
Book Section:
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Have mental health nurses enabled safe, therapeutic and sustainable acute mental health wards to become a reality?

Introduction

The first academic paper I ever wrote is now 20 years old. It focused on improving the therapeutic nature of acute mental health wards, suggesting that mental health nurses needed to move from a clinical position of firefighting in reactive chaotic environments to one in which nurses provided more proactive and therapeutic care (Baker 2000). At the time, policy changes, a renewed research and clinical leadership focus, and financial drivers were in place to for me to be hopeful that acute mental health wards would change for the better and that mental health nurses would be central role in this (Sainsbury Centre for Mental Health 1998, NIMHE & Sainsbury Centre for Mental Health 2004). This monograph will focus on how far mental health nurses have enable the concept of safe, therapeutic and sustainable staffing in acute mental health wards to flourish.

Background

The ability of the National Health Service (NHS) to ensure that hospitals and wards are staffed in a safe, therapeutic and sustainable way has arguably been an eternal problem since the development of the NHS in 1948. Nurses are pivotal to this. The last 70 years has seen incredible improvements in safety and quality of care provided across Health and Social care. However, there have also been numerous inquiries and scandals throughout the history of the NHS. Most recently, the scandal around quality of care provided in Mid Staffordshire NHS Trust lead to a full scale inquiry (The Francis Inquiry 2013). Inpatient mental health and learning disability care is not without its scandals, examples of appalling care continue to be unearthed by the media with Winterbourne View and Whorlton Hall being poignant examples. Most recently it seems that barely a week goes by without a care home, ward or hospital being found to be providing inadequate or unsafe care by the Care Quality Commission (most recent estimated by the Guardian as 28 separate services in the last three years (Campbell 2019)). It's important to note that poor care in institutional settings is not just contained to the United Kingdom. That the care for some of our most vulnerable populations continues to be inadequate and unsafe and at times awful is deeply troubling. This monograph focuses on acute inpatient mental health care, but it could easily be applied to Child and Adolescent Mental Health services (CAMHs), or Assessment and Treatment Units (ATUs) for those with autism and learning difficulties.

Safestaffing is hugely complex, it's political and has arguably been a consistent problem associated with institutional care. Safestaffing provides a concrete example of the lack of parity across the NHS, and divides the law and policy of four countries of the UK (Gilburt 2018, National Assembly for Wales 2016). It has enabled a divide between physical and mental health care, arguably with those considered less deserving often receiving a poor skill base. One of the first policy documents I was involved in focused on reviewing the literature around safestaffing in acute mental health wards, and more recently I have been involved a number of high profile strategic policy workgroups on this topic (NHS Improvement 2018, National Co-ordination Centre for Mental Health unpublished). Surprisingly, the first rule of all these meeting is you can't talk about numbers – in essence this misses the very point associated with developing a safe, therapeutic and sustainable workforce. More staff with skills costs more money. During those times when budgets are tight, as they have been after years of austerity (McNicoll 2015), nursing staff are a relatively easy group to cut, replace

and substitute with different arguably cheaper roles. As a professional group of mental health nurses our representation at a senior level has been decimated in recent years (Campbell 2017). The desire to train one generic nursing workforce is appealing. The absence of clinical supervision, development of therapeutic skills, loss of nursing knowledge drawn from therapeutic relationships, therapeutic communities, group work, managing a milieu seem resigned to the history books, or claimed by other professionals. Unless we equip these mental health nurses with the specialist skills they need to deal with distress, trauma and severe mental illness no amount of protected will enable them. The context that nurses' work in with increased focus on 12 hour shifts devised for their cost saving potential means that they are unlikely to remain therapeutic for the duration of their shift (National Nursing Research Unit 2013). Nurses cannot occupy this therapeutic spaces if they are seen as the ward administrative co-ordinators and continue to service wards rounds, and the endless need for documentation (the reduction of which has been called for in endless mental health nursing reviews). That their role can be substituted by peer support workers, untrained assistants or generically trained associates often at the will of Directors of Nursing for supply or budgetary reasons speaks volumes of their perceived therapeutic worth. Or of equal worry is the role of the broader MDT who attend, formularise, and then withdrawal from the environments.

Therapeutic but not sustainable

The demise of mental health nursing largely driven from within, or by the profession of nursing. For mental health nursing in acute environments to become a sustainable force, things undoubtedly need to change. There has been a continued reduction in the mental health nursing workforce, when most other professional groups in mental health have seen modest rises. There has been a continual reduction in qualified mental health nursing staff in England (Campbell 2017). This strain has been felt across mental health services but particularly in acute inpatient wards and community mental health teams. This fall has been predictable since these nurses entered the registers, a demographic time bomb which has accelerated as a result of changes to pensions. Recruitment when it was manged by the NHS has consistently underestimated the need, universities and clinical environments have failed to recruit and retain sufficient numbers of students. Undoubtedly the loss of mental health officer status, and several changes to the pension provision (arguably one of the few financial benefits associated with mental health nurses) is impacting on retention. More recently the removal of bursaries and grants to support new students, the introduction of university fees is making the fields of mental health and learning disabilities which frequently attracts a different kind of applicant (older, male, previous graduate, lived experience) less palatable. Treating a mental health nursing workforce as experts requires career opportunities. Yet fewer roles noticeable, skill mix reviews based on existing budgets not optimal staffing constraining opportunities and role development and diversity.

Despite continued planning exercises and high profile taskforces, and repeated reviews of the literature an evidence base for the profession has not been devised (Health Education England 2017, Lawes and Pilling 2017). Recent efforts to undertake workforce reviews by various policy making groups, the absence of an evidence base and continued demands to not discuss actual numbers has frustrated informed decision-making and strategies to address the problem. These committees rarely pay heedance to nurses, prioritising Psychiatry and Psychology (Centre for Workforce Intelligence 2014). Given that nurses are the primary therapeutic intervention in acute mental health care this constitutes a major deficit. But there are counter arguments that maybe it's time for nurses to step aside and allow other

professional groups and peer workers to have more prominent roles. The difficulty is in a 24hr 7 day a week service who will be there in the middle of the night.

Arguable the failure of successive governments to mandate staffing levels across all NHS, and woefully inadequate workforce planning has left inpatient mental health services in a poor state. A will continue to impact on those services which are often marginalised. For mental health nursing to become truly valued again, the family of nursing need to recognise the unique skills set of each field, and ensure time, space and adequate CPD provision for nurses to flourish in acute mental health wards. As a researcher an important role lies with me to continue to develop and expand the knowledge and evidence base to ensure further inpatient environment are safe, therapeutic and offer a sustainable model of workforce development.

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