Lived Experience Consultation on Mental Health Nursing Recruitment and Training.

ACUMEN and University of West of Scotland Mental Health Nursing Department

"Seeing the whole person"

ACUMEN

March 2019-September 2019

Summary

ACUMEN (Advancing Community Understanding of Mental and Emotional Needs) held 7 focus groups and a series of discussions, with people with a lived experience of receiving mental health nursing support and carers of people who receive mental health nursing support. We wanted to know what are the skills, values, knowledge and attributes people are looking for in mental health nursing practitioners.

We heard from people with lived experience the important role that mental health nurses can have in facilitating people's recovery journey's and how nurses in particular have a key role delivering recovery outcomes for the people they support. During periods of illness, life can change; nurses can help people to identify what is important to them and to the people who support them. Nurses can deliver interventions that help people to live a life that matters to them. Some of the interventions described included support with navigating the benefits system and a knowledge of community-based support systems so that people can continue their recovery journeys out-with statutory services.

Overwhelmingly the people we spoke to described mental health nursing as a role that was about listening and the ability to ''see the whole person'' not just the symptoms of illness.

The groups revealed that many participants felt that a lived experience of mental health issues would be an advantage for people who went into mental health nursing and felt that practitioners who could demonstrate in some capacity a lived experience of mental health recovery would be helpful to them, reducing stigma and promoting hope.

When we asked people what mental health nursing means to you, the majority of responses people gave were around listening and creating a relationship of trust and respect:

> Taking the time to listen to you
>
> Spending time with you, getting to know you
>
> Building trust
>
> Listening, sitting down and having a cup of tea
>
> Being real

There were many references to medication, help with daily living, care plans and other activities but over the course of the discussions it was clear that the key task people expected from mental health nurses was being available to listen, to take the time to develop relationships where people can feel trust and allow people to open up about how they are feeling.

This process takes place in a variety of settings and under a variety of pressures, over the phone supporting people in crisis where body language can't be observed and language skills are key; in busy wards supporting people who are detained and feel unable to exert control over their own lives; in the community supporting people living in different circumstances, perhaps in rural areas where there is a significant perceived stigma of mental health issues or supporting people from the LGBTQ+ community who face a hostile environment in society at the present time. Nurses require the ability to support people in the right way, using the right language, adjusted to the right circumstances; to be self-aware- how is my approach affecting this person? To be genuine and compassionate to each person they come into contact with, to understand the context of people's lives. What sort of person does this take? Someone who is interested in people? Someone who reads, watches documentaries? someone who has life experience-had different jobs; people in recovery? Someone who has voluntary experience?

Life experience
Someone who's been around
You can tell when people read from a script
Lived experience
Likes people
Experience of the big wide world

We asked people what kinds of knowledge should mental health nurses have. Knowledge about medication was frequently referenced, especially around side effects and support for people to make informed decisions about medication. After medication; local knowledge and community based support-knowing what is out there in the community was important to people.

Knowledge about benefits and social security and social care was also important to participants.

Many of the people participating in the groups had experienced social isolation and loneliness in the community whilst recovering from mental health problems and described how this had sometimes made their mental health problems worse. Many of the participants felt that nurses they came into contact with needed to know what was available for people in the community and support people to access these assets. Significantly the benefits system was one of the major life stressors affecting people in their daily lives, low income, income that had been changed following a mental health problem, difficulties getting into paid employment, all of which had a direct impact on people's mental health and participants indicated that nurses should have an understanding of these issues and the capacity to support them through these processes.

When we asked what placements nursing students should have the suggestions mirrored those above, placements that would enable nurses to understand the contexts of the lives that people live and recover in.

Groups like this

Groups in the community

Talking to people who've been there

Most of recovery takes place in the community

Drug and alcohol services

A good variety of placements

Background:

ACUMEN are a network of people with a lived experience of using mental health support and people who care for people with a lived experience of using mental health support.

The network involves people across Argyll and Bute, Renfrewshire, Inverclyde and East Renfrewshire. ACUMEN was approached by UWS (University of West of Scotland) Mental Health Nursing Department to speak with people with a lived experience about what makes an effective mental health nurse.

The aim of this project was to bring some of the voices of people who use mental health support to the University who recruit and train mental health nurses. UWS nurses work and develop practice across Scotland, this report is one of many ways the university will inform their recruitment and training programmes.

In order to gather the views of people with lived experience ACUMEN development workers designed and delivered a series of focus groups from March 19- August 19; as well as participating in one to one and group discussions in a range of venues and meetings over the course of their engagements within the ACUMEN network.

This report summarises the discussions from these focus groups and beyond. A copy of this report will be circulated to all the participants.

In partnership with the mental health nursing department we aimed to get feedback from people who use mental health support on the following:

- What are the important attributes of people recruited to nursing?
- What types of skills are important for nursing students to learn?
- What kinds of placements should nursing students have?
- What makes good Mental Health Nurse?
- What do people with lived experience think the main areas of knowledge should be?
- What do people with lived experience think the developments in Mental Health training should be?

Focus groups were designed to last one hour and allowed all participants to give their views, either in conversation or by drawing pictures or symbols.

Focus groups were kindly hosted by:

- RAMH Renfrewshire Women's Group
- ACUMEN Recovery Renfrewshire
- Kintyre Link Club
- RAMH Renfrewshire Link Club
- RAMH East Renfrewshire Link Club
- RAMH Self-Management Volunteers Group, East Renfrewshire
- RAMH Peer Support Group "Time to Talk" East Renfrewshire

We did not ask participants about their age, gender, sexual orientation, ethnicity, religion, socio economic group or mental health diagnosis and we are aware that people's experiences and comment may be informed by social identities but that would require specific investigation.

Our aim was to produce a small qualitative report based on the experiences of people who use mental health support within the ACUMEN network.

We would like to thank everyone who contributed their time to participating in this process.

The project:
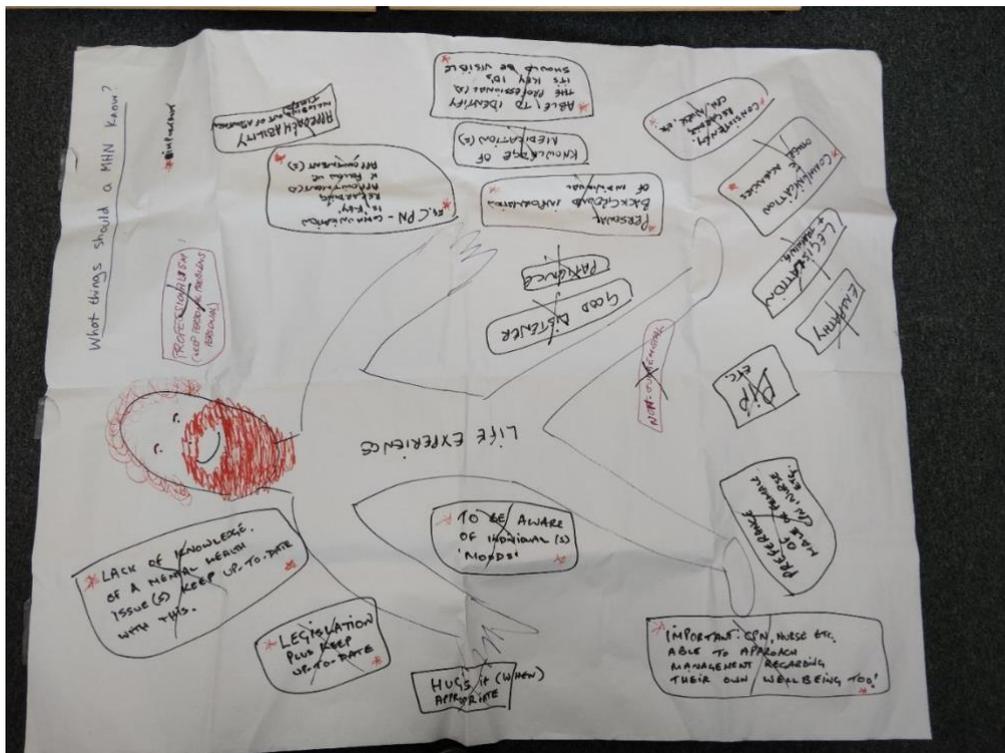
We asked established mental health support groups if they would like to host a discussion group. Each group lasted one hour with participants able to contribute their feedback through discussion, through drawing or making symbols. Participants welcomed the opportunity to give their views and discussions were lively and animated with many people sharing their experience of being supported in various mental health settings by mental health nurses, in some cases being able to reflect on changes that they have seen over the years in the delivery of care, for others, the significant contribution that nursing care has made to their recovery.

Facilitators were keen to adopt a positive approach for people sharing their views, asking people;

- What has worked well about the support you have received from mental health nurses?
- What has been important to you in your care?
- Why do you think that worked well?

And where people had any challenging experiences of support we wanted to hear from people:

- What would you do differently, what could work better?
- What do you think would help change this?

Facilitators encouraged participants to create a wish list, what would the ideal mental health nurse practitioner be like- What values, attitudes, knowledge and skills would they have? The responses were drawn out on body maps and widely discussed. Facilitators encouraged participants to analyse what has made their experiences with mental health professionals work in the past and draw out the key themes from this.

The final part of the focus group asked participants their views on mental health developments, what will be important in the future, what kinds of placements would be beneficial to students, what kinds of knowledge would be helpful? Facilitators noted that there was a variety of ideas and perceptions about what mental health nurses did, and what people wanted nurses to do; we asked participants to share with us what they thought the role of the mental health nurse was and what tasks they felt that nurses did.

The most frequent tasks people described nurses as doing were:

Managing Safety, managing medications, care coordinating, feedback, health checks

The tasks that the groups most frequently alluded to being important in their care were:

Sitting down, talking, listening, taking time, spending time, building trust

For the purposes of this report we will break down the discussions into the following headings:

- What makes a good mental health nurse?
- What sorts of skills do they need?
- What kinds of knowledge do they need?
- What sorts of placements should they have?

What makes a good mental health nurse?

Mental health nursing is a privilege. Nursing generally is, but mental health nurses are a special breed of privileged people. People trust us enough to tell their story, knowing we will listen. Some people's stories have such trauma in them which led them to their difficulties. People trust us to care for them when they're at their most vulnerable. We need to live up to this trust.

(Luke Woodhouse – student nurse) https://studentnurseproject.co.uk/2018/02/01/what-is-mental-health-nursing/

Empathy, compassion, kindness, being genuine and caring and able to develop trust were the most frequently mentioned qualities emerging from the group discussions. People described needing mental health support at the most difficult times in their lives:

'when you're ill, it takes over every part of your life, it all goes to pot, I was working, a good job, looking after a family…. then I was in the hospital, I didn't want to talk to anyone; I was…lonely'

Being able to connect with people when they are the most vulnerable is a skill that people value highly.

Participants described how nurses needed to reach out to them when they were feeling shut down, not wanting to talk, feeling scared, were socially isolated, felt judged, ashamed and felt alone; we asked how they do this:

- With Kindness

- By Listening

- Acting in a Non-judgemental (open) way

- Being Compassionate

- Being Empathetic

- Demonstrating a Lived experience

The ability to show kindness, to listen, to be open and not judge or criticise, to show compassion and empathy were the ways that the groups described nurses being able to break down that barriers that people face communicating when they are unwell. Some people in the groups talked about how showing a lived experience of mental health problems would be helpful:

'Personal experience: it always used to help me. If someone said they had a lived experience, something like that gave me hope'

'I saw their scars…. It wasn't like we talked about it but I just thought that they would get it, I didn't have to pretend'

For others, a lived experience was not as important because not everyone's mental health problems are the same. What became apparent over the course of discussions is that knowing or hearing of a nurses' lived experience in a positive way can give off clear signals to the person being cared for that this person wont judge me, that they can work and have mental health problems, that there is hope, and, that it's okay to talk about mental health problems, that most of us have them. Nurses who chose not to share a lived experience will give off these signals in other ways.

Discussions in the groups often came onto the constraints that nurses work within, in hospitals and the community and expressed concern for nurses managing their own self-care. Nurses were often described as busy and pressured, running about, having lots of things to do, doing paperwork, but overall there was a sense that nurses who were able to provide time, despite being time pressed, to notice body language when people can't talk or express themselves, to be self-aware, to understand how their actions and responses impact on people were what people were looking for.

- 'They don't have a lot of time, but we need to talk'

- 'To be able to notice when people aren't comfortable'

'With mental health you already feel a burden, can't do anything right, then when they're rushing about, not got time to sit, it makes you feel worse'.

Other attributes discussed included:

- Integrity; *'able to tell the truth'*; *'reliable'*, *'stand up for you'*, *'contact you when they say they will'*

Participants referred to circumstances where they had been told something would happen and it didn't and how this could set a person back. Another person said how they had told a nurse practitioner how they felt about their care plan and was hoping the nurse would stick up for them with the psychiatrist and when they didn't they felt this was a missed opportunity to change the plan to something they wanted.

- Commitment; *'got to like the job'*; *'get the best for people'*, '*stick around', 'dependable', 'it takes a year to get to know you'*

Some of the discussions highlighted how difficult it is to get continuity of care, with people leaving and being off sick or giving the impression of being run down by the job and the effect that this has on people receiving support.

- Being approachable, friendly, have *'respect for my opinion'*.

Some people described how being hugged had helped them when they were feeling really down or distressed and that when a person has asked permission this can be a very comforting thing to do.

- Being Caring, open and non-judgmental, open minded,

  'knowing and caring enough to call me back and check up on me'

- Being confident, *'they've got to know what they are talking about'*

- Being professional, not getting angry or upset, keeping personal life personal

A good interaction with a mental health professional was described as respectful and positive where the discussion went beyond illness and symptoms to find out '*Who are you*?'

'Nurses need to help people to achieve their goals'

Nurses who were able to sit and listen without judgement to help people to achieve their goals, whether that was getting up and dressed or going to college; who were able to help people even in times of distress to identify things that were important to them and their families was seen as important. One person at the Renfrewshire Link Club described their interaction with a mental health nurse as 'excellent' because of how the following made them feel:

Made me a cup of tea

Was flexible

Picked up on my mood

Talked to me as a person

Didn't dismiss me

What kinds of skills do mental health nurses need?

Listening Skills:

In each of the group discussions a key theme was that of listening. The skill of listening had many aspects to it; such as creating the space and time for people to be listened too; respecting people's opinions, listening to families, asking appropriate questions, giving people time to talk, supporting people to express themselves, creating opportunities for people to be involved in their care, as well as listening to people's stories and listening to their perspectives.

The self-management peer volunteers group discussed how, as experts in their own self-care, they were using self-management approaches with their own mental health care and supporting their peers to use these approaches too. For this group nurses who could work in partnership with patients and supporters was important, listening to the patient as an expert and using a person-centred approach. This group focused on the skills and attributes required to hand back control to people receiving support.

> Positive Risk Takers
>
> Promote Self-Management
>
> Person-Centred Approach
>
> Help me to get back to my life
>
> It's not just about medicines-it's all the things I do now that keep me well

Many of the groups stressed how important techniques to manage their mental wellbeing such as mindfulness, wellness planning, group activity had been to them and how nurses had a key role to play in supporting people to develop these techniques. Helping people to access self-management tools online, through apps, guiding people to suitable websites and reading materials and self-help websites are all valuable tools which can be shared.

Other skills commonly referred to included:

Time Management Skills:

A theme running through the group discussions were that nurses are time pressed. It was hard to get appointments with CPN's, it was difficult to see people for long appointments, in hospitals nurses were described as busy with tasks that took them away from spending time with patients. When people ring up for crisis support time to talk is limited. The groups described difficulties nurses in many roles faced getting time to spend with them, this can have a direct impact on how people perceive their support. The groups generally felt that problems with 'time' were issues to do with funding and staffing levels rather than at the level of the individual nurse practitioner. However, several groups highlighted the importance of time management in nursing skills and being able to balance tasks so that time with patients is not compromised. The Kintyre Link club reflected the difficulties of managing case-loads across wide geographical areas and how one missed appointment can lead to people not being seen for months on end with appointments often being cancelled at short notice and the impact that this can have on people relying on this support.

Care and Discharge Planning Skills:

Another common theme within the discussion groups was that of *'seeing the whole person'*, understanding what was available in the community for people and those who support them, tackling social isolation, understanding what people have to do in their daily lives and how good care plans would reflect this.

"when you're feeling lonely, depressed, I'd be looking for someone to give you support and helping you to get things to do and finding a place to meet other people''

Few people in the groups stated they had been involved in their care plan or that they knew what was in it. However, for the people who had been involved in writing care plans and crisis plans the impact had been transformational in terms of building confidence, achieving goals and minimising crisis.

> "There has been an improvement in how staff think about service user involvement, but imbedding this into practice requires constant work and reflection. Several people discussed their ongoing efforts at a strategic level to improve shared care planning for example to replace traditional management plans that "tell patients what they can't do.....I'm doing a piece of work at the moment looking at how do we get patients involved in writing their own care plan? How to we get them to agree that care plan and actually own it? And how do we share it with other agencies and people they come into contact with?"
>
> THE TRANSFORMATION OF ADULT MENTAL HEALTH CARE IN SCOTLAND: LEARNING FROM THE PAST TO SUPPORT INTEGRATION REFORM
>
> WWW.RCN.ORG.UK/SCOTLAND

Some of the groups described how when their support from CPN's had ended or when they had been discharged from hospital they felt cut adrift. Many had ended up in community based support services by accident or after long periods of trial and error.

'GP's don't know about these places, the nurses don't know about them, how are we supposed to find out about them'

When we discussed what would help people to feel better when their support from nursing supports ended people indicated:

> Communication with other agencies
>
> Discharge plan that reflects what matters to me
>
> More knowledge of what's available and other support
>
> Having local knowledge

Helping people to plan and implement activities in a discharge/recovery plan that people using support and their supporters can take ownership of would be helpful.

Communication Skills:

Communication skills were mentioned frequently, this included the ability to communicate with people using support and the people who support them- such as families; carers, support workers etc; the ability to communicate with other agencies, the ability to communicate about appointments and follow up appointments, the ability to tell people what's going on, the ability to

communicate the facts, especially telling the truth around waiting times, the ability to communicate with other service providers to create a smooth operation of care. The ability to communicate verbally or non-verbally to people that you are open and ready to listen that their background and story will be accepted and treated appropriately helps to break down the barriers that people experience accessing a service.

Some people highlighted how important regular communication is to them in their care and when professionals don't keep in touch this can cause panic and distress.

Physical Health Assessment Skills:

Significant numbers of people in the groups had physical health needs that had an impact on their mental wellbeing, some described how mental health staff didn't want to know about their physical health saying it was a matter for the GP and GP's didn't want to know about mental health saying it was a matter for mental health services. For some this increased the numbers of appointments they had to attend and sometimes things would get missed, others described how a holistic approach would have a better impact on their mental health recovery. The groups indicted that nurses required skills to support people with managing common physical health conditions, such as pain.

Other skills mentioned included:

> Dealing with Challenging Behaviour skills
>
> Conflict Resolution skills
>
> Assessment Skills

Some participants described how being in-patients and witnessing conflict and challenging behaviour can be upsetting and felt that knowing how to manage conflict or de-escalate situations is important, especially when creating an atmosphere where recovery is possible. Participants also described how assessments can be intrusive and difficult processes to go through and how

explaining why questions are being asked and what they are used for can be helpful.

What kinds of knowledge do mental health nurses need to have?

Medications & Side effects	Trauma informed
Understand abuse	Benefits
Community support	Self-Management
Recovery	Care planning
Advance Statements	Local Knowledge
Knowledge about society	Housing
Impact of physical health on mental health	Alcohol training
Understand effect of stigma	Psychology
Understanding from people who've been there	Social Isolation
Legislation: Housing-Benefits-Mental Health-Social Care	

The discussions in the groups created significant lists of knowledge participants felt mental health nurses should have, most frequently mentioned were those listed above, specifically knowledge around medications, treatment regimes, and side effects of medication.

Medication and side effects:

As nurses are generally responsible for distributing and supporting patients with medication they are looked too as being the main source of advice and information as opposed to the prescriber. Some participants said they wanted the opportunity to talk more about medication and the rights they have about the treatment they are receiving.

Benefits:

Many of the participants in the groups we met with had experience applying for benefits and navigating the benefits system or adjusting to periods of reduced income after a period of ill health. These were significant challenges. People described having to negotiate certain process, such as PIP assessments as significantly challenging to their mental health and well-being. Knowledge of the benefits system, 'help to fill in forms', 'who to go to for advice', were key areas

of knowledge people were looking for in nurses as these issues had a direct impact on people's daily lives and their recovery.

Trauma informed:

Many people coming into mental health services have experienced trauma at some stage in their lives, the groups mentioned several things which helped them, people asking the right kinds of questions, wearing name badges to identify themselves, not rushing, providing quiet spaces. Constant observations and lengthy assessments were described as stressful experiences and ones which needed to be carried out with sensitivity.

Advance Statements:

Very few people in the groups were aware of advance statements or how they work, after discussion there was some consensus that nurses would be ideally placed to support people who had experience of being detained under the mental health act to write advance statements. Of the two people who had an advance statement the impact on their sense of control over their care and treatment was evident.

Community Based Support:

Participants in the groups were keen to stress the importance of nurses having a good understanding of the support available to people in the community, and having a good understanding of what their patients are going back to. What is your support network? What kinds of things to you enjoy? Were all questions people would like to be asked.

Understanding the impact of stigma:

Some of the group discussions touched on how important it is for nurses to understand what's happening in the wider world, in politics- i.e impact of austerity, or the effect of racism or gender and sexual identity discrimination and how this effects people when they are seeking help. One topic that was frequently mentioned alongside austerity and/or 'budget cuts', was stigma, people in the groups still felt that they experienced stigma related to their mental health issues and that nurses need to have a good understanding of how that effects the people they work with.

What kinds of placements should mental health nurses have?

> With the CPN's as much as possible
>
> In rural areas so that they can learn what's available, especially islands and farming communities.
>
> Placements at Link Clubs
>
> All over
>
> Anywhere were people with mental health problems are
>
> Groups like this
>
> Groups in the community
>
> Talking to people who've been there
>
> Most of recovery takes place in the community
>
> Drug and alcohol services
>
> A good variety of placements
>
> Hospitals are important

Generally, the groups felt that experiences should reflect the challenges that people with mental health issues face in the community and placements which reflect how people manage and develop their recovery in the places where they live. As one participant said: '*I'm hardly in the hospital, when I'm in there no-body does anything with me, they just watch me. The students, they talk to you but when they qualify they don't….I live my life out here, this is where I need help'.*

Participants felt that a wide variety of placements would help people to develop the experiences and understanding of where people are coming from, with hospitals being very important as they are such challenging environments:

'It important that nurses show empathy and kindness when someone is admitted to hospital, especially for the first time- it takes time to adjust to the hospital when you are first admitted'

Conclusions:

The consultation on Mental Health Nursing recruitment and training generated a lot of interest, at every group and every discussion people have had much to say and to contribute on the subject. The numbers of people who wished to give their views and participate by far outweighed our capacity to visit them all. This report is based on the discussions from the 7 groups we met with which totalled 57 people in all and some discussions one to one with ACUMEN members. However; there is much more that could be added, overall people with lived experience of using mental health support are keen to help inform and develop mental health care and the practice of mental health professionals and have amazing and valuable insights to offer on what it's like to be in receipt of care.

Participants in the group discussions clearly stated that the skills, qualities and attributes they are looking for in mental health nurses are the those of good character, people who can reflect on their own behaviour and see how they come across to others and adapt accordingly; people who can take a busy, stressful job and make it appear like they have all the time in the world for people because they really care. People who will call someone out of the blue because they haven't seen them for a while or ditch a formal assessment, put the kettle on and get the information as it comes.

How do people come by these skills? By working and training in lots of different environments; learning from people with lived experience and asking what works for you? as well as learning and understanding about other sectors and disciplines.

Being interested and curious about the environments that people live in and what is available to people in their communities is an attribute that will help nurses to work collaboratively with patients and help create care plans and discharge plans that meet people's needs.

What makes a good mental health nurse?

Somebody who's there for you, somebody who understands you, someone who can listen.