

## **BJN Education Matters: March 2019**

### ***Supporting mental wellbeing in pre-registration nurse students***

Mental health problems are not uncommon, estimated to be experienced by 1 in 4 of the UK population (Parliament.uk 2018). Whilst these range from mild to severe, it is concerning that there are 4500 suicides in England each year; this is the leading cause of death in young people (DHSC 2019). Indicating the current priority of this issue, the first cross-government suicide plan was launched in January (HM Gov. 2019). Mental health and wellbeing are of particular interest to those participating in and involved with pre-registration nurse education because of increasing levels of mental ill-health in student populations generally (Universities UK 2015, 2018) and in health care students in particular. *NHS Staff and Learners' Mental Wellbeing Commission* is a new and comprehensive report from Health Education England (HEE 2019); it considers influencing factors and makes recommendations to better support undergraduate healthcare students. Focusing on pre-registration nurse students, what lessons can be learned?

Going to university is a great achievement and potentially full of exciting opportunities, not least acquiring the knowledge and skills for a worthwhile career. However, it can also be a time of significant stress as personal circumstances change, leaving home, financial pressures for example as well personal and family pressures to succeed. Added to this are specific challenges faced by healthcare students: additional high workloads associated with placement experience, long and unsocial hours, balancing demands of academic and placement assessment deadlines, emotional distress and ethical conflicts associated with the role. Research shows that compared with other university students, nursing students experience higher levels of stress (HEE2019). These factors can negatively impact of mental wellbeing. Further whilst stigma about mental illness is reducing in society over recent years, it may influence students' decisions whether to report mental health issues at university and placement settings and therefore delay access to support (Universities UK 2018).

The Commission (HEE 2019) gathered evidence from a wide range of key stakeholders, to build a comprehensive picture of mental wellbeing in NHS staff and learners, highlighting best practice as well as key areas of need. They made 33 recommendations; the first was to appoint NHS wellbeing guardians in health care provider organisations to lead wellbeing initiatives at Board level. A parallel role in healthcare university departments whilst not mentioned might also be very beneficial.

Six specific recommendations focused on reducing healthcare student stress. The first is managing the impact of transitioning into undergraduate education and indeed into healthcare work; they recommend training in self-care and stress awareness as well as clearer signposting support. Specific support for anticipated transition stress is further recommended. Most universities and care providers have counselling and occupational health systems in place but may need to work on making these more accessible. Reviewing the undergraduate curriculum to more explicitly incorporate mental wellbeing self-help in each year of the programme would also be helpful. Related to this is another recommendation concerning access to support in university and placement, specifically incorporating a formal wellbeing 'check-in', two weeks into placement. Nurse students normally have personal tutors in the university that have a pastoral role, although this is often undertaken in a variety of ways; placing a duty of care in effect to require tutor-student contact after two weeks on placement may well be beneficial, even better if this role is undertaken by a practice-based educator, independent of the assessment system. This links to another recommendation concerning staff space in NHS organisations away from the public

to meet colleagues and informally reflect on daily work practice. Increasing space has cost implications but is a frequently underplayed infrastructure issue.

The remaining recommendations concern strengthening education for practice based and university educators around student stress. It is easy to forget how much change and pressure students face; educator training could be a very beneficial collaborative activity that leads to action planning to review and improve local services. Part of this could impact on the last recommendation which is to review financial and other costs related to distant placement areas and the stress these issues create. This is a complex issue given shortage of placement capacity in any case. The provision of funds to support student travel to placements seems to vary across universities but needs to be addressed centrally.

The HEE (2019) report raises some excellent points however the focus is the NHS; many nurses work in the independent and social care sectors. I hope recipients of this report including the Government minister for Mental Health will factor this in to future policy directives. Nonetheless the focus on mental wellbeing is very timely. We owe it to those who care for others to care for them also. Caring colleague relationships, where team members value each other, cost nothing but the benefits are priceless. Some interventions have cost implications which in times of austerity can be challenging but doing nothing will ultimately cost more to staff and those they care for.

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