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Education Editorial – British Journal of Nursing

At this time of year Universities are welcoming their new cohorts of students to their nursing pre-registration programmes. For many Universities this year will see the implementation of the new Future Nurse NMC standards (Nursing & Midwifery Council (NMC), 2018). If these standards are not being implemented immediately Universities will be planning for their September 2020 intakes. As an educator and clinician whose focus for many years has been that of mental health care in non-mental health settings (Chartres et al, 2017) I welcome the expectations that our future nurse education will have a much greater focus on the impact of mental health needs and psychological impacts of physical health needs.

There are numerous challenges to meeting these expectations, in the classroom, through self-directed study and also in the clinical environment. These changes to expectations are long overdue and bring our nursing education standards in line with what we have always claimed to be, holistic practitioners (McEvoy & Duffy, 2008). Practitioners [not] defined by a dual or dichotomous approach to care where the nursing of mind and the nursing of body are completely separated; with environmental and social impacts largely considered outside of the nursing sphere. Holistic nursing practitioners consider and can support the whole person and take account of the context and meaning of health and illness outwith the persons care episode or our care environment. Holism of course aligns closely to person centred care which we also strive to embrace. Achieving holistic and person- centred care increases in complexity when we further acknowledge that we work in an integrated multi-professional healthcare system with differing perspectives and educational traditions .

Many registered nurses will recall a pre-registration education where experience and understanding of mental illness was a discrete element of their education and training, focused often on diagnosis. Mental illness diagnosis is an important concept to understand, not least because evidence based treatment guidelines are generated from research where participants are categorised based upon diagnosis and the benefits of symptom reduction, for example NICE guidance on common mental health problems (NICE, 2011). However, in my experience of co-producing education with service users and considering the most commonly adopted approach to supporting those with mental health needs, namely the recovery approach, diagnosis may well take a back seat in terms of the capabilities and service user expectations of nursing care.

The recovery approach is one based upon our ability as practitioners to work alongside someone in relation to their psychological needs, to understand the experience from their perspective and to prioritise their personally identified needs (Trenoweth et al, 2017). The

approach identifies the importance of personal experience of mental health issues. Our approach as nurses must begin with open communication to explore the service users' and carers perspective.

In pre-registration programme delivery and design there should be space to explore and learn to apply good communication skills. It can draw on the evidence base on the psychological impact of acute and long term health issues, and the priorities for positive mental health promotion (Faculty of Public Health and Mental Health Foundation, 2016). However as universities plan their more holistic programmes nurses in clinical practice, whether taking on the new practice assessor and practice supervisor roles, are aware that their own education is not based upon these standards. Many areas of nursing have already moved to identify their own specific post registration competencies (RCN, 2017) incorporating mental health needs. This is an opportune time to review to what extent the interface between mental health issues and physical health issues or health promotion are incorporated in specialist nursing competencies.

Updating clinical skills may take many forms there will be those that are offered the opportunity to attend CPD programmes that focus on mental health needs in non-mental health settings. However with CPD funding is scarce. Therefore, it is vital that such CPD courses focus on not only individual learning but also how participants can disseminate learning, role model new skills and improve the quality of support to prevent future mental health needs. Mental health education and training in clinical practice is often in the form of e-learning, (<https://www.e-lfh.org.uk/>). If learning does occur in this format then coming together to discuss the individual learning and its implications for practice will be vital to support change and quality improvement at a team or service level. Mental health services should be committed to supporting their acute colleagues, including nurses to develop their skills and competencies in supporting the mental health needs of people in their care.

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