Health Education England

Commitment and Growth:
advancing mental health nursing now and for the future

Baroness Watkins of Tavistock Review of Mental Health Nursing in England

Commitment and Growth: advancing mental health nursing now and for the future

The workforce review subgroup on mental health nursing in England established three interconnected task and finish Groups (T&F): mental health nursing and serious mental illness; children and young people's (CYP) mental health; and improving population and public health outcomes. All three T&F reviewed their specific topic areas identifying key issues faced by the profession of mental health nursing, while making system-wide recommendations to overcome them.

Theme 1: Establish, reclaim and belong - the purpose of contemporary mental health nursing

- **Recommendation 1:** Mental health nursing should be evidence based and recognised that evidence based interventions change in the light of new findings. Therefore, CPD is essential to ensure the workforce can learn and develop their practice to provide contemporary care and therapeutic interpersonal skills for the populations they serve.
- **Recommendation 2:** Mental health nurses must enhance the therapeutic relationship, valuing experimental knowledge, while acknowledging and overcoming the power differential between staff and service users.
- **Recommendation 3:** Mental health nurses must place a renewed focus on identifying and promoting the core skills of mental health nurses, across the lifespan, within all practice settings and in direct response to the needs of our local populations.

Theme 2: unite, engage and overcome - addressing inequalities through diversity and inclusion

- **Recommendation 4:** Mental health nurses must prioritise their focus on addressing health inequalities for the population that they serve, improving access to services for people from all backgrounds by developing culturally competent practice.
- **Recommendation 5:** All mental health nursing roles must be representative of local populations, while valuing the strength of ethnic diversity at all career levels.

Theme 3: Implement, evaluate and discover - mental health nurses as leaders in research

- **Recommendation 6:** Mental health nurses as clinical academics and implementation scientists must be developed in every NHS mental health care provider organisation in England, underpinned by nationally standardised capabilities and a careers development framework.

Theme 4: Nurture, grow and develop - advancing mental health nursing for the future

- **Recommendation 7:** A renewed focus must be placed to ensure mental health nurses are supported and developed when transitioning from student to newly registered nurse.
- **Recommendation 8:** Mental health nursing must become more of an attractive and accessible profession, with clear career development pathways and opportunities at all levels.

It has been a privilege to chair this review, working with service users and senior mental health nurses to examine relevant literature and data to inform recommendations for the future development of the profession.

Health Education England is to transition into a new organisation alongside NHS England and NHS Improvement. This should enable a thorough approach to identify the investment needed to ensure that mental health nursing thrives and is sufficiently robust to provide high quality care to the populations it serves. This report is designed to inform that process with recommendations clearly set out for consideration.

The government has introduced living allowances for those studying to become mental health nurses, which have been widely welcomed and have undoubtedly contributed to the increase in UCAS acceptances (Table 2). However, more needs to be done to retain staff and reduce mental health nurse vacancies. This will require investment in continuing professional education and career development opportunities (Recommendation 6). Investment in retention of qualified mental health nurses is imperative. Employers may, for example, consider contributing to paying student university fee loans after a period of service of between 3 and 5 years.

Further opportunities for entry into mental health nursing should be developed, including apprenticeship routes which have been shown to encourage a wider diversity of applicants, as well as traditional undergraduate programmes. It is vital that the strength of diversity in the workforce is encouraged, particularly at senior levels.

Culturally competent, evidence based practice will benefit the users of mental health services and mental health nurses should remain a key component of multidisciplinary teams providing care, support and treatment. The report concluded that co-production with service users is a hallmark of contemporary practice and should be promoted to provide optimal mental health services.

I thank everyone who has given their time and expertise to the production of this report and trust that it will inform NHS England and Improvement, Health Education England and integrated health care systems in planning and investing in mental health nursing. It is vital that there are sufficient numbers of well-educated mental health nurses to meet the needs of the populations we serve today and in the future.

Mary Watkins
Baroness Watkins of Tavistock

Mental health nursing is a phenomenal career that has the expertise, knowledge and skills to make transformational impacts on the mental health of our citizens and communities.

For decades, mental health nursing has been a critical part of our national health and social care system, improving access and outcomes for mental health services across the country. It also recognises the work that mental health professionals have delivered in service change innovation and research to make further improvements in the lives of many.

I would like to thank Baroness Watkins for her leadership and focus in support of this review into mental health nursing.

It brought together a wide range of service users and staff in a thorough review of the nature of mental health nursing and areas for improvement and development that can be taken forward by the profession and other partners.

I want to thank all those who have given their time in the development of this and step change that this makes in relation to mental health nursing in England.

Mark Radford
HEE Chief Nurse Officer

Introduction

England has long been viewed as an exemplar of best practice when it comes to mental health care, particularly in relation to pre-registration nursing education in mental health.

To advance the development of mental health nursing, the workforce review subgroup on mental health nursing in England has recently established three interconnected task and finish groups (T&F groups): mental health nursing and serious mental illness; children and young people's (CYP) mental health; and improving population and public health outcomes. All three T&F Groups reviewed their specific topic areas, identifying key issues faced by the profession of mental health nursing, while making system-wide recommendations to overcome them. This report brings together these recommendations and describes the steps required to put them into practice.

The views and experiences of service users and their families in relation to the value and importance they attribute to mental health nurses have been central components in the planning and development of this report. Service users and their families have highlighted that mental health nurses possess empathy, communication skills and the ability to build strong therapeutic relationships. Two of many statements received from service users about mental health nurses and nursing was:

> "She treats me as a person, who has feelings, and a poorly brain and needs support building a life I can be proud of. But she also sees my illness, the cause of that illness, and the care she provides encompasses all of these things. I'm treated and related to as a whole."

> "The mental health nurses were really friendly and easy to talk to. Due to COVID, I couldn't see my family, so my relationship with them was vital so I didn't feel lonely. My lead mental health nurse was really good at representing me in Ward Round, which made it less intimidating."

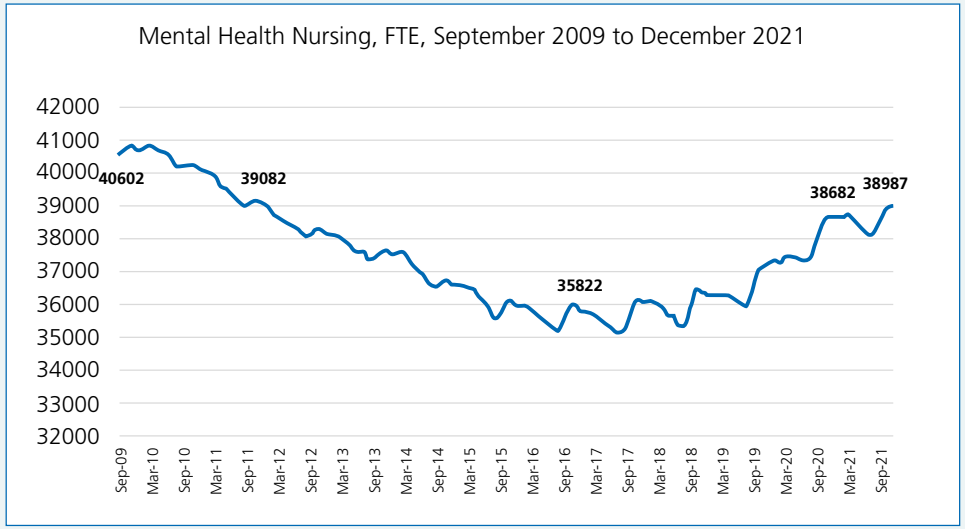
The report begins with an overview of the main problems currently affecting the mental health nursing profession. It then introduces the T&F groups and the main steps used to guide the internal reviews of the main issues in each area. The recommendations developed by each T&F group are discussed in relation to four themes and each theme includes a 'how and where' section, where the recommendations are operationalised in the form of action points to guide future policy and practice.

The problem

This report refers to nurses recorded as working in the branch of mental health nursing, as defined by nurses with either N*D or N*E occupation codes. This is a narrower definition than nurses working in the mental health and learning disabilities workforce which includes nursing in branches other than mental health nursing.

The healthcare workforce has reduced significantly in the last decade, with levels similar to the start of the 2010's, as shown in the table below. Therefore, the recruitment and retention of mental health nurses must remain a priority throughout the implementation of the NHS Long Term Plan[1] and beyond.

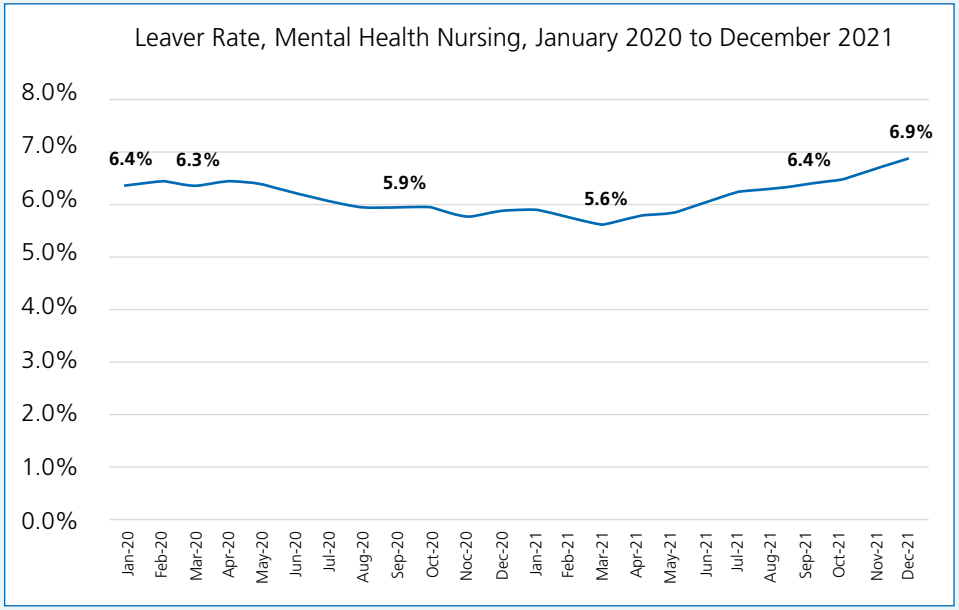
Chart 1: Mental Health Workforce FTE, September 2009 to December 2021



Source: NHS Digital Workforce Statistics, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/november-2021

The vacancy rates of mental health nurses are at high levels, with increasing numbers of nurses leaving the workforce. If changes are not made immediately, there is a high risk that this profession will be lost. Vacancy rates for nurses in mental health trusts vary between 12% in the North East and Yorkshire, and 20% in East of England. Mental health trusts account for 28%, or just over 11,300, of all vacancies in nursing. Leaver rates are also increasing – having dropped to below 6% during the initial stages of the pandemic, leaver rates are now at 6.9% - levels last seen in 2017-18. This means that there is a risk that vacant nursing posts will not be filled by nurses but instead by non-nursing new roles.

Chart 2: Leaver Rates in Mental Health Nursing, January 2020 to December 2021



Source: HEE analysis of Electronic Staff Record data

Table 1: Nursing vacancies in Mental Health trusts and all trusts, December 2021

Region	Number of nursing vacancies, Mental Health trusts, December 2021	Number of nursing vacancies, all trusts, December 2021	% Vacancy Rate, MENTAL HEALTH trusts, December 2021	% Vacancy Rate, All Trusts, December 2021
North East and Yorkshire	1,358	5,095	12.1%	8.4%
North West	1,537	4,754	15.8%	8.2%
Midlands	2,059	7,892	15.6%	11.0%
East of England	1,112	3,792	20.3%	10.3%
London	2,525	9,564	18.2%	13.0%
South East	1,885	5,897	21.7%	11.3%
South West	865	2,659	16.0%	7.9%
National	**11,341**	**39,652**	**16.8%**	**10.3%**

Source: NHS Vacancy Statistics April 2015-December 2021 Experimental Statistics, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---december-2021-experimental-statistics

More positively, there has been an increase across all regions of England in the number of people commencing their pre-registration mental health nurse education, with numbers two thirds higher in the 2020 UCAS cycle compared to 2015. This increase creates a strong position for the future, provided numbers remain at current levels.

Table 2: UCAS acceptances for Mental Health Nursing courses in England, 2011 to 2020

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
North East and Yorkshire	465	410	530	500	545	540	525	635	670	905
North West	575	570	515	580	585	575	600	630	665	970
Midlands	525	570	565	630	590	665	640	640	740	1080
East of England	280	260	235	300	280	315	360	320	380	565
London	660	565	545	545	630	670	690	720	770	990
South East	300	265	260	275	300	325	230	265	315	505
South West	215	200	240	280	270	310	240	285	280	325
TOTAL	**3020**	**2840**	**2890**	**3110**	**3200**	**3400**	**3285**	**3495**	**3820**	**5340**

Source: HEE analysis of UCAS data

However, not all students will complete their course and become registered mental health nurses. Historically, attrition rates for nurses on mental health courses have been at about 14%.

Most recent cohorts to have mostly completed their course (2018-19 Undergraduates, 2019-20 Postgraduates), discontinuation rates[2] were at 12% and 11% respectively – suggesting a possible drop in attrition.

Table 3: Student numbers and progress, mental health nursing

Undergraduate Students	Starters	Net Transfers	Discontinued	Interrupts	Active Students
Pre-2018-19	3389	114	677	188	116
2018-19	3070	204	577	210	929
2019-20	3466	289	472	290	2966
2020-21	4929	150	345	252	4480
2021-22	3919	139	46	51	3960

Postgraduate Students	Starters	Net Transfers	Discontinued	Interrupts	Active Students
Pre-2019-20	669	4	78	27	51
2019-20	608	-6	59	57	305
2020-21	988	74	40	49	973
2021-22	584	21	0	9	596

Source: HEE October 2021 Student Data Collection

In September 2021, there were 72,045 NMC registrants in the field of mental health. Assuming a headcount of 43,240 in the NHS in September 2021, this means that about 3 in every 5 mental health nursing registrants are employed within the NHS, with the remainder in other locations or not employed[3].

Task and Finish Groups

The workforce review subgroup on mental health nursing in England established three interconnected Task and Finish Groups (T&F). T&F Groups consisted of mental health nurses, clinical and policy experts, as well as people who have lived experience of mental illness and use of services (as patients, families and carers). Placing a specific focus on core areas of contemporary practice. The three areas were: *mental health nursing and serious mental illness; children and young people's (CYP) mental health; and improving population and public health outcomes.*

Co-production[4] was the applied approach to planning, assimilating and producing all T&F recommendations. This was achieved through a variety of methods, workshops were held with over 100 mental health nurses, online questionnaires and focus groups were held with over 200 mental health nurses and people with lived experience. Work was undertaken with the common room to also gain feedback from children and young people with lived experience.

All three T&F Groups reviewed their specific topic areas, identifying key issues faced by the profession of mental health nursing, while making system-wide recommendations to overcome them. Recommendations, informed by empirical evidence through a scoping literature review, and developed via wider stakeholder engagement.

The final 8 recommendations of each T&F were grouped into 4 themes across all core areas of contemporary mental health nursing practice.

1. Establish, reclaim and belong- the purpose of contemporary mental health nursing
2. Unite, engage and overcome - addressing inequalities through diversity and inclusion
3. Implement, evaluate and discover - mental health nurses as leaders in research
4. Nurture, grow and develop - advancing mental health nursing for the future.

Recommendations

Theme 1: Establish, reclaim and belong - the purpose of contemporary mental health nursing

Recommendation 1

Mental health nursing should be evidence based. Mental health nurses recognise that evidence based interventions change in the light of new research findings. Therefore, continuing professional development (CPD) is essential to ensure that the workforce can learn and develop their practice to provide contemporary care and therapeutic interpersonal skills for the populations they serve.

CPD is essential for the mental health workforce to develop and grow as a profession. However, it can often be challenging for mental health nurses to get time away from the workplace to access such learning. When we undertook the listening sessions with mental health nurses for this review, we heard from a number of colleagues that they struggle to find courses that are mental health nurse focussed and specific to their needs.

Mental health nurses should have both the time to carry out CPD and easy access to high quality evidence based training relevant to their development needs and clinical skills, wherever they are based[5].

The CPD utilised should follow these 5 core principles:

1. be each person's responsibility and be made possible and supported by their employer
2. benefit the service users
3. improve the quality of service delivery
4. be balanced and relevant to each person's area of practice or employment
5. be recorded and show the effect on each person's area of practice[6].

Recommendation 2

Mental health nurses must enhance the therapeutic relationship, valuing experiential knowledge, while acknowledging and overcoming the power differentials between staff and service users.

The 2006 review of mental health nursing called for a profession underpinned by the values of person-centred care, collaboration and personal recovery[7]. By the same core values, contemporary policy and practice has moved towards the concept of co-production[8]. Although we found several examples of interventions, there is a general paucity of empirical evidence evaluating co-production in mental health nursing.

The literature highlights different approaches to co-production, including participatory action research[9,10]; Expert by Experience involvement in nursing education [11]; and a world café (a process designed to facilitate dynamic structured conversations) as a learning experience for different student groups[12].

Interacting with experts can assist in challenging stigmatising attitudes and can support the development of "social literacy" or "cultural competence"[13,14]. The most common barriers to co-production are cited as a lack of respect and regard for the value of experiential knowledge[15]; and power differentials among participants[16,17,18].

The benefits of co-production are multiple: greater integrity in terms of the end product, as it has been derived from the ideas and experiences of the group[16,17]; participants feel heard and valued[16]; and patient experience narratives may help to better plan and allocate health and social care resources according to their needs[16].

Recommendation 3

Mental health nurses must place a renewed focus on identifying and promoting the core skills of mental health nurses, across the lifespan, within all practice settings and in direct response to the needs of our local populations.

The issue of a coherent and standardised identity has been a topic of debate in mental health nursing since the days of 'asylum attendants'[19]. Professional diversity and flexibility have allowed the nursing role to adapt and grow in direct response to constant socio-political changes. Today, mental health nurses practice in a multitude of settings, across a variety of populations and at all stages of the lifespan.

As a diverse profession, it can be easy to lose the unique contributions mental health nurses make to the healthcare system and the people who are served; patients, service users and carers. Throughout this review of mental health nursing, stakeholders, both nurses and non-nurses, have reported that they are witnessing the erosion of the 'nurse', merging into a more generic and underdefined 'mental health practitioner' or 'care co-ordinator' role.

Nursing is regularly voted as the most trusted profession[20]. Therefore, efforts should be made to protect the title of 'nurse'. As outlined by the NMC:

"It is essential that we have the right protected titles and associated enforcement powers to be able to take effective action to protect the public and maintain confidence in the professions.[21] We would welcome a further discussion with DHSC to ensure that our protected titles and enforcement powers are fit for purpose under the new legislation"

How and where - establish, reclaim and belong

Clinical practice	Develop cultural competence, fostering the therapeutic relationship and co-production through care planning, must be the central tenets of all mental health nursing practices and policies.	Co-production must be clearly incorporated within mental health nursing capabilities frameworks; at all career levels (pre and post-reg) and across all strategic and operational roles and policies.	Nursing strategy and governance processes must enable and promote cultural competence, therapeutic relationships and co-production through care planning.	Mental health nurses must place a greater focus on prevention, holistic and person-centred care, always considering the interplay between physical health, mental health and social wellbeing. As we know that people living with a mental health condition often have significantly poorer health outcomes and life chances compared to those of other certain groups in society.	The title 'nurse' must be maintained in all clinical positions where mental health nurses practice. Services must avoid creating generic practitioner roles that fail to clearly distinguish between regulated and non-regulated workers, or indirectly undervalue the unique contributions of mental health nurses.
Research and evaluation	All research that has an impact on service users and/or carers, must be co-produced at the point of planning, implementing and publishing. This should be reflected in relevant strategies and organisational policies.	The development and evaluation of tools and models that measure and/or assess the therapeutic relationship, co-production and care planning, must be a research priority for mental health nursing.	Funding must be made available to support the development and undertaking of nurse-led research that is undertaken through co-production.	Policies and procedures must be in place to ensure research is undertaken jointly with service users and/or carers, particularly when the anticipated outcomes are to impact on care delivery and service design.	

Education and training	Training and education on therapeutic relationships and co-production through care planning should be incorporated into the formative function of clinical supervision.	Awareness on recognising and understanding personal and professional biases, as well as human rights and equality issues in the context of restrictive practices needs to be developed on a continuous basis.	All sectors employing mental health nurses should embed existing public health resources such as the All Our Health eLearning platform into their workforce training offer.	Mental health nurses must be educated to understand the profession's history and development over time, improving their socio-political knowledge and cultural competence.	The standards, delivery and evaluation of mental health nurse training/ education should be co-produced between providers and service users. Ensure that mental health nurses have protected time and resources to undertake this CPD.
Organisation and service leadership	System leaders must be trained and supported to become culturally competent; identifying and tackling all forms of bias (including institutional racism) that impact on the delivery of services, as well as the outcomes and experiences of service users and carers.	Any service which has nurses working within it must have a registered nurse as part of the leadership team. This individual will have the authority and the responsibility to identify, establish and maintain the nursing workforce required to meet the needs of local populations[22].	Mental health nurses must be enabled to lead the design and delivery of research that influences the practices of the profession and promotes co-production.	Leaders must provide advice, support and, where necessary, interventions which will allow nurses to take action to improve their own physical and mental health.	

National bodies	NHS England must ensure that the voice of mental health nursing is integral to all education and development programmes that impact the profession and the delivery of care.	Health Education England must develop and expand their national education and training strategies to incorporate socio-political knowledge, cultural competence and a global healthcare awareness of all mental health nurses.	Monitoring of such training and implementation should be included in CQC inspection guidance under regulations 18(2)(a)23 and 10(2)(c)24.		
Integrated Care Systems	There is a need to develop operational processes that enable mental health nurses to review, develop and adapt the structure and delivery of services (i.e. practice and time priorities), in direct response to the needs of local populations.	Dilution of the nursing role is becoming evident in many areas of service provision. The 'Nurse' title needs to be in every nurse designation to ensure the profession is valued and developed.	Work in partnership with Health Education England and higher education institutions to develop and deliver evidence based learning, aligned to the needs of their local workforce and populations.	Actively promote and support mental health nurses in evaluating and embedding research recommendations that influence and promote co-production and personal recovery within mental health services.	System wide action is required to accelerate and support mental health nurses to strengthen their practice and leadership in addressing the biopsychosocial health of local populations. Commissioners of mental health services should build upon outcomes measures which focus on physical health issues as detailed in the 'Improving the physical health of people with mental health problems: Actions for mental health nurses' publication.

Theme 2: Unite, engage and overcome - addressing inequalities through diversity and inclusion

Recommendation 4

Mental health nurses must prioritise their focus on addressing health inequalities for the population that they serve, improving access to services for people from all backgrounds by developing culturally competent practices.

Evidence suggests that a wide range of factors can affect accessibility, quality, and therapeutic relationships in mental health care[23]: for example, people from Black and ethnic minority backgrounds may be less likely to recognise and accept mental health problems and may not receive culturally sensitive care when they attempt to access it[24, 25]. Although this review places a renewed focus on the issues of race inequalities in mental health care and the under-representation of ethnic minorities across mental health nursing, we cannot forget about the multiple issues of intersectionality within our local populations.

For example, the final report of the Independent Review of the Mental Health Act 1983 highlighted that "LGBTQ+ patients also reported being stigmatised and not having their needs addressed"[26]. The discrimination experienced by asylum seekers and refugees as well as Gypsy, Roma and Traveller communities is highlighted by the RCN, who further state:

"There is little recognition of the mental health needs of Eastern European communities alongside perinatal mental health issues. The proposed reforms say little about promoting the mental health of men."[27]

The mental health nursing workforce should prioritise their focus on addressing health inequalities, building cultural competence for the populations that they serve. Greater action is required to ensure that there is equitable access and uptake of key public health interventions and physical health services for people with serious mental illness, across the lifespan.

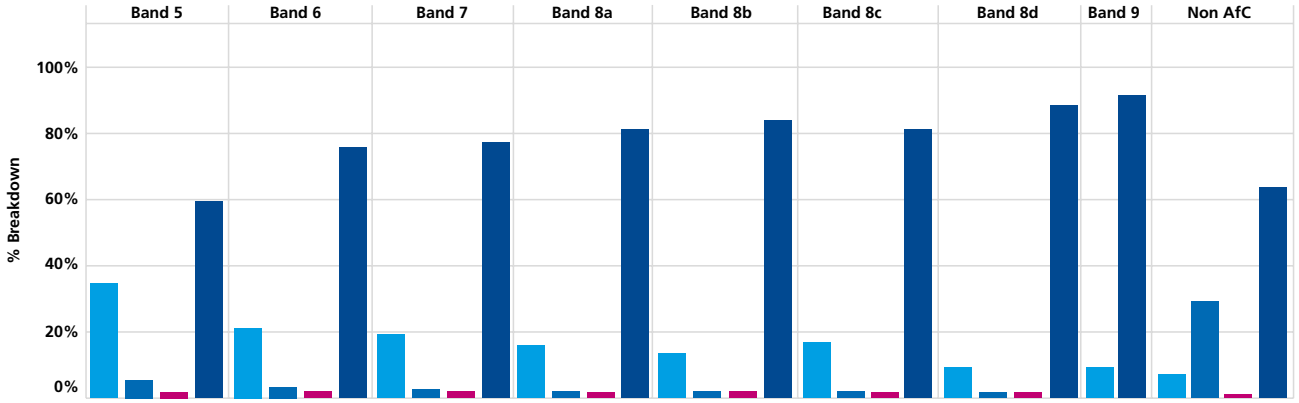
Recommendation 5

All mental health nursing roles must be representative of local populations, while valuing the strength of ethnic diversity at all career levels.

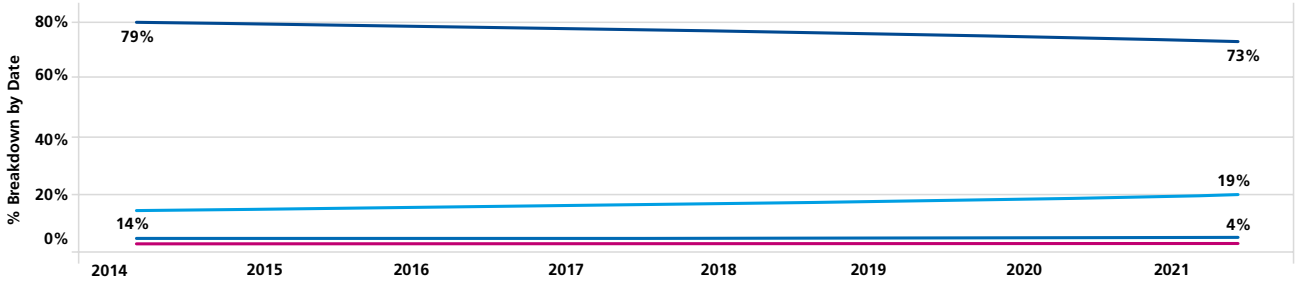
All three T&F groups highlighted the specific issues of equality and diversity across the mental health nursing workforce and within services for people with serious mental illness. The 2006 review of mental health nursing called for the profession to be culturally and ethnically representative of local populations[28]. Where many services have improved the diversity of their nursing workforce, there remain clear disparities within the most senior clinical and non-clinical nursing roles.

HEE Workforce Profile - Diversity Inclusion - BETA

ESR Current Breakdown (June 2021) by Ethnicity Group and AFC Band



ESR Trend (March 2014 to June 2021) by Ethnicity Group



Dimension Parameter Y	Region	Trust Name	Professions	Dimension
AFC Band	All	All	Mental health nursing	BAME
				Not stated
Dimension Parameter X	STP	Professions Group	Medical Job Roles	Other Ethnic Groups
Ethnicity Group	All	All		White

Recommendation 5 (continued)

People from ethnic minority backgrounds are significantly over-represented in terms of the number of people detained under the Mental Health Act yet under-represented within the statutory roles set out in the Mental Health Act (i.e., Approved Mental Health Professional and Approved Clinician)[29] .

Diversity in a nursing team enables a broad range of opinions and abilities to be used and shared in a collective manner, which creates better patient outcomes[30, 31, 32]. It can allow for many other benefits to prevail such as: a personal understanding and experience of different cultures on the part of some team members towards both colleagues and service users, being able to speak different languages and fully appreciate the needs of individuals from certain cultural and religious backgrounds and identify certain needs or issues that may arise with age or residency[29].

There is a body of evidence that suggest that inclusion of issues around diversity in nurse education is important, and as outlined below is acutely important in the field of mental health nursing leadership:

- Leaders of all backgrounds and ethnicities must understand and accept that such disparities do exist[30]; leaders should also seek to confront implicit bias[33].
- Diverse candidates should be recruited at every level[30,34].
- Mentoring programmes can be a source of inspiration – for example, to nurses looking to take on a leadership role in the future[30,33].
- Practice development has been promoted as an approach to develop a person-centred culture that enables professional development through participation, learning and empowerment[35].

The literature also highlights the role of leader inclusiveness in diverse teams[36], and the use of role modelling and clinical teaching to influence the professional development of nursing staff[37]. Similarly, models of transformational and distributed leadership are found to be highly congruent with mental health nursing values, yet the literature suggests it is a type of leadership more often desired than experienced[38].

Health and social care providers and Higher Education Institutes of nurse education and training must strive to ensure that the mental health workforce reflects the local populations it serves. An intersectional approach can be used to improve recruitment and retention of students and staff. This action will also support the workforce to foster greater trust with mental health service users, their families, and carers in accessing their services.

How and where - unite, engage and overcome

Clinical practice	Mental health nurses and providers should prioritise their engagement with socially excluded/ inclusion health groups to improve access and outcomes for these underserved communities.	All mental health services must have a mental health nursing workforce that is representative of their local populations.	Developing cultural competence must be a central tenet of all mental health nursing practices and policies. Clear and measurable outcomes must be established so we know when this has been achieved.	Employers must use positive action to ensure mental health nursing staff are recruited from ethnic minority groups at every level of the career ladder, ensuring that diversity within nursing is supported and developed.	Through positive action, recruitment policies must ensure that interview panels have processes in place to ensure biases can be meaningfully challenged.
Research and evaluation	Mental health nurses must be supported to develop culturally competent research tools and models.	Mental health nurses must be enabled to lead the design and delivery of research that influences the practices of the profession, diversity of representation within the workforce and promotes co-production.			

Organisation and service leadership	Nursing strategy and governance processes must enable and promote cultural competence within and across the nursing workforce.	Leaders of all backgrounds and at all system levels must understand and accept that such disparities of ethnicity and race do exist; leaders should also seek to understand and manage conscious and unconscious biases.	Internationally recruited nurses must be acknowledged for the meaningful skills, knowledge and experiences they bring to the profession. More must be done to ensure leaders explicitly value these multi-cultural contributions.	Mental health nurses and providers should prioritise their engagement and support the delivery of the NHS Core20PLUS5 health inequalities national programme.	
National bodies	Further promote and develop pathways for existing staff to access mental health nurse training who may have otherwise struggled to access self-funded full-time student training due to health, social or financial reasons.	More must be done to develop a clear and flexible career pathway/ programme for mental health nurses as Approved Clinicians, promoting diversity and inclusion within and across leadership roles.			

Integrated Care Systems	More must be done for organisations in the form of community engagement, to connect within and across the diversity of their local populations, attracting more people to mental health nursing.	ICS and health and care providers should ensure that they are offering a wider range of initiatives to local populations to attract them to a career in mental health nursing in their organisation such as community engagement, work experience opportunities and apprenticeships.			

Theme 3: Implement, evaluate and discover - mental health nurses as leaders in research

Recommendation 6

Mental health nurses as clinical academics and implementation scientists must be developed in every NHS mental health care provider organisation in England, underpinned by nationally standardised capabilities and a careers development framework.

Change management and the implementation of change in health and social care were core areas of discussion across the T&F groups, as despite the ambitions of the 2006 review of mental health nursing[39] many of the recommendations were not embedded in organisational policy and practice. The lack of an evidence based implementation plan and a lack of strategic nursing leadership in many mental health trusts hampered implementation[40].

Mental health nurses report rarely getting involved in developing the evidence-base that influences and shapes their practice. Mental health nurses are often reluctant to fully engage with change processes, seen as something done to them rather than with or by them.

Attention is required from researchers to enhance and evaluate the impact of policy implementation on the quality of care provided[41]. Nurses with research expertise and knowledge not only advance knowledge and theory but can implement and evaluate best practice, policy and organisational change to improve service user and patient outcomes [42].

The ambition to grow the mental health nursing workforce to be more research active has not come to fruition. Clear and applied understanding of the clinical academic or nurse researcher role remains scarce across many provider organisations. There is a paucity of evidence focusing on the role of mental health nurses as implementation scientists or practitioners. The available literature makes the following points about the key factors that influence the implementation of such roles:

- Motivation to implement or adopt an innovation appears to be influenced by a return on investment[43] – for example, improved patient outcomes
- Organisational infrastructure – for example, financial or managerial constraints – can be a barrier to implementation[42, 44]
- Adequate training, support, and allocation of resources are cited as key factors influencing the successful implementation of new practice[42]
- The use of strategies such as timelines, checklists, and feedback may also facilitate successful uptake[45]
- The working environment may need to change to ensure that nurses are given the time to learn and improve their practice[46].

The introduction and development of mental health nurses as clinical academics and implementation scientists should help to overcome the barriers to successful and sustainable change in provider organisations and across mental health services.

How and where - implement, evaluate and discover

Clinical practice	All mental health services and organisations must have clinical academic and/or implementation scientist roles, at all levels of mental health nursing (i.e. level 5-9).	To establish and embed clear career development pathways for mental health nurse clinical academics and implementation scientists (i.e. National Institute of Health Research). Awareness and promotion of this career pathway should begin at recruitment and training of nurses.			
Research and evaluation	All research that has an impact on service users and/or carers, must be co-produced at the point of planning, implementing and publishing. This should be reflected in relevant strategies and organisational policies.	The development and evaluation of tools and models that measure and/or assess the therapeutic relationship, co-production and care planning, must be a research priority for mental health nursing.	Mental health nurses must be enabled to lead the design and delivery of multi-professional research that influences healthcare delivery and improved outcomes for service users, carers and wider society.		

Education and training	Education providers and NHS organisations must ensure mental health nurses at all career stages and levels have the appropriate skills and competencies to deliver and lead research in practice.	Research and Development teams should aim to offer student placements to nurses, with opportunities to shadow and undertake research as part of their professional education.	Executive nurses need to be offered training, support and mentorship to gain confidence in providing research and development leadership in organisations.		
Organisation and service leadership	Nursing strategies must set out to explicitly value the contribution of research in clinical practice and professional development; it must not be seen as an add-on to existing nursing practices.	Research must become integral to the role of the mental health nurse. Disparities between mental health nurses and multi-disciplinary colleagues in the prioritisation of research must be addressed within services and teams.	Mental health nurses must be recognised as clinical academics in their terms and conditions of employment; there must be parity with their medical colleagues.	Job descriptions must be developed to enable services to embed these roles into workforce planning. HEIs and NHS organisations should work in partnership to develop and establish joint appointments in research, education and practice.	

National bodies	HEE and partner organisations must set out to develop a guide/ information resource specifically for chief nurses, clinical directors and HR departments to cover how mental health nursing roles are implemented and developed.	An evaluation of research culture should be conducted in each organisation and reviewed at board level, nationally benchmarked against other organisations with a view to helping progress.	The NMC must provide clarity in their expectations around research for preregistration nurses. Current messaging does not go far enough to prioritise research as a core pillar of nursing practice.	Clinical commissioning groups should ensure the nurse-led research aligns to population need, so that implementation science leads to impactful evidence based practice.	
Integrated Care Systems (ICS)	ICS's to encourage and support nursing executives to lead and deliver the mental health research portfolio within their organisations.	All commissioning proposals for mental health services should include components for evaluation through ongoing clinically-based research, providing opportunities for nurses to be employed in research roles.	Nurses must be supported by their organisations and the ICS to apply for and contribute to research boards and working groups, ensuring that the voice of nursing is present in all system-wide and large scale studies.	ICSs and NHS organisations must actively promote and support mental health nurses in research and knowledge exchange that influence and promote co-production and personal recovery within mental health services.	The chief nurses in provider organisations, regions and integrated care systems, along with deans of university faculties engaged in healthcare education and research should actively implement the CNO Strategic Plan for Research to support this agenda.

Theme 4: Nurture, grow and develop - advancing mental health nursing for the future

Recommendation 7

A renewed focus must be placed to ensure mental health nurses are supported and developed when transitioning from student to newly registered nurse (NRN).

Work undertaken as part of the HEE Reducing Pre-Registration Attrition and Improving Retention (RePAIR) programme highlights how the first two years post registration are among the most challenging times for NRN. Based on poor experiences in the workplace, NRN are most likely to leave the profession of mental health nursing during this time.

When a nurse first qualifies, this is a time of extreme stress and pressure. The transition from student to newly registered nurse is laden with a multitude of new responsibilities and expectations. It is also a time when each nurse must decide where they wish to practice, often informed by limited placement experience.

Organisations should consider a variety of offers, which should include rotational preceptorships, to encourage retention of NRN. Rotational preceptorships ensure that NRN experience in a range of practice areas. With a variety of choice, NRN are better informed to decide which is the best fit for them before committing to a permanent contract, increasing the likelihood that they will remain in the profession and in mental health services.

Recommendation 8

Mental health nursing must become a more attractive and accessible profession, with clear career development pathways and opportunities at all levels.

It has long been known that, for nurses in mental health, a clear and concise career pathway has been lacking. This can prove to be a barrier, not only to mental health nurses staying in the NHS workforce, but to the overall career development of the profession.

It is also incorrectly linked to 'working up the agenda for change bandings' an inaccurate NHS specific phrase, failing to consider the many mental health nursing colleagues who work in non-NHS settings. Careers development viewed in this 'vertical' sense fails to consider the many mental health nurses who do not wish to progress in terms of promotion. Instead, these nurses may wish to develop their existing clinical skills to provide a higher quality of care for patients.

Post-graduate training for children's mental health is limited and inconsistencies have been noted in terms of quality of training across educational providers. Often aimed at a generic multi-disciplinary student group, whereas a tailored delivery for mental health nurses would be more effective.

Developing the way we recruit and retain mental health nurses will positively support nurses to remain in the profession. Developing career pathways for mental health nurses must be a priority. This must begin at the very beginning of people's careers. The evidence suggests that nurses leave due to the lack of preceptorship support and for opportunities for experienced nurses to develop in their roles.

Mental health nurses must have nationally available accredited (QiS) training courses attached to key steps in the pathway. This will include courses to ensure competency and skills acquisition in key areas of need for mental health nursing, for instance, working in CYP mental health services[47].

All will be underpinned by funded development pathways that offer both vertical and horizontal career development including:

1. Investment into preceptorship programmes offering mental health nurses exposure to a variety of clinical and non-clinical settings.
2. The continued development of advanced nurse practitioners (ANP) training packages for mental health nurses.
3. A clear pathway to nurse consultant and approved clinician/ responsible clinician roles, that provides options that include development via qualification achievement, as well as an accredited prior experiential learning and portfolio option.

Apprenticeships at all levels to support career pathways

How and where - Nurture, grow and develop

Clinical practice	All newly registered mental health nurses, and nursing associates will be subject to preceptorship in their first role post registration, as part of a structured career pathway.	All mental health services must ensure that all newly registered nurses have access to a preceptorship programme that equips them with the skills and competencies needed to effectively transition from student to NRN.	As part of the preceptorship offer, the diverse and varied needs of the workforce will need to be recognised. The preceptorship offer will need to accommodate to and supports those needs.	Employers must ensure that each of their service areas is able to provide this preceptorship option for all NRN.	Employers should also consider how this offer can be expanded to also include international staff and return to practice nurses, to provide support at times of transition.
Research and evaluation	Mental health nurses must be supported to lead and implement research that will increase the evidence base as relating to good quality preceptorship, that can evidence the core protective factors of this approach.	Nursing Associates are a new element of mental health nursing, and, currently, their full benefit is unknown. Nursing Associates must be supported to develop the evidence base and unique contribution they bring to mental health. They need to clarify their contribution as well as ensure services can have greater clarity of how this role fits within the workforce.	Preparation for work programmes and apprenticeships draws high numbers of candidates from the population local to the employer as well as from the employer itself. This means that the workforce better mirrors the population it serves and also increases workforce diversity. More research is needed to show how this local workforce offer improves mental health nursing and provision.		

Education and training	All mental health nurses should be supported as part of their preceptorship to undertake training that increases their skills acquisition in key clinical areas, as well as being supported to ensure this training links to their revalidation.	Co-production at all levels should be integral to preceptorship models.	Training and education are needed in schools and HEI/FEI needs to raise awareness of the apprenticeship offer into mental health nursing.		Training should be made available to all those who will be the preceptors for these nurses to ensure a nationally standardised approach.
Organisation and service leadership	Processes must be in place to support this preceptorship model implementation in provider organisations.	Preceptors should be trained at all levels in the organisation so that nurses can benefit and learn from all levels of nursing in the organisation.	All providers will have clear apprenticeship pathways in place to support the development through the career pathways from HCA, TNA, to registered nurses to ensure the equity of access to nursing.	To ensure widening of participation into nursing careers all providers will offer apprenticeship options.	Organisations need to ensure that Nursing Associates and TNA are factored into workforce development plans, to ensure that this role can be used to benefit patient care.

National bodies	Further promote and develop pathways for existing staff to access mental health nurse training who may have otherwise struggled to access self-funded full-time student training due to health, social or financial reasons.	Incentivisation of apprenticeships to be offered and funded by national bodies to increase access via this route into nursing.	HEE's Talent for Care directorate should work with multiple partners to maximise the number of people from diverse backgrounds entering clinical professions at all levels. This includes different aspects of preparation for work programmes.		
Integrated Care Systems (ICS)	Widening participation to ensure that those from socio-economically deprived backgrounds can easily access nurse training.	ICS to work together to ensure that mental health nursing is considered across the whole system, and not just traditional provision.			

Conclusion

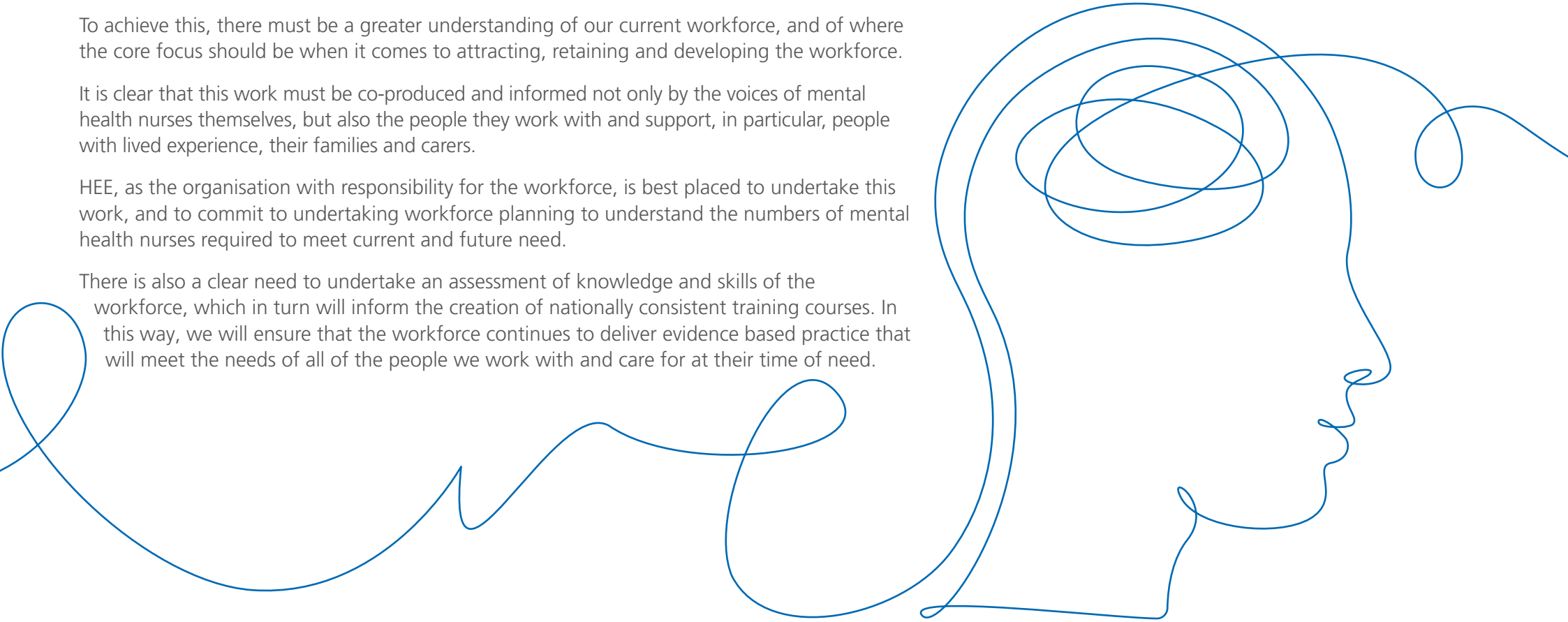
In conclusion, we have shown that to ensure continued delivery of high quality, safer patient care by professionals, utilising evidence based practice, we must continue to invest to grow and develop the mental health nursing workforce.

To achieve this, there must be a greater understanding of our current workforce, and of where the core focus should be when it comes to attracting, retaining and developing the workforce.

It is clear that this work must be co-produced and informed not only by the voices of mental health nurses themselves, but also the people they work with and support, in particular, people with lived experience, their families and carers.

HEE, as the organisation with responsibility for the workforce, is best placed to undertake this work, and to commit to undertaking workforce planning to understand the numbers of mental health nurses required to meet current and future need.

There is also a clear need to undertake an assessment of knowledge and skills of the workforce, which in turn will inform the creation of nationally consistent training courses. In this way, we will ensure that the workforce continues to deliver evidence based practice that will meet the needs of all of the people we work with and care for at their time of need.



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Endnotes

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