

## **Education issues: Always on the agenda for the profession of mental health nursing**

As a mental health nurse academic, vigilant monitoring of the educational preparation of comprehensive nurses to care for people diagnosed with a mental illness is always high on my agenda. Over the last three decades, the lack of mental health nursing content in Australian nursing programs has been raised at a national level by both academics and clinicians. We now have an expansive amount of literature in this area that clearly documents the struggle to keep this issue on the national nursing agenda. The major concerns with nursing curricula identified in the literature include the amount of mental health nursing content, the quality of clinical placements and the lack of consistency in content and hours across the university sector. The literature also highlights the negative attitudes displayed by non-mental health nurses towards students to dissuade them from choosing this pathway following registration. Most recently, this experience was clearly articulated by Melissa Evangelou in her guest editorial in 2010.

In 2008, the Commonwealth Department of Health and Ageing provided grants of up to \$50,000 to support universities to increase integrated and specific mental health nursing content into undergraduate curricula. Thirteen universities secured this funding and many made significant improvements to their programs. However, these universities most likely had on staff mental health nurses in positions of leadership who drove this change process at the grass root level. Unfortunately, some mental health nurses were not in the position to directly influence either curriculum content or the change process and lost the opportunity to improve curricula content in this area. Many of these academics remain unsupported professionally in their workplace.

The profession has continued to engage with key stakeholder groups over the decades working collaboratively to try to improve the mental health nursing content within programs. The outcomes of several national committees and groups working have led to increased communication with universities. This work must continue to ensure that sustained change across the university sector occurs but also to ease the level of individual responsibility placed on mental health nurse academics to action change within the workplace. The profession must actively engage with the Nursing and Midwifery Board of Australia to ensure that the accreditation of all nursing curricula meets the minimum standard advocated by the profession.

There is also the need to monitor the amount of integrated and specific mental health content within curricula. In many programs integrated mental health nursing content, for example, family assessment or working with families can be taught in units controlled by non- mental health academics, further reducing the need for specialist mental health nurses on staff. As a result the mental health nursing aspects related to this area are lost from the curriculum. Of further concern is that where integration is heavily supported as the underlying curriculum philosophy, it is often at the expense of mental health nursing specific content. This balance between integrated and specific mental health content ultimately determines the overall exposure and experience student have in their educational preparation. Hence, an important component in the negotiations with key stakeholder groups is the need to increase the numbers of staff with specialist mental health nursing skills working in the university sector.

While the national debate regarding the quality of undergraduate nursing continues I believe it is also time to become more attentive to changes occurring to postgraduate education programs within the university sector. Universities are business enterprises and therefore must demonstrate effective economic management to be successful. While there are several postgraduate programs in mental health nursing throughout the country many face similar problems of sustaining adequate student numbers over time to ensure ongoing program viability. This problem is further compounded when programs are offered in speciality areas, such as forensic mental health nursing and child and adolescent mental health nursing.

As importantly, at a national level, the focus on multidisciplinary education and training is gaining support and momentum through regular funding initiatives. In 2010, the Commonwealth Department of Health and Ageing offered grants of up to \$100,000 to develop multidisciplinary mental health programs. Some universities with low enrolment numbers in postgraduate mental health nursing programs took this opportunity to develop faculty based programs. Apart from Nurse Practitioner programs or research degrees these programs now provide the only alternative avenue for nurses working in mental health to specialist educational pathways at postgraduate and masters levels at some universities. While these programs are not yet commonplace, they do provide universities with more sustainable student numbers, the guarantee of program longevity and economic benefits.

With the move to national registration and the loss of the mental health nursing endorsement, credentialing by the Australian College of Mental Health Nurses is now even more important to the profession. As postgraduate programs are the pathway to meet the requirements for credentialing it is time to increase our monitoring and awareness of what is happening within universities in the postgraduate area and to discuss how these changes impact on the profession. It is also time to discuss innovative national programs that will ensure the ongoing viability of postgraduate programs in mental health nursing.