



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

# DELIVERING EXCELLENCE

## SUPPORTING RECOVERY

**A Professional Framework  
for Mental Health Nursing  
in Northern Ireland**

(2011 – 2016)



**“With regard to achieving  
excellence, it is not enough  
to know, but we must use it  
and do it”**

(Aristotle 384–322BC)



## A Message from the Minister

Mental health is a key priority for the Department of Health, Social Services and Public Safety (DHSSPS). We can be proud of what we have already achieved but more needs to be done in achieving our progressive vision for mental health.

Confident, competent and innovative mental health nurses, who are the largest professional group within mental health services in Northern Ireland, are a core ingredient for success. They are highly valued by service users and carers, and have a vital role to play in the ongoing reform and modernisation of mental health services.

This framework, and the accompanying recommendations is a blueprint to support, develop and enhance the mental health nursing workforce so that it can be the best that it can be, and by doing so, will enable service users, their families and carers to experience high quality care and services throughout our system of mental health care.

I commend this professional framework to all who have responsibility for the delivery of mental health services in Northern Ireland.



**Michael McGimpsey MLA**

Minister of Health, Social Services and Public Safety



# ACHIEVING RECOVERY

## Foreword by the Chief Nursing Officer

The pace of change in mental health care in Northern Ireland has never been so rapid. We are experiencing the most comprehensive reform and modernisation process since the inception of the NHS. There has been a range of new strategic policies, standards and guidance and significant reconfiguration of service models of care delivery.

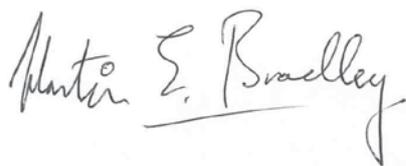
Looking to the future, new capacity and mental health legislation is being developed. This will require further changes in how services are delivered, and in the knowledge, skills and attitudes, required by all mental health practitioners.

All of the above, when considered alongside the current demographic trends in mental health, service user and carer expectations, the national modernisation agenda, and the regional nursing strategy targeted at the wider family of nursing highlights the need to consider new ways of working and how best to prepare, organise, develop and deliver mental health nursing in the future.

This professional framework acknowledges and celebrates nursing achievement and innovation but most importantly, provides a structure to achieve even higher levels of excellence in the delivery of mental health nursing.

The predominant ingredient for the success of this framework is that it is embraced, owned and driven by mental health nurses themselves. If you do so, we can be assured that service users, their families and carers will receive nursing care of the highest quality, nursing care that has recovery at its heart.

I know that the content of this framework has been influenced by many and I would like to express my thanks to all, particularly those service users and carers who gave so generously of their time throughout the process of development.



**Martin Bradley**  
Chief Nursing Officer



## A service users view

As someone living with mental health crises for over 40 years, and engaging actively in improving recovery opportunities, I welcome this Professional Framework for Mental Health Nurses. As part of the consultation process I met nurses and other frontline staff who gave me hope. Encountering intelligent, committed people determined to work together to achieve a common goal, one of recovery, does that for me. As a service user, I need to be supported by people understanding the importance of and are committed to delivering one-to-one support in a genuinely person-centred way.

Service users value nurses. When I am unwell, either in hospital or in the community, the professionals I depend on most are nurses. Nurses have provided crucial support for my recovery journey.

The most important thing is that this becomes the expectation and experience of every single person who uses mental health services.

In achieving this vision, there is a need to consider the preparation and development of mental health nurses, the careers and roles they have and could have, the leadership they have and should have, and how to ensure that the mental health nursing profession have their expertise valued and their voice heard.

I urge you all, in whatever setting you work, to recognise and understand how important you are to me as a service user and to energetically and enthusiastically take ownership of this professional framework, and by doing so, grasp the opportunity to demand what is needed for the profession to be the best that it can be.

**Martha McClelland**



# SUPPORTING RECOVERY

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## **1. TERMINOLOGY, PROCESS AND SCOPE**

The term “mental health problem” has been used throughout this framework to describe the full range of mental health difficulties that may be experienced by individuals. These range from the lower levels of mental distress experienced by many to the more serious and specific mental illnesses such as schizophrenia and major depression experienced by a smaller number of individuals.

The consultation process also supported the use of the term “service user” to describe those who may have to access mental health services delivered in any setting.

### **1.1 Process**

This professional framework for mental health nurses is the product of a process of consultation that began with a stakeholder event in May 2007. This event involved service users, carers, staff and representatives from a range of professions, agencies and organisations across the statutory, voluntary and independent sectors. The final document has gone through a robust process of consultation that included and was actively supported by service users. The mental health nursing family has been engaged throughout via the central contribution of the Regional Mental Health Nursing Forum who acted as the project steering group during the development of the framework. Consultation workshops were held within all of the HSC Trusts, and with the independent and voluntary sector to facilitate contributions to the consultation by front line staff. Local, national and international literature has been accessed to inform the framework and there have been calls for specific contributions with regard to good practice examples CNO site visits have also taken place throughout Northern Ireland to hear about and see nursing innovation and to hear about issues impacting on nursing practice.

### **1.2 The scope of the framework**

Considering the wide range of mental health services provided in Northern Ireland, the framework is by necessity, broad in its scope, acknowledging that mental health nurses deliver care in a wide range of settings and specialist areas.

It will therefore apply to registered mental health nurses in whatever setting they work including in-patient mental health settings, home treatment, community and primary care, and those working within specialist services, such as child and adolescent mental health, older people, eating disorders, psychological therapy, criminal justice, forensic and addictions services.

The framework has equal relevance to mental health nurses in the statutory, independent, or voluntary sector and is also intended to provide impetus and direction for the development of an effective, competent high quality health care support workforce. This variability, alongside the fact that some areas and services may be further developed than others, requires that practitioners, managers, educationalists and commissioners interpret and apply the recommendations based on local circumstances.

This framework, while providing a direction of travel, must also be considered in the multi-professional and inter-agency context of the settings in which mental health nurses work. Delivering Excellence: Supporting Recovery takes account of, and requires synergy with, the full range of policy, professional, and legislative developments that are aimed at enhancing care delivery and standards within mental health services. Achieving its aims therefore, requires commitment not only from individual practitioners, but also requires organisational and corporate commitment if it is to result in positive change and outcomes.

This framework sets out a renewed sense of direction and purpose for the profession, acknowledging that mental health nursing has been at the forefront of many service developments and good practice initiatives. Therefore, this framework will also provide a range of examples to celebrate and showcase such achievements (see Section 8).

Delivering Excellence: Supporting Recovery is intended to cover a 5 year period from 2011-2016, and will be driven and supported by an implementation strategy jointly led by the Office of the Director of Nursing and Midwifery within the Public Health Agency (PHA) and the Office of the Chief Nursing Officer within the Department of Health, Social Services and Public Safety (DHSSPS) (see Section 7).

## 2. THE VISION

The Bamford Review (DHSSPS, 2007) sets out a clear vision of how an excellent service for those with mental health problems, their families and carers can be provided, with the user experience at the heart of development and improvement.

**Person centred, seamless, community based services, informed by the views of service users and their carers, making early intervention a key priority, and protecting and promoting people's mental health.**

This vision sets the context and starting point for this professional framework by outlining a summary of where the mental health nursing profession needs to target its energy if it is to reach the required level of excellence.

The dictionary definition of “framework” describes its meaning as “a skeletal structure on which to construct something.” Therefore, the intention and purpose of Delivering Excellence: Supporting Recovery is to provide the building blocks to construct a truly world class mental health nursing service in Northern Ireland. A service that:

- Delivers person centred care that is inherently based upon the core principle of recovery based practice, requiring “the formation of therapeutic relationships between professionals, patients/clients and others significant to them in their lives and that these relationships are built on mutual trust, understanding and a sharing of collective knowledge” (McCormack & McCance, 2006).  
**(Promoting Person Centred Cultures)**
- Delivers safe, effective, innovative and evidence based care across the full spectrum of service provision, to improve the patient/client experience and achieve demonstrable and positive outcomes for service users and carers.  
**(Delivering Safe and Effective Care)**
- Is equipped with the appropriate level of competencies and capabilities in whatever setting they work, and will be supported by excellence and innovation within educational provision and the nurturing of a culture of life long learning.  
**(Supporting Learning and Development)**

# DELIVERING EXCELLENCE

- Is supported to develop new and innovative ways of working and role redesign that best meet the needs of service users and ensures the best possible outcomes. Organisations and service managers will nurture and develop innovative practice and leadership at every level of the profession ensuring an efficient, flexible, responsive and high performing nursing workforce who can meet the needs of service delivery.  
**(Maximising Resources for Success)**

## 3. INTRODUCTION

Between 2002 and 2007, the DHSSPS published ten reports (The Bamford Review) outlining a strategic direction for Northern Ireland to modernise mental health and learning disability policy, law, and service provision.

To make the Bamford vision a reality, mental health nursing staff, who make up 70% of the total mental health workforce in Northern Ireland, and are described by Louis Appleby, the National Director of Mental Health, as being “at the heart of modern mental health care” (DH 2006), are required to critically reflect on how they can best contribute to the process of reform and modernisation espoused by Bamford. This requirement is further demanded by the current financial and economic challenges of the Comprehensive Spending Review (CSR) within health and social care.

Delivering Excellence: Supporting Recovery has been developed as the nursing response to Bamford. It also sets out a road map for the mental health nursing service to deliver the aims and the vision of “A Partnership for Care: the overarching Northern Ireland Strategy for Nursing and Midwifery (2010- 2015)”. It provides a focus for the profession and aims to improve professional identity and confidence, enhance and develop nursing practice, and ultimately, improve the experience of service users and their carers. As proposed by The Bamford Review, Delivering Excellence: Supporting Recovery will be underpinned by values based and recovery focused practice.

Consequently, the core purpose of Delivering Excellence: Supporting Recovery is:

***To provide a framework that will enable the achievement of a world class mental health nursing service, that is designed to meet the vision and aspirations of Bamford, and by doing so, will provide safe and optimum nursing care that achieves for service users and their carers the best possible experiences and outcomes.***

It has already been highlighted that the level of modernisation required by the mental health nursing service will vary from service to service and from locality to locality. Notwithstanding this variability, **all** mental health nursing practitioners and services will need to consider the relevance and applicability of the 25 recommendations that are the building blocks of this professional framework.

Delivering Excellence: Supporting Recovery sets out these 25 recommendations under the same four overarching domains that are within “A Partnership for Care”. These relate to:-

- **Promoting Person Centred Cultures**
- **Delivering Safe and Effective Practice**
- **Supporting Learning and Development**
- **Maximising Resources for Success**

The recommendations within these four domains have been predominantly influenced by the Bamford Review (DHSSPS, 2007), and the subsequent Delivering The Bamford Vision Action Plan 2009 - 2011 (DHSSPS, 2009), both of which clearly identify the need for a modern, responsive and flexible workforce to achieve their aims and objectives. However, the framework, and its subsequent domains and recommendations, is also linked to and informed by a range of other current and developing professional initiatives and various inquiries and incident reviews. These include but are not limited to:

- Modernising Nursing Careers (DHSSPS, 2006)
- CNO reviews of mental health nursing that have taken place in England, Scotland and Wales (WAG, 2001, SE, 2006, DH, 2006)
- A literature review, commissioned to inform the Scottish and English reviews of mental health nursing (Gray *et al.*, 2006)
- Improving the Patient and Client Experience (DHSSPS, 2008)
- A Partnership for Care: The Northern Ireland Strategy for Nursing and Midwifery (2010 – 2015) (DHSSPS, 2010)
- The NMC Review of Standards for Pre-Registration Nursing Education (NMC, 2010)
- Healthy Futures 2010 -2015, The Contribution of Health Visitors and School Nurses in Northern Ireland (DHSSPS, 2010)
- Learning from various inquiries, such as The McCleery Report (EHSSB, 2006), The McCartan Inquiry (EHSSB, 2007) and The O’Neill Inquiry (EHSSB, 2008)

Delivering Excellence: Supporting Recovery, therefore aims to restore mental health nursing to a position of influence and prominence, to reduce variations in service delivery, and to support individual practitioners, service managers, educationalists, and commissioners in achieving a high quality, competent, dynamic and innovative workforce across all the different components of mental health services.

## 4. THE SERVICE LANDSCAPE AND POLICY CONTEXT

### 4.1 The Demographics of Mental Health

Mental health problems are now regarded as one of the most common forms of illness and disability. They account for over 30% of years lived with a disability, and in the UK mental illness now accounts for a bigger share of the overall burden of disease (combining mortality and morbidity effects), than any other health condition, including heart disease and cancer (NIAMH, 2009).

Within Northern Ireland:

- 250,000 adults and 45,000 children and young people have a mental health need at any one time (1 in 6 of the population)
- More than 20% of young people are suffering “significant mental health problems” by their 18th birthday
- 17% of men and 32% of women aged 35-44 show signs of depression
- The rates of depression in Northern Ireland are associated closely with unemployment, low educational achievement and social deprivation
- Rates of mental health problems are thought to be higher in ethnic minority groups but who are less likely to have their mental health problems detected
- The overall suicide rate in Northern Ireland is 9.7 per 100,000 and in recent years there has been an increasing trend, particularly in men under the age of 35 years
- A quarter of suicide inquiries in the UK showed that the individual died within three months of discharge from in-patient care. In England and Wales, 40% died before the first review appointment. This was 35% in Scotland and 66% in Northern Ireland
- The total cost of Mental illness in Northern Ireland is estimated at well over £3.5 billion per year, which in monetary value is equivalent to about 12% of Northern Ireland’s national income
- An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves

- The overall prevalence of mental health problems in Northern Ireland is estimated to be 20% higher than in England or Scotland

It is clearly apparent that mental health is a major public health issue in Northern Ireland, necessitating the need for a strong strategic drive targeted at prevention and early intervention approaches to improve the overall mental health and well being of the population. Mental health nurses have a key role to play in this endeavour.

## 4.2 The Mental Health Policy Context in Northern Ireland

The Bamford Review (DHSSPS, 2007) and the subsequent “Bamford Action Plan 2009-2011” (DHSSPS, 2009) are the predominant drivers for this professional framework. Ten reports were published during the Bamford review process, addressing the full range of mental health service, policy and legislative provision. Specific documents on the following key areas were published:

- **Adult Mental Health Services**
- **Children and Young People’s Mental Health Services**
- **Services for Older People with Mental Health Needs and with Dementia**
- **Alcohol and Substance Misuse**
- **Mental Health Disorders within The Criminal Justice System**
- **Autistic Spectrum Disorder**
- **A new legislative framework**
- **Promoting Social Inclusion**
- **Human Rights and Equality**
- **Mental health Promotion**

An additional review of learning disability services, “Equal Lives” was another component of the overall Bamford package. All of the Bamford reports can be accessed via [www.rmhdni.gov.uk](http://www.rmhdni.gov.uk).

The Bamford reports set out a clear vision of how an excellent service for those with Mental Health needs can be provided, with user/carer involvement and experience at the heart of service improvement. The focus of future mental health services will be based on the delivery of a comprehensive range of services, provided within a stepped care model (see below) that ensures that people with a mental health need, receive services that are:

- *Underpinned by the principle of recovery and aimed at achieving and maintaining the maximum level of functioning, independence, social inclusion*

- *Safe and effective, underpinned by evidence based practice, standards within the mental health service framework, and other local/national guidance*
- *Person centred and respectful of individual autonomy, choice and citizenship*
- *Delivered at an early stage and provided as locally as possible*
- *Integrated and characterised by effective inter-disciplinary and inter-agency working and partnerships*
- *Fully cognisant of, and considers the needs of families and carers during episodes of care*
- *Provided by skilled, confident and competent staff*
- *As far as possible, provided within the primary and community sector*

#### **4.2.1 Stepped Care**

The stepped care model has been advocated by NICE (2009) for common mental health conditions with the number and precise nature of steps varying according to particular conditions and particular interventions. As a general rule, the steps progress from awareness, recognition and assessment/diagnosis at Step 1 usually provided within primary care, through to the highest level of inpatient or intensive treatment programmes, usually provided by specialist services.

The stepped care model aims to provide a graduated range of care options and to provide services which are more timely and responsive, are less stigmatising and enable a higher proportion of care to be delivered at an early stage within primary care rather than specialist services.

#### **4.2.2 Recovery based practice**

Recovery based practice is a core and underpinning principle within the Bamford Review. It has gained worldwide impetus due to a perceived failure by services or wider society to adequately support social inclusion through supporting people to build a meaningful life, engaging in work or other meaningful activity and participating in society. Applying recovery based practice requires a fundamental shift in traditional approaches to psychiatry with true partnership working between the service user and those providing services.

The concept of recovery is influencing mental health service commissioning and delivery around the world, and is described by Ridgeway and Press (2004) as “an on-going journey of healing and transformation that involves:

- reclaiming a sense of meaning, hope and a positive sense of self
- managing one’s mental health to reduce the impact of distressing symptoms or experiences and achieve a higher level of wellness; and,
- reclaiming roles beyond being a user of services in the mental health system”

The evidence for recovery based practice is gathering momentum (Shepherd *et al.*, 2008) and yet, there remains confusion about the meaning of recovery within mental health services, and sporadic application in practice.

A range of approaches are available to support the education, introduction, development and monitoring of recovery based practice within mental health services. These include but are not limited to:

**a) The Ten Essential Shared Capabilities (NIMHE, 2004):** These are 10 core, shared and necessary competencies for all staff working in mental health practice. A central aim is to achieve a shift in culture towards recovery and person centred care, choice, respecting diversity and partnership working. The Essential Shared Capabilities have been adapted and regionally applied for the mental health nursing workforce in Scotland, and are endorsed within this framework as a model to enhance and develop recovery based practice.

**b) Wellness and Recovery Action Planning (WRAP) (Copeland, 2008):** WRAP is a structured self management and recovery system, designed by service users to help incorporate wellness tools and strategies into their lives, even during periods of illness. Health and social care professionals may be involved in the development of personal WRAP’s for service users.

**c) The Recovery Star (MHPF, 2008):** The Recovery Star is a tool for supporting and measuring change when working with adults of working age who are accessing mental health support services. It is designed to support individuals in understanding where they are

in terms of recovery and the progress they are making, providing both the client and worker a shared language for discussion mental health and wellbeing. As an outcomes measurement tool it enables

practitioners, and organisations to measure and summarise the progress being made by service users.

**d) Developing Recovery Enhancing Environments Measure (DREEM)**

**(Ridgeway & Press, 2004):** At its simplest this is a self-report instrument that is designed to gather information about mental health recovery from people who use mental health services to rate the effectiveness of services in supporting the recovery journey.

**e) The TIDAL Model (Barker & Buchanan-Barker, 2005):**

The TIDAL model is a recovery model for the promotion of mental health. It seeks to reveal the meaning of people's experiences, emphasising the importance of their own voice and wisdom. It aims to empower people to lead their own recovery rather than being directed by professionals. Since 2000 it has been utilised extensively worldwide in a number of mental health settings, and its introduction has been predominantly led by mental health nursing professionals.

**f) THORN training (<http://www.thorn-initiative.org.uk/About/>)**

is centred around the provision of psychosocial interventions in the care and treatment of people with a diagnosis of severe mental illness. The programme of training began in 1992 and was initially introduced to train community psychiatric nurses in the delivery of effective care to this client group. The curriculum fully endorses a recovery approach to practice enabling practitioners to use an open and collaborative approach which strives to understand and value the strengths and experiences of service users and their families/carers.

### 4.2.3 Suicide Prevention and Patient Safety

**Protect Life: A Shared Vision** was published in 2006 to address the rising trend in suicide in Northern Ireland, particularly in young people. The strategy aims to reduce the overall suicide rate in Northern Ireland by 15% by 2011 and, as a consequence, a number of initiatives and actions have been developed. These include "lifeline" the regional crisis telephone line, regional training, community based prevention services, dedicated deliberate self-harm services and guidance to support services in the management of patient/clients who do not attend (DNA) or who have difficulty engaging with mental health services.

Improving patient safety in mental health provides a significant challenge to all frontline staff, including nursing staff, and a range of initiatives have

been, and are being developed, not only to address rising trends in suicide, but also to address key safety issues such as:

- the vulnerability of females on mixed sex wards
- the effective management of violence and aggression
- resuscitation in mental health settings
- the needs of children of parents/carers who have mental health problems
- environmental dangers such as ligature points
- infection control within mental health settings

Alcohol and drug misuse and domestic and sexual violence, as contributors to mental ill health, are also being addressed through cross-departmental strategies and associated action plans.

Mental health nurses have a key role to play in ensuring, as far as possible, the safety of patients and clients, utilising a variety of mechanisms and tools to do so. “Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services” (DHSSPS, 2010) has been introduced to help mental health services and practitioners effectively and proactively address risk in the context within which they work. However, concerns have been expressed that the emphasis on risk assessment and management, if applied mechanistically, could impede the development of recovery orientated services. There is clearly a need to differentiate between risks that should be reduced or minimised and those risks that individuals have the right and the need to experience in order to recover. It has also been expressed that there continues to be challenges associated with providing important support mechanisms such as supervision within some mental health nursing services, and that nursing staff feel more secure when there is strong and visible leadership and clear lines of accountability.

Considering the shift in service provision towards community based provision through the development of home treatment and crisis response services, community based forensic mental health services and the increasing complexity of individuals requiring acute in-patient care, the ongoing review and monitoring of systems to ensure the highest possible levels of patient safety alongside the health and safety of practitioners will be an important priority within mental health services.

#### 4.2.4 Promoting Mental Health

**The Promoting Mental Health Strategy and Action Plan (2003)** is currently being reviewed. This review will assess the implementation of the actions in the 2003 strategy, and provide a population based, cross-agency,

and targeted approach to vulnerable groups, such as children and young people, people with existing mental health needs, people in the criminal justice system, older people, the homeless and the unemployed.

Considering these targeted groups, mental health nurses play a key role in mental health promotion, anticipatory care and early intervention to prevent crisis and relapse and referral into secondary services. It is therefore important that the principles of public health and early intervention are embedded into the practice of all mental health nurses in whatever service context they work.

For example, mental health nurses will have a major role to play in working with midwifery, health visiting and school nursing colleagues in taking forward the peri-natal mental health agenda and the successful introduction of the Family Nurse Partnership Programme. The importance of this role and linkage is reflected in the DHSSPS review of Health Visiting and School Nursing, “Healthy Futures 2010-2015, The Contribution of Health Visitors and School Nurses in Northern Ireland” (DHSSPS, 2009).

Mental health nurses have continued to develop their contribution to early intervention and anticipatory care which has resulted in positive outcomes in a range of service areas including dementia services, liaison services, primary care, eating disorders and in services for those who self harm.

#### **4.2.5 Other Strategic and Policy Drivers for Change and Reform**

As a consequence of Bamford and new ways of working, a number of other important strategic and policy initiatives have been, or are in the process of being developed in Northern Ireland. These include:

- “Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services” (DHSSPS, 2010)
- Home treatment, as an alternative to in-patient treatment, is being developed within every trust in Northern Ireland
- The Mental Health Service Framework for Northern Ireland is due to be published in 2010/2011
- Responsibility for healthcare in prisons has transferred to the health and social care sector
- Reform and modernisation of acute in-patient provision for children, adults, and older people who have mental health needs

- A Strategy for the Development of Psychological Therapy Services (DHSSPS, 2010)
- Personality Disorder; A Diagnosis for Inclusion. Northern Ireland Personality Disorder Strategy (DHSSPS, 2010)
- An action plan to support the development of peri-natal mental health services
- The “Workforce Planning Review for Mental Health and Learning Disability Services in Northern Ireland” (DHSSPS, 2009)
- The endorsement and adoption of a number of NICE clinical guidelines within Northern Ireland, including;
  - The management of Schizophrenia
  - The management of Personality Disorders
  - The use of non-drug therapies in the treatment of mild/moderate depression
  - The management of peri-natal mental health
- The development of a Northern Ireland Dementia Strategy
- The development of a joint protocol in Northern Ireland between adult and children’s services in responding to the needs of parents with mental health problems and/or substance misuse, their children and families
- The development of a single legislative bill amalgamating mental capacity and mental health legislation, Northern Ireland being the first country in the world to do so

#### **4.2.6 The Implementation Structure for Bamford**

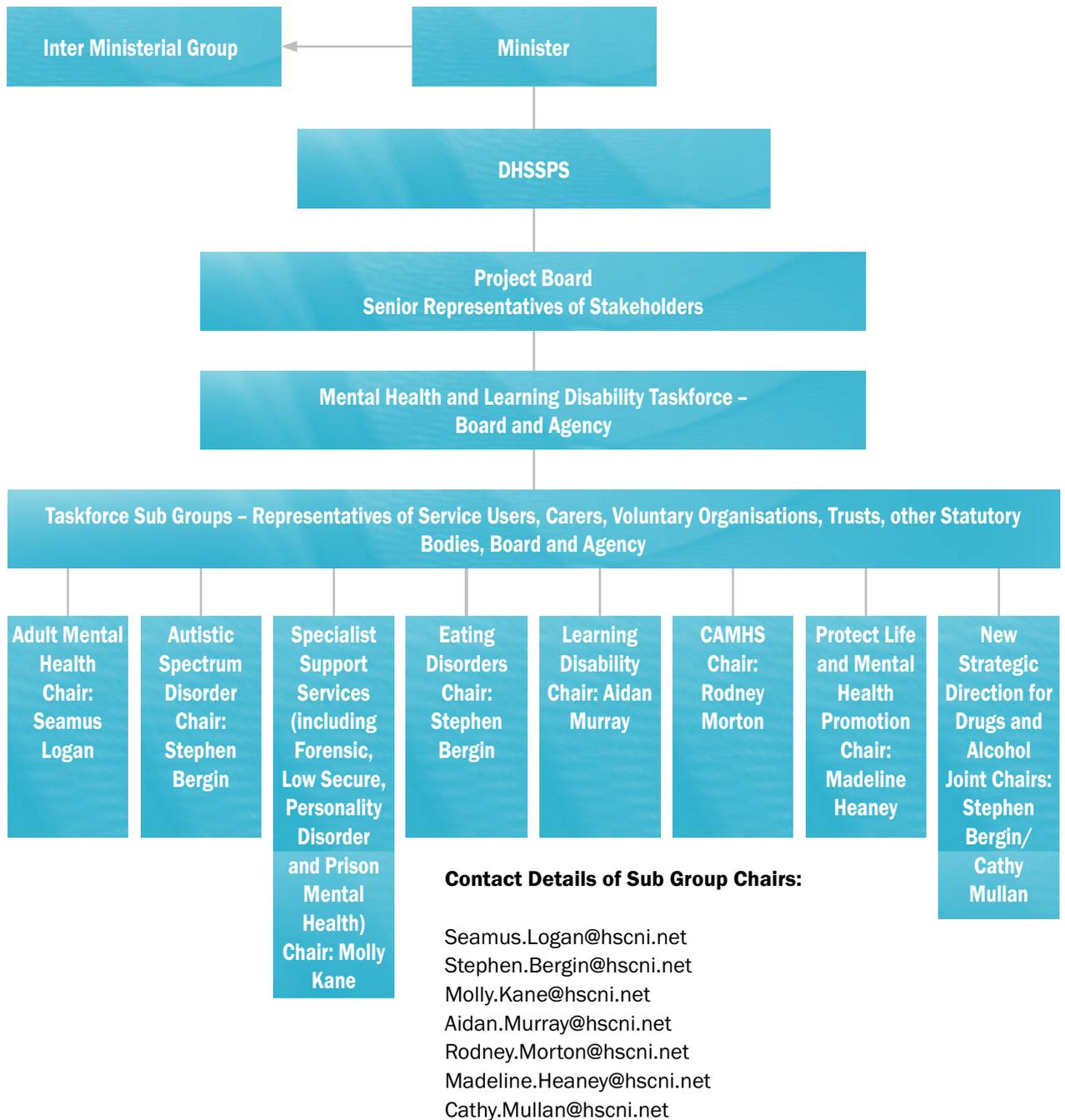
The Bamford Action Plan “Delivering the Bamford Vision” was launched in October 2009 and as a consequence, a joint Health and Social Care Board and Public Health Agency Bamford Mental Health and Learning Disability Taskforce was established.

The main purpose of the Taskforce is to co-ordinate and lead in each of the various areas of work that have been identified in the Bamford Vision for Mental Health and Learning Disability. The project structure for the taskforce and sub groups is outlined in Figure 1 below.

Central to the work of the subgroups is service user and carer involvement in the design and planning of services, and multi-disciplinary and multi-agency engagement.

# SUPPORTING RECOVERY

**Figure 1. Mental Health/Learning Disability Bamford Taskforce**



The Health and Social Care Board in Northern Ireland, through an Innovating for Excellence programme, is also actively progressing a number of service improvement initiatives targeted at acute in-patient care and child and adolescent mental health services.

## 5. THE NURSING CONTEXT

Mental health nurses are the largest professional group within mental health and social care services within Northern Ireland. They account for approximately 70% of the total statutory workforce and also have a significant presence in the independent, community and voluntary sectors. Mental health nurses provide the majority of direct care in many settings.

As a front line service, mental health nursing provides frequent, formal and informal contact with service users, their families and carers. These relationships are at the heart of excellent mental health practice, and nurses are in an ideal position to champion person-centred, holistic and recovery based practice in whatever setting they work.

### 5.1 Values and Principles

The Bamford Review and new legislative proposals in Northern Ireland provide a set of overarching principles that will guide the education and practice of all mental health professionals in Northern Ireland for years to come. These can be summarised as follows:

- (i) **Autonomy** – respecting the person’s capacity to decide and act on his own and his right not to be subject to restraint by others;
- (ii) **Justice** – applying the law fairly and equally;
- (iii) **Benefit** – promoting the health, welfare and safety of the person, while having regard to the safety of others; and
- (iv) **Least harm** – acting in a way that minimises the likelihood of harm to the person.

Legislation such as The Mental Health (NI) Order (1986) and The Human Rights Act (1998), alongside international instruments such as the United Nations principles for the protection of persons with mental illness and the improvement of mental health care have been central to contemporary mental health nursing practice.

Fundamental to the delivery of excellence in mental health nursing is that practice, education, management and leadership within the profession is underpinned by a clear and articulated values base that reflects relevant legislation and overarching principles. This values base will demonstrate that mental health nursing in Northern Ireland is in harmony with the rest of the world in its commitment to the design and implementation of comprehensive and efficient systems of mental health care that address promotion, prevention, treatment, rehabilitation and recovery.

Professional values and principles have a direct influence on how mental health nurses deliver clinical care, and the following values statement is provided as a benchmark for practitioners, for those who employ, educate, lead and manage mental health nurses.

***Mental health nurses in Northern Ireland will promote, and incorporate the following values and principles into their everyday practice:***

- Respect for individual autonomy, choice and self-efficacy through a therapeutic alliance and via positive, respectful and enabling relationships and attitudes
- Person and family centred practice based on the model of recovery espoused by Bamford
- A commitment to multi-disciplinary and multi-agency working
- A commitment to working in partnership with service users, their families and carers throughout the pathway of care, and to support the development, evaluation and monitoring of services
- A commitment to the promotion of good mental health and early intervention strategies
- The delivery of care based on the NMC Code (2008), recognising accountability, best evidence and relevant legislation
- The proactive delivery of efficient care, maximising therapeutic contact time with service users
- The maintenance and enhancement of professional competence through a commitment to continuing professional learning and development
- Robust leadership and accountability at an individual and corporate level to translate the values and the recommendations within this framework into practice.

These values and principles also reflect the underpinning values of the family of nursing embodied within the “Nursing and Midwifery Council Code: Standards of Conduct Performance and Ethics” (NMC, 2008), and reflected in “A Partnership for Care: The Northern Ireland Strategy for Nursing and Midwifery (2010-2015)” (DHSSPS, 2010).

## **5.2 The perspective of service users and carers**

Service users and carers views have been central in developing the domains and recommendations within Delivering Excellence: Supporting Recovery. The framework has been informed by a UK wide literature review carried out in 2006 that focused on what it is that service users and carers value most in a nurse. Although no published local research could be accessed that had a focus on nursing, broader local literature such as the

views of users and carers receiving substance misuse services (within which mental health nurses work) was considered (Braden *et al.*, 2010). Similarly the regional Releasing Time to Care initiative, (NHS Institute for Innovation and Improvement) targeted at acute mental health in-patient settings, has considered the views of service users. It is apparent from these reviews and through the consultation process for Delivering Excellence: Supporting Recovery that the same messages are coming through time and time again. Service users want to receive care within a model of recovery and support that is person-centred, holistic, and collaborative in nature.

The literature review carried out to inform the Scottish and English reviews of mental health nursing (Gray *et al.*, 2006), the consultation process for Delivering Excellence: Supporting Recovery, alongside the local Releasing Time to Care initiative highlights that service users expect mental health nurses to provide a multi-faceted role whereby more generic skills, such as engagement, therapeutic alliance, promoting social inclusion, and collaboration in care are considered just as crucial and important as more technical and clinical skills such as psychological interventions. Additionally, service users and carers place great emphasis upon the personal qualities and attributes of nursing staff they encounter. Attributes such as the expression of empathy, respectful, dignified, and compassionate care, not only enhance the efficacy of specific psychological therapies, but are also considered to have significant therapeutic impact in themselves (Gray *et al.*, 2006).

Service users and carers have reported that improvements in the following areas would enhance therapeutic relationships and the care environment:

- Information provided in support of care
- Opportunities for collaboration in care
- A recognition and acknowledgement of the powerful positive impact of highly developed communication skills
- The time spent receiving therapeutic activities within residential/in-patient services
- Attention given to the social and discriminatory impact of mental health problems
- Inter-professional communication
- Involvement of carers in the care delivery process
- Consideration given to the wider emotional and psychological needs of family and relatives of service users
- Involvement as experts by experience through contributing to the training, education and development of nursing staff

recommendations outlined within Delivering Excellence: Supporting Recovery take account of the need to enhance recovery based approaches, and what it is that service users and their carers, families and friends believe helps them most.

## 5.3 Core skills and competencies

Mental health nurses deliver a range of core skills and competencies on an individual, group and population basis. They function within a multi-disciplinary and multi-agency environment and address different mental health needs across a range of tiers/steps of service provision. The level and range of competencies required will be determined by the particular needs of the service user, the specialist area or the particular tier/step in which nursing care is being delivered. However, the following competencies and functions are core to high quality and person centred mental health nursing care whatever the setting or speciality:

- The delivery of care that is centred around the promotion of positive relationships focused on social inclusion, human rights and recovery
- The provision of evidence-based psychological, psychosocial and other complex therapeutic interventions to meet people's physical, psychological, emotional, social and spiritual needs
- Understanding and effective application of current mental health legislation, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives
- Working collaboratively across multi-professional and multi-agency boundaries respecting and involving others contribution to care
- The use of communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable
- The use of a range of interpersonal approaches to create and sustain therapeutic relationships and therapeutic environments of care
- The delivery of therapeutic interventions and support for people experiencing critical and acute mental health problems
- Assessing and managing risk, and supporting the therapeutic management of positive risk taking
- The delivery of a range of psychological, psychosocial, physiological and pharmacological interventions, including medicines management and prescribing
- The provision of care management, co-ordinating inputs from a range of other services and agencies
- Contributing to the management of mental health care environments by giving priority to actions that enhance people's safety

- The provision of therapeutic interventions for a range of challenging situations, including violence, aggression and self harm
- Adopting a public health approach to nursing care and intervention
- Providing advocacy support where appropriate, and facilitating access to advocacy services.

*Adapted from Rights, Relationships and Recovery (Scottish Executive, 2006) and from NMC Standards for Pre-Registration Nursing Education (NMC, 2010).*

## 5.4 The Value of Mental Health Nursing

There is no doubt that mental health nurses are central to meeting the vision and aspirations of Bamford. The provision of high quality mental health nursing care involves multi-faceted, intricate and high level clinical and inter-personal skills, competencies and attributes, which the evidence suggests, have a positive effect in terms of outcomes for service users (Gray *et al.*, 2006).

The willingness and flexibility of the mental health profession to reform and modernise also merits an acknowledgement. Historically, the majority of mental health nurses in Northern Ireland worked within in-patient settings. However in recent years there has been significant development and investment of nursing staff within community and primary care settings to address the required strategic shift in care delivery. Consequently, mental health nursing staff have been at the forefront in the development of services such as crisis response and home treatment, have been integral to improvements in access to psychological therapies, and have taken a lead role in improving the provision of dementia care across the whole health and social care system.

A number of nurse led best practice exemplars relating to both in-patient and community based care are summarised in Section 8.

Delivering Excellence: Supporting Recovery aims to build on and add to the value of mental health nursing staff in this new era of mental health care in a number of different ways. For example, considering the “new ways of working” agenda, there is significant untapped potential in the development of new, advanced and extended roles, such as nurse consultancy, advanced roles within psychological therapies and for some specific conditions, roles within education and research and the utilisation of nurse prescribing that have the potential for clinical, quality and economic value.

## 5.5 Challenges for the mental health nursing profession

This document includes a range of examples where mental health nurses in Northern Ireland are taking the lead in a range of new and innovative mental health projects that are making a positive difference to the lives of service users and carers (see section 8). However, it is also important to highlight that there are significant resource, workforce and professional challenges to consider.

The following challenges have been highlighted by members of the Regional Mental Health Nursing Forum and by mental health nurses during the consultation process, that need to be considered by all stakeholders in achieving successful implementation of this professional framework:

- The increasing complexity of need across all mental health services and particularly so within acute in-patient settings
- The pace and extent of change in service models of delivery
- The emphasis on risk management as a consequence of recent high profile incidents and inquiries and the potential for nursing practice that is defensive and risk averse
- Clinical nursing and therapeutic skills not being utilised to best effect
- The provision of supervision remains patchy across mental health nursing services
- Limited opportunities for career development
- The need to promote the professional image of mental health nursing as a positive career choice
- The recruitment and retention of registered mental health nursing staff into the independent and voluntary sectors
- The retention of experienced and expert nursing staff within in-patient settings
- Challenges in the uptake and delivery of continuing professional development
- A need to enhance the public health role of the mental health nurse
- A perceived need for more professional leadership and visibility, front line succession planning and confidence building
- Workforce issues in the current economic climate, vacancy controls, the potential high numbers of experienced staff eligible to retire in the near future
- The need to review the delivery of under graduate and post graduate education for mental health nursing staff
- Different interpretation of and inconsistent application of recovery orientated practice

The majority of these challenges are reflective of the key issues outlined within the mental health nursing literature review that was commissioned jointly by the English and Scottish Chief Nursing Officers to inform their respective reviews of the Mental Health Nursing workforce (Gray *et al.*, 2006).

The articulation of these challenges has been central in formulating the recommendations within this framework, and despite them, mental health nurses are well placed to be in the vanguard of reform and transformation in mental health care provision in Northern Ireland. This is demonstrated through nurse led/driven initiatives as outlined in Section 8.

## 5.6 The need for reform and modernisation

As a consequence of the policy and strategic initiatives and the challenges already highlighted, all mental health professionals need to consider how they will contribute to the delivery of effective services in the future. Specific mental health nursing strategies now exist in England, Scotland and Wales, and a range of other professional groups such as psychology, psychiatry and social work have reviewed how they need to develop in future (SE, 2006, NIMHE & RCP, 2005).

Mental health nurses must also acknowledge the impact of national reform and modernisation developments that are already impacting upon the wider family of nursing. Of particular significance is Modernising Nursing Careers (DHSSPS, 2006), which sets out the changing context of health care and of nursing, and aims to modernise nursing careers, ensure that they are fit for purpose and will evolve by:

- Developing a competent and flexible nursing workforce
- Updating career pathways and career choices
- Preparing nurses to lead in a changed health care system
- Modernising the image of nursing and nursing careers

### **The future nursing workforce will need to:**

- Organise care around the needs of patients
- Work in a range of settings, crossing hospital, primary and community care

- Provide care based on evidence and critical thinking, and consider the innovative use of technology in their practice
- Be able to apply early intervention, preventative and health promotion interventions
- Involve service users as active partners in decision-making processes with increased emphasis on self management where appropriate
- Utilise flexible and inter-disciplinary modes of learning and development
- Have sufficient numbers of nurses with advanced level skills to meet demand
- Work as leaders and members of multi-disciplinary teams both inside and outside hospital, and across health and social care teams
- Articulate what they do, deliver high productivity, and demonstrate value for money

*Adapted from Modernising Nursing Careers (DHSSPS, 2006)*

Within Northern Ireland this new, contemporary, safe and effective mental health service, articulated by Bamford, is clearly dependant upon appropriately skilled, confident, highly motivated, dynamic and innovative nursing staff. Recognising the unique contribution that mental health nurses make, and the fact that they are in direct contact with service users more than any other professional group, means that the time is right for the mental health nursing workforce in Northern Ireland to examine itself and to review and reflect critically on its role, values and purpose.

This examination of current policy and nursing context provides the rationale for a series of recommendations that will facilitate the mental health nursing profession to be enabled, empowered and supported to respond effectively to new policy, new legislation, new models of care delivery and most importantly to the needs and expectations of service users and carers in Northern Ireland.

## 6. THE RECOMMENDATIONS

### 6.1 Promoting Person Centred Cultures

In order to embed person centred care and values based practice (as outlined in Section 5.1) into the hearts and minds of individuals and into the culture of organisations, there is a need for commitment, support, education and development to ensure that mental health nursing practice demonstrates person centred care.

Mental health nurses will do this by:

- Respecting individual autonomy, and ensuring that service users, their families and carers are as fully involved as possible in all aspects of their care, treatment and support
- Working collaboratively with service users to facilitate and support recovery, whereby the intention is to establish self managed care, increased self esteem and identity, a sense of self worth, hope and optimism, through holistic nursing care delivery (including social integration, education, employment and relationships)
- Making positive and therapeutic relationships and effective communication with service users and carers at the heart of nursing practice
- Respecting the diversity of service users, their families and friends, and the cultural and social context in which they live their lives
- Embracing partnership working and maintaining constructive and therapeutic working relationships, with colleagues, and wider community networks
- Maximising the experiences, knowledge and insights of service users and carers as experts by experience
- Recognising the centrality of core professional and personal attributes such as professional competence, well developed inter-personal skills, and commitment to the job
- Utilising evidence informed tools and processes to assist in the application of recovery based practice but, recognising the dynamic nature of evidence informed care, ensuring that any tools used are based on best evidence at that time.

By incorporating positive values and attitudes into their everyday practice and behaviour, mental health nurses will not only improve the outcomes of specific evidence based interventions, they will also enhance recovery, prevent relapse and improve the patient experience.

**Statement of Intent:**

***Mental Health nurses will deliver person centred care that is based upon the core principle of recovery based practice, requiring “the formation of therapeutic relationships between professionals, patients/clients and others significant to them in their lives and that these relationships are built on mutual trust, understanding and a sharing of collective knowledge” (McCormack & McCance, 2006).***

RECOMMENDED ACTIONS	LEAD ROLE(S)	TIMESCALE
<p><b>1.</b> Training on recovery and strengths based practice should be developed and introduced for all registered mental health nursing staff and nursing support workers in Northern Ireland. This could be delivered on a multi-disciplinary basis.</p>	<p>Health and Social Care Trusts, Mental Health Nurses, Education Commissioning Group (ECG), Education Providers</p>	<p>Starting Sept 2011</p>
<p><b>2.</b> When designing new programmes, following the NMC Pre-registration review, the content and principles of the Ten Essential Shared Capabilities (NIMHE 2004) should be incorporated into the new mental health nursing pre-registration curriculum in Northern Ireland.</p>	<p>Higher Education providers, HSC Trusts</p>	<p>Jan 2013</p>
<p><b>3.</b> Models used by mental health nursing in the assessment, planning, implementation and evaluation of care will incorporate tools that enhance and measure recovery based practice (e.g. Thorn training, The Recovery Star (MHPF 2008), WRAP (Copeland 2008), The DREEM model (Ridgeway and Press 2004), and The Scottish Recovery Indicator (McLean et al 2008).</p>	<p>Health and Social Care Trusts, Mental Health Nurses, Education Providers</p>	<p>By Dec 2012</p>
<p><b>4.</b> Organisations and mental health nursing staff will ensure that their systems and practice reflect cultural competence, and that the increasing ethnic diversity of service users is recognised and addressed.</p>	<p>Health and Social Care Trusts, Mental Health Nurses, Education Providers</p>	<p>By Dec 2011</p>

# DELIVERING EXCELLENCE

RECOMMENDED ACTIONS	LEAD ROLE(S)	TIMESCALE
<p><b>5.</b> Commitment to Patient and Public Involvement (PPI) will be demonstrated by ensuring the involvement of service users and carers in influencing service design, the development of policy and, where appropriate, in the assessment, planning, implementation and evaluation of care.</p>	Health and Social Care Trusts, Mental Health Nurses	Starting Jan 2011
<p><b>6.</b> Mental health nursing staff will work with service users and other agencies to monitor and measure the clinical and patient experience outcomes of nursing care/ interventions (e.g. engagement with the regional Key Performance Indicators Project, KPI) and put in place action plans for improvements where necessary.</p>	Public Health Agency, Health and Social Care Trusts, Mental Health Nurses	Starting Jan 2011

## 6.2 Delivering Safe and Effective Care

Patient safety is the cornerstone of high-quality mental health care, and mental health nurses play a vital role in ensuring safe and effective care within constantly evolving health and social care systems. The key patient safety issues for the mental health nursing profession are highlighted in Section 4.2.3. Alongside this commitment to ensuring safety and the quality of patient care, we are also committed to ensuring that staff are working in a safe environment.

Requirements for success include:

- A clear and coherent nursing accountability process and structure
- Strict adherence to professional standards that earn the respect of service users, colleagues in nursing and other professionals
- Mental health nurses who are competent and confident within their area of practice
- Robust systems to review, prioritise, implement and monitor standards, guidance and policy
- Policies, developed in partnership with other agencies, that guide, monitor and improve the way that staff communicate and engage with each other and with service users, carers and the public
- Performance management arrangements that are aligned to clinical governance systems and are underpinned by explicit organisational objectives, targets and indicators
- A proactive multi-disciplinary and multi-agency approach to risk assessment and management
- An open and responsive approach to risk management which actively involves service users, the public and other stakeholders.

Mental health nurses are key to ensuring that these and other evidence based standards are implemented in order to ensure the effectiveness of the care and services that patients receive. The safety of our patients and quality of care, which we deliver daily, should therefore be the focus of every aspect of our work.

**Statement of intent:**

***Mental Health nurses will deliver safe, effective, innovative and evidence informed care across the full spectrum of service provision, to improve the patient and client experience and achieve demonstrable and positive outcomes for service users and carers.***

# DELIVERING EXCELLENCE

RECOMMENDED ACTIONS	LEAD ROLE(S)	TIMESCALE
<p><b>7.</b> Mental health nurses should develop their skills competencies and the systems which they work to address the physical health status of service users, with specific attention to those with severe and enduring mental health needs.</p>	<p>Health and Social Care Trusts, Mental Health Nurses</p>	<p>By Dec 2013</p>
<p><b>8.</b> Mental health nurses will develop their skills and competencies to ensure that they consider wider family and child safeguarding needs during assessment, planning, implementation and review of nursing interventions. This will be facilitated by access to aligned and designated safeguarding advice and appropriate supervision, and active participation in the regional “Think child, think parent, think family” project.</p>	<p>Health and Social Care Board, Health and Social Care Trusts, Mental Health Nurses</p>	<p>By Dec 2011</p>
<p><b>9.</b> Professional and Practice Development initiatives will be developed to support, inform, and enhance clinical nursing practice in key areas such as; CAMHS, community mental health (support and recovery) services, the independent/voluntary sector, prison health care, dual diagnosis, mental health in old age and forensic care.</p>	<p>Health and Social Care Trusts, Mental Health Nurses, NIPEC, RCN, Education Providers</p>	<p>2011-2016</p>
<p><b>10.</b> Mental Health nurses will take a lead role in improving the patient experience, and patient safety within mental health in-patient settings. This will involve:</p> <ul style="list-style-type: none"> <li>• introducing patient centred service improvement practices and cultures that enhances productivity and increases direct therapeutic contact with patients</li> <li>• the provision of appropriate information (e.g. information about medicines, about therapy available or about medicines and side effects)</li> </ul>	<p>Health and Social Care Trusts, Mental Health Nurses, Health and Social Care Board</p>	<p>2011-2016</p>

# SUPPORTING RECOVERY

RECOMMENDED ACTIONS	LEAD ROLE(S)	TIMESCALE
<ul style="list-style-type: none"> <li>• the provision of appropriate talking/ psychological interventions</li> <li>• addressing infection control and cleanliness</li> <li>• ensuring high levels of patient safety (e.g. robust risk assessment and management processes, effective prevention and management of absconding, the management of violence and aggression and the utilisation of observation)</li> <li>• taking action to enhance the retention of experienced staff</li> <li>• the consideration of shared roles across in-patient and crisis/home treatment.</li> </ul>		
<p><b>11.</b> All mental health nurses will contribute to the achievement of a culture that supports reporting incidents and concerns, learning from things that go wrong and contributing to reviews and action plans arising from incidents, and generating solutions where care has been compromised.</p>	<p>DHSSPS, Health and Social Care Board, Health and Social Care Trusts, Mental Health Nurses, Public Health Agency, RQIA</p>	<p>Immediate</p>
<p><b>12.</b> Mental health nurses will maximise their skills for the delivery of psychological and psychosocial interventions. This should take place across all service areas, within the stepped care approach and not only within specialist services and roles. HSC Trusts should evaluate the need and support MHN's to ensure that the right type and level of skill is available and utilised in each service area and that the necessary training, support and supervision arrangements are in place.</p>	<p>Health and Social Care Trusts, Mental Health Nurses, Education Commissioning Group (ECG), Education Providers</p>	<p>By Dec 2013</p>

## 6.3 Supporting Learning and Development

In order to deliver care that is of the highest quality, is safe and is effective, mental health nurses and support staff require high quality and cost effective learning and development opportunities. This is particularly important at a time of major reform and modernisation, at a time when mental health problems are more prevalent than ever before and at a time when service user (and carers) expectations are higher than they have ever been.

The importance of, and need for significant personal and corporate commitment to learning and development within the mental health workforce is clearly evident in light of the wide range of policy developments and new initiatives that are now being put in place as a consequence of Bamford. This has implications for the learning and development needs of students of nursing, nursing support staff and registered mental health nurses in whatever setting they work.

Delivering Excellence: Supporting Recovery will contribute to a knowledgeable, evidence based and dynamic workforce who will have opportunities to develop and extend vertically (via role extension and career progression), as well as horizontally (development within current roles) (SE 2006a). This will be achieved by robust learning needs analysis led by trust education leads working in partnership with professional nurse leads, involving service users and carers in the planning and delivery of education, through encouraging inter-professional learning in a multi-disciplinary and multi-agency context and through a drive to enhance research capability within the profession. Nursing and support staff should be encouraged to appreciate and utilise a range of learning activities to facilitate their development ( go to <http://www.nipecdf.org/> for NIPEC Development Framework Guidance on Learning Activities).

### **Statement of intent:**

***Mental Health nurses will be equipped with the appropriate level of competencies and capabilities in whatever setting they work, and will be supported by excellence and innovation within educational provision and the nurturing of a culture of life long learning.***

# SUPPORTING RECOVERY

RECOMMENDED ACTIONS	LEAD ROLE(S)	TIMESCALE
<p><b>13.</b> Education providers will take account of and consider the relevance of all the recommendations within this framework, and the related NMC standards in the planning, delivery and evaluation of educational programmes for all fields of practice at a pre-registration and post-registration level.</p>	<p>Higher Education Providers</p>	<p>Starting 2013</p>
<p><b>14.</b> All education providers will ensure that relevant clinical staff, service users and carers are involved in the planning and delivery of educational programmes to student and qualified nursing staff, and maximise opportunities for inter-professional learning (IPE).</p>	<p>Education Commissioning Group, All Education Providers</p>	<p>Immediate</p>
<p><b>15.</b> The Regional Mental Health Nursing Forum will engage, aiming to work in a positive and supportive way, with the education commissioning process on a yearly basis to consider prioritisation of relevant post-registration education for mental health nursing staff.</p>	<p>Education Commissioning Group, Regional Mental Health Nursing Forum, Health and Social Care Trusts</p>	<p>Starting Sept 2011</p>
<p><b>16.</b> Managers and leaders within mental health nursing should ensure that the learning and development needs of all nursing support staff are considered on a yearly basis via appraisal and personal development plans and that the role of support staff is maximised. HSC Trusts should continue to provide opportunities for support staff to access work based programmes leading to NMC registration.</p>	<p>Health and Social Care Trusts, Mental Health Nurses</p>	<p>Immediate</p>

# DELIVERING EXCELLENCE

RECOMMENDED ACTIONS	LEAD ROLE(S)	TIMESCALE
<p><b>17.</b> Mental health nurse researchers, leaders and practitioners should consider how they can build up the evidence base for, and research capability within the mental health nursing profession. There should be active participation of mental health nurses in progressing the Bamford research priorities being taken forward by the HSC R&amp;D Division.</p>	<p>HSC R&amp;D Division, Health and Social Care Trusts, Mental Health Nurses, Education Providers</p>	<p>Starting Jan 2011</p>
<p><b>18.</b> Newly registered mental health nurses should be fully supported and facilitated to consolidate learning and to build confidence through a robust preceptorship process. This could be complemented by using a rotation model providing an opportunity to gain experience across a range of clinical settings.</p>	<p>Health and Social Care Trusts, Mental Health Nurses</p>	<p>Starting Jan 2011</p>
<p><b>19.</b> DHSSPS will sponsor an RCN nurse of the year award for nursing staff working in the field of mental health (and learning disability) nursing who demonstrate excellence and initiative in achieving the vision and aspirations of Bamford in their practice.</p>	<p>DHSSPS, Royal College of Nursing</p>	<p>Starting June 2010</p>
<p><b>20.</b> DHSSPS will sponsor a conference every 2 years to showcase, share and celebrate new initiatives, developments and research within the mental health nursing workforce.</p>	<p>DHSSPS</p>	<p>By Dec 2012</p>

## 6.4 Maximising Resources for Success

It has already been highlighted that nursing represents the single largest workforce grouping within mental health services. Recognising this, mental health nurses need to take appropriate actions to maximise the available resources and respond effectively and innovatively to the needs of service users, their families and carers to obtain the best possible outcomes. In order to achieve this, a robust and considered approach to workforce planning, governance and accountability, and leadership development is critical to effective whole system working. Local workforce leads working in partnership with professional lead nurses have a key role to play in this regard.

In developing this framework, it has been highlighted that mental health nurses have high levels of stress and burnout, that capability needs to be enhanced in key areas such as nurse prescribing, that leadership and succession planning needs to be enhanced, and that the potential for new roles for nurses and support staff is central to new ways of working. Within the current economic climate and considering the massive modernisation process within mental health, the time is right to change traditional ways of working and consider new roles based on competency rather than profession. Nurses are well placed in this regard, particularly in relation to roles previously seen as falling within the domain of medicine and psychology.

Renewed effort is therefore necessary from a range of stakeholders to ensure a critical mass of high quality and competent nurses and support staff, who can take responsibility in the reform of service provision to develop and improve standards of care, and have the confidence, and support, to enhance, extend and develop their nursing practice in the context of need, and as part of wider multi-disciplinary teams.

In order to enable and empower the profession in their pursuit of, and commitment to the modernisation process, this strategy highlights a number of key issues that need to be considered and addressed.

### **Statement of intent:**

***Mental Health nurses will be supported to develop new and innovative ways of working and role redesign that challenges traditional practice and best meet the needs of service users and ensures the best possible outcomes. Organisations and service managers will nurture and develop innovative practice and leadership at every level of the profession ensuring an efficient, flexible, responsive and high performing nursing workforce who can meet the needs of service delivery.***

# DELIVERING EXCELLENCE

RECOMMENDED ACTIONS	LEAD ROLE(S)	TIMESCALE
<p><b>21.</b> The potential for new and expanded roles for mental health nurses and support staff should be further explored and encouraged taking into account local need, the development of new/remodelled services, forthcoming changes in legislation, the creation of strong clinical and professional leadership and the benefit of clear and attractive career pathways. There is a particular need to:</p> <ul style="list-style-type: none"> <li>a) evaluate the potential for advanced and consultant roles within mental health nursing;</li> <li>b) support the implementation of nurse prescribing based on local need</li> <li>c) consider the development of nurse led services in a range of clinical areas.</li> </ul>	<p>Health and Social Care Trusts, Mental Health Nurses, Health and Social Care Board, Public Health Agency</p>	<p>2011-2016</p>
<p><b>22.</b> There will be robust professional governance and accountability structures for mental health nursing in place in all HSC Trusts, ensuring clearly identified professional nurse lead positions, mental health nursing representation at the Nursing Executive fora, and access to appropriate type and level of supervision for all mental health nursing staff.</p>	<p>Health and Social Care Trusts, Mental Health Nurses</p>	<p>Immediate</p>
<p><b>23.</b> As part of the Regional Nursing Strategy, HSC Trusts should ensure that professional leadership skills and leadership roles within mental health nursing (within the statutory and independent/voluntary sectors) are strengthened and enhanced. Ward sisters, charge nurses and team leaders should be targeted in the first instance, but access to leadership development should be encouraged for band 5 and 6 staff to address succession planning for future clinical, professional, managerial and academic leadership roles.</p>	<p>Health and Social Care Trusts, Mental Health Nurses</p>	<p>Starting Jan 2011</p>

# SUPPORTING RECOVERY

RECOMMENDED ACTIONS	LEAD ROLE(S)	TIMESCALE
<b>24.</b> Mental health nurses will translate their public health role and responsibilities into practice in whatever service context they work. This will be achieved through outreaching, advisory, educational and clinical contributions to mental health promotion, anticipatory care and early intervention.	Health and Social Care Trusts, Mental Health Nurses, Education Providers	Immediate
<b>25.</b> Mental health nurses working in HSC Trusts should establish and maintain formal and informal working partnerships with services and colleagues in the independent/voluntary sector, developing supportive informative networks and opportunities for sharing of best practice and shared learning.	Health and Social Care Trusts, Mental Health Nurses, Regional Mental Health Nursing Forum	Starting Jan 2011

## 7. IMPLEMENTATION AND REVIEW

- The Public Health Agency and DHSSPS will jointly review progress and monitor the implementation of Delivering Excellence: Supporting Recovery. A Regional Implementation Group will be established consisting of relevant stakeholders, including representation from service users and carers. This group will meet twice yearly.
- Five local implementation groups will be established within the five HSC Trusts. These groups will be locally accountable to the Director of Nursing, and will provide formal progress reports twice yearly to Regional Implementation Group.
- The Regional Mental Health Nursing Forum will also report twice yearly to the Regional Implementation Group. The intention will be to capture developments outside Trusts, e.g. developments in education, NIPEC, Independent Sector etc.
- Every two years, a regional mental health nursing conference, sponsored by the the Office of the Chief Nursing Officer, will take place. This event will showcase and celebrate achievements in meeting the recommendations and will review overall progress.
- At the end of the five year period, DHSSPS will formally review progress on the recommendations and consider the need for further developments.

## 8. Exemplars of Good Practice

### 1

## NURSE-LED HOME TREATMENT

### Introduction

Belfast Home Treatment House is a nurse-led facility, within the acute mental health service group of the Belfast Health and Social Care Trust (BHSCT). The Bamford review, coupled with current mental health legislation urges services to deliver using a whole systems model. Gavin O'Hare, Lead Nurse has followed such a model ensuring integration and seamlessness into and between mental health services. Government policy states that there should be a drive towards more community-based resources, alternatives to acute hospital admissions, a reduction in the readmission rate of patients/clients and a strengthening of resources to the Community Mental Health Teams. A recovery focus underpins this service; with an emphasis on self-ability whilst drawing on the service-users own skills, expertise and resources.

### Outline of Initiative/Development

The Home Treatment House is a six bedded community facility, located in a multi-cultural residential part of Belfast. It offers additional choice to service-users and their carer/family. As an integral part of acute mental health care, the house can be offered to those patients/clients who require acute mental health care. Staffed by a Lead Nurse and 24-hour mental health nursing cover, evidence-based, innovative practice prevails. For example, a physical health care pathway is commenced with every patient/client, highlighting and addressing the physical health needs of our mental health client group, most notably the metabolic syndromes associated with poor lifestyle and antipsychotic pharmacological therapies. All patients/clients engage in a recovery-focused psycho-educational programme enhancing and building upon their expert knowledge of self and illness. A carers group facilitates families through the acute episode of their family members illness with all benefiting from in-house complimentary therapies, psycho-education and family work where required. The development of this service included all key stakeholders with service-user and carer representation from inception of the project to service-delivery with ongoing satisfaction surveys, user-carer consultation forums and clinical audit.

### Positive Benefits/Outcomes

The project is undergoing a full evaluation over the next twelve month period which will include qualitative and quantitative data relating to length of stay, recovery enhancement, adverse incidents, complaints, compliments, physical health screening and carer participation. To date the Belfast Home Treatment House has been very favourable in demonstrating best-practice, inclusiveness, increased recovery rates and holistic involvement. Effective nurse leadership has been key to the success of this service with a joint runner-up award in 2009 from the Royal College of Nursing and Institute of Leadership and Management runner-up 2009 bestowed on Lead Nurse Gavin O'Hare.

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## 2

## RELEASING TIME TO CARE IN MENTAL HEALTH

### Introduction

The “Releasing Time to Care” programme (Productive Ward) has been developed by the NHS Institute for Innovation and Improvement. This local programme, co-ordinated by the Performance Management and Service Improvement Department of the Health and Social Care Board is designed to improve patient experience and outcomes in acute mental health in-patient settings through increasing the therapeutic time that nursing staff can spend with patients/clients. The programme either initiates or builds on service improvement processes already in place, through an incremental modular approach which is facilitated. The programme ultimately supports the delivery of safe, effective and efficient mental health in-patient-care.

### Outline of Initiative/Development

As part of the Releasing Time to Care initiative, nursing staff within the acute mental health in-patient setting in the Northern Health and Social Care Trust (NHSCT) have been working closely with patients to seek their views on all aspects of the ward. This has included patient/client surveys, meetings between patients/clients and staff and as a consequence of this engagement, systems and processes on the ward are being changed to better suit patient/client needs. For example, there have been changes in how medicines are administered, an information leaflet has been developed for patients on admission and a notice board has been erected outlining the named nurse for each patient/client for the day. Educational sessions have also been provided to better inform patients/clients about such issues as medicines, discharge planning and detention under the Mental Health Order. Further educational sessions are being arranged to include speakers such as the local Patient Advocacy Service and other speakers specifically requested by the patients/clients. All of these changes have been initiated as a consequence of enhanced patient/client engagement.

### Positive Benefits/Outcomes

The Releasing Time to Care initiative is still in its infancy within mental health wards and is part of a regional initiative that is being introduced throughout all mental health in-patient facilities throughout Northern Ireland. The initiative is supported by local service improvement managers and is accountable to a regional steering group. Evaluation will be a central component of the initiative and systems are being developed to allow for robust measurement of impact. However, even at this early stage it is evident that there has been positive impact on patient/client experience and that nursing staff are also reporting positive effects.

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## 3

### **EATING DISORDER CARE PATHWAY AND MULTI-DISCIPLINARY CARE PLAN**

Cloughmore Ward in The Bluestone Unit in Craigavon is the designated ward for patients receiving treatment for eating disorders within the Southern Trust. The team are experienced and trained and most importantly interested in providing high quality care for patients with anorexia nervosa.

The Ward Team comprises of one Band 6 Senior Staff Nurse, two Band 5 Staff Nurses, three Nursing Assistants and a designated Dietician.

There are close links with the Community Eating Disorder Service colleagues and there are monthly interface meetings with the team leaders. Colleagues in the Community Eating Disorder Service continue their therapeutic work with patients during their stay in Cloughmore Ward.

#### **The Ward Team and Eating Disorder Service have developed:**

- A care pathway for adolescents with anorexia
- A care pathway for adults with anorexia
- A multi-disciplinary care plan for adolescents with anorexia
- A multi-disciplinary care plan for adults with anorexia
- A refeeding multi-disciplinary care plan and guidance
- A physical check health list

#### **The Key Aspects of the Nurses Role are:**

- To provide safe and effective refeeding
- To give support to the patients and their family
- To provide information/education to the patients and their family
- To liaise with the Eating Disorder Service
- To facilitate multi-disciplinary ward rounds and reviews
- To plan for discharge
- Continued education for ward staff

#### **The Key Aspects of the Nursing Assistants Role are:**

- To ensure the individual meal plan and programme are adhered to
- To provide support during and following meals
- To monitor physical activity
- Venepuncture, to obtain the recommended blood tests

#### **The Positive Outcomes of the Service**

- Safe and effective refeeding for patients with anorexia
- A clear and defined pathway through the service
- A person centred programme of care from admission to discharge
- A high level of support during the recovery process
- Effective utilisation of experienced and skilled staff

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## 4

### ACUTE CARE DEMENTIA CHAMPIONS PROJECT

#### Introduction

People with dementia over 65 years of age are currently using up to one quarter of hospital beds at any one time (Alzheimers Society: Counting the Cost 2009). Following a review of hospital admissions within the Northern Health and Social Care Trust (NHSCT), it was found people with dementia once admitted into acute hospital settings, stay on average, 9 days longer than people over 65 who do not have dementia. In order to address this issue, the NHSCT have embarked on a Mental Health / Acute Care 'cross directorate' project to implement person centred dementia awareness in four hospital sites also working in partnership with the Alzheimers Society. The project involves initial skills training and education programmes, provided by the Dementia Services Development Centre, alongside a practice development approach, whilst looking at cultures and environments in order to develop sustainable change and improved service delivery for people with dementia.

#### Outline of Initiative/Development

This project aims to develop 36 Champions; both registered nurses and nursing support staff, across the 5 sites of the NHSCT. Posters inform the public and other professionals of the project and the Champions wear badges indicating their role. The Champions have undertaken a dementia educational programme, alongside practice development workshops and have ongoing supervision with two facilitators. The Champions while supporting people with dementia and their relatives in the acute setting are also promoting the use of various assessment tools into practice and have assisted in the development of a resource manual for each acute care ward in the Trust.

#### Positive Benefits/Outcomes

To date the response to the project has been very favourable with examples of excellent practice and improved communication for this client group. Further training is planned for NHSCT staff all of whom will have an option of becoming a Champion and the Champion team is projected to grow to 86 in the next 6 months. Dementia training is being developed for inclusion within the Trust education programme at this level for the future.

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## 5

## NURSE PRESCRIBING IN MENTAL HEALTH

### Introduction

Nurse prescribing within mental health is a relatively new initiative. Within the Western Health and Social Care Trust (WHSCCT), in keeping with Bamford recommendations, services have been realigned in the form of functional teams. The nurse prescribers within the WHSCCT work within the Recovery Teams which provide holistic care for those with severe mental illness.

### Outline of Initiative/Development

A major priority for nurse prescribers within recovery services is to be more responsive to the needs of service users. The benefits for service users has been easier access to effective medicines management from the nurses who are nurse prescribers. Specialist expertise and information provision in a timely and convenient manner is ensuring improved continuity of care, and service user satisfaction surveys indicate that service users and their families have benefitted significantly from this service.

The nurse prescribers assess, diagnose and initiate medication regimes for a variety of mental health difficulties including mood disorder, anxiety and psychosis. They regularly review service users general physical health and ensure medication is dose appropriate and adheres to safe practice guidelines.

### Positive Benefits/Outcomes

The benefits for the organisation include more effective use of professionals time, more appropriate treatments and additional information for service users. "As nurse prescribers we have increased job satisfaction and autonomy and our service users benefit from our ability to deliver complete episodes of care".

It is anticipated that nurse prescribers will eventually practice within all areas of mental health within the WHSCCT.

### Contacts

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## 6

## RECOVERY IN PRACTICE

### Introduction

Since 2006 the multi-disciplinary team within the South Eastern Health and Social Care Trust (SEHSCT) mental health day hospital in Ards, have introduced a specific focus on recovery orientated working. Nursing staff are key members of this approach to care delivery for mental health service users. The ethos and attitude of recovery underpins all the interventions provided within the service, and has transformed staff, service delivery, as well as impacting upon throughput and outcomes in a very positive way.

The service uses a less medical orientated approach to assessment and intervention, focusing mainly on what service users want, as opposed to solely managing symptoms and working with deficits. Service users are helped to identify and dismantle barriers to recovery, to develop motivation for recovery, and ultimately, to achieve lifestyles that will achieve hope and meaning, and consequently enhance mental health, and prevent relapse.

A range of approaches are utilised. Some people need to develop a clear vision for recovery and will participate in our twelve-week strengths based approach to recovery to gain direction. Others need to develop awareness on how to self manage more effectively, or to identify and improve upon skills deficits in order to obtain a better quality of life. Group work is the predominant mode of intervention and nursing staff have developed a range of additional skills and competencies in recovery based practice, and contribute to both pre and post registration training within Northern Ireland.

### Positive Benefits/Outcomes

The service will be undergoing a formal audit in the near future, but it is suggested that there are a range of positive outcomes for service users, carers, for staff, for the service and for commissioners. These include:

- Service users spend less time within mental health services, and are fully engaged in the management of their own health and well being
- The time spent receiving services is more focussed on their expressed needs
- Improved motivation and job satisfaction for staff through a sense of seeing real and sustained recovery and improvement
- Staff have been asked to contribute to regional conferences and to enhance knowledge and competence outside their own service through involvement in pre and post registration nursing education
- Increasing requests for this approach to intervention (evidenced through percentage of referrals from the mental health assessment centre)
- No additional costs incurred in providing this approach.

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## 7

## MENTAL HEALTH USER AND CARER INVOLVEMENT IN MENTAL HEALTH NURSE EDUCATION

### Introduction

The University of Ulster and The School of Nursing prides itself on delivering high quality education for all professional education it provides. The School of Nursing recognises that when the education relates to Mental Health Nursing the user of services and their carers must be involved in this process.

When planning and designing our Mental Health Nursing courses we involve service users and carers in a number of ways. They actively engage with the Academic staff and discuss the course and how the students' needs will be met. We convene focus groups and advisory groups where we can bring plans and ideas about the course, content and teaching methods for users, carers and professionals to guide us in how to ensure the course will meet their needs.

Service users with a range of experience within the Health Services in Northern Ireland have contributed significantly to the development of the nursing programme. Users or (experts by experience) were asked about their experiences of good and less good nursing, and about the qualities they expected to see in a good nurse. The major contributions made within these aforementioned focus groups were the repeated emphasis on the personal qualities that they felt are central to the nurse's interaction with each patient/client. Within selection and in the programme itself we aim to ensure that the nurses we prepare will demonstrate the desired caring qualities.

When delivering the course we include a range of individual users and carers and user/carer groups to deliver their knowledge and experience to students directly. While our students are out on placement within the Health and Social Care Trusts of Northern Ireland, users and carers are also involved in educating our students when they interact with them in their homes or other facilities within the community.

The School of Nursing has been running a very successful Mental Health conference on the Magee Campus now for 7 years and users of mental health services, and carers are involved in the planning, organisation and delivery of this conference and have provided keynote presentations and workshops in relation to contemporary mental health issues. In short, the University of Ulster prides itself on a respect for people with Mental Health needs and works collaborative with users, carers and professionals to produce high quality competent and compassionate Mental Health Nurses.

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## 8

## ADVANCING MENTAL HEALTH NURSING PRACTICE

### Introduction

Dr Derek McLaughlin, who is a mental health nurse currently works as a Lecturer in the University of Ulster's School of Nursing. Clinically, Derek has specialised in alcohol and drug problems and trauma and maintains his clinical practice skills through working for a private mental health out-patient service that specialises in trauma but also provides expert treatment and care for a range of mental health difficulties.

Derek has advanced his psychological intervention skills in the area of Eye Movement Desensitization and Reprocessing (EMDR). EMDR is an effective psychological therapy for psychological trauma and has been demonstrated through randomized control trials to be an effective treatment in the reduction of Post Traumatic Stress Disorder in war veterans, survivors of sexual abuse and conduct disorders in young males.

Derek has utilized his skills to address key areas of need such as Deliberate Self Harm (DSH) which is a major public health issue in Northern Ireland and resulted in over 4000 hospital admissions annually between 2001 and 2005 across Northern Ireland. He has had successful outcomes in using EMDR in the area of DSH and has published his work. He outlines a brief case study below.

### Natalie's History

Natalie had previous contact with Child and Adolescence Mental Health Services (CAMHS) from the age of 14, following bullying in school. At that time her mood became depressed and she engaged in acts of DSH with one incident of tying a scarf around her neck. She reported the CAMHS work to be helpful and her mood improved and the DSH stopped. She was discharged when she was approaching her 18th birthday and no referral was made to adult mental health services as there was no need due to her improved mental health. Within a short period of time her mental health worsened and her DSH returned.

Natalie was still 18 when she self referred to a private mental health out-patient service she reported low mood and anger, during these periods she would engage in DSH in the form of cutting. Natalie described the function of her cutting was to relieve the anger she felt which related to incidents from her past. Natalie was seen by Derek and a full bio-psycho-social history was taken. Collaboratively it was decided to employ EMDR to address Natalie's cutting. Natalie received two sessions of EMDR with Derek and in total the pair met on seven occasions. Her DSH ceased and when last contacted she had been free from DSH for 13 months. Natalie agreed that her innovative care be written up and was published.

A full copy of the paper is available at <http://www.casesjournal.com/content/1/1/177>

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9

## INTER-PROFESSIONAL EDUCATION (IPE) PROJECT IN MENTAL HEALTH

### Introduction

Effective teamwork in mental health requires collaboration between the various professional groups engaged in the care and support of patients and carers. The Centre for the Advancement of Inter-Professional Education (CAIPE) in the United Kingdom, suggests that the planning of occasions when two or more professions learn from and about each other can not only help promote professional collaboration it can also help achieve a range of positive patient and organisational benefits such as improved patient/client safety, reduced need for hospitalisation, the development of innovative care practices and increased satisfaction for both patients/clients, carers and health care professionals.

### Outline of Initiative/Development

Queen's University, Belfast (QUB) supported a major inter-professional practice project within the Mater Hospital, Belfast, which began in November 2006. Two clinical specialities, including mental health, supported the project. Over the duration of the project a significant number of mental health nursing students and medical students participated. The project was designed to be student led and was supported by both clinical and education staff. At the outset, all students were asked to identify and develop learning outcomes for the project, which focused very much on knowledge and understanding relating to professional roles, clinical skills and preparation programmes of study. A 'buddy type' scheme was designed to ensure that each nursing student was paired with a medical student for the duration of the clinical placement. Students were encouraged to meet each week to help address learning outcomes. In addition, regular meetings were planned with IPE co-ordinators to discuss progress and the attainment of specified learning objectives.

### Project Evaluation

Project evaluation demonstrated that students viewed the design of project to be appropriate and all participants also identified a number of positive experiences associated with involvement in the project. Students suggested that the project had helped them develop improved knowledge of different professional roles, helped improve working relationships and promoted 'a sense of togetherness' within the clinical setting. Evaluation data also indicated that the project had helped improve communications between participants and promoted a greater sense of shared responsibility in patient/client care. The most significant evaluation finding was that all students who participated agreed that the project had helped contribute to improved care to patients/clients and carers within a mental health care setting.

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10

## DEVELOPING THE SKILLS OF OTHERS IN PSYCHOLOGICAL INTERVENTIONS

### Introduction

The efficacy of Cognitive Behavioural Therapy (CBT) in the treatment of common mental health problems is widely accepted. However not every patient/client requires high intensity CBT approaches delivered by specialist therapists. Therefore, a key role for CBT Practitioners is to train and support mental health practitioners and relevant community and voluntary sector personnel to deliver low intensity psychological interventions using a facilitated self-help (FSH) approach within a stepped care model. This need has been recognised by the Cognitive Behavioural Psychotherapy Team at Woodstock Lodge Mental Health Resource Centre, who all are mental health nurses by professional background. Paddy Love, Senior Cognitive Behavioural Psychotherapist, has provided the lead in the development of the “Cope with Life” Initiative which facilitates the dissemination of self-help materials, provides training and supervision in their use, and has also resulted in the development of a website to provide ease of access to materials.

### Outline of Initiative/Development

The overall aim has been to improve the mental health and well-being of the general population of the Belfast Trust area. The initiative initially focused on the sourcing of appropriate self-help materials for use with patients/clients with common mental health problems. The central principle is that patients/clients are the best managers of their own mental health and that practitioner’s guide and support them to make sense of the self-help material. The project team were trained in FSH and then devised a training package that involves training and supervising mental health practitioners in conjunction with suitable community and voluntary sector staff. As well as receiving training on the delivery of FSH as an intervention, each trainee receives a self-help resource pack containing a list of useful books and booklets on common mental health problems, a ready reckoner of useful organisations in their area and a range of self-help booklets. A website to provide ease of access to the relevant self-help material was launched in October 2009 ([www.copewithlife.org.uk](http://www.copewithlife.org.uk)).

### Outcome

The Cope with Life Initiative has trained in excess of 50 people in FSH and 100+ in Self-help Awareness Training in the Belfast Trust. The CBT Team also provided a In-Reach Service to the Women’s Prison and Young Offenders Centre at Hydebank Wood. Specific self-help material for use with inmates was sourced and proved to be beneficial. Through the Performance Management and Service Improvement Department (PMSID) Low Intensity Psychological Therapies Work Stream it is anticipated the training needs around low intensity working will be met through replication of this approach in other Trusts.

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## 11

## NURSE-LED MEMORY CLINICS

### Introduction

In keeping with good practice, the Belfast Community Mental Health Teams for Older People have key objectives to facilitate early diagnosis, provide access to treatment and the provision of post diagnostic support for individuals experiencing a dementia. One of the ways in which the service delivers on this has been the development of nurse-led memory clinics.

The service is delivered by two Band 6 Community Psychiatric Nurses who facilitate four clinics per week at local hospital and GP surgery sites in North and West Belfast. Each clinic provides appointments for 3 new referrals or 5 review appointments. Referrals are received from GPs and hospital outpatient clinics.

The key aspects of the nurses' roles are –

Undertaking pre-diagnostic assessments

- Case presentations to consultants in clinical supervision and agreement on provisional diagnosis and treatment
- Sharing diagnosis with clients
- Liaising with GPs re treatment commencement
- Facilitating review appointments
- Provision of post-diagnostic information and support for clients and family/carers.

Positive outcomes of the service are –

- Facilitation of early diagnosis and access to treatment
- Reduction in waiting times for diagnostic services
- Continuity of Person Centred Service by one nurse throughout the pre and post diagnostic process
- Effective utilisation of the experience and skills of nurses working in dementia care.

There are plans to develop the service across the Belfast locality and to include a nurse-prescribing role within the service.

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## 9. REFERENCES AND BIBLIOGRAPHY

Barker, P. Buchanan-Parker, P. (2005) *The Tidal Model: A Guide for Mental Health Professionals*. Brunner-Routledge, London.

Braden, M. McGowan, I. McLaughlin, D.F. McKenna, H.P. Keeney, S. Quinn, B. (2010) *Users, carers and professionals experiences of treatment and care for heroin dependency: Implications for practice. A preliminary study*. Journal of substance use: Early online pp 1-12.

Copeland, Mary Ellen (2008) *The WRAP Story: First Person Accounts of Personal and System Recovery and Transformation*. West Dummerston, VT, Peach Press.

Department of Health (2006) *From Values to Action: The Chief Nursing Officer's Review of Mental Health Nursing*. DH, London.

Department of Health, Social Services and Public Safety (2001) *Northern Ireland Health and Social Wellbeing survey*. Northern Ireland Statistics and Research Agency (NISRA), Belfast.

Department of Health, Social Services and Public Safety (2002 -2007) *The Bamford Review of Policy, Services and Legislation in Mental Health and Learning Disability in Northern Ireland*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2003) *Promoting Mental Health: Strategy and Action Plan*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2005) *Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2006) *Protect Life: A Shared Vision. The Northern Ireland Suicide Prevention Strategy*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2006) *Modernising Nursing Careers: Setting the Direction*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2008) *Improving the Patient and Client Experience*. DHSSPS, Belfast (in partnership with NIPEC and RCN (NI)).

Department of Health, Social Services and Public Safety (2009) *Delivering the Bamford Vision: The response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability: Action Plan 2009-2011*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2010) *Healthy Futures 2010-2015, The Contribution of Health Visitors and School Nurses in Northern Ireland*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2010 revised) *Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2010) *A Strategy for the Development of Psychological Therapies*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2010) *Personality Disorder: A Diagnosis for Inclusion: The Northern Ireland Personality Disorder Strategy*. DHSSPS, Belfast.

Eastern Health and Social Services Board, and Western Health and Social Services Board (2008) *Report of the Independent Inquiry Panel to the Western and Eastern Health and Social Services Boards – May 2007: Madeline and Lauren O’Neill: Executive Summary*. EHSSB and WHSSB.

Eastern Health and Social Services Board (2006) *Executive Summary and Recommendations from The Report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board*. EHSSB, Belfast.

Gray, R. Barnes, P. Bee, P. Brooker, C. Curran, J. Lovell, K. Keeley, P. Playle, J. Rance, J. Robson, D. (2006) *Mental Health Nursing: Literature Review, Synthesis and Recommendations*. Kings College, London, University of Manchester, Sheffield University.

MacKeith, J. Burns, S. (2008) *Mental Health Recovery Star*. Mental Health Providers Forum (MHPF), London.

McCormack, B. McCance, T. (2006) *The Development of a Framework for Person-Centred Nursing*. *Journal of Advanced Nursing*. 56(5): 1-8.

McLean, J. Whitehead, I. (2008) *Evaluation of the Scottish Recovery Indicator Pilot in five Health Board Areas in Scotland*. Scottish Development Centre for Mental Health.

National Assembly for Wales (2001) *Realising the Potential: Briefing Paper 2. Aspiration, Action, Achievement: A Framework for Realising the Potential of Mental Health Nursing in Wales*. NAW, Cardiff.

National Institute for Health and Clinical Excellence (2009) *Treatment and Management of Depression in Adults, including Adults with a Chronic Physical Health Problem*. NICE.

National Institute for Mental Health in England/Royal College of Psychiatrists (2005) *New Ways of Working for Psychiatrists*. London: CSP/NIME/CWP/RCP.

National Institute for Mental Health in England (2003) *Inside, Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England*. NIMHE.

National Institute for Mental Health in England (2004) *Ten Essential Shared Capabilities. A Framework for the Whole Mental Health Workforce*. NIMHE and Sainsbury Centre for Mental Health, London.

National Institute for Mental Health in England (2006) *The Ten High Impact Changes for Mental Health Services*. Care Services Improvement Partnership. DH, London.

National Patient Safety Agency (2008) *Seven Steps to Patient Safety in Mental Health*. NPSA, London.

Nursing and Midwifery Council (2008) *The Code: Standards of Conduct Performance and Ethics*. NMC.

Nursing and Midwifery Council (2010) *NMC Standards for Pre-Registration Nursing Education*. NMC.

Northern Ireland Association for Mental Health (2009) *A Flourishing Society: Aspirations for Emotional Health and Well Being in Northern Ireland*. NIAMH.

ODPM (Office of the Deputy Prime Minister) (2004) *Mental health and social exclusion, Social Exclusion Unit Report*. ODPM, London.

Ridgeway PA, Press A (2004) *Assessing the recovery commitment of your mental health services: a users guide to the Development of Recovery Environment Enhancing Measures (DREEM)*. UK Pilot Version.

Social Care Institute for Excellence (2009) *Think child, think parent, think family: a guide to parental mental health and child welfare*. SCIE.

Scottish Executive (2006) *Changing Lives: the Report of the 21st Century Social Work Review Group*. Scottish Executive, Edinburgh.

Scottish Executive (2006a) *Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland*. Scottish Executive, Edinburgh.

Shepherd, G. Boardman, J. Slade, M. (2008) *Making Recovery a Reality*. Sainsbury Centre for Mental Health, London.

UK Clinical Research Collaboration (2008) *Developing the best research professionals: Qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future*. UKCRC, London.

# DELIVERING EXCELLENCE

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