Comment

The erosion of mental health nursing: discussing the implications of the move towards genericism

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Abstract

This article casts a critical lens on the current Nursing and Midwifery Council standards for nurse education and their potential impact on mental health nursing in the UK. It discusses how the standards appear to be transitioning mental health nursing towards a generic, task-orientated nursing role and in doing so, are undervaluing the unique contributions of our profession to contemporary mental health care. It also argues that this descent towards genericism not only risks the erosion of the specialist skill set required of mental health nurses by our service users, but also aligns mental health nursing care closer with neoliberal policy and the biomedical model to the further detriment of patient care. This article warns that this current period marks a critical time for our profession and that collective, assertive action is needed now to safeguard our profession's distinct presence on the UK's nursing register.

Key words

Generic standards, Mental health nursing, Nursing and Midwifery Council, Nurse education, Skills, Student nurse

Introduction

The claim here that the mental health nursing is being eroded is made in reference to the impact of the 'future nurse standards of proficiency for registered nurses' (Nursing and Midwifery Council (NMC), 2018) on mental health nurse education in the UK. This move towards more generic education standards, and the application of procedural-based proficiencies across all four fields of nursing, is a significant deviation from the standards they replaced, which originally listed separate skills for each field (NMC, 2010). It is this shift towards a generic nursing role, under the current standards, that has devalued the unique position and skill set of the mental health nurse, and is threatening the presence of mental health nursing as a distinct, specialist field on the UK nursing register, to the detriment of both our profession and service users.

Accepting that the move towards a generic curriculum is also of concern to other fields of nursing within the UK (Glasper and Fallon, 2021), the focus here is on the displacement of unique skills that are fundamental to mental health nursing. The move towards quantifiable nursing skills and proficiencies aligns mental health nursing care closer with neoliberal ideology, associated with a market-orientated health service, and with biomedicine, so increasing the risk of iatrogenic harm (Esposito and Perez, 2014; Johnstone et al, 2018). The central argument here is that a descent towards a generic nursing role is neither in the interests of the mental health nurse profession, nor the service users we care for.

Precipitated by a necessity for change

This article accepts that mental health nursing in the UK was already flawed, and that changes to the standards underpinning mental health nurse education were, indeed, warranted. Over the years, mental health nursing, as a profession, has been the subject of controversy and criticism; its most vocal

critics often being service users themselves. Ongoing tensions, for instance, continue to exist between paternalistic, restrictive practices, corroborated by legislative frameworks and often used to coerce and to contain; and recovery-orientated, psychotherapeutic and collaborative care seeking instead to promote agency, and to empower individuals (Felton, et al, 2018; Hurley, et al, 2022). And it is the mental health nurse, above others, who must navigate these complex power dynamics, especially when working with individuals with histories of trauma (Warrender, 2022) or who have experienced a misuse of power in their lives (Johnstone et al, 2018).

There was the need, therefore, to ensure that mental health nursing was better aligned with contemporary mental health care (Warrender, 2021). For this, registrants will need to be skilled in: critical thinking and values-based decision making; communication as a tool in the development and maintenance of the therapeutic relationship; and relational care, with a working knowledge of the psychological frameworks that underpin it. Such skills and knowledge are recognised as important by Health Education England (HEE, 2020; 2022), alongside the position of mental health nursing as a distinct profession, but the HEE did not go as far as to identify the fundamental changes needed to be made to current pre-registration nursing curricula to cultivate these.

At the same time, a parallel argument exists around a parity of esteem in relation to the provision of physical health screening and care for people experiencing mental ill health, which have previously described as insufficient (Nash, 2022). This is despite our service users continuing to have a higher incidence of comorbidity and increased mortality rate than the general population (Das-Munshi et al, 2021). Appropriate education and skills training were desperately needed to reduce the gaps in screening for physical healthcare issues (Nash, 2022) and to reduce the physical health inequalities already experienced by service users across their lifespan. Arguably, however, the management of physical health conditions are prioritised under the current standards, fueling concerns that pre-registration nurse education in the UK is inevitably being manoeuvred towards a single generic, task-orientated nursing role. Such a move is potentially at the expense of the field-specific skills and knowledge needed to enhance the delivery of safe and effective contemporary mental health nursing care.

'Generic' mental health nursing and the potential loss of skills and knowledge

There is, of course, no guarantee that because the previous incarnation of nurse education was imperfect, that its successor will be any better. In fact, under the current standards (NMC, 2018), mental health nursing, as a profession, risks now being substantially weakened, and its unique skill set eroded. Despite the fact that future registrants will have been exposed, in practice, to a variety of clinical procedures and skills, allowing them, in theory, to work across a broader range of clinical settings, the fear is that this will be at the cost of field-specific skills and knowledge more critical to the role.

A purpose of this article, therefore, is to stimulate critical discussion around the type of skills needed and the extent to which they will be required. Having mental health nurse pre-registrants, for instance, chase procedural skills in practice such as cannulation, venepuncture and catheterisation, may not be the best use of their pre-registration nurse education, and as consumers, not the best value for their money. For many, these procedures may never be needed post-registration, and where such skills might be required as part of extended roles, many healthcare trusts require additional post-registration training before registrants are considered competent enough to do them in practice. It could be argued that these issues are more to do with the interpretation and operationalisation of mental health care standards by higher education institutions through practice assessment documents; however, it cannot be ignored that the responsibility for this still sits with the NMC and their validation processes.

In attempting to understand what it is that has been undervalued and risks being displaced in a move towards a generic nursing role, the core knowledge and skills that are unique to mental health

nursing must first be defined. Despite being the largest profession within mental health care in the UK, mental health nursing has struggled to clearly articulate its unique contributions to the modern healthcare arena (Lakeman and Molloy, 2019; Warrender, 2021; Hurley et al, 2022). The profession has evolved against the backdrop of psychiatry, psychology and social work and so has traditionally aligned itself with (Awty, et al, 2010; McCrae et al, 2014), and been defined in relation to, these other professions, often serving as the bridge between them, and drawing from their knowledge and skills (Hurley, 2009; Hurley et al, 2022). On the surface, therefore, there appears to be little delineating the skills of mental health nurses from those of the professions with which commonalities are shared, and with which mental health nurses have previously been considered adjunct, or even subservient to (Browne et al, 2012; Connell et al, 2022).

It is argued here that the unique skill set of the mental health nurse is located within the therapeutic alliance; not in itself unique to the field of mental health nursing, but still central to positive outcomes for service users (Wright, 2010). The success of the therapeutic alliance depends on advanced communication and the skillful navigation of complex interactions between the nurse and the service user (Hurley et al, 2022), especially when the latter is experiencing distressing and overwhelming symptoms; perceptions being altered, or emotions dysregulated. In contrast to our adult nurse counterparts, where service users seek medical intervention from them met through procedural-based skills, mental health nurses often need to go further, employing the 'self' as a therapeutic tool, in order to engage the whole person (Hurley, 2009), and meeting the individual where they are, especially at the point of crisis.

Mental health nurses form human connections that allow them to access and navigate the service user's world, their perceptions and personal values. Uniquely for the mental health nurse, these connections are developed and maintained often over prolonged periods of time, across different contexts and against backgrounds of emotional and physical containment. This work is further complicated by often having to circumnavigate conflicting values, such as balancing the wishes and expectations of the service user with risk issues and organizational constraints (Felton, et al, 2018; Connell et al, 2022).

Following this idea through, two things are surmised: the first is that the mental health nurse and service user relationship is symbiotic; the service user demanding the core skills required of the mental health nurse and by doing so, justifies the profession's distinct presence on the UK nursing register. Second, that outcomes, and actions taken to achieve these are not always clearly observed by those outside of the healthcare profession (NHS England, 2022).

For the NMC, both of these observations represent a problem: the lack of observable and empirically measurable outcomes and skills not fitting very well with a standardised assessment process. The result, therefore, seems to be that both mental health nurse-specific skills and service user's needs have been, at best, misunderstood and at worse, ignored in favour of quantifiable skills and outcomes. The resulting shift towards genericism and the unnecessary prioritisation of physical health proficiencies, therefore, lowers the quality of mental health care (Warrender, 2022) by taking mental health nurses further away from being the nurses that service users need us to be.

The implications of accepting a generic curriculum

This lineal descent towards a generic nursing role is typical of neoliberalism, promoting an outcomes-focused and target-driven nursing workforce, congruent with capitalist models. In its educational standards, the NMC appears to have aligned nurse education even more closely with the marketisation of the higher education sector and commodification of the NHS in the UK (Molesworth et al, 2011; Frith 2015), both equally concerning themselves with efficiency and metrics that are necessary for the maintenance of production-line processes (Warrender, 2021). By blindly accepting

the move towards a generic nursing role, as a profession we are inadvertently consenting to the further alignment of mental health nursing with neoliberalism.

Neoliberal policies are responsible for the austerity measures which exacerbate the socioeconomic inequalities already experienced by our most vulnerable service users, and so contribute to the mental distress they experience. In addition to this, fragmentation of the healthcare system, under neoliberal policy, is an example of a 'divide and conquer' philosophy, which encourages competition and a rationing of resources at the very point when these are needed the most.

Furthermore, for some of the most marginalised people within our society, neoliberalism perpetuates stigmatising attitudes by situating 'illness' (and even the blame for such) within the individuals we care for (Esposito and Perez, 2014), while at the same time, promoting a reductionist approach by assigning individuals to diagnostic boxes and ascribing financial value to them (Ramon, 2008). For service users, the move towards a generic nursing role represents a step backwards, tipping the balance back towards the paternalistic style of care and coercive, social control that might be considered more typical of biomedicine**.** The implications of this move are that the risks of iatrogenic harm and toxic 'us and them' cultures are increased (Johnstone et al, 2018). A generic, task-orientated nursing role is neither within the interests of mental health nursing or of the service users we care for.

Supporting a new set of standards

As further evidence that a generic nursing role is to the detriment of the profession and the service users, the UK only needs to look to Australia, as a cautionary example of how similar changes have impacted the healthcare service. Many commentators there have discussed how specialist mental health nurse pre-registration courses have been replaced by generic nursing programmes. These are felt to have led to the demise of, and difficulties in defining, the mental health nursing role, and programmes dominated by a biomedical focus, that are not as effective in preparing nurses to work in mental health practice (Happell, 2014; Lakeman and Molloy, 2018; Hurley and Lakeman, 2021). There is a need to address this in the UK, so that it does not become too late for remedial action.

In the first instance, the NMC and individual higher education institutions are called upon to work closely with the profession and stakeholders to critically examine the potential impact of the current standards (and the adult nurse-centric way in which these have been interpreted and operationalised) upon the development of the skill set required for the care of our service users. Longer term, a new set of standards is needed that better recognise the skills of contemporary mental health nursing that are fundamental to supporting individuals experiencing mental distress and to promoting relational safety in increasingly complex environments. Education standards that value and underpin the development of authentic relationships and genuine connections, skilled communication, reflective practice, and the skillful navigation of value conflict, would set mental health nursing back on its path to realising its autonomous, professional identity and skill set that better reflects the needs of its service users.

It is not the position or purpose of this article to propose the precise content and form that future mental health nurse curricula might take, as this will depend on the populations that local healthcare trusts serve. Rather, the aim has been to make the case for collective and assertive action, in cooperation and solidarity with service users, nursing students and other relevant stakeholders, and to fight for the continued and distinct presence of mental health nursing on the UK nursing register. This is a critical period for mental health nursing in the UK, and this article warns that if we replicate the same mistakes already made by our Australian colleagues and fail to take collective action now, we will also become complicit in our professions' demise.

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