



Vocational training community based mental health nursing

Weiterbildung ambulante psychiatrische Pflege

Formazione infermieristica al lavoro territoriale in salute mentale

A Curriculum for community based mental health nursing

The concept of a new curriculum for the education of community based mental health nurses has evolved through the collaboration of Italian, German and British partners of **the Leonardo da Vinci Pilot project WAP** from 2002 to 2004. It reflects both the experience and expertise of services and service users, as well as educational institutions that deliver training programmes for nursing practitioners in mental health.

The aim here is to describe rather than prescribe a programme for the development of community based mental health nurses. It is for each training organisation in collaboration with its local service providers to identify what are the local requirements for practice that may be additional to or a modification of what is outlined in this document. In practice educational and service providing organisations have their own conceptual frameworks and operational priorities that influence both the structure and delivery of courses; this curriculum aims to add to the range of sources that are used to develop training courses. However we believe that the extensive experience of the Leonardo partners provides a significant contribution to this process, particularly in countries where community mental health nursing is in early development.

The programme attempts to capture what is seen as the essence of good practice for nurses from each country, and through discussion and pilot courses.

The diagram below illustrates the rationale underpinning the co-operation between a range of people from different disciplines who contributed to the development of a series of modules. From the start a shared value base about the nature of community working and the nature of the type of educational approach was derived from extensive discussions and influenced the content. The aim of this was to help practitioners develop a range of attitudes and skills that can be used to help to improve the quality of life of people with mental health difficulties living in their communities.

***De-institutionalisation of psychiatry
– move to community***

**Requires staff to move to or
be based in community
setting.**

Community based team
Including nurses

Community based team
Including nurses

Lack of appropriate
educational preparation

**European Co-operation
Participation in WAP**

Development of
curriculum in modules

WHY?

No change in care

Improvements in care

Individual Others Community Institutions Significant Local Staff Individual Others Community Institutions

Coercion ignored reject rigidity choice supported accept flexibility

Isolation abandon exclude distance collaborate stay include warmth

Oppressed exhausted fear hierarchy enabled understand participate communicate

TRADITIONAL APPROACHES

VALUES BASED PRACTICE

Mental health services and mental health nurses have to balance the tasks between service users preferences and the expectations of significant others, the institution and the community in general. Community based mental health nurses can work with people in a range of ways from prevention to rehabilitation, to enable people to recover and/or to maintain their independence.

The concept of recovery is crucial¹ to the values underpinning the curriculum, an essentially user rather than professionally defined personal path through the experience of mental distress toward achieving a meaningful and purposeful life, where nurses and other professionals amongst others provide the necessary supports. It is necessary to underline the responsibility of the practitioners to create the practical, social, psychological conditions to support the recovery processes. The curriculum takes into consideration the fundamental shift from the traditional institution based approach to mental illness to a community based mental health service, with an increasingly significant influence on provision by “experienced people” and carers.

The course reflects the multi-disciplinary and inter-agency design of community based mental health care as the predominant form of service provision.

Collaboration with practitioners, service users and carers is valued as critical to the success of mental health nurses education to ensure the students develop the attitudes, knowledge and skills necessary to meet the demands. The development of the curriculum, it's teaching and practice experience is also regarded as a collaborative enterprise, through which optimal opportunities for learning achievement can be realised.

Whilst the curriculum recognises the need for multi-disciplinary education, it is important that courses also encourage recognition and development of nursing profession's specialism; there remains the opportunity to identify where wider involvement of other occupations groups, to facilitate better understanding and co-operation in practice.

In summary it may be said, programme is orientated on:

- **a deep knowledge and involvement of the professional in the community's life**
- **user participation**
- **reflection on institutions in which mental health nursing takes place**
- **community orientation**
- **practical evidence**
- **process orientation**

¹ The immediate consequence is that communities need practitioners:

- **Able to re-create connections instead of separations,**
- **Able to find out and to involve all the energies, actors, institutions, resources that can help in the recovery processes itself,**
- **Able to search the “solutions” not only in the already known and established institutional answers, but also creating new answers (typical in this sense the development of “social enterprises” actively participating to the economical market and – at the same time – integrating disadvantaged people as workers in the normal economical life.**
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Background to the development of the curriculum

The concept of mental health as articulated by the philosophy and content of the programme takes a broader and different perspective to that which is defined by mental illness.

As with other areas of health and social care, mental health services continue to experience major change, both in terms of the way services are purchased and provided, and also the changing roles and relationships between providing agencies. As new patterns of community based health and social care develop, there is a greater diversity in mental health service provision, which places greater demands on individual practitioners, both in terms of responsibility and autonomy, and their ability to function within the increasingly complex network of services.

Mental health has increasingly become recognised as a complex service arrangement of services between professionals and organisations at the centre of which is the recipient and their personal network. Increasing the involvement of those who use the services available not only provides a clearer focal point for professionals and organisations, but also improves the individuality of care, and influences the development of services. Logically this includes the provision of services by those who are also users of that service, and this curriculum facilitates this through its design, delivery and evaluation

International background

- The World Health Organisation has called for strategies to improve mental health by the year 2000 as part of its targets for "Health For All" (W.H.O. 1985)
- In the absence of Directives from the European Community on standards for mental health practice, the need for raising the profile of mental health as a specialised and academically recognised field of practice.
- Increasing understanding of the specific needs of individuals and particular groups in a multi-cultural society and implications for health care planning and delivery. The client groups requiring mental health care reflect the diversity of society.

Demand for the curriculum

The World Health Organisation has made its 'Health care for all by the year 2001' the cornerstone of its national strategies, stating that efficient health care systems depend on health care personnel whose basic and continuous training corresponds to the real needs of the community. The impact of the transfer of mental health services into the community, with the increase in multi-agency provision provides a complex and dynamic situation for nursing practice. Maintaining the unique contribution that mental health nurses remains critical to successful service provision, but equally requires recognition of the changing circumstances within which they work.

It is now generally acknowledged this includes the involvement of users of mental health services and their carers both in the development and delivery of services. This has further developed to providing an opportunity for service users and carers to become directly

involved in the provision of care; a move that requires a fundamental shift in perspective of traditional service providers, both in terms of who provides a service, and the nature of that service.

Experienced people can impart a fundamental knowledge to orientate the skills of (professional) carers on user needs, helpful support and understanding of un-normal processes.

The involvement of service users and carers challenges personal and organisational boundaries, requiring innovation and placing new demands on the individual practitioner. Non-professional workers become equally involved in the complexity of services and relationships with service users and carers, and as such should be recognised and responded to.

The WHO has several times recommended that training programmes be planned so as to motivate nursing graduates to meet the health care needs of the populations which they will serve, rather than creating curricula aimed at meeting the needs of hospitals.

“Training students by means of a direct contact with the community will help them to understand the situations in which people live and the problems they encounter in their daily lives. If an effort is made to base learning on solving these problems, this will produce a health care staff which is flexible enough to solve tomorrow’s problems” (H. Mahler, former General Manager of the World Health Organisation).

The user and the community must be the focus of both the training and health care system. Health orientation does not mean just to open spaces for individual development, but to be active to support a development of communities, which recognize the health needs of their citizens.

Philosophy of the curriculum

The curriculum is underpinned by common core specific beliefs about the nature of mental health and the educational provision required to support the pursuit of excellence in practice.

- Mental health is a broad concept that not only relates to the experiences and circumstances of ‘the mentally ill’ within our society, but also has significance for all members of society. Mental health is a part of everyday living, relating to every aspect of our private and social activities, and can be used positively as a means to understanding the self and personal achievement. ‘Health’ is also clearly related to aspects of and events in our lives where it is threatened or lost, where circumstances requires a more deliberate consideration of our mental well-being; and where mental health services may become appropriate. This clearly would include individuals with ‘mental illness’, and not only requires competent individuals to intervene in any ‘pathological’ process, but also respond to the impact that ‘illness’ has on health in terms of identity, relationships, opportunities and expectations. This places the experience and aspirations of the individual who uses mental health services as key to defining purpose and organisation.
- The development of the curriculum has attempted to capture this philosophy to enable practitioners to think critically about existing concepts and practices in mental health, to gain a greater appreciation of the context within which expert knowledge and specialised practice can be used. The curriculum is underpinned by the development of safe and effective practice, but incorporating broader social, political,

ethical and legal matters expands opportunity for providing a service beyond illness and treatment to health and recovery.

Educational Philosophy

- Education is an opportunity for the development of individuals both 'professionally' and personally, and these two aspects provide central themes around which the learning process is organised. Professional requirements of students include the development of standards of competence that are internalised and valued, a recognition of ability and limitations, and responsibility for actions.
- The personal requirements of students include valuing as well as challenging their own beliefs and ideas, and allowing them to discover and explore their abilities and limitations.
- In terms of learning processes, there is a recognition of critical reflective practice with. This has a special significance in mental health practice, where much of the activity is interpersonal, and consequently involves reflection *in* practice as well as *on* practice, because the nature of professional action in this area requires immediacy and congruence in the situation, and as such cannot wait the outcome of later deliberation. Thus the curriculum aims to develop both detached critical and reflective thinking skills, and also the confidence and ability to respond to the emotional and other needs in the practice environment at the time. A major component of the curriculum is providing supervision, which is an established cornerstone of practice in mental health.
- The curriculum is designed to be student-centred, recognising the learners' individuality, experience and existing expertise. Learning is most productive where the student is motivated not only by content, but also by mode of delivery. Meaningful learning is achieved where it is relevant and valued by the student, where the student is offered the opportunity to consider their own experience and response to the learning process; what the student actually learns rather than is expected to learn. By this process, existing values and beliefs are challenged, and change can occur without the experience being unnecessarily threatening or devaluing.

To orientate the training on evidence and to guarantee the cycle theory-practice-theory/practice-theory-practice it is necessary to:

- reduce the distance between training and the performance of a professional activity by making possible the immediate use of the abilities and skills acquired within the health care system;
- help instructors guarantee that the training is pertinent to the professional skills required in order to deal with priority health care problems;
- define precisely the concepts and the attitudes considered essential for comprehending and solving problems and performing professional activities
- to reflect the institutional role of services between stability and flexibility. It is the dialectic between the security of an organisation as a "structure" (materially, self-referential) and the flexibility of an organisation to be used as a "tool" (useful - until there is some proof to the contrary).
- to initiate a process of continuous reflection

Aims of the curriculum

- To enhance mental health service provision that centrally concerns itself with addressing the health and recovery of users of those services.
- To prepare students to offer their expertise in individual client care in the wider community health and social care arena.
- To develop a critical reflective to test and explore the relevance of existing practices to working in the community.
- To develop an approach to practice that encourages a lifelong learning and commitment to improving practice and services.
- To encourage personal development of students through underpinning positive valuing of service users that is anti-oppressive, anti-discriminatory and person centred.
- To reflect the institutional frame in which community mentalhealth care is delivered.

Student Learning Outcomes

The course of study is designed to prepare the student for the responsibilities of mental health nursing in the community, enabling him/her to apply knowledge and skills to; meet the needs of individuals, groups and service providers; work within teams of health and social care professionals and; shall include enabling the student to achieve the following outcomes:

- Critically evaluate the influence of social, political and cultural factors in relation to the provision and delivery of mental health services.
- Recognise areas of personal ability and deficits through critical reflection, and personally develop in the context of professional practice.
- Develop self-awareness through reflection on personal values, including recognition of inclusive, anti-discriminatory and anti-oppressive practices to meet complex and diverse needs and expectations of individuals and groups.
- Critically analyse current mental health practices to identify opportunities for change and directions for future development and innovation.

Curriculum organisation

Each module corresponds to a total of 120 hours of study (made up of taught and personal/ practice time). The taught element can be delivered flexibly, but in each case there is a recommended/ preferred timescale and mode.

Content Rationale

- In some modules there are overlapping themes, but with the rationale that these provide opportunities to address similar questions and develop competencies required in practice from different perspectives. The course comprises of core modules and a range of additional optional modules
- An important feature of the curriculum is that each module attempts to be sympathetic to the practitioner's role and working environment. Thus the focus of the modules on activities related to practice are preferred to modules on academic based study such as organisational psychology or social policy. Where it is important that students are given sufficient academic grounding, this is addressed where appropriate in each module.
- The optional modules are designed to be inter-related, but there is no perceived advantage to studying these in any particular sequence. These can be accessed during those times of year where these modules commence.

Curriculum development

For the implementation of the described curriculum or parts of it in a meaningful and practice-related way the following key themes should be taken into consideration.

1. Relationship with local service providers
2. Explaining local & national contexts.
3. Identifying service priorities.
4. Relate to strategic plan for local services
5. Identify training needs & develop strategy
6. European perspective

1. Relationship with local services

Education providers must work with service providers to:

- Identify areas of potential for service development and innovation
- Define standards of practice as a framework for development – work based linked to academic

2. Local and national context

New developments must include consideration of:

- Historical perspective of local services and practice
- Professional requirements
- National plans for service development
- Evidence for new development
- Availability of resources to support new development

3. Priorities

- Focus first on outcomes for service users rather than performance of services
- Strategies that improve working lives
- Improvements in efficiency, quality of service and use of human resources

4. Strategic plan for local services

- Must have a clearly identifiable training component
From a community perspective, it also addresses:
- Alternatives to professional services
- User and carer involvement
- Team and inter-agency working
- Family and community mental health focus

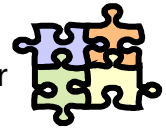
5. Training needs&strategy

- Identify gap between current staff capacity/ capability and projected requirements
- Ensure clear relationship between training and opportunities to develop practice
- Training is linked to clear working policies and appropriate facilities
- Integrated into existing professional training programmes where possible
- Training explores involvement beyond the mental health team

6. European perspective

- Development of training programmes that meet local needs within a wider (EU) frame of reference
- Continuity in transferred knowledge and experience across European partners
- Co-ordination of development of documentation and delivery of training programmes
- Identifying common areas of interest
- Consistency of standards developed across European countries
- Dissemination of relevant experience and expertise from other partners

3. Demand of quality criteria and standards for nursing within community based mental health settings



Community based nursing is strongly related to the national, regional or local background and can be delivered in different ways.

The comparison of several mental health care systems in different countries in the frame of the Leonardo da Vinci Pilotproject led to the description of quality criteria and standards for nursing within community based mental health settings which are regarded as the essential foundation for every community mental health system.

3.1 Principles for practice

- ◆ Involvement of service users
- ◆ Development of alternative responses to hospital admission
- ◆ To ensure a continuum and continuity of care (avoiding fragmentation of service delivery)
- ◆ To support the individual to identify and develop their identity and social role, and power to negotiate.
- ◆ To support people to develop and improve skills in independent living.
- ◆ To provide support within the context of the individuals' environment
- ◆ Orientation to recovery / wellness
- ◆ Commitment to practically support people in achieving their goals
- ◆ Focus on immediate needs
- ◆ Orientation on capacities and resources
- ◆ Orientation on self-determination
- ◆ Cooperation with other services
- ◆ Commitment to extending professional knowledge and practice

3.2 Mission for nursing within community based mental health settings

To realise the potential of individuals and their communities, through realising the potential of community mental health nursing means:

- Promoting individual and community participation and goals
- Supporting, promoting and enhancing the mental health of individuals and communities
- Supporting the development of wellness/recovery options that minimise stigma, abuse and institutionalisation of individuals, groups, and organisations.
- Creating opportunities which support empowerment and emancipation processes
- Promoting diversity and equality and actively address discrimination

3.3 Standards of quality

- the targets are best possible services for people who access the services, “partners of interest” and all the citizens of the specific community
- clear, reliable, transparent processes
- guarantee and organisation of prompt support
- Emphasis on immediate need of support
 - in the right place, at the right time, from the most appropriate qualified /experienced person to all “partners of interest”
 - long enough to have opportunity to succeed

The measurement for quality of the service is the outcome for the people who access the service, rather than the performance of the service provider

3.4 Nursing Theory/ Nursing Model

Community based mental health nursing should be orientated on a nursing theory/nursing model which describe a common framework of what:

- ◆ nursing is (legal, professional, moral, practical, continuous self-development,)
- ◆ the concept of person is (rights, responsibility,

unique, citizenship, active subjects ...)

- ◆ the nature of health, mental health is (lifestyle, choice, freedom, wellness, coping, development, public..)
- ◆ community is (diverse, resources, supports, choices, opportunities, relationships, involvement, fun...)
- ◆ the nature of relationships are (support, mutual, respect, emancipating...)
- ◆ importance of resources/capacities (priorities, access, fantasy, flexibility, cost-effective, evidence based practice, practice based evidence...)
- ◆ what institutions/organisations are (legal, financial, contractual, bureaucratic, hierarchy, rules...)
- ◆ nursing intervention outcomes are (solution focussed, recovery orientated, person centred, effective, reflecting the diversity of the community...)

4. Modules

Scope 1200 hrs

4.1 Introduction module

- **orientation**
 - o get to know each other
 - o overview, aim of the curriculum
 - o actual development in health care and education
- **learn to learn**
 - o learning and learning theories (useful for students as same as for users)
 - o learning and learning capacity of adults (see above)
 - o technique of mental learning (see above)
 - o technique of scientific work
- **foundation for health**
 - o definitions of health and theories underpinning concepts of health
 - o aware of own health beliefs and values, and how these may influence practice
 - o identify the major mental health issues facing the community
 - o health promotion issues to address this issues
- **in practice: community based mental health institutions**
 - o to render explicit procedures and tools – within reach of each operator and based on the relationship with the user – which impact on work organisation (between stability and flexibility);
 - o to verify these procedures and tools in daily practice
 - o to establish some common guidelines

4.2.a Career Review

- **Concept of fun and wellness**
- **Strengths based approach to self-awareness**
- **Concepts of stress and distress**
- **Organisational and role review - awareness of demands and expectations of role**
- **Theoretical approaches to improving working lives**
- **Professional requirements (e.g. continuous development, life-long learning)**
- **Reflective practice**
- **Early warning signs of stress**
- **Crisis response planning, drills**
- **Support networks**
- **Coping strategies**
- **Career and Personal Development Plans**
- **Individual and group supervision and support**

4.2.b “USERS? NARRATE THEM”.

Analyse and document:

(Learn to) write the stories by which we experience ourselves as individuals, as professional and as a part of the Mental Health Community-based Services.

- The practitioner in the multiple relationships with the user, settings, colleagues, the Services and other institutions, and in the multiple dimensions within these relationships (subjective, professional, institutional)
- Expression and communication tools which are capable to highlight the complexity of experiences in care
- Writing a “professional-not bureaucratic” autobiography
- Implementing the capability to share feelings and emotions, accepting to be a protagonist
- Writing critical accounts of clinical and care experiences

4.3 Basics

- **psychological approaches**
 - o cognitive
 - o counselling
 - o psychotherapy
 - o brief therapy
- **social approaches**
 - o family, group, community
 - o housing
 - o employment, education
 - o gender, culture, sexuality
- **Recognizing and responding to people who feel/are**
 - o Anxious, angry, in despair, elated, hearing voices, ...
- **knowledge of methods** : flexibility (of relationships, time, locations), ‘shouldering the burden’, a therapeutic project focussed on the person which is discussed, created and carried out together with the person)
- **knowledge of the tools available**
 - o mental health and social services
 - o work subsidies, mono/multi-disciplinary discussions with users
 - o family involvement, home visits
 - o recreational activities, canteen, day hospital stays
 - o relationships with the general public, workshops, volunteers, etc.
- **basics of psycho-pharmacology**
 - o the main groups of drugs used in the treatment of mental disorder
 - o the sites and mechanisms of action of neuroleptic drugs in the central nervous system
 - o undesirable effects (side effects)
- **aetio-pathology of the main mental illnesses**

4.4 Nursing Process

- **assessment of the situation of a user on an multidimensional level**
 - o how to identify capabilities and problems
 - o observation skills
 - o different diagnoses approaches
 - o stigmatisation
- **communication, communication techniques**
 - interview skills
- **support strategies and aims**
 - o different treatment approaches
 - o contracts with clients, reflection on work alliance

- **evaluation of evidence of action**
 - o methods of care management
- **documentation, reports**
 - o how to tell a story
- **user needs and environment**
 - o community work
 - o social and economical restrictions
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- **Health- and welfare systems and services**
 - o organization of mental health care in the specific community
 - o explore, reflect and describe the inner dynamics of (care) systems
- **cooperation**
 - o Social networks
 - o co-operation within a multi -disciplinary context
 - o Knowledge of the role of other professionals concerned
 - o Basic knowledge of control models in co-operation
 - o Strategies of communication with other professions involved
- **Team work**

4.5 Building capacity / an individual and community focus

- **the impact of traditional and non traditional service responses on recovery processes**
- **processes of competence and skills in the facilitation of initiatives that support people and their communities mental health from a ' needs' led perspective**
- **professional self-image and the orientation on user**
- **support individual's in their community context**
- **individual needs of service users and their communities**
 - o addressing practices that promote capacity
- **organisational and institutional frame**
 - o potentialities and boundaries for capacity-building work

4.6 Reflection on nursing

- **The concept of nursing**
 - o Critically reflect the personal understanding
 - o nurses role within the current and evolving health and social care system
 - o Nursing theories
- **evaluation of the future development needs of the nurses role and from an individual perspective**
 - o report and a group presentation on development of nursing within their own work situation
- **Research methods**
 - o Personal Construct Theory, Narrative, Action and Participant approaches, Contextual analysis, Living theory
- **Service development**
 - o change management

4.7 General legal grounds

Differs in each country / not completed for the international edition of the curriculum

4.8 Quality management and documentation

Differs in each country, region and service / not completed for the international edition of the curriculum

4.9 International Module

- **comparison of the organisation and funding of health and social care in different European countries**
- **comparison of mental health legislation in different European countries**
- **historical development of different mental health care systems in Europe**
- **organisation of mental health care in different European regions**
- **theoretical and ethical background**
- **specialities in methods and services**
- **extent of service user involvement**
- **building a network with students in other countries**
- **two weeks traineeship in a foreign service**
- **transcultural nursing**
 - o **ethnopsychiatry**
 - o **concepts of race and ethnicity**
 - o **institutional racism**
 - o **racial harassment and anti-discriminatory nursing practice**

4.10 Crisis/Risk Management

- **Relating with difficult situations/ relationships**
- **Crisis theory and management**
- **The role of mental health nurses in acute care settings**
- **Self-harming behaviours**
- **Anxiety manifestations, stress reactions and stress vulnerability**
- **Interviewing/transactions and related skills appropriate to crisis based care**
- **Harm and violence reduction**

5 Professional profile of the specialised community mental health nurse

The specialised community mental health nurse is a nurse who, by means of a complementary (Italy / Germany) or specialised training course, has acquired advanced professional skills for working in any operational situation that requires managing comprehensive, continuous, timely, intensive, recovery orientated and high quality community based mental health nursing care strategies that:

- respond to the health promotion and overall psycho-social, physical needs, real or potential;
- refer to particular conditions of vulnerability of the user or of a community;

In order to fulfil his/her professional role, the specialised nurse must perform the following functions:

- deliver nursing assistance aimed at the health and needs of the user, with respect to his/her capability, autonomy and the need to maintain and develop inter-personal and social ties;
- manage (plan, implement and evaluate) the nursing care process in close coordination with the client and in the context of the working team in order to support the users recovery process;
- promote the social and therapeutic support of the user, family members and other care providers or resource-figures;
- contribute to the promotion of health through the health support of the population, prevention and early intervention;
- manage the service's human and material resources in order to provide effective and efficient care;
- participate in personnel training activities;
- participate in research activities.

The specialised nurse functions as a point of reference and consultant.

In order to maintain an acceptable level of professionalism, within a constantly changing society and with continually changing needs, the specialised nurse should acquire the ability to self-manage their own permanent training based on a valid and continuous professional self-evaluation.