Chief Nursing Officer’s Review of Mental Health Nursing

Summary of Responses to the Consultation
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1. Introduction

1.1 This summary of responses to the Chief Nursing Officer’s Review of Mental Health Nursing: Consultation document, published by the Department of Health in July 2005, provides an overview of consultation responses on the questions raised.

1.2 The purpose of the consultation was to help gain a clearer understanding of the views of individuals and organisations as to how mental health nursing should best contribute to the care of service users in the future and to inform final recommendations to be made by the Review.

1.3 The consultation opened on 28th July and closed on 21st October 2005. Written responses were received from 326 individuals and organisations via post and e-mail. These also included verbal comments transcribed from nine open meetings held around the country during this period.

1.4 Respondents did not typically answer every question. The range of responses per question were from 209 to 285.

1.5 There was considerable overlap between some of the respondent groupings. For example, service users and carers contributed to all of the open meeting responses and many of those from NHS organisations.

Figure 1: Breakdown of respondents (by frequency and per cent)

1.6 A list of organisations and formally titled groups that responded is provided in Annex B. Twenty-seven individuals/organisations requested that their responses remain confidential.
2. Consultation responses: Common themes

2.1 Although each of the consultation questions covered distinct themes, there were suggestions made by respondents that consistently highlighted the importance of a number of issues:

- Mental health nursing did need to develop its practice in many areas
- Mental health nursing needs to move away from a traditional ‘medical model’ of care and adopt a bio-psycho-social approach
- Positive user-centred values were essential to good practice
- Mental health nurses need to recognise the contribution of carers
- Good pre-registration education of mental health nurses was key to ensuring that nurses were equipped with appropriate fundamental skills and attitudes
- Clinical supervision was seen as being essential to underpin good practice
- Professional leadership and support structures are required to support good and confident nursing practice.

2.2 For the majority of questions, there was little evidence of any significant difference in views held by respondents. Thus, there appeared to be clear consensus or a clear majority in favour of a general approach to a question.
3. Consultation responses to individual questions

Q1) Do you believe that the Recovery Approach provides a values and evidence-based approach that would support good practice and be applicable in all areas of mental health nursing practice?

3.1 A clear majority of respondents answered in the affirmative to this question. However, nearly half of those mentioned issues that would need to be taken into account for the values of the Recovery Approach to support good practice and be applicable in all areas. These included:

- More clarity was needed regarding the definitions of Recovery values.
- All professionals and services would need to take on the values of the Recovery Approach, and not just mental health nurses.
- Some doubt about the current evidence base.

The most common objection from the few who responded in the negative to this question, was their belief that the values of the Recovery Approach may not be suitable for child and adolescent services or for the care of older people with dementia. However, others in these specialty areas believed that some of the broad principles of the recovery approach were applicable to working with service users of all ages.

Q2) What do you see as the core roles of mental health nursing, common to all settings and specialties?

3.2 Overwhelmingly, the core roles of mental health nursing were seen to be the provision of service user centred care through the development of a therapeutic relationship, involving carers, identifying an individual's mental health needs and assessing and managing risks related to mental health and general well-being.

Many respondents mentioned The Ten Essential Shared Capabilities (NIMHE 2004), which sets out the capabilities that all staff working in mental health services should aspire to in their basic training. In particular, responses reflected the importance of identifying people's needs and strengths, promoting recovery, promoting safety, and positive risk taking.

Q3) How can MHNs best be supported to build positive relationships with service users and carers in all practice settings?

3.3 The majority of respondents saw the focus of the relationship between the mental health nurse and the service user as one which needs to be positive, trusting, meaningful, therapeutic and collaborative, with the emphasis on mental health nurses having the clinical time in which to build, develop and sustain such relationships. Respect for service users and their families or carers was an essential requisite cited by many respondents, and also of importance was a request for respect for mental health nurses as professionals by other disciplines and the employing organisation.
Many respondents thought that learning from service users and their families or carers would help mental health nurses improve their understanding of mental illness and help to see the service user as expert. Suggestions here ranged from involving service users and their families or carers in pre-registration education delivery to post-registration education and service development. Communication skills were seen as key, with training advocated at both pre-registration and post-registration. Coupled with this was a strong focus on clinical supervision, with requests for supervision to be regular, ongoing, structured and effective.

Q4) How can MHNs best promote service user choice in the entire range of care settings, e.g. from child and adolescent, to high secure, to services for people with advanced dementia?

3.4 Respondents broadly embraced the concept of choice, suggesting that it should be core to the business of mental health nursing. Many suggested, however, that a realistic appraisal of what choice means, both in the context of service setting and in service/resource availability, is needed. The greatest focus was on information provision, respondents indicating that service users should have access to information on the range of treatments and services available and that this information should be provided in written and oral format and be accessible in different languages. Alongside this is the need for MHNs to be aware of the range of services available to service users, e.g. voluntary sector services, community services, and to be able to signpost users to these facilities. In improving service user choice, a strong request for MHNs to have an advocacy role was cited, alongside the need for provision of independent advocacy services. There was also overwhelming support for collaborative working with service users at all levels, in training MHNs; recruiting MHNs; care planning and assessment; and in service provision and development.

Q5) How can MHNs most effectively help to improve the physical well-being of people with mental health problems, in both community and in-patient settings, and with all age groups?

3.5 The majority of respondents felt that people with mental health problems need support from mental health nurses to ensure they have access to appropriate physical health care and regular assessment of their physical health needs. In addition, mental health nurses need to ensure service users are engaged with GP practices and the primary health care team where these services are delivered.

Respondents specifically stressed the need for the following:

- An understanding of the relationship between mental and physical health.
- The need for mental health nurses to have a health promotion role.
- Equipping of students with knowledge of common physical illnesses, anatomy and physiology, and clinical placements which include exposure to general hospital settings.
- The importance of close liaison, consultation and collaborative working with a range of health and social care professions in primary care to help promote physical health.
- Access to regular health assessment, screening and check-ups.

Q6) Should MHNs be trained to provide psychological therapies? If so, in what circumstances, in which practice settings and with what support would this be most effective and appropriate?

3.6 There was overwhelming agreement that MHNs should provide psychological therapies, with in-patient care being the most frequently cited area for practice. A range of approaches were mentioned as being appropriate, with cognitive behavioural approaches being most often mentioned, followed by psychosocial interventions, brief solution focused therapy and family therapy/interventions.
The responses suggested a range of requirements to successfully implement such developments, e.g. the availability of suitable training and expert clinical supervision. Management support for actually applying new skills in practice was also considered important.

Q7) How can MHNs best help to promote social inclusion in all specialty settings?

3.7 The main thrust of the responses suggested a move away from the traditional focus of mental health nursing or ‘traditional’ approaches to care and adopting a wider ranging ‘holistic’ approach. This encompasses looking beyond the individual’s illness and focus on symptoms to how mental health nurses might be able to assist in their accessing, for example, housing, benefits, employment, education, or leisure activities.

The need for educational curricula to include teaching about social inclusion came through strongly, as did the involvement of service users in delivering those curricula. Linked to this, though not expressed as an explicit educational need, was the suggestion that mental health nurses have or develop the knowledge of how to access local resources and legal rights for their service user group.

Another dominant theme was reducing stigma, prejudice and discrimination in mental health, with a need for mental health nurses to act as role models and see challenging stigma and discrimination as their duty. Linked to this was a call for the collective responsibility of national/local public awareness campaigns in reducing stigma, and the use of the media in delivering high-profile and positive campaigns.

Q8) How can MHNs best support service users’ spiritual needs/religious beliefs that may assist them in coping with illness?

3.8 Respondents recognised the potential importance of spirituality and religion for service users. The availability of appropriate training for MHNs was seen as being particularly important in responding to this issue, with some respondents suggesting that this be linked to cultural competency training.

In order to ensure that an individual’s beliefs were routinely taken into account when planning care, it was seen as essential that spiritual and religious needs were always included in assessments. The need to understand more about the range of beliefs held, particularly by local communities, was also frequently cited. There was seen to be value in MHNs forming links with spiritual leaders, either those employed by mental health services specifically to provide spiritual care or leaders from local spiritual/religious communities.

Q9) How can MHNs best be supported to provide responsive and appropriate care for people with substance misuse problems in all settings and in all age groups?

3.9 The overriding theme in response to this question was surrounding nurse education and training both at pre- and post-registration levels. Many respondents suggested that this should be a core competency at pre-registration level and that at post-registration all nurses should have basic education and training in substance misuse in order that it becomes a core role of the mental health nurse and is not just seen as a specialist area.

Another strong theme surrounded improved liaison between mental health services and substance misuse services, many advocating joint working and consultation with clear care pathways and joint management of care between services. A clear request was made for mental health nurses to have access to supervision and consultation with specialist practitioners in substance misuse, and a call for further developments of specialist dual diagnosis practitioner/nurse consultant posts. Coupled with this was a view that substance misuse services should be generalised and the expertise be developed within each team/ward.
Respondents also emphasised the need to challenge negative attitudes towards dual diagnosis clients and cited the need to recognise substance misuse in children and adolescents and older adults and improve service provision for these groups.

Q10) What needs to happen to ensure that MHNs incorporate evidence-based skills into day-to-day practice?

3.10 Many respondents indicated a need for more evidence on the human experience of service users and carers, more user-led research, and more research into recovery, dual diagnosis, psychological treatments and the nature and effectiveness of mental health nursing interventions.

Respondents felt that pre- and post-registration training should equip nurses with appropriate skills to understand and apply research finding to practice. Many emphasised the importance of support from managers for continuing professional development, with improved access to resources and opportunities to make use of any new knowledge. Respondents also identified clinical supervision, clinical leadership, governance and clinical effectiveness as important sources of support.

Setting up journal clubs, teaching, seminars, workshops, dissemination of knowledge, care planning, and audits were all identified by respondents as helpful ways of establishing a research culture. Respondents also suggested improved partnerships with higher education, with support for involvement of mental health nurses where researchers are part of the clinical workforce.

Respondents emphasised the importance of incorporating evidence-based practice into the care plans and care pathways as part of the commissioning process for service specification.

Q11) How can the abilities of MHNs to intervene with high risk groups and assess and manage risk in a therapeutic way best be delivered and supported?

3.11 Respondents identified training as the most important factor. This was predominantly in relation to the assessment and management of risk through specific risk assessment tools as well as in the use of ‘root cause analysis’ which was frequently mentioned. Other areas in which respondents felt that MHNs required training included management of aggression and violence, and confidentiality.

Often reported was the need for clear policies and procedures on risk assessment and management strategies. However, the role of MHNs in producing such policies and procedures was not clearly defined. In conjunction with this, many respondents felt that MHNs needed to help produce a cultural change to improve risk assessment. The need to strengthen partnerships with service users and empower them was seen to be central to effective risk assessment and management.

The need for improved clinical supervision based on reflective practice was consistently reported, and the need for MHNs to be guided and supported through the process of difficult decision making where outcomes may be positive, negative or unknown. In addition, respondents stated that MHNs needed to improve communication through better record keeping, care planning and inter-agency working, and that strong clinical and strategic leadership by MHNs was important in order to foster a blame-free culture where nurses feel able to take positive therapeutic risks, learn from mistakes and challenge bad practice without fear of negative consequences.

Q12) How and where should nursing roles best be extended to improve the service provided to users, and how would they need to be supported to be most effective?

3.12 Respondents suggested that extended nursing roles should respond to local need and be clearly linked to meeting service user needs.
The need for support from management, including having the roles clearly identified in terms of authority, responsibility and accountability, and valued with appropriate remuneration, was identified in the feedback. Respondents also reported the need for relevant training and education, and career pathways developed within a career framework that included systems for appraisal, mentorship and supervision for extended roles.

Particular areas suggested for extended roles included those of Clinical Supervisor and Approved Mental Health Practitioner, roles related to hospital/community transition, prescribing, various clinical specialist roles, public health and leadership roles.

The roles of unregistered staff e.g. Health Care Assistant, Assistant Practitioners, Support, Time and Recovery workers were also cited in terms of their potential to improve services.

Q13) In what ways can MHNs, working with all age groups and in both community and residential settings, help to safeguard children?

3.13 Respondents consistently agreed that improving services to safeguard children was an important part of the MHN role. Many nurses stated that to work more effectively they needed better child protection awareness and understanding, and stronger links with designated child protection nurses and other professionals.

MHNs working with service users of all ages agreed that, wherever possible, care and treatment interventions should be family focused.

Respondents described a range of opportunities which could be maximised by nurses to produce better child protection services. These included clearer policies and procedures, improved clinical supervision and inter-agency training opportunities.

Q14) How can MHNs best help to effectively meet the practical, health, emotional and information needs of carers in all specialist settings?

3.14 There was clear implicit agreement in almost all responses as to the importance of supporting carers, either by the MHN themselves or by referring on to others who could do so effectively. Generally, the importance of valuing carers’ contribution was emphasised, with some stressing that carers should be seen as partners in providing care.

The most frequently cited suggestion for helping to respond to carers’ needs was the provision of helpful information by the mental health nurse, e.g. regarding services or mental health conditions. The need to take into account carers’ own needs was also frequently mentioned, although it was not always clear whether this was seen as being done through a formal assessment or not. Support groups were seen as being very valuable, with some suggesting that mental health nurses should take an active role in establishing or supporting such groups.

Q15) How can MHNs ensure that they are providing gender-sensitive care and support, and begin to tackle more consistently the impact of violence and abuse, particularly on women's mental health?

3.15 In the main, respondents focused on women and issues of domestic abuse and violence, with children's well-being also raised in relation to domestic violence. Mental health, gender and sexuality were mentioned in some responses, predominantly in terms of promoting inclusion, choice and anti-discriminatory practice.
Respondents raised specific concerns about the safety of women on acute in-patient units and factors that increased vulnerability on these units. Single sex accommodation and women-only spaces were among the suggestions for improving the situation.

The majority of respondents proposed improving mental health education and training in the assessment and management of violence and abuse, and raising awareness of the frequency of domestic abuse among women with mental health problems.

Q16) **How should MHNs best contribute to improving race equality in mental health services?**

3.16 The most frequently identified approaches by respondents for improving race equality in mental health services included: education and training for a culturally capable workforce for the NHS, promoting race equality, and challenging discriminatory practice and adopting a zero tolerance approach to discriminatory practice.

Responses reflected a need for greater understanding of the needs of minority ethnic groups, with, for example, increased involvement of local communities in planning, monitoring, delivering and evaluating services in relation to non-discriminatory practice.

Specific suggestions included:

- Understanding the health needs specific to different groups.
- Overcoming language barriers with appropriate use of interpreter services.
- Recognising the mental health needs of refugee and asylum seekers, for example Post Traumatic Stress Disorder and increased risk of suicide.

Q17) **How can MHNs best improve service users' experiences, and outcomes, in in-patient care settings?**

3.17 The majority of respondents felt that this was a neglected area of mental health care requiring significant improvements. A number of developments were suggested, with the main request being for appropriate resourcing of acute in-patient wards, including adequate staffing to reflect the safety and needs of service users. A strong call was made for both the provision of meaningful therapeutic activity and protected engagement time for nurses to develop therapeutic relationships with clients.

Respondents wanted the service user to be at the centre of care, to be listened to and treated with respect and dignity. Suggestions for achieving this were: involving service users and carers in decisions about their care, treatment and outcomes, and having service user forums and satisfaction surveys/exit interviews to obtain service user feedback.

Many respondents cited the need to improve the hospital environment. In the main, this included provision of an environment that is safe, secure and clean, with access to outdoor space, areas for privacy, and the provision of nutritious meals.

Attracting and retaining competent and experienced staff was highlighted as a current difficulty. Suggestions for improving the image of in-patient nursing were a call for the recognition of in-patient nursing as a specialty in its own right with a clear in-patient career pathway, and the provision of education and developmental opportunities for in-patient staff, some respondents recommending tailor-made in-patient modules. Alongside this were requests for clinical supervision and support for in-patient staff and a need for strong clinical leadership.

Respondents also recommended that in-patient care be viewed as part of the whole system of mental health care, with continuity of care between in-patient and the community.
Q18) **What are the key mental health related competencies (including skills, attitudes and knowledge) that all MHNs should have at the point of qualification, and what changes could improve the pre-registration training provided in both academic and practice settings?**

3.18 a) Responses to this question covered a wide range of competencies associated with, for example, values underpinning mental health care, relationships between the nurse and service user and carers, models of practice and care, communication skills, physical health, psychological and emotional well-being, spirituality, cultural beliefs and practices, social care and social inclusion, risk and risk management. Respondents also wanted competencies to be included on an awareness and understanding of professional, legal and ethical frameworks for practice, and personal and professional development.

b) Changes that could improve the pre-registration training provided in both academic and practice settings focused on the relationship between these settings.

Respondents identified the need for strong relationships between service and higher education and other key stakeholders, acknowledging their shared responsibility for providing high quality practice-driven education and development opportunities for mental health nurses.

Stronger partnerships were seen as key to support for both students and qualified staff, for example, a range of development posts, including mentors and assessor, clinical educator and lecturer practitioner posts, with more joint posts between practice and education, clinical staff becoming more involved in teaching and research. Similarly, increased opportunities for staff from higher education to become more engaged in clinical practice and service development were valued highly.

The importance of appropriate clinical practice placements across a wide range of service settings and sectors, for skills development and for opportunities to apply knowledge to practice experience, were emphasised by respondents.

Respondents were supportive of different approaches that engaged service users and carers in pre-registration education and training programmes ranging from initial selection to involvement in practical assessment, teaching on programmes as well as linking service users with students throughout their training.

Q19) **How can support workers be developed to make the greatest contribution to providing care, and in what areas?**

3.19 Respondents acknowledged the contribution of support workers in a variety of roles across a wide range of settings. Many respondents felt that this group of key staff need to be better recognised and more highly valued in terms of their contribution to care. Respondents clearly identified the need for a sound career structure, appropriate remuneration, and career pathways with recognised qualifications, appropriate mentorship and supervision.

Support workers could make the greatest contribution through their involvement in treatment plans, activities relating to daily living, recovery, family engagement and vocational activities.

Q20) **What systems need to be in place to support MHNs in continuing to develop their knowledge and skills after initial qualification?**

3.20 Stronger partnerships with higher education, supportive accredited training systems, improved access to IT and resources and more e-learning opportunities were advocated, as well as specialist programmes of training in post-registration practice. The benefits of joint training with other professional groups, service users and carers were also recognised.
Respondents want encouragement and support from managers to support the translation of new knowledge from education programmes into practice. Many identified support from those in leadership and practice development roles as most beneficial to their own development.

Respondents also called for a more rigorous application of existing systems and a more robust strategic approach to organisational development that fosters a learning and development culture across NHS organisations.

Systems need to give support for individual practitioners, with mentorship and supervision for both management and clinical work, allowing reflection on practice, individual performance review, opportunities for shadowing and working with role models. Support for continuing professional development including the use of personal development plans, protected time, regular study opportunities, flexible career pathways and frameworks, and life-long learning were all cited as examples of good practice.

Q21 What challenges are presented to mental health nursing by the development of new/changing roles, and how can the profession best respond to ensure that services are improved by such developments?

3.21 The predominant response to this question was a need for clarity surrounding the development of new roles. Respondents felt it important for new roles to be well defined and understood by mental health nurses and that mental health nurses understood their responsibility in the interface with the new roles.

There was a request for unambiguous articulation of the core role and distinct contribution of mental health nursing, and clear identification as to how mental health nurses work with new roles as part of a team. Coupled with this was a call for mental health nurses to dispense with professional territorialism and adopt a non-defensive cooperation with new roles. This was felt best achieved by service providers including nurses in the development of new roles and services, and by nurses themselves driving the changes and taking the lead in embracing more inclusive approaches.

Respondents also guarded against developing new roles without a clear rationale and ensuring that developments should be client-needs led and of benefit for service users, carers and the wider community.

Q22 How can MHNs be supported to always act in a way consistent with their professional accountability and present their views in an assertive, coherent, professional and evidenced manner?

3.22 Most respondents highlighted the importance of support from their professional colleagues and peers across the multidisciplinary team as a means of maintaining their professional accountability and enhancing their professional identity.

Respondents also recommended that there should be a strong relationship between clinical services and higher education institutions both in pre- and post-registration education in order to help ensure professional skills development.

In addition, it was felt by a number of respondents that a supportive organisational culture would be one providing mentorship and supervision, with clear management support, and strong and visible clinical leaders who advocate evidence-based practice development.

Q23 How can we best improve the recruitment and retention of MHNs?

3.23 Respondents typically provided a number of suggestions. Most frequently mentioned, however, was the importance of pay, in terms of generally being improved and/or in terms of accurately reflecting the roles and responsibilities of mental health nurses.
The availability of appropriate continuing professional development was seen as significant in retaining staff. Likewise, respondents felt the image of mental health nursing to be important and in need of improvement in order to encourage entry into the profession, for example through having more positive stories in the media. A range of ‘Improving Working Lives’ type of initiatives were also mentioned, for example relating to the availability of affordable childcare, housing and transport.

Q24) How can effective leadership be best developed and supported for mental health nursing?

Clinical supervision was the single most frequently cited means of developing, supporting and valuing effective leadership for mental health nurses. Mental health nurses need career pathways that promote effective leadership development.

Respondents identified the need for effective leadership in specialist clinical or therapeutic areas, leadership in service development, and leadership for individuals and teams within those services. They saw specialist practitioners, modern matrons, nurse consultants, and director of nursing roles as key leadership roles in mental health nursing. Having a clearly defined and articulated leadership role contributed to the quality of leadership provided; furthermore, practice-based clinical leadership is highly valued where effective leaders have clinical integrity.

Effective leaders have an inspirational or positive attitude and they are seen as role models who take pride in their work. However, many respondents commented on the distinction between leadership and management, with the role of Ward Manager singled out as a key management post. While supportive managers have effective leadership qualities, respondents often saw this as a particularly challenging role. Some suggested reviewing the role to identify alternative effective leadership and management approaches.

Respondents identified the need for a higher profile and greater representation from mental health nurses at different levels and across different organisations, in practice development, with service users and in the commissioning process, including leadership across disciplines and within multidisciplinary teams.

Respondents wanted investment in recognised leadership programmes and workplace opportunities, including mentoring schemes, exposure to different models and approaches, professional networking, shadowing, working groups and project work.

Q25) Do you have any other recommendations as to how mental health nursing can make the best contribution possible to service users’ needs in the future?

Responses to this question were very diverse. Respondents consistently reiterated themes found in responses to other questions, for example the need for mental health nursing to be person-centred, improving leadership in nursing, issues related to improving pre- and post-registration education, defining the core role and function of nursing, integration with other health professionals, agencies and services, and commissioning mental health services.

A few respondents made suggestions as to how nurses could improve the needs of specific groups, for example the needs of people with a learning disability, specific needs of deaf and hard of hearing individuals. Similarly, a small number of respondents recommended the need to consider the nature and direction of research in mental health in improving the evidence base and increasing the number of mental health nurses involved in research.
The information gathered from the consultation process has informed the development of recommendations from the CNO Review.

The Chief Nursing Officer’s Review of Mental Health Nursing will be published on 20th April 2006. Electronic versions of the document will be available via the Chief Nursing Officer’s website www.dh.gov.uk/AboutUs/HeadsOfProfession/ChiefNursingOfficer/fs/en.

Hard copies will be available by contacting the DH Publications Orderline, Tel: 08701 555 455, Fax: 01623 724 524, Email: dh@prolog.uk.com.
Annex A
Consultation questions

Question 1
Do you believe that the Recovery Approach provides a values and evidence-based approach that would support
good practice and be applicable in all areas of mental health nursing practice?

Question 2
What do you see as the core roles of mental health nursing, common to all settings and specialties?

Question 3
How can MHNs best be supported to build positive relationships with service users and carers in all
practice settings?

Question 4
How can MHNs best promote service user choice in the entire range of care settings, e.g. from child and
adolescent, to high secure, to services for people with advanced dementia?

Question 5
How can MHNs most effectively help to improve the physical well-being of people with mental health
problems, in both community and in-patient settings, and with all age groups?

Question 6
Should MHNs be trained to provide psychological therapies? If so, in what circumstances, in which practice
settings and with what support would this be most effective and appropriate?

Question 7
How can MHNs best help to promote social inclusion in all specialty settings?

Question 8
How can MHNs best support service users' spiritual needs/religious beliefs that may assist them in coping
with illness?

Question 9
How can MHNs best be supported to provide responsive and appropriate care for people with substance
misuse problems in all settings and in all age groups?

Question 10
What needs to happen to ensure that MHNs incorporate evidence-based skills into day-to-day practice?

Question 11
How can the abilities of MHNs to intervene with high risk groups and assess and manage risk in a therapeutic
way best be delivered and supported?

Question 12
How and where should nursing roles best be extended to improve the service provided to users, and how would
they need to be supported to be most effective?
Question 13
In what ways can MHNs, working with all age groups and in both community and residential settings, help to safeguard children?

Question 14
How can MHNs best help to effectively meet the practical, health, emotional and information needs of carers in all specialist settings?

Question 15
How can MHNs ensure that they are providing gender-sensitive care and support, and begin to tackle more consistently the impact of violence and abuse, particularly on women's mental health?

Question 16
How should MHNs best contribute to improving race equality in mental health services?

Question 17
How can MHNs best improve service users' experiences, and outcomes, in in-patient care settings?

Question 18
What are the key mental health related competencies (including skills, attitudes and knowledge) that all MHNs should have at the point of qualification, and what changes could improve the pre-registration training provided in both academic and practice settings?

Question 19
How can support workers be developed to make the greatest contribution to providing care, and in what areas?

Question 20
What systems need to be in place to support MHNs in continuing to develop their knowledge and skills after initial qualification?

Question 21
What challenges are presented to mental health nursing by the development of new/changing roles, and how can the profession best respond to ensure that services are improved by such developments?

Question 22
How can MHNs be supported to always act in a way consistent with their professional accountability and present their views in an assertive, coherent, professional and evidenced manner?

Question 23
How can we best improve the recruitment and retention of MHNs?

Question 24
How can effective leadership be best developed and supported for mental health nursing?

Question 25
Do you have any other recommendations as to how mental health nursing can make the best contribution possible to service users' needs in the future?
Annex B
Organisations and groups responding to the Consultation

Notes:
• Although many informal groups responded to the Consultation, only those with formal group titles are included here.
• A number of groups and organisations requested that their responses remain confidential and hence are not recorded here.
• Some responses from Universities and other non-NHS organisations may only reflect the views of departments or groups within those institutions.

5 Boroughs Partnership NHS Trust
Action 16 ‘Parental Mental Health & Child Welfare’ group
Admiral Nurses
Age Concern
Alpha Hospitals Limited
Archway Community Mental Health Team – Camden & Islington MHSC Trust
Ardenleigh Forensic Women’s Service
Arnold Lodge Medium Secure Unit
Association of Directors of Social Services
Association of Nurse Consultants
Avon & Wiltshire Mental Health Partnership NHS Trust
Avon, Gloucestershire and Wiltshire Strategic Health Authority
Avon Service User Reference Group
Barnet, Enfield and Haringey Mental Health Trust
Bedfordshire and Luton Partnership Trust
Birmingham and Black Country Mental Health Network
Birmingham and Solihull Mental Health NHS Trust
Birmingham Children’s Hospital (NHS) Trust – CAMHS
Birmingham City Council Social Care and Health Directorate
Bolton Hospital NHS Trust
Bolton, Salford and Trafford Mental Health NHS Trust
Bradford District Care Trust
Bright
Bristol Learning Disabilities Partnership Board
British Association for Counselling and Psychotherapy (BACP)
British Forces Germany/SSAFA CAMHS Nurses
British Forces Germany/SSAFA Community Psychiatric Nurses
British Medical Association
The British Psychological Society
Burntwood, Lichfield and Tamworth Primary Care Trust
Bury PCT
Cambridgeshire and Peterborough Mental Health Partnership Trust
Camden and Islington Mental Health and Social Care NHS Trust (MHCOP)
CAMHS Nurse Consultants Forum
Carers in Partnership
Carers One to One Link County Durham
Causeway Trust Mental Health Service – Professional Nurse Forum
Central Manchester & Manchester Children’s Hospitals University NHS Trust
Cheshire & Merseyside Strategic Health Authority Strategic Nurses Forum
Cheshire and Wirral Partnership Trust
Consultant Nurse Forum, Avon & Wilts Mental Health Partnership Trust
Cornwall Partnership NHS Trust
Council of Deans and Heads of UK University Faculties for Nursing and Health Professions
Counsel and Care
County Durham and Darlington Priority Services NHS Trust
Coventry PCT (CAMHS)
Coventry University
Derbyshire Mental Health Services NHS Trust
Devon Partnership NHS Trust
Division of Mental Health, School of Health, Community and Education Studies, Northumbria University
Doncaster and South Humber Healthcare NHS Trust
Doncaster PROP Group
Dorset HealthCare NHS Trust
Dream Team – South East User Group
Dudley Beacon & Castle PCT
East London and The City Mental Health Trust
East Yorkshire and Yorkshire Wolds and Coast PCTs
Gateshead Health NHS Foundation Trust
Gloucestershire Partnership NHS Trust
Greater Manchester Strategic Health Authority
Guernsey Health and Social Services Department
Hampshire Partnership NHS Trust
Healthcare Centre HMYOI & RC Brinsford
Hertfordshire Partnership NHS Trust
HMP Dartmoor
HMP Lewes
Homerton School of Health Studies
Humber MH Teaching NHS Trust
Institute of Nursing and Midwifery, University of Brighton
Islington Assertive Outreach Team
Joint Homelessness Team Westminster
King’s College London, MH Section, Florence Nightingale School of Nursing & Midwifery
The King’s Fund
Lancashire Care NHS Trust
Leeds CAMHS Nurses/Leeds YOS – East Leeds PCT
Leeds Metropolitan University/Mental Health Group
Leicester Partnership NHS Trust
Leicestershire, Northamptonshire & Rutland Workforce Development Confederation
Lincolnshire Partnership NHS Trust
Manchester Mental Health and Social Care Trust
Mendip Primary Care Trust
The Mental Health Act Commission
Mental Health and Learning Disability Services, Isle of Wight NHS Trust
Mental Health Division, School of Health, University of Northampton
Mental Health Foundation
Mental Health Nurse Academics UK
Mental Health Nurses Association
Mental Health Practice Forum, RCN
Mental Health Team, Department of Nursing, Faculty of Health and Social Care, University of Hull
The Meriden Family Programme
Mersey Care NHS Trust
Mind
Morecambe Bay PCT
M Power
Nacro, Mental Health Unit
National Association of Lead Nurses, Royal Bolton Hospital
National Mental Health Partnership
National Patient Safety Agency
Newcastle, North Tyneside and Northumberland Mental Health NHS Trust
NHS Confederation
NHS Direct North East
NIMHE National PSI Implementation Group
NIMHE National Workforce Programme
Norfolk & Waveney Mental Health Partnership NHS Trust
Norfolk Learning Difficulties Service/LD Mental Health Nurses
Norfolk, Suffolk & Cambridgeshire Strategic Health Authority
Northamptonshire Healthcare NHS Trust
North Dorset Primary Care Trust
North East Lincolnshire Mental Health (Service User & Carer) Independent Forum
North East Lincolnshire PCT
North East London SHA
North Lincolnshire Primary Care Trust
North London CAHMS Nurses Forum
North Staffordshire Combined Healthcare NHS Trust
North Warwickshire PCT
Northumberland, Tyne and Wear Strategic Health Authority
Northumberland User Voice
Nottinghamshire Healthcare NHS Trust
Nurses Working in Psychotherapy Reference Group (supported by NIMHE SW)
Nursing and Midwifery Council
Older People Mental Health Services in Leeds Mental Health Trust
The Open University
Oxford Brookes University
Parliamentary and Health Service Ombudsman
Partnerships in Care
Patient & Public Involvement Forum Mental Health Tyne to Tweed
Pennine Care NHS Trust
Plymouth Primary Care Trust
Portsmouth City PCT Adult Mental Health Services
The Prince of Wales’s Foundation for Integrated Health
Prison Health – DH
The Queen’s Nursing Institute
Rethink Severe Mental Illness
RNID
Rotherham PCT
Royal College of General Practitioners
Royal College of Nursing
Royal College of Psychiatrists
Royal Liverpool Children's NHS Trust
The Sainsbury Centre for Mental Health
St Bartholomew's School of Nursing and Midwifery
St Martin's College
St Martin's Hospital – East Kent MH Trust
Sandwell Mental Health NHS and Social Care Trust
School of Health and Social Care, University of Chester
School of Health Studies, University of Bradford
School of Nursing and Midwifery, University of East Anglia
Selby and York Primary Care Trust
Sheffield Care Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Shropshire County Primary Care Trust
Sign
Skegness CMHT
Somerset Partnership NHS and Social Care Trust
South Birmingham PCT – Learning Disabilities
South Downs Health NHS Trust
South Downs Health NHS Trust Community Specialist HIV Team
South Essex Partnership NHS Trust
South London and Maudsley NHS Trust
South Manchester PCT
South of Tyne and Wearside Mental Health NHS Trust
South Staffordshire Healthcare NHS Trust
South Warwickshire PCT
South West London & St George's Mental Health NHS Trust
South West Yorkshire Mental Health Trust
Specialist CAMHS – Doncaster and South Humber Healthcare
Suffolk Mental Health Partnership NHS Trust
Surrey and Borders Partnership NHS Trust
Survivors of Depression in Transition
Swindon & Marlborough NHS Trust
Tees & North East Yorkshire NHS Trust
Thames Valley SHA