substantially when compared to previous years, over the six years illustrated in Table 5, 144 (13.5%) commissioned places have gone unused, suggesting the need to promote mental health nursing as a career choice for potential applicants. Furthermore, over recent years, the average attrition rate among mental health nursing students has been the highest, when compared with other fields of nursing practice and education, although the difference is not particularly significant. Consistent with other fields of practice, attrition rates are highest during the first year of the education programme.

6.7 Sickness Absence

Figure 8: HSC Sickness Absence Rate for RMHN Percentage of Scheduled Hours Lost[25]



25 Data includes absence types - Sick Leave (including COVID related data and Industrial Injury). Source: BW portal, HRPTS. Data excludes bank staff.

Figure 8 presents the percentage of lost scheduled hours within both the registered mental health nursing workforce (ranging from 8.4% to 10.5%) and the nursing support workforce (ranging from 11.6% to 15.3%) over the last five years. This represents a significant and persistent challenge in delivering safe and effective mental health care.

Evidence suggests that mental health nurses often have higher sickness and absence rates than many other nursing groups, not because they are less resilient, but because they are exposed to a combination of occupational risks that are particularly concentrated in mental health settings. These may include higher exposure to psychological stress and emotional labour, greater risk of violence, aggression and traumatic incidents, chronic understaffing and workload pressures, burnout and compassion fatigue, shift work and fatigue and higher prevalence of work-related mental ill health (Gohar et. al, 2020)[26].

6.8 Temporary Staff Use

Temporary staffing, including, Nursing Bank and Agency staff play an important role in maintaining safe and effective HSC services when substantive workforce capacity is insufficient. However, to reduce reliance on unsustainable agency expenditure, the DoH established the Regional Agency Reduction Implementation and Planning Group to improve workforce utilisation through coordinated regional and local action. Significant progress has been achieved since the introduction of the Nursing and Midwifery Agency Framework, with expenditure on off-framework nursing and midwifery agency staff reducing by £120 million compared with the 2022/23 baseline. Further work is planned to strengthen alternative staffing solutions, including reform of the Nursing Bank.

Reducing agency dependence remains a strategic priority due to its impact on both financial sustainability and workforce wellbeing. Staff have reported that excessive agency use can adversely affect team cohesion and morale, while stable clinical teams contribute to improved patient safety and continuity of care. This approach aligns with the Department's *HSC Workforce Development Framework* (2018)[27] and ongoing investment in nursing education to support workforce growth and sustainability.

26 Gohar B, Lariviere M, Lightfoot N, et al. (2020). *Meta-analysis of nursing-related organizational and psychosocial predictors of sickness absence.* Occupational Medicine, 70(8), 593-601
27 Department of Health (2018) *HSC Workforce Development Framework*. Belfast: DoH

6.9 HSC Vacancies in Active Recruitment by AfC Band and HSC Organisations[28]

Figure 9: HSC Vacancies Actively Being Recruited MHN Posts

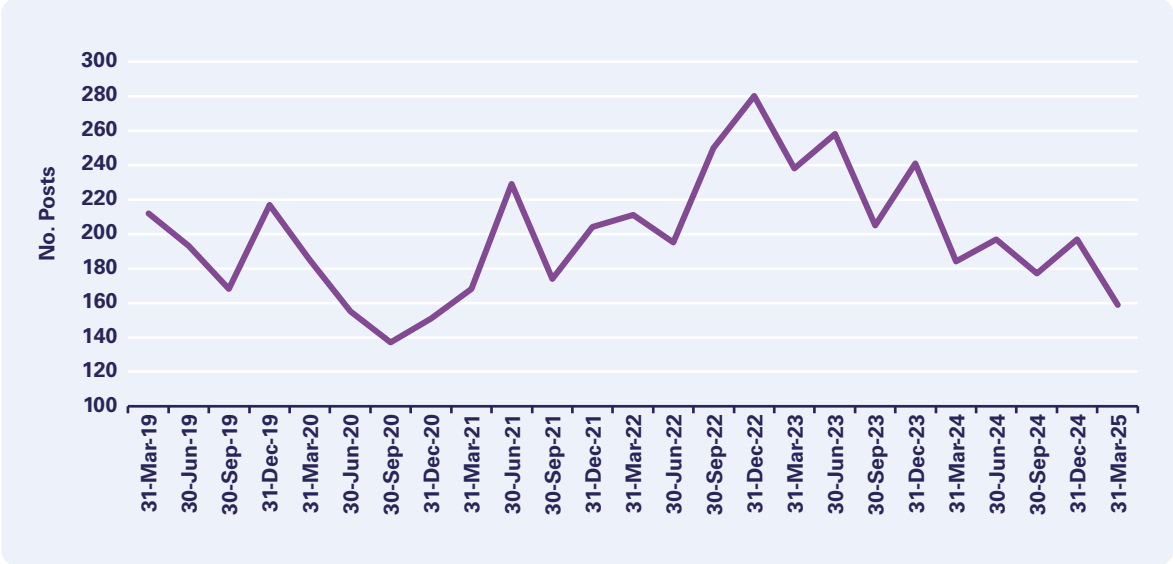


Figure 9 presents the number of Mental Health Nursing vacancies that were actively being recruited to between March 2019 and March 2025. However, caution should be exercised when interpreting trends over time due to changes in the way vacancy data were collected and reported. Mental health nursing vacancies were only separately identified within the quarterly workforce data collection process from March 2019 onwards.

In addition, reporting categories varied across the period. Between 2021 and 2023, vacancies for Bands 5–7 were reported as a single combined category. In 2024, reporting was refined to distinguish Band 5 vacancies from Bands 6 and 7, which continued to be grouped together. By 2025, vacancies were reported separately for Bands 5, 6 and 7, providing greater detail but limiting direct comparison with earlier years. Furthermore, mental health nursing support staff vacancies were not separately recorded within the dataset and therefore cannot be analysed independently.

Despite these reporting limitations, the data indicates that vacancies remained consistently high throughout the period. The lowest vacancy level was recorded in September 2020, while vacancies peaked at 280 posts in December 2022. Across the period, the average number of vacancies was 199 posts. At the end of March 2025, there were 159 vacancies recorded, comprising 110 Band 5 posts, 37 Band 6 posts, 10 Band 7 posts and 2 posts at Band 8 and above.

28 Source: DoH Information & Analysis Directorate. Collated from each HSC organisation. Note that Mental Health Nurse vacancies have only been separately identified in the quarterly data collection since March 2020. Mental Health Nurse Support vacancies have not been separately identified in the data collection.

Table 6: Mental Health Nurse Vacancies in Active Recruitment by AfC band[29]

Year	Bands 5, 6 & 7	Bands 8 & above	Total
31st March 2021	162	6	**168**
31st March 2022	204	7	**211**
31st March 2023	236	2	**238**

Year	Band 5	Bands 6 & 7	Bands 8 & above	Total
31st March 2024	115	66	3	**184**

Year	Band 5	Band 6	Band 7	Bands 8 & above	Total
31st March 2025	110	37	10	2	**159**

Table 6 figures represent the number of vacancies that were actively being recruited to at a specific point in time and include both permanent and temporary posts. They reflect vacancy counts rather than the associated Whole -Time Equivalent (WTE) workforce. Vacancies that had not yet entered the active recruitment process or otherwise fell outside the scope of the data collection, are not included. As the data can fluctuate over time and has not been seasonally adjusted, caution should be exercised when making point-in-time comparisons. In recent years, vacancy data has been reported by individual pay bands, providing greater detail and enabling more granular analysis.

6.10 Primary Care Multi-Disciplinary Teams

The Primary Care MDT Programme is central to the DoH's commitment to transform HSC services. This MDT model is key to stabilising and strengthening Primary Care services to ensure they can continue to provide high quality care, including mental health care to our communities now, and into the future. By embedding mental health specialists into GP surgeries, the MDT model expands our primary care services. This collaborative approach strengthens early intervention, supports proactive prevention, and is a key building block for the Neighbourhood Model of Care.

The planned strategic rollout of the Primary Care MDT workforce model presents a significant opportunity to strengthen the integration of mental health nursing within primary care MDTs enhancing early intervention, improving access to timely support and delivering person centred care closer to home.

A scoping exercise, conducted with Primary Care Mental Health Managers in December 2025, captured the total number of mental health nurses employed at that time by GP Federations, working within Senior Mental Health Practitioner roles, as outlined in Table 7.

29 Note that the 2021 - 2023 data collections grouped Bands 5-7 together. The 2024 data collection grouped Bands 6-7 together.

Table 7: RMHN employed in Senior Mental Health Practitioner Role

Federation	SMHP Nursing Profession Headcount	WTE	Overall Funded Establishment
Eastern Down North Down (partial) Ards (partial)	8 SMHP	6.2 WTE	7.7 WTE
Northern Causeway Federation (fully implemented)	7 RMHN	6.1 WTE	10.9 WTE
West Belfast	8 RMHN	8.0 WTE	11 WTE SMHP
Western Derry	11 RMHN	10.63 WTE	21.1 WTE
Southern Newry and District	15 RMHN	15 WTE	21.0 WTE
Total	**34 RMHN**	**45.93 WTE**	**71.7 WTE**

Planned investment in primary care, through the expansion of the MDT Team Programme (DoH, 2025)[30] will proceed with a staggered recruitment approach over two phases: Phase 1 over 2025/26 to 2028/29, and Phase 2 will run for a further four years from 2029/30.

6.11 HSC Workforce Data Analysis

The data collected provides valuable insights and a sound basis to consider key trends, while also informing the need for further exploration. It also highlights the need for a greater data driven understanding of the mental health nursing workforce, which is essential to capture and strengthen the mental health nursing contribution.

In summary, the increase in registered RMHN staff, alongside the reduction in non-registered support staff, combined with an aging workforce and high sickness levels, is likely to place a significant strain on current mental health nursing services. This difficult context illustrates that reducing the reliance on temporary staff, including agency staff, may remain a significant challenge.

30 Department of Health (2025) *Multi-Disciplinary Teams in Primary Care Implementation Plan.* Belfast: DoH

Furthermore, the shortage of senior specialists in advanced clinical posts poses a significant risk to achieving the transformational goals outlined in *Delivering Together* (2016), the *Refreshed Delivering Care Policy Framework (*2026)[31], and aligned with the wider reform agenda of the *Mental Health Strategy 2021-2031* (DoH 2016; DoH 2021 and 2026).

Table 8: Summary of Key Learning: HSC RMHN Workforce Availability

Summary of Key Learning: HSC RMHN Workforce Availability
As a proportion of the total registered nursing workforce, NI appears to have the lowest percentage of RMHNs when compared to the other UK nations.
At any point in time, the number of active vacancies for RMHN posts is significant, averaging almost 200 vacancies over the six-year period between 2019/20-2024/25, indicating the need to prioritise stabilisation of the workforce by continuing to commission increased numbers of pre-registration training places and strengthening recruitment and retention strategies.
In line with the NI Career and Development Model for Nursing and Midwifery (NIPEC, 2025), there is a need to develop RMHN leadership and clinical career pathways for the mental health nursing workforce, across the life course.
With a quarter (27%) of HSC Trust RMHNs aged 50 years or older, consideration of pre-registration mental health training projections over the next five years is critical to sustaining and stabilising the workforce. Thus, ensuring safe staffing levels and an ability to meet the current and future mental health and wellbeing needs of the people in NI.
The percentage of lost scheduled hours due to sickness absence, across both the registered mental health nursing workforce and the nursing support workforce represents a significant and persistent challenge in delivering safe and effective mental health care.
HSC Trusts often hire temporary staff (bank and agency) to bridge the gap in RMHN staffing. However, this reliance on temporary staff is exceptionally costly and can negatively impact the overall standard of care.
As the scope of the *Mental Health Workforce Review* (DoH, 2022) conducted by EY, did not include the nursing workforce required to address the needs of people with dementia and neurodiversity, additional analysis is required to project future workforce requirements. This should form part of the local and regional planning processes for nursing as set out in the Refreshed Delivering Care Policy for Nursing and Midwifery workforce and work-load planning.

31 Department of Health (2026) *Delivering Care: A Policy Framework for Nursing and Midwifery in Northern Ireland.* Belfast: DoH

7.0 Education and Developing Workforce

Education and workforce development priorities within this report were informed through engagement with mental health nurse education stakeholders, students and early career nurses.

7.1 Education Partners and Stakeholders

A review of the education system for mental health nurses in NI was undertaken using surveys and stakeholder focus groups. To develop an understanding of the system that underpins the education and development of mental health nurses, four tailored online surveys were distributed across Higher Education Institutes (HEIs) to Undergraduate and Postgraduate Educators, the Clinical Education Centre (CEC) and Practice Education Teams within HSC Trusts. However, as response rates were lower than anticipated, a Focus Group approach was adopted to achieve meaningful engagement with stakeholders from within the HEIs.

This group contributed perspectives across:

- Curriculum design and delivery;
- Clinical placement supervision;
- Psychological therapies teaching;
- Physical health skills and NMC proficiency requirements; and
- System-wide learning pathways and workforce expectations.

Participants in the Focus Group highlighted a mental health nursing education system that is committed, innovative, and grounded in trauma informed and person-centred values. Students benefit from strong simulation, meaningful lived experience involvement, and a curriculum that has evolved significantly in recent years. Education partners and stakeholder key messages are presented in Table 9.

The *Education and Development Report* is available; *Annex 5: Education and Development Report*.

Table 9: Education Partners and Stakeholders Key Messages

Education Partners and Stakeholders Key Messages
Mental health specific learning is highly valued with students strongly preferring modules with clear relevance to mental health practice.
Practice learning is a key driver of student engagement, with students valuing learning that can be directly applied to clinical practice. Simulation is particularly effective in bridging theory-practice gaps.
Trauma informed and lived experience teaching is a core strength. The involvement of people with lived experience significantly enhances learning authenticity and impact.
Education is seen as a continuum, but progression between undergraduate, postgraduate, and practice lacks coherence. A scaffolded approach exists but requires strengthening, which will be achieved through a regional competency-based career pathway.
Placement quality is variable across HSC Trusts. Psychological skills training provided in the HEIs, is not consistently reinforced in practice learning settings and Practice Assessors may lack up-to-date training. Simulation is as an important compensatory strategy.

7.2 Student and Early Careers Nurses

A focus group methodology was established to systematically collect feedback from mental health student nurses and early-career professionals. This initiative aimed to capture their practical experiences and forward-looking perspectives regarding the future direction of the mental health nursing profession in NI. Two separate online focus groups were convened and detailed reports can be viewed:

- *Mental Health Student Nurses Focus Group Report*, is available; *Annex 6: Mental Health Student Nurse Focus Group Report.*
- *Early Career Mental Health Nurses Focus Group Report* is available; *Annex 7: Early Career Mental Health Nurses Focus Group Report.*

7.3 Student Nurse Focus Group

Recruitment for the Student Nurse Focus Group required targeted coordination and support to ensure the inclusion of student nurses from each academic year (Years 1, 2 and 3), drawn from the three HEI's in NI offering mental health nursing programmes; Queens University Belfast, Ulster University and the Open University. Student Nurse Focus Group Key messages are presented in Table 10.

Table 10: Student Nurse Focus Group Key Messages and Opportunities for Development Reflecting NMC Standards for Pre-registration Nursing Programmes.

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 Standards for pre-registration nursing programmes (NMC, 2023)[32]; • **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:** To reduce stigma and elevate the overall status and public image of the profession.

7.4 Early Career Nurses Focus Group

The recruitment strategy was led by two consultant nurses, who engaged with Adult and CAMH's consultant nurse colleagues across all HSC Trusts to identify early career nurses interested in participating in the online Focus Group. To ensure a broad and representative range of perspectives, the definition of early career nurses included nurses registered within the last five years. Early Career Nurses Focus Group key messages are presented in Table 11.

Table 11: Early Career Nurses Focus Group Key Messages and Opportunities for Development

Early Career Nurse Focus Group Thematically Presented Key Messages
The findings against all seven analyses highlight a consistent and urgent call for reform in mental health nursing education and early career support. While early-career nurses are highly motivated and eager to advance, they face challenges navigating their professional futures. They highlighted the need for uniform university curricula, more consistent placement experiences, and better-defined career paths. Specifically, they reported: • **Standardise Curriculum:** Theoretical coursework does not adequately prepare practitioners for hands-on clinical settings, particularly in areas like pharmacology, mental health diagnoses, and age-specific therapeutic interventions; • **Supportive Clinical Environments:** While students value clinical placements, they report inconsistencies in the quality of their placements and support; • **Experiential Learning:** Discrepancies between academic preparation and workplace demands negatively affect the confidence of professionals in the early stages of their career; • **Clear Career Progression:** A need for additional early careers support, opportunities for continuous learning and nursing led career guidance; and • **Advocacy & Awareness:** Professional identity requires further positive promotion.

32 Nursing and Midwifery Council (NMC) (2023) *Standards for pre-registration nursing programmes.* London: NMC

8.0 Lived Experience

A Lived Experience Focus Group was formed, involving members recruited through established service user, carer, and advocacy organisations. The goal was to gain deeper insights into how mental health nurses impact and support individuals navigating Mental Health Services. Guided by the pre-set questions outlined in the Lived Experience Focus Group Report, the session was co-facilitated by the Regional Service User Consultant and the Advocacy Lead.

Individuals with lived experience identified several key messages about what they value most in mental health nursing. These insights are presented in Table 12. Lived Experience Focus Group quotes are presented in Figure 10.

Figure 10: Lived Experience Focus Group Quotes same purple colour

The *Lived Experience Focus Group Report* is available; *Annex 8: Lived Experience Focus Group Report*.

Table 12: Lived Experience Focus Group Key Messages

Lived Experience Summary of Key Messages
The need for protected therapeutic time to be a core element of workforce and workload planning.
Strengthen collaborative, person-centred and dynamic care planning with people with lived experience, ensuring care plans are individualised and recovery focused.
Enhance clinical supervision and reflective practice to provide nurses with accessible, supportive environments that foster continuous professional growth, personal self-care and improve retention.
Embedding lived-experience partnerships into nursing curricula, to ensure that students learn directly from those who receive care. This grounds clinical training in human realities, cultivating practitioners who deliver compassionate, person-centred support with service user and family involvement in all aspects of care provision.

9.0 Leadership, Governance and Outcomes

Effective clinical leadership and robust governance structures are critical to ensuring safe, effective, and professionally accountable person-centred care. A review of current Trust arrangements in place to provide professional leadership and ensure governance of mental health nursing was conducted. This review also involved consideration of the use of outcome measures by Trusts to support their evaluation of the quality of mental health nursing care and treatment provided.

A survey questionnaire was designed to capture a broad overview of each Trust's approach to leadership, governance and outcomes measurement within the context of CAMHS, Adult and Older People Mental Health Services. Follow-up meetings were organised with Trusts to drill down further into survey responses, enabling the collation of additional detail, thereby enriching the level of information available for analysis.

While Trusts already demonstrate a strong commitment to governance, quality improvement and staff wellbeing, there is clear scope to apply these strengths more intentionally within a mental health nursing context. To ensure mental health nursing is recognised and valued, there must be rigorous measurement of clinical effectiveness, patient experience, and overall population health impact is critical. The key messages are presented in Table 13.

The *Leadership, Governance and Outcomes Report* is available;
Annex 9: Leadership, Governance and Outcomes Report.

Table 13: Leadership, Governance and Outcomes Summary of Key Messages

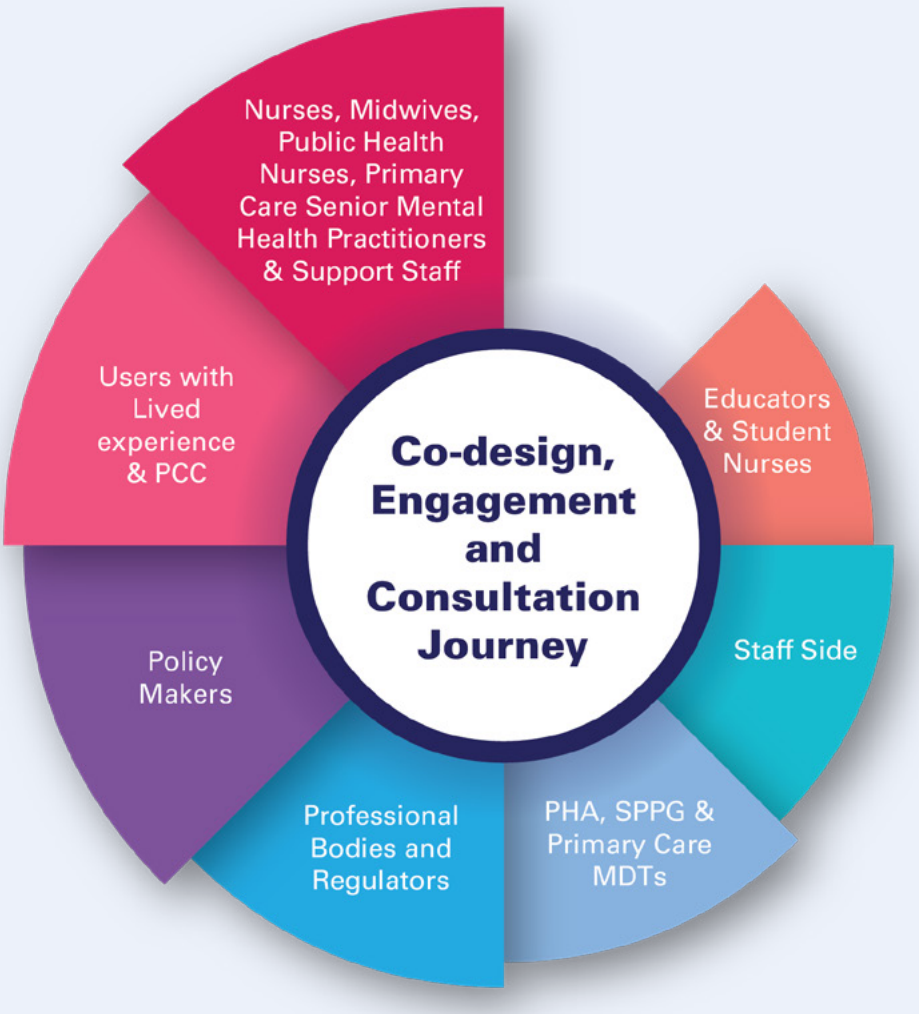
Leadership, Governance and Outcomes Summary of Key Messages
Trusts employing Lead Nurses with combined responsibilities for professional and operational duties, report that the operational function typically takes priority by virtue of the needs and demands of the role and service, detracting from their ability to lead mental health nursing development.
Clarify clear lines of professional accountability to the Executive Directors of Nursing.
Mental health nurses highly value clinical and professional governance processes as a means of generating learning that serves to enhance their practice and improve outcomes for people.
Mental health nurses are seeking to develop processes that will better enable the measurement of the clinical effectiveness of mental health nursing practice, population health care outcomes and service users' therapeutic person-centred experience.
Current measurement processes do not adequately capture the clinical effectiveness of mental health nursing practice, population health care outcomes and service users' therapeutic person-centred experience.

10. Engagement and Communication

A comprehensive stakeholder engagement and communication programme was undertaken throughout the review to ensure that findings and recommendations were informed by current practice, professional expertise, and lived experience. Engagement activities involved a wide range of stakeholders and partners, including mental health nurses across primary care, secondary care, specialist services, CAMHS, adult and older adult mental health services, as well as, children's nurses, and midwives. Valuable contributions were also received from individuals with lived experience, Patient Client Council (PCC) advocacy services PCC, service user representatives, carers, education providers, and regional partners.

This collaborative approach enabled the review to capture diverse perspectives on mental health nursing care across the life course, strengthen communication between service providers and stakeholders, and ensure that recommendations reflect the needs and experiences of service users, families, communities, and the wider HSC system. As illustrated in Figure 11.

Figure 11: Project Engagement and Communication



Scoping and insight
Cross-sectional stakeholder perspectives highlighted key challenges and opportunities

Story Sharing
Share real life cases from nurses, student and early career nurses

Co-Design and Co-Producing
Working together with people with lived experience, family and carers to inform best practice

Population Needs
Establish a greater understanding of population needs, workforce capability and evidence-based practice

Learning and Sharing
Recommendations to reform community and primary care nursing practice

11. The Proposed Model for Mental Health Nursing Incorporates 4 Priority Areas of Focus; Right Care, Right Time, Right Place and Right Person

Mental health nurses will seek to strengthen and optimise their contribution in improving population outcomes, with the result that future mental health nursing care will reflect a population health approach, ensuring the right care, by the right person, in the right place, with the right level of skill and most importantly, delivering the right experience and outcomes for individuals, families, carers and communities.

The proposed Mental Health Nursing Model provides a key mechanism for delivering the Ministerial vision for Neighbourhood care by positioning Mental Health Nurses as leaders in community-based, preventative, and integrated care. Working across primary care, community mental health services, voluntary sectors, and wider community assets, Mental Health Nurses will play a pivotal role in promoting mental wellbeing, facilitating early intervention, coordinating care for individuals with complex needs, leading timely discharge from acute care, delivering community-based rehabilitation and reducing health inequalities. By shifting care towards Neighbourhood-based support and strengthening local partnerships, the model contributes to the development of sustainable HSC services that are accessible, person-centred, and focused on improving outcomes for individuals, families, and communities

Figure 12 provides an overview of the proposed Mental Health Nursing Model, developed from the findings and recommendations of several workstreams outlined in this report. Together, these workstreams have shaped a future-focused framework for mental health nursing, ensuring that the profession is well positioned to meet the evolving needs of individuals, families, carers, communities and services.

Figure 12: Proposed Mental Health Nursing Model

Right Care: RMHNs will provide evidence-based, compassionate, holistic and person-centred care using a biopsychosocial model to:

- Promote positive mental health, emotional wellbeing and prevent ill health;
- Empower individuals to manage their well-being through proactive self-care, targeted prevention, and early intervention
- Respond effectively to a deterioration in mental health with timely access to assessment, intervention and recovery focused care; and
- Reduce the risk of comorbid, long-term physical health conditions, including cardiovascular disease, diabetes and respiratory conditions for those with severe and enduring mental illness through robust monitoring.

KEY OUTCOME

People will receive equitable and timely access to effective and high-quality care to address mental and physical mental health needs, delivering the right experience and outcomes for the people of NI.

Right Time: People experiencing mental ill-health will receive timely and person-centred care and evidenced based interventions, tailored to meet their individual needs and goals, delivered safely and in collaboration with their families and carers to:

- Enable early identification through comprehensive and holistic assessment to prevent acute deterioration or crisis;
- Prioritise responding to identified acute care needs in a timely manner, adopting a collaborative approach to engagement in safe management plans;
- Collaboratively engage with carers and families when possible;
- Escalate concerns quickly and advocate for access to appropriate services;
- Promote safe and smooth transitions, focusing on continuity between levels of care; and
- Promote recovery focused care, emphasising hope, personal growth and empowerment.

KEY OUTCOME

People experiencing mental ill-health will receive safe quality mental health care through the provision of co-ordinated, consistent and timely interventions.

PERSON-CENTRED

Equitable access to person centred, trauma-informed nursing care

AIM

A suitably skilled and resourced nursing workforce

Right Person: Knowledgeable and highly skilled RMHNs, working within their scope and sphere of practice will support people experiencing mental ill-health through the provision of safe and effective evidence based interventions. Undergraduate and postgraduate education will underpin the development of professional competencies and expertise that are transferable across:

- Clinical practice;
- Operational management; and
- Education and research.

KEY OUTCOME

People experiencing mental ill-health will receive evidence-based interventions from highly skilled and expert RMHNs, working as part of the wider interdisciplinary team.

Right Place: RMHNs will work across the HSC system to support people experiencing mental ill-health by delivering specialist mental health services, ensuring the availability of expertise at every point within the health and social care system. RMHNs will be available in:

- Community settings, including primary care and healthcare in prisons;
- Secondary and hospital care settings;
- Specialist mental health services; and
- Supportive/navigation roles, such as liaison roles.

KEY OUTCOME

People experiencing mental ill-health will receive a holistic assessment and, where indicated, intervention from an RMHN in an environment most appropriate to best meet their needs.

Citizenship | **Social Inclusion** | **Empowerment** | **Working together** | **Individual Support**

MENTAL HEALTH NURSING: PARTNERING FOR WELLBEING & ENABLING RECOVERY

RIGHT CARE

PERSON-CENTRED

Equitable access to person centred, trauma-informed nursing care

AIM

A suitably skilled and resourced nursing workforce

Right Care: RMHNs will provide evidence-based, compassionate, holistic and person-centred care using a biopsychosocial model to:

- Promote positive mental health, emotional wellbeing and prevent ill health;
- Empower individuals to manage their well-being through proactive self-care, targeted prevention, and early intervention
- Respond effectively to a deterioration in mental health with timely access to assessment, intervention and recovery focused care; and
- Reduce the risk of comorbid, long-term physical health conditions, including cardiovascular disease, diabetes and respiratory conditions for those with severe and enduring mental illness through robust monitoring.

KEY OUTCOME

People will receive equitable and timely access to effective and high-quality care to address mental and physical mental health needs, delivering the right experience and outcomes for the people of NI.

MENTAL HEALTH NURSING: PARTNERING FOR WELLBEING & ENABLING RECOVERY

RIGHT TIME

PERSON-CENTRED

Equitable access to person centred, trauma-informed nursing care

AIM

A suitably skilled and resourced nursing workforce

Right Time: People experiencing mental ill-health will receive timely and person-centred care and evidenced based interventions, tailored to meet their individual needs and goals, delivered safely and in collaboration with their families and carers to:

- Enable early identification through comprehensive and holistic assessment to prevent acute deterioration or crisis;
- Prioritise responding to identified acute care needs in a timely manner, adopting a collaborative approach to engagement in safe management plans;
- Collaboratively engage with carers and families when possible;
- Escalate concerns quickly and advocate for access to appropriate services;
- Promote safe and smooth transitions, focusing on continuity between levels of care; and
- Promote recovery focused care, emphasising hope, personal growth and empowerment.

KEY OUTCOME

People experiencing mental ill-health will receive safe quality mental health care through the provision of co-ordinated, consistent and timely interventions.

MENTAL HEALTH NURSING: PARTNERING FOR WELLBEING & ENABLING RECOVERY

RIGHT PERSON

PERSON-CENTRED

Equitable access to person centred, trauma-informed nursing care

AIM

A suitably skilled and resourced nursing workforce

Right Person: Knowledgeable and highly skilled RMHNs, working within their scope and sphere of practice will support people experiencing mental ill-health through the provision of safe and effective evidence based interventions. Undergraduate and postgraduate education will underpin the development of professional competencies and expertise that are transferable across:

- Clinical practice;
- Operational management; and
- Education and research.

KEY OUTCOME

People experiencing mental ill-health will receive evidence-based interventions from highly skilled and expert RMHNs, working as part of the wider interdisciplinary team.

MENTAL HEALTH NURSING: PARTNERING FOR WELLBEING & ENABLING RECOVERY

RIGHT PLACE

PERSON-CENTRED

Equitable access to person centred, trauma-informed nursing care

AIM

A suitably skilled and resourced nursing workforce

Right Place: RMHNs will work across the HSC system to support people experiencing mental ill-health by delivering specialist mental health services, ensuring the availability of expertise at every point within the health and social care system. RMHNs will be available in:

- Community settings, including primary care and healthcare in prisons;
- Secondary and hospital care settings;
- Specialist mental health services; and
- Supportive/navigation roles, such as liaison roles.

KEY OUTCOME

People experiencing mental ill-health will receive a holistic assessment and, where indicated, intervention from an RMHN in an environment most appropriate to best meet their needs.

12. Conclusion

Evidence highlights an escalating crisis in mental health, propelled by social inequities, increased demand for services, and a rise in complex, overlapping health conditions. This necessitates a proactive, recovery-focused, and integrated healthcare strategy. Mental health nurses are indispensable across all stages of care; however, systemic hurdles regarding workforce size, role definition, training, and service delivery frameworks continue to limit their impact. Evidence gathered from patients, staff, and strategic partners underscores the distinct value of mental health nursing in cultivating meaningful therapeutic connections, delivering comprehensive care, and serving as a vital voice for individuals and communities.

The proposed mental health nursing model aligns with strategic priorities and provides a structured framework to strengthen workforce sustainability, enhance education and leadership, and improve quality and care outcomes. A redesigned and refocused model is essential to support integrated, recovery-focused, and evidence-based care. This initiative supports workforce development and aligns with Ministerial and Departmental goals for prevention, early intervention, and equitable access. It ensures that individuals receive the right care, at the right time and place, from the appropriate professional.

Ultimately, successful implementation of this model will rely on system-wide collaboration and a commitment to innovation. This will ensure that mental health nursing is well positioned to meet current and future population needs while delivering equitable, person-centred, and evidence-based care, in the face of ongoing financial constraints.

13. Recommendations

A consolidated summary of the recommendations has been prepared, mapping directly key priority areas of *Shaping Our Future 2023-2028.* This captures the breadth of recommendations identified across the various workstreams and detailed throughout the document.

Table 14: Mental Health Nursing Review: Partnering for Wellbeing & Enabling Recovery

Shaping the Future of Mental Health Nursing in NI: 1.0 Workforce/ Workload Planning	
1.1	Implement a population informed mental health nursing workforce model that strengthens mental health nursing practice towards prevention, early intervention, and population mental wellbeing, through focusing practice on the four pillars of nursing practice: • Promoting wellness and prevention of ill-health; • Responding to deterioration; and acute needs; • Supporting self-management, anticipatory care and early intervention; • Provide monitoring and treatment for long term conditions, including palliative and end of life care.
1.2	Strengthen mental health nursing within the Neighbourhood Model of Care through; MDTs in primary care and community services, coordinating with community and voluntary organisations to deliver accessible, locally responsive mental health support and recovery focused care.
1.3	Based on workforce projections to meet future demand, invest to grow the mental health nursing by increasing the number of mental health pre-registration training places, while promoting mental health nursing as a career choice, to address vacancy levels and gaps in service provision and bringing the proportion of RMHNs more in line with the other UK nations.
1.4	The provision of therapeutic interventions as a key component of mental health nursing practice should be embedded within the workforce planning process.
1.5	Strengthen workforce sustainability by expanding career progression opportunities, specifically through a formalised programme to support mental health nurses to transition from level 5 to level 6.
1.6	Foster a supportive culture in clinical settings by prioritising staff wellbeing and implementing structured reflective practice sessions. These opportunities allow teams to collaboratively debrief on complex cases, enhance emotional resilience, and promote continuous professional learning.
1.7	Develop a regional RMHN workforce stabilisation plan with a RMHN recruitment and retention strategy, informed by safe staffing tools and e-rostering, which will support plans to reduce the dependence on agency nurses and agency support staff.

2.0	Quality Assurance Framework
2.1	Establish quality metrics in mental health nursing practice aligned to the *Quality Excellence Framework* (NIPEC, 2025).
2.2	Improve the efficacy of data collection and the application of research in clinical practice.
2.3	Build in dedicated Mental Health Nurse Leadership and Governance Models to ensure strategic focus, professional visibility and capacity for innovation.
2.4	Create a regional Mental Health Nursing Community of Practice to drive shared goals, maintain high professional standards, and champion the nursing profession across NI.
2.5	Embed the *Collective Leadership Framework for Nursing and Midwifery* (NIPEC, 2024).
2.6	Strengthen partnership working with People with Lived Experience to ensure they are meaningfully engaged in mental health nursing practice development and service redesign.
2.7	Strengthen the framework of clinical supervision and reflective practice to facilitate an evidence-based learning environment that supports both professional competence and practitioner self-care.

3.0	Education and Training
3.1	In line with the NMC education programme standards (NMC, 2023), develop the preregistration curriculum to strengthen foundational and advanced competencies, with a primary focus on psychopharmacology, condition-specific diagnostics, safeguarding policies, current legislative and ethical frameworks, and age-appropriate therapeutic interventions across the life course.
3.2	Promote specialist and advanced nursing services into the clinical placement framework for all student nurses.
3.3	Enhance training consistency through the provision of mandatory refresher eLearning programmes for Practice Assessors and Practice Supervisors.
3.4	Equip professionals with modern digital mental health competencies, including remote care delivery, digital documentation, and AI supported simulation.
3.5	Promote competency-based practice, to support integrated care pathways and the coordination of care across healthcare networks.
3.6	In keeping with enhanced numbers of mental health nursing students, increase the number of Clinical Practice Educator roles, supporting the delivery of therapeutic evidence-based practice and optimising staff retention.
3.7	Embed public health, preventative and early intervention approaches across preregistration education and continuous professional development curricula.
3.8	Establish designated clinical learning hubs facilitated by experienced nursing staff. These hubs will provide a dedicated forum for students to offer feedback, evaluate clinical case studies, and collectively reflect on practical experiences to reinforce their clinical knowledge.

4.0 Career Pathways	
4.1	Develop a Clinical Career Pathway, in line with the *NI Career and Development Model* (NIPEC, 2025) for mental health nursing across the lifespan, increasing the number of specialist and advanced practice and consultant nurse roles.
4.2	Design a progressive, competency-based and trauma informed psychological skills learning and development framework, scaling from foundational self-awareness to advanced clinical or executive mastery.
4.3	Explore the potential for mental health nursing to serve as an early adopter of an apprenticeship pathway leading to nurse registration.

14. Glossary

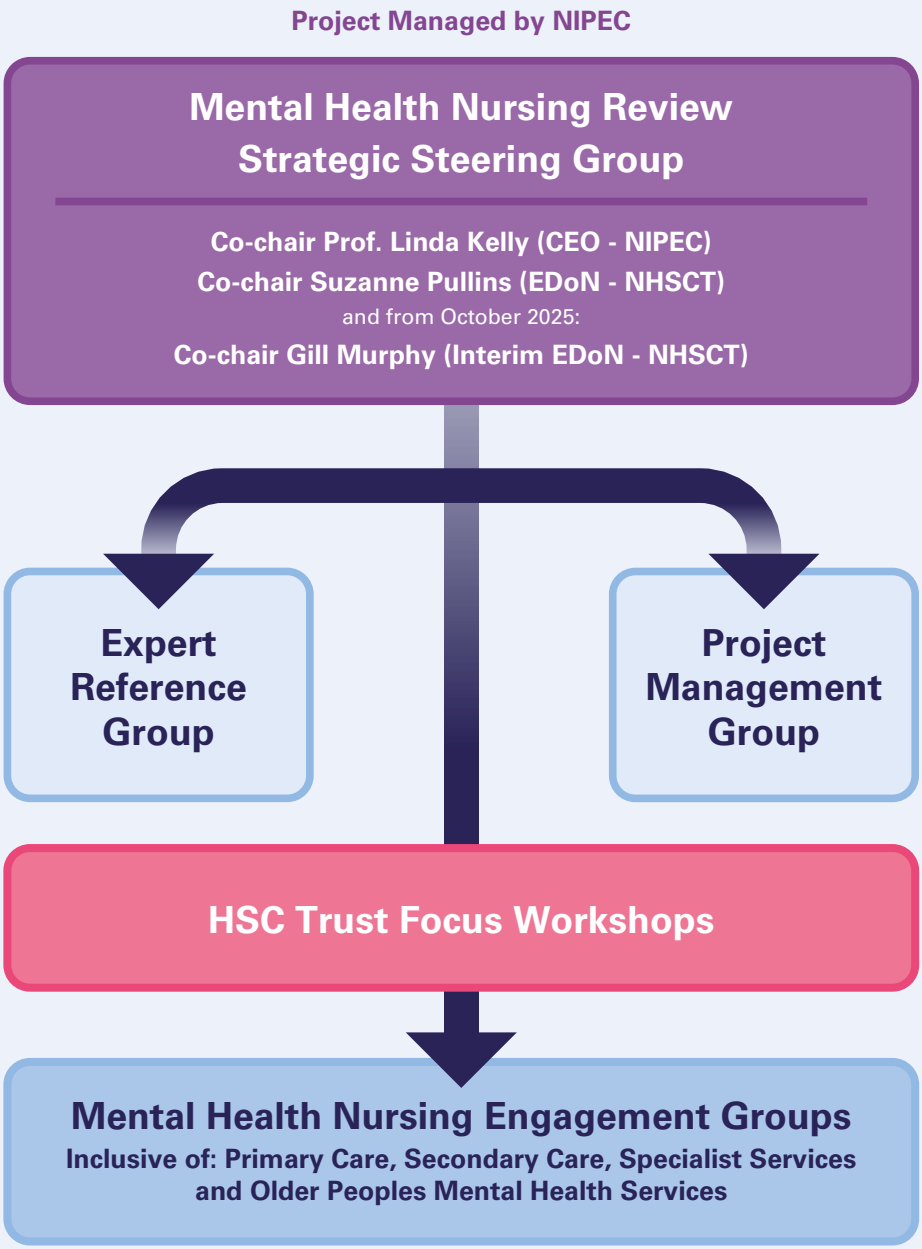
Term	Definition
AfC	Agenda for Change. The NHS and Health and Social Care pay and grading system for staff.
ANP	Advanced Nurse Practitioner. A registered nurse practising at an advanced level with enhanced clinical assessment, decision-making and, where appropriate, prescribing responsibilities.
CAMHS	Child and Adolescent Mental Health Services. Specialist services providing assessment, treatment and support for children and young people with mental health needs.
C&V Sector	Community and Voluntary Sector. Non-statutory organisations that provide support, advocacy, recovery and community-based services.
CNO	Chief Nursing Officer. The senior professional nursing advisor within the Department of Health.
CPD	Continuing Professional Development. Ongoing learning and development activities undertaken to maintain and enhance professional competence.
DoH	Department of Health. The Northern Ireland government department responsible for health and social care policy and services.
GHQ-12	General Health Questionnaire-12. A validated screening tool used to identify psychological distress and possible mental health difficulties.
GP Federation	A collaborative network of General Practitioner (GP) practices working together to provide enhanced services and support integrated care delivery.
Health Visitor	A registered nurse or midwife with specialist public health training focused on improving health outcomes for children, families and communities.
HEI	Approved Education Institution. Universities or educational providers approved by the Nursing and Midwifery Council (NMC) to deliver nursing and midwifery programmes.
HSC	Health and Social Care. The integrated health and social care system in Northern Ireland.
HSC Trust	Health and Social Care Trust. Organisations responsible for delivering health and social care services across Northern Ireland.
HRPTS	Human Resource, Payroll and Travel System. The workforce information system used across Health and Social Care in Northern Ireland.

Term	Definition
Integrated Neighbourhood Team	A multidisciplinary team working collaboratively across health, social care and community settings to deliver coordinated care closer to home.
MDT	Multidisciplinary Team. A team of professionals from different disciplines who work together to provide coordinated care and treatment.
Mental Health Nursing Model	The proposed framework outlined in this report to guide the future delivery of mental health nursing in Northern Ireland.
MHN	Mental Health Nurse. A registered nurse qualified in the field of mental health nursing.
MHNS	Mental Health Nursing Support Staff. Staff who support the delivery of mental health care under appropriate supervision.
MHS	Mental Health Strategy 2021–2031. Northern Ireland's strategic framework for transforming mental health services.
NICE	National Institute for Health and Care Excellence. The body that develops evidence-based guidance and standards for health and care services.
NIPAD	Northern Ireland Practice Assessment Document. The regional framework used to assess and record student nursing proficiency and achievement.
NIPEC	Northern Ireland Practice and Education Council for Nursing and Midwifery. The organisation responsible for supporting nursing and midwifery practice, education and workforce development.
NMC	Nursing and Midwifery Council. The professional regulator for nurses, midwives and nursing associates in the United Kingdom.
NMTG	Nursing and Midwifery Task Group. A regional group established to develop recommendations for strengthening nursing and midwifery services.
OU	Open University. A higher education provider offering employment-based nursing degree pathways.
Parity of Esteem	The principle that mental health should be valued equally with physical health in care, policy and resource allocation.
PHA	Public Health Agency. The regional organisation responsible for health protection, health improvement and public health services.
Population Health	An approach that seeks to improve health outcomes across whole populations by addressing social, economic and environmental determinants of health.

Term	Definition
QEF	Quality Excellence Framework. A framework designed to support quality improvement and assurance across nursing and midwifery practice.
QUB	Queen's University Belfast. One of the approved providers of mental health nursing education in Northern Ireland.
RCM	Royal College of Midwives. The professional body and trade union representing midwives.
RCN	Royal College of Nursing. The professional body and trade union representing nurses and nursing staff.
Recovery-Oriented Care	An approach to care that supports individuals to lead meaningful, hopeful and fulfilling lives while managing their mental health needs.
RMHN	Registered Mental Health Nurse. A nurse registered with the NMC in the field of mental health nursing.
RMHS	Regional Mental Health Service. A regional model of service delivery being developed under Action 31 of the Mental Health Strategy 2021–2031.
SMI	Severe Mental Illness. Persistent and complex mental health conditions, such as schizophrenia or bipolar disorder, which significantly impact day-to-day functioning.
SPPG	Strategic Planning and Performance Group. The organisation responsible for commissioning and overseeing health and social care services in Northern Ireland.
Therapeutic Relationship	A purposeful professional relationship between a healthcare practitioner and an individual receiving care, promoting trust, engagement and recovery.
Trauma-Informed Care	An approach that recognises the impact of trauma and seeks to avoid re-traumatisation while promoting safety, empowerment and recovery.
UU	Ulster University. One of the approved providers of mental health nursing education in Northern Ireland.
WTE	Whole-Time Equivalent. A workforce measurement that converts part-time and full-time staff hours into equivalent full-time positions.

15. Appendices

Appendix 1: Project Governance Structure



Appendix 2: Priority Areas of Mental Health Nursing Focus

Workforce/ Workload Planning: Support evidence-based workforce planning to ensure we have the right people, in the right place, at the right time, with the right skills, knowledge and behaviours to deliver high quality care to promote long term sustainability, equity and effectiveness.

Quality Assurance Framework: Establish structures and processes that provide professional leadership, robust governance, accountability frameworks and assurance processes in achieving evidence-based, safe and effective mental health care, supported by mechanisms such as; the *Quality Excellence Framework* (NIPEC, 2025) *Quality Excellence Framework* | NIPEC to deliver quality driven, person-centred care and professional practice for people experiencing mental ill-health.

Education and Training: Support undergraduate mental health nurse education to ensure newly registered nurses are appropriately knowledgeable and skilled to provide holistic assessment and deliver evidence based person-centred mental health care. Expand and align ongoing education and training opportunities for RMHNs to meet evolving population health needs, while ensuring equity. Support access to postgraduate education through continuous professional development and career progression across all levels of practice.

Career Pathways: Develop clinical career pathways, in line with the *NI Career and Development Model for Nursing and Midwifery* (NIPEC, 2025) *NI Career and Development Model for Nursing and Midwifery* to support RMHNs to develop the necessary knowledge, skills and behaviours, building the necessary capability, confidence and leadership required to enable people with mental ill-health to have equity of access and outcomes from RMHNs working in primary, community, secondary care and hospital care settings across a life course.

Appendix 3: Innovative Mental Health Nursing Roles Across the Life Course

Examples of Innovative Mental Health Nursing Roles Across the Life Course		
Areas of Specialty	**Examples**	**Contact Details**
Addictions	**Addictions:** The ANP in Addictions provides autonomous, trauma-informed, evidence-based care across community, acute hospital and perinatal settings. The role encompasses advanced assessment, diagnosis, independent prescribing and ongoing management for people with complex substance use needs. Working across organisational and professional boundaries, the ANP supports integrated care between addiction, mental health, maternity and acute services. This includes specialist addiction in-reaach within acute hospitals and co-leading the Nurture Pathway, a nurse-and midwife-led perinatal service that promotes early engagement, coordinated care and improved outcomes for women with substance use needs and their infants. The role extends beyond direct clinical practice through leadership, education and quality improvement. This includes service development, workforce education, clinical supervision, audit and service evaluation to strengthen evidence-based practice and improve access to integrated care.	Debbie Pinkerton ANP NHSCT Debbie.Pinkerton@northerntrust.hscni.net
	The Independent Nurse Prescriber (INP) in Opiate Substitution Treatment (OST) provides autonomous, evidence-based, trauma-informed care for people experiencing opioid dependence and complex substance use disorders within community addiction services. The role encompasses comprehensive biopsychosocial assessment, independent prescribing, medication optimisation, management of opioid substitution therapy, detoxification planning for a number of substance/ treatments, physical health assessment and ongoing review of individuals with highly complex clinical, psychological and social needs. Working collaboratively across organisational and professional boundaries, the OST Nurse Prescriber provides integrated care alongside consultant psychiatrists, MDTs, primary care, community pharmacies, hepatology, mental health services, social care and third-sector organisations. The role promotes person-centred, recovery-focused care that addresses not only substance dependence but also the wider determinants of health & well-being, including physical and mental health, homelessness, safeguarding, poverty, social inclusion, employment and recovery. Future service development aims include progression to an Advanced Nurse Practitioner (ANP) role and the establishment of a team of Nurse Prescribers within Opiate Substitution Treatment across the Southern HSC Trust.	Nina Snell NMP SHSCT Nina.snell@southerntrust.hscni.net

Examples of Innovative Mental Health Nursing Roles Across the Life Course

Areas of Specialty	Examples	Contact Details
CAMHS	**NMP Clinic:** Is a nurse led centralised prescribing clinic which caters to children and young people who experience a range of mental health conditions requiring medication to treat. This is a Trust wide service, provided by four mental health nurses who have completed non-medical prescribing with some support through psychiatry, we also utilise the experience gained from our substantive posts such as Specialist CAMHS, Crisis Services and Drug and Alcohol Mental Health Services (DAMHS) to provide a high level of care for young people up to age 18 years. A comprehensive assessment is provided for young people before establishing a plan of care and treatment which will include regular reviews, physical health monitoring and onward transfer to adult mental health services when required. The clinic offers support for a range of conditions such as: mood disorders, anxiety disorders, ADHD, autism and tics. Through the clinic we have improved access to services and established a high level of holistic care for children and young people.	Leoni Dunne Consultant Nurse CAMHS NHSCT Leoni.Dunne@northerntrust.hscni.net Niall Mullan NHSCT Niall.Mullan@northerntrust.hscni.net
	Crisis Mental Health Liaison Service Interface: CAMHS Crisis Service has established links with the Adult Mental Health Liaison Service (MHLS) who operate within Emergency Departments (ED) in the Northern HSC Trust. Any young person who presents to ED seeking mental health assessment will be referred to MHLS who will send the referral onto specialist nurses in CAMHS Crisis who will attend the department to conduct an assessment and develop a plan of care with the young person and their families. Outside of the operating hours for CAMHS Crisis, MHLS will see the young person and triage the referral; deciding if the young person should remain in the department or can go home and await follow up from the CAMHS Crisis Service.	Leoni Dunne Consultant Nurse CAMHS NHSCT Leoni.Dunne@northerntrust.hscni.net Niall Mullan NHSCT Niall.Mullan@northerntrust.hscni.net
	Intellectual Disabilities CAMHS: Intellectual Disabilities CAMHS provide nurse led provision of using a **'Kardia hand held ECG device'** as part of Q Exchange. Q Exchange project is the use of hand-held ECG monitors in medication monitoring for children and young people that cannot tolerate a 12 lead. This role also includes: • NMP SSRI medications and ADHD medication clinics. • Dedicated Assessment team developed and implemented following QI initiative. • Development of best practice guidelines for young people attending CAMHS substance use service, who are prescribed psychotropic medication. • Antipsychotic physical health monitoring clinics. • Development and implementation of Emotional Wellbeing Team for schools, to promote positive psychological, emotional and mental health of children and young people.	Jacqui Boyd ID CAMHS Senior Nurse SHSCT Jacqui.boyd@southerntrust.hscni.net

Examples of Innovative Mental Health Nursing Roles Across the Life Course

Areas of Specialty	Examples	Contact Details
Adults	**INFANT (i) i-CAMHS**: The i-CAMHS provides specialist early **intervention** and **treatment** to babies, toddlers and their primary carers up to their third birthday (0-3yrs). In addition, where necessary interventions may be offered to antenatal women. The service is designed to enable parents to promote their baby/child's social, emotional and intellectual well-being. Interventions are aimed towards promoting secure infant/child/parent attachments, which enhances better mental health outcomes in later years.	Debbie Fitzpatrick i-CAMHS Manager SHSCT Debbie.fitzpatrick@southerntrust.hscni.net
	Adult ADHD CMHT Clinics: Nurse led ADHD Clinics within two CMHTs. This role is focused on reviewing patients diagnosed with ADHD, psychosis, depression, and ASD.	Pamela Wilson ANP NHSCT Pamela.Wilson@northerntrust.hscni.net
	ADHD Pilot Service: Co-worked clinic with Dr Ryan, O'Neill Consultant Psychiatrist, providing trust wide Adult ADHD Pilot Service. This role encompasses assessment, diagnosis, initiation of medication, titration, and review of treatment. This provides a holistic approach and includes consideration of co-morbid anxiety, depression, trauma, addiction, underlying physical health issues, alongside psychoeducation.	Pamela Wilson ANP Wilson NHSCT Pamela.Wilson@northerntrust.hscni.net
	Nurse-Led Physical Health Monitoring Clinic for Individuals Prescribed High-Dose Antipsychotic Medication: The Nurse-Led Physical Health Monitoring Clinic provides proactive, evidence-based care for individuals prescribed high-dose antipsychotic medication who are at increased risk of cardiovascular disease, metabolic syndrome, diabetes, and other long-term physical health conditions. Through comprehensive physical health assessment, regular monitoring, health promotion, and early intervention, the clinic supports safer prescribing practices and adherence to national clinical guidelines. Working collaboratively with mental health teams, primary care, and specialist services, the nurse-led clinic identifies emerging health concerns, coordinates timely referrals, and empowers individuals to take an active role in managing their physical wellbeing. This innovative service addresses the significant health inequalities experienced by people living with severe and enduring mental illness, promotes parity of esteem between physical and mental healthcare, and contributes to improved health outcomes, quality of life, and patient safety.	Lisa Riddell ANP WHSCT Lisa.Riddell@westerntrust.hscni.net
	Adult CHMT Clinics: The ANP within the CMHT is an autonomous practitioner providing advanced assessment, diagnosis, clinical decision-making, independent prescribing, treatment optimisation and ongoing management for adults with complex mental health needs. A key innovation within the role has been the development and implementation of an ANP-led Acuity Tracker, designed to provide real-time oversight of clinical demand, patient risk and caseload complexity across the multidisciplinary team. Furthermore, the ANP provides leadership for physical health monitoring within the CMHT, ensuring evidence-based monitoring of people prescribed psychotropic medication, including metabolic, cardiovascular and other medication-related physical health parameters. Anthony Mc Shane was recognised at the RCN Awards 2026 highlighting excellence and the contribution nurses make to the people of NI. He achieved runner up in the Nurse of the Year category.	Anthony McShane ANP SHSCT Anthony.mcshane@southerntrust.hscni.net

Examples of Innovative Mental Health Nursing Roles Across the Life Course

Areas of Specialty	Examples	Contact Details
Adults	**CMHT Health Monitoring:** Level of practice 6, nurse led Physical Health Monitoring Clinic for individuals prescribed high-dose antipsychotic medication provides proactive, evidence-based care for individuals prescribed high-dose antipsychotic medication who are at increased risk of cardiovascular disease, metabolic syndrome, diabetes, and other long-term physical health conditions. Through comprehensive physical health assessment, regular monitoring, health promotion, and early intervention, the clinic supports safer prescribing practices and adherence to national clinical guidelines. Working collaboratively with mental health teams, primary care, and specialist services, the nurse-led clinic identifies emerging health concerns, coordinates timely referrals, and empowers individuals to take an active role in managing their physical wellbeing. This innovative service addresses the significant health inequalities experienced by people living with severe and enduring mental illness, promotes parity of esteem between physical and mental healthcare, and contributes to improved health outcomes, quality of life, and patient safety.	Joanna Mach & Chloe Houston CPNs, BHSCT Joanna.mach@belfasttrust.hscni.net; Chloex.houston@belfasttrust.hscni.net
	Acute Services: Within inpatient mental health services, the ANP provides expert assessment and management of complex presentations while also influencing practice at organisational and strategic levels through governance, quality improvement, policy development, and evidence-based practice. The ANP delivers holistic biopsychosocial assessments, formulates complex clinical presentations, manages risk, and develops person-centred treatment plans. Working collaboratively within the multidisciplinary team while maintaining a high degree of autonomy, the ANP supports patients experiencing acute psychosis, severe mood disorders, behavioural disturbance, personality disorders, cognitive impairment, and co-existing physical health conditions. The ANP acts as an expert resource for nursing staff and contributes advanced clinical decision-making that supports timely, safe, and effective interventions	Tara Sanderson ANP NHSCT Tara.Sanderson@northerntrust.hscni.net
	Facilitated Early Discharge Nurse: The Facilitated Early Discharge (FED) Nurse is an innovative mental health nursing role that bridges inpatient and community services, enabling safe, timely transitions of care. Through specialist mental health assessment, coordination with MDTs, and engagement with families and support networks, the FED Nurse supports individuals to receive the right care in the least restrictive environment. The role enhances patient experience, promotes recovery at home where appropriate, improves continuity of care, and optimises the use of inpatient mental health resources.	Lorraine Gardner NHSCT Lorraine.Gardner@northerntrust.hscni.net
	First Episode Psychosis Clinic: The First Episode Psychosis clinic is Consultant Nurse led. This is an innovative advanced nursing role embedded within the psychosis pathway, providing highly specialised, evidence-based interventions for individuals experiencing a first episode of psychosis and those presenting with complex co-morbid mental health difficulties.	Karen Gordon Consultant Nurse Adult Mental Health SEHSCT Karen.Gordon2@setrust.hscni.net

Examples of Innovative Mental Health Nursing Roles Across the Life Course		
Areas of Specialty	**Examples**	**Contact Details**
Adults	Operating autonomously within a biopsychosocial framework, the Consultant Nurse delivers advanced clinical assessment, formulation and intervention, integrating biological, psychological and social factors to develop individualised, recovery-focused care plans. The role encompasses expert assessment and management of psychosis, alongside the delivery of specialist psychological therapies including Cognitive Behavioural Therapy for Psychosis (CBTp), Trauma-Focused CBT for Psychosis (TF-CBTp), family interventions, and evidence-based approaches for individuals experiencing co-morbid conditions such as anxiety, depression, trauma-related difficulties and substance misuse. A key feature of the role is the translation of research evidence into clinical practice. The Consultant Nurse leads the implementation of emerging evidence-based interventions and contributes to service innovation, quality improvement, clinical audit and research activity in order to improve outcomes for individuals experiencing psychosis.	
	Student Nurse Connect Forum: Consultant Nurse led forum to enhance the learning experience of nursing students within Acute Mental Health Inpatient and Mental Health Unscheduled Care Services. Student Nurse Connect Forum was established and chaired by the Mental Health Consultant Nurse. The forum was developed in recognition of the significant influence that placement experiences and workplace culture can have on student learning, confidence, and professional development. We were particularly mindful that some students may encounter challenges within practice environments, and therefore sought to create a supportive, psychologically safe space where concerns can be raised openly and addressed at an early stage. The forum has strengthened communication between students and senior nursing staff, increased the visibility and accessibility of nursing leadership, and provided an effective mechanism for identifying and responding to issues that may impact the quality of the student learning experience. It has also supported the development of a positive learning culture in which students feel valued, listened to, and empowered throughout their practice placement.	Arlene Taylor Consultant Nurse Adult Mental Health NHSCT Arlene.Taylor@northerntrust.hscni.net

Examples of Innovative Mental Health Nursing Roles Across the Life Course

Areas of Specialty	Examples	Contact Details
Older Adults	**Dementia Care**: As an ANP working within the Memory Service, my focus includes facilitating Memory Clinics located within various areas within the HSC Trust. The clinics involve the assessment of service users referred with decline in their memory. The process focuses on a holistic, biopsychosocial assessment, screening which includes the use of assessment tools and where appropriate CT and MRI brain scans. The diagnosis of dementia is a multidisciplinary process. I prescribe and review medications for the treatment of dementia. Working with families and carers of service users is a vital part of my role, providing psychoeducation and support.	Andrea Jamieson ANP NHSCT Andrea.Jamison@northerntrust.hscni.net
	Dementia Service Improvement Leads: The Dementia Service Improvement Lead roles have been developed to provide strategic and operational leadership for dementia care across acute hospital and community settings, supporting the delivery of person-centred, evidence-informed care throughout the dementia pathway. Working across organisational and professional boundaries, the Acute Dementia Service Improvement Lead and Community Dementia Service Improvement Lead drive quality improvement initiatives that enhance the experience, safety and outcomes of people living with dementia and their families. The roles focus on reducing unwarranted variation in practice, promoting early recognition and appropriate management of dementia, and supporting the implementation of regional and national dementia standards and policy objectives. The Acute Dementia Service Improvement Lead works collaboratively with ward teams, specialist services and corporate departments to improve dementia-friendly care within hospital settings. This includes leading service redesign, supporting dementia education and workforce development, promoting person-centred approaches to care, reducing avoidable harms associated with hospital admission, and developing pathways that improve transitions between hospital and community services. The Community Dementia Service Improvement Lead works in partnership with primary care, community mental health teams, statutory and voluntary sector organisations, and carers to strengthen community-based dementia support. The role promotes early intervention, facilitates integrated working across services, supports the development of dementia-friendly communities, and leads initiatives that enable people with dementia to remain independent and connected within their local communities for as long as possible. Both roles extend beyond direct service improvement through leadership, education, research, audit and evaluation.	Fiona Rooney Dementia Service Improvement Lead Community SEHSCT Fiona.rooney@setrust.hscni.net Tracy Kane Dementia Service Improvement Lead Hospital SEHSCT Tracy.Kane@setrust.hscni.net

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