

WARRENDER, D. 2022. I am hiding a ludicrous truth from future mental health nursing students. *Nursing times* [online], 118(12), pages 17. Available from: <https://www.nursingtimes.net/digital-edition/nursing-times-december-2022/>

# I am hiding a ludicrous truth from future mental health nursing students.

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2022

*This is the Author's Accepted Manuscript and not the final published version which is available from:*  
<https://www.nursingtimes.net/opinion/i-am-hiding-a-ludicrous-truth-from-future-mental-health-nursing-students-09-11-2022/>

## **“I am hiding a ludicrous truth from mental health nursing students”**

By Dan Warrender

In 2018, the Nursing and Midwifery Council (NMC) produced 'Future Nurse' standards for nurse proficiency, which now shape pre-registration nurse education. Prior to their implementation, the Mental Health Nurse Academics UK (2016) position statement warned that while mental health (MH) nurses may require more physical health skills, generic programmes could harm the provision of MH content. Concerns were raised and these fears have now been realised. Instead of feeling pride in being a lecturer in MH nursing, of late I've felt embarrassment. At open days and interviews, as we recruit new students, I feel I am hiding from them a ludicrous truth, that their MH nursing course will not contain nearly enough MH nursing content.

Many curriculums now pack two of their three years' training with core or generic content, yet 'generic' has come to mean 'adult', rather than agreed universal skills and theory across fields. Adult nurses dominate the profession, including the NMC and most senior academic roles, and through the implementation of Future Nurse they have decided what we all should be - shaping nursing in their own likeness.

Despairing at the dilution of MH nursing, and wondering if I'm alone in my dissatisfaction, I've sought the opinions of fellow academics, MH nurses and students. The solidarity I've experienced suggests this has now gone far beyond the anecdotal and the verdict is in. The NMC's Future Nurse standards have allowed undergraduate nursing curriculums to be dominated by adult nursing content, and the frustration of MH nursing at this is palpable. While the extent of dilution may vary between academic institutions, and each university needs to take a degree of responsibility, it is clear the NMC's standards have allowed this to happen.

The current ridiculous scenario sees students attending MH placements that are lacking in opportunities to sign off the skills in their assessment documents, because many of these skills are simply not needed in MH roles. Thus, students learn either via simulation, or seek opportunities out of MH nursing environments, taking them away from their speciality placement. This has put pressure on practice supervisors and assessors to sign off skills they are not comfortable with, and pressure on students to get skills signed off that placements cannot provide.

Once more, so those at the back can hear - MH nursing students are learning skills not used in MH roles, so they can gain registration and then not use these skills. In what is already a short course, this is a waste of valuable time.

Furthermore, as the landscape of understanding of MH changes, so too should MH nursing. A role that operates in an ethically grey area requires strong foundations in philosophy, psychology and sociology, and a course built around therapeutic relationships. It has been proposed that the power threat meaning framework (an alternative to psychiatric diagnosis and a paradigm shift that advocates human-rights based approaches and the importance of personal meaning) might direct the development of MH nursing curricula (Grant and Gadsby, 2018). However, despite these good ideas, MH nursing is being "denied the opportunity to determine its own future" (MHAUK, 2016).

I am a 'mental health nurse', not a 'nurse'. It was mental health that drew me to the profession and without it I would not be interested in nursing at all. I know many others feel the same. Unless we pay attention to this, we will fail to recruit or retain students, nurses, or academics; unless there is change, nursing academia may not retain me.

The complexity of MH nursing is such that it requires significant depth of critical thought and understanding. This cannot be realised with a generic (let's face it, adult) course with the tokenistic addition of MH specific modules at the end. On the last lap of the course, MH lecturers are left

desperately scrambling to play catch up with delivering teaching they would have otherwise given students in their first year. This is too little, too late. MH nursing courses need to be built from the ground up, not considered as an afterthought. Our students deserve better. MH nursing deserves better. Most importantly, the people receiving MH care deserve better. It is time for all of us to make some noise.

Dan Warrender is a mental health nurse and lecturer in mental health nursing

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