ORIGINAL ARTICLE

"It's really important work…and celebrating that, I think, is really important" – co-produced qualitative research into future of mental health nurse education

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Abstract
The education of mental health nurses has long remained a contentious topic in the UK and internationally. This research seeks to gather the perspectives of those directly affected by mental health nurse education. To investigate what knowledge, skills and values current mental health nursing students, graduate mental health nurses and people with lived experience of accessing mental health services believe should be paramount within pre-registration education. Data was gathered through focus groups involving a mix of pre- and post-qualified mental health nurses and people with lived experience of accessing mental health services. Data was collected through audio recordings, which were transcribed and subjected to thematic analysis. The analysis generated four themes of: (i) Values and ethics-based education, (ii) Self-awareness, (iii) Understanding and therapeutically being with others and (iv) Specialism versus Genericism. The findings speak to the special nature of mental health nursing and the need for students to develop specialist mental health knowledge and skills, alongside self-knowledge. The findings provide a unique insight into the aspects of pre-registration nursing felt to be most valuable by the three participant groups in this study. The findings reiterate the importance nurse education celebrating the specialism of mental health nursing and adds to the growing weight of literature for increased specialism with future education standard reviews.

KEYWORDS
mental health, nurse education, nursing

INTRODUCTION

Mental health nursing is a profession often subjected to the driving forces of multiple paradigms all vying for dominance, often torn between narrowly categorised biological and medical model traditions and psycho-therapeutic, humanistic values and recovery-orientated paradigms (Pearson et al., 2023). There are also wider political forces which seek to generalise and commodify nursing practice in alignment with neoliberal ideologies (Haslam, 2023). These competing forces can disorientate both nursing practice and pre-registration education,

resulting in a profession 'with no obvious purpose' (Barker & Buchanan-Barker, 2011).

Mental health nurse education has long been a contentious topic (Barker et al., 1999; Warrender et al., 2024), especially in relation to how the specialism of mental health nursing is established and positioned amongst other fields of nursing and alternative health professionals. In the UK, this debate has become heightened in recent years following the Nursing and Midwifery Council's (NMC, 2018) most recent standards for pre-registration education, which have been accused of having a deleterious impact on mental health nurse education as specialist

skills are diluted (Warrender, 2022) and the unique care provided by mental health nurses goes increasingly unrecognised (Connell et al., 2022). Similar issues are reflected internationally in countries such as Australia (Moxham et al., 2011) and Canada (Morrissette, 2010), wherein academics and mental health nurses continue to struggle to develop mental health nursing curricula which are person-centred, meaningfully enhance the lives of mental health service users, and to promote continued professional development of mental health nurses.

The challenges and opportunities students face in forming their professional identities, navigating paradigmatic tensions in their education and future roles, and how they perceive and respond to these external influences are under-explored in the literature (Wood, 2005). Little is known about how these regulatory changes and competing discourses impact learning experiences, perspectives and future practice, particularly within the UK. This article seeks to amplify the combined voices of those directly affected by the recent changes to pre-registration education: Service users, graduate mental health nurses and current student nurses. This article complements existing literature, also co-created through simultaneously bringing together people with lived experience, current students and recent graduates, about the mental health nursing role (Edwards, 1995). This article adds a unique and contemporary insight into the values, knowledge, skills and attitudes of mental health nurses since the introduction of standards in 2018.

METHODS

Design

The research was underpinned by a phenomenological methodology, seeking to gather data about how the participants' own experiences have shaped their sense of how mental health nurse education should be designed. The goal was not to critique a specific curriculum but rather to provide a space for three groups with unique perspectives to come together to explore this topic. Whilst there are tensions in using focus groups in phenomenological research (Bradbury-Jones et al., 2009), this particular design was felt appropriate as the research team sought to use the focus groups not as group interviews but rather as an opportunity for a group of people to be in dialogue together focusing on an issue of concern and collaboratively co-producing knowledge (Liamputtong, 2016). The research team use the term co-production to describe the process of collaboratively reducing the distance between academics, service users, students and graduate nurses (Young & Freytag, 2021).

Ethical approval was granted by the Faculty of Medicine and Health Sciences Research Ethics Committee at the University of Nottingham, reference number: FMHS 254–0423. As part of the ethics process,

the research team planned the opportunity for participant debriefing should any participant become distressed during the process of data collection. The data is reported by the COREQ guidelines (Tong et al., 2007).

Sampling

A purposive sampling strategy was utilised to recruit participants across all three desired groups. Current mental health nursing students were recruited through the University of Nottingham with the opportunity to participate being advertised across both BSc and MSc pre-registration courses. To recruit graduates, the opportunity to participate was advertised through alumni and graduate networks. People with lived experience were recruited through an invitation shared across the University of Nottingham's public and patient-involved networks. In total, 12 participants were recruited: Five were current pre-registration mental health nursing students at varying stages in their training, three were graduate mental health nurses, and four were people with lived experience of accessing mental health services. A mix of these participants attended two focus group opportunities: Seven participants attended the first focus group, and eight participants attended the second focus group.

Data collection

Data was collected during two focus groups, which involved a mix of participant groups. The focus groups were facilitated by members of the research team. During the focus groups, the participants were asked a series of open questions by the researchers, which did not focus on critiquing any existing or past curriculums but rather eliciting the perceptions of the group about the values, skills and knowledge which were felt to be fundamental to mental health nurse pre-registration education. The research team were mindful of potential power dynamics within the focus groups and the importance of facilitating the groups in a way which valued the voices of all participants equally. The research team introduced the focus groups as a shared space and a space where knowledge could be shared, acquired and contested by all participants (Lehoux et al., 2006). Data was collected in the form of audio recordings and notes taken by the research team during the focus groups. The total audio data collected was over 4h which was then transcribed into 85 pages of transcription data.

Analysis

The transcripts were subjected to thematic analysis based on the framework of Braun and Clarke (2022). Initially,

the transcripts were independently analysed by three members of the research team. This initial stage involved the team members familiarising themselves with the transcripts and starting to develop notes about data items across the transcripts. The analysis team then developed these initial notes into codes before meeting to discuss and reflect on our independent analysis. Through this reflective discussion, the initial themes were generated. These initial themes were then reviewed independently before being reviewed and refined through further discussion and reflection.

RESULTS

The analysis generated four themes: Values and ethics-based education, Self-awareness, Understanding and therapeutically being with others and Specialism versus Genericism.

Values and ethics-based education

Values-based practice is a clinical framework and theory in which an individual's multiple and potentially conflicting values are explored as part of the clinical decision-making process. Woodbridge and Fulford (2004) identify that this is a 'two feet' principle, referring to one foot being evidence and the other being values. During the focus groups, this relationship between evidence-based practice, ethics and values was identified and there was a sense that this was particularly complex for mental health nurses:

> "I believe ethics, human ethics are so much important as well…it's very delicate…"
> (Focus group 1, Participant 7)

Individuals experiencing mental illness encounter stigma and discrimination and may endure restrictions to their political, civil and social rights. Considering this situation, Ventura et al. (2021) highlight the importance of prioritising mental health ethics and human rights as crucial for mental health nurses in promoting the welfare of those with mental illnesses.

> "Now, in this instance, this person didn't want to and it got to the point where they … ended up using the section [detention under the Mental Health Act]. So, the issue with that, there were two things. So, first of all, there was understanding the legal aspect of it, what the processes are to provide care and then, again, there's that thing about the ethical side of it…and sometimes with mental health, what I'm finding for most people, what's a really easy task in a general

care setting is a complex aspect of the care process."
> (Focus group 1, participant 2)

Student mental health nurses wanted an education that prepares them to make independent ethical decisions in complex and unpredictable situations where clinical judgement must quickly be applied with a command of sensitivity and nuance. What is needed is a command of principles and guidance in how to operationalise these:

> 'I think it's like you have your values, but if you go into different settings, then it's like, well, my values have to change now because of this setting, so it'd be beneficial to know where those boundaries are.'
> (Focus group 2, Participant 1)

> 'And so, values are important, I think, in deciding why we do things and how we do things.'
> (Focus Group 2, Participant 3)

The unique challenges in mental health nursing were discussed, including the fact that not all patients initially recognise the nature of their difficulties. This poses a challenge in comprehending and supporting individuals who may resist care. The discussion in the focus groups emphasised that these challenges may result in what might seem like straightforward processes, such as the administration of medication, becoming complex in the context of a mental health ward:

> 'Let's just say, for example, on a ward, a patient might want a PRN [medication administered when required] and that's a complex decision if there's issues with alcohol abuse or substance abuse and they're wanting some sort of diazepam or something and having that discussion about maybe why they want it and is it best to have at that time. These are really quite complex decisions and, yeah, they take time to understand how to make those decisions and work with people to understand whether that is the right decision.'
> (Focus group 1, participant 6)

> 'I think we need a better understanding of what it's going to feel like for us to give medication to someone when they do not want it because they've been sectioned, how someone might feel when they are sectioned.'
> (Focus group 2, Participant 2)

The participants highlighted the importance of ethics and value-based practice as underpinning a humane

relation approach to mental health nursing practice. One of the core values of values-based practice is an understanding of control and a desire to work towards collaboration with people. This importance of values-based care and ensuring its importance throughout a curriculum was especially about control and power:

'understanding our power as mental health nurses and the power or the lack of power that a lot of our clients have when they come to see us' (Focus group 2, Participant 3)

'…you're talking about the nurse, the parent and the child all there and it's kind of like a collaborative effort to help somebody…'
(Focus group 1, Participant 6)

In seeking to achieve this, the focus groups stressed the importance of co-production and co-delivery of pre-registration education between academics and people with lived experience. Whilst aspects of co-production have been embraced within nurse education (O'Connor et al., 2021), the members of the focus group stressed the unique benefits of ensuring this was present throughout the curriculum in a meaningful way:

'I do find that really valuable to actually, not be told, this is what people experience, but to be told, this is what I experienced'
(Focus group 1, participant 4)

'Because we have the lived experience, we know how it feels, we've been on the receiving end…I think that we can give a lot more insight than a person who's read it from a book'
(Focus group 1, Participant 2)

Self-awareness

There was acknowledgement within the focus groups that mental health nursing courses can attract students from a range of backgrounds with a range of different experiences and knowledge. The focus groups spoke of how this range of backgrounds can make it difficult to orientate a course which meets the requirements of such a diverse cohort:

'like some people have worked in mental health for years, some people have literally come out of A-Levels'
(Focus group 1, Participant 5)

'unless you've been a service user yourself, because I have, you have absolutely no idea what you're going into and I know that lots of people, who this is their first year, they've never been in services themselves, have had a massive shock'
(Focus group 2, Participant 2)

The development of self-knowledge and self-awareness was felt to be essential in orientating students toward developing and maintaining their values:

'I think they need to have a memory, a really good memory of why they went into this, why did they decide to become a mental health nurse, what drove them to go into this profession'
(Focus group 1, participant 2)

'I think the first year would be completely about understanding ourselves and others'
(Focus group 2, Participant 3)

This is a process that was felt to be essential throughout the journey of pre-registration education, reflecting how nurse education can be considered a transformative process (de Klerk Dnsc et al., 2023):

'I think it's also important…to build knowledge about themselves as well, because I remember being told in my first year, you're going to really change as a person throughout these next three years and I was like, oh really, I'm not sure about that. However, you get to the end of the three years and I would say I'm a very, very different person…I think what I also did find useful in the third year was the opportunities to spend time with peers and that, to share experiences and actually speak about, what have you guys gone through.'
(Focus group 1, Participant 5)

Reflective practice is ubiquitous in nurse education and practice and is essential to the process of developing self-awareness. This often involves stepping outside of one's professional role and considering the shared humanity between service users and nurses (Ritt & Ridge, 2023). Participants identified that reflective practice can at times feel like a somewhat arbitrary process but that students need to develop self-awareness to foster a unique professional identity:

'there's this huge push on reflections and being reflective within your practice, but it's almost like a pen to paper exercise so they can tick that off at the end of your PebblePad [practice assessment document], rather than you really exploring internally like, what does this mean for you and what do these

situations mean for you and then what may this mean for the people that actually live it'.
(Focus group 2, participant 1)

'So, there's something about understanding ourselves as human beings and understanding others as human beings because we're talking a lot about skills and skills are fine but they're not any use to you if you don't understand what you're dealing with or the person in front of you, or yourself…'
(Focus group 2, Participant 3)

This process is also important in understanding personal biases in the context of making clinical judgements in mental health care provision:

'I think as well we've got to think about culturally, like culture's a big thing in mental health and how your mental health plays out, isn't it and I don't mean like workplace culture, I mean like your actual background, your culture, I think that's an important feature in care and how you're going to interact on a personal level.'(Focus Group 2, Participant 1).

Understanding and therapeutically being with others

One of the fundamental aspects of mental health nurse education was felt to be an emphasis on exploring interpersonal ways of being with others, particularly when working therapeutically within clinical practice:

'Be able to work with dignity and compassion and empathy and treat us like human beings. We're not our condition, we are a person…'
(Focus group 1, Participant 2)

Participants spoke of meaningful interventions not necessarily being complex but rather focusing on humanely being with people and considering their experiences in the context of their lives:

'If you can show to someone that you're giving them some time to express how they feel or like even just not specifically talk about what's going on mentally for them at that moment, I think that's really important, because when people are struggling, to me, sometimes they can't communicate it, so if you can even just offer a space of like, OK, we can sit here for five minutes, 10, whatever you need
(Focus group 1, participant 5)

'Think of the stuff, take away all your, take away you having that cup of tea in the morning at the time you want, take away your TV programme at the end of the day, take away that book you really want to read in peace, your child, your wife, your husband, take away all that and put yourself in hospital and then add the depression. Look at all those layers squashing them. What you need is people to understand most of all.'
(Focus group 1, Participant 1)

There is a recognition that understanding the patient's perspective, including feelings of frustration or resistance to care, is crucial. The ability to tolerate and navigate these phases is seen as part of the job.

'we need to start, each of us, challenging our ableism, because we need to accept people and not want to make them different. We want to help them, yes, we want to help people with their struggles, but we need to listen to what they want, it's not about, how do you feel, it's about, how do you want to feel, what can we do to help you? A lot of people who go into mental health institutions say they feel like they're going into prison. How is this right?'
(Focus group 2, Participant 7)

Being trained in psychological and psychosocial interventions was also identified as essential in mental health nurse education:

'all the different kinds of therapies, etc., like CBT, DBT…I don't think it should necessarily be an option to know how to talk to somebody about their mental health and help them in that way, I think that should be a fundamental'
(Focus group 1, participant 4)

A knowledge of experiences and conditions which moved beyond the potentially reductive description offered by diagnosis was also identified as important knowledge for mental health nurses:

'I think in mental health there's lots of assumptions made about people because of their diagnosis or because of their symptoms and often we're looking at a person through those words rather than knowing what they need or how they feel, what would make them feel better.'
(Focus group 1, Participant 1)

An interesting point was also made about how this therapeutic positionality can be maintained in situations where mental health nurses are not face-to-face with people accessing mental health services:

> 'when you're writing your care plans and things like that, so to make sure that all the factors that people have been discussing about empathy and understanding person-centred care are actually part of your working when you're not actually face-to-face with that patient and that they're embedded across the tasks'
>
> (Focus group 1, participant 6)

The participants also identified the importance of trauma-informed practice being integrated throughout the curriculum:

> 'I think in your first year…you need to be trauma aware and in your second year you need to be trauma informed and in your third year you need to develop some skills to work with people who've been traumatised'
>
> (Focus group 2, participant 3)

> '…the way that staff can behave can absolutely either improve someone's life or they can cause damage, they can cause longer term trauma.'
>
> (Focus group 2, participant 2)

Specialism versus genericism

Participants highlighted the importance of specialist training and the importance of mental health nurse education being perceived as a specialism within the context of healthcare.

> 'I know that a lot of it comes from the NMC, but our patients have the same right to expect that we're specialised in the same way as like a child nurse'
>
> (Focus group 2, participant 2)

> 'Why is that not happening with mental health, mental illnesses, with neurodiversity, with different manifestations, that they do have different treatments, different approaches, different ways of, so you should have someone specialised…'
>
> (Focus Group 2, Participant 5)

A lack of clarity about what is expected of a mental health nurse in practice was identified, whether the training standards or the professional role as carried out in practice

should be seen as the guiding principle for the student to align with. This appears to cause difficulty in clearly forming a mental health nurse identity:

> 'But the other issue is, if you go on placement, most of the current staff do not, they weren't taught or don't have the facilities to consolidate those skills, so you're not using them…'
>
> (Focus group 2, Participant 2)

> 'And then sometimes it does feel like you are a subpar nurse because you don't do these skills…'
>
> (Focus group 2, Participant 1)

Some of the participants felt that this reflected the Nursing and Midwifery Council standards of pre-education and how these have been interpreted in practice assessment documents:

> 'I think the other thing is, especially if you look at the list of proficiencies, there's literally two on there that relate to any kind of emotional distress or anything mental health related and the rest is physical and I think that just speaks for itself.'
>
> (Focus group 2, Participant 2)

This is not to say that participants didn't appreciate the need for mental health nurse education to consider physical health,

> 'If I'm getting it right, you're talking about holistic care, aren't you, about treating the whole person? I've got physical health conditions as well as my mental health.'
>
> (Focus group 2, Participant 8)

> 'Yeah and just speaking from when I was a service user, I would much rather have been able to have my physical care attended to by someone that I've got a therapeutic relationship with and also not have to leave the facility to go to different places to meet different strangers and so it's just it's missed opportunities.'
>
> (Focus group 2, Participant 2)

Concerns were raised about the structure of nursing courses, particularly the generic content and the impact on mental health nurses' preparedness for dealing with complex psychological issues. Participants identified that generic nursing practice needed to be secondary to the important skills of mental health nursing. This was felt not only to be beneficial to students but essential for the well-being of service users:

'…in terms of the first year being generic, I think that already sets some mental health nurses up for failure. I think in terms of preventing resentment and compassion fatigue of patients, because it's generic, some nurses might go onto placement with no previous experience, not understanding why people behave a certain way and how trauma really affects us in terms of attachment issues, abandonment issues and this is why patients might act a certain way and I think not having that understanding before going can really create resentment in someone…' (Focus group 1, Participant 4).

Participants described a reality in which the specialism of mental health nurses was being eroded, and in response, it felt important to celebrate both the specialism and the uniqueness of mental health nursing:

'we're not generic, we're specialist and we should be catered for as such'
(Focus group 2, Participant 1)

'being a mental health nurse and we were just all a bit quirky and a bit weird and sat in the corner wearing black, but there is something, isn't there, that it's really important work, it's really important work, isn't it, working with people and celebrating that, I think, is really important' (Focus group 2, Participant 3).

DISCUSSION

The findings from this research provide a unique insight into the priorities of three stakeholder groups associated with mental health nurse education. The four themes which emerged through the analysis are: Values and ethics-based education, Self-awareness, Understanding and therapeutically being with others and Specialism versus Genericism.

Mental health nurses face unique challenges to ethical decision-making in their everyday practice. The nuances of decision-making in caring for individuals who may experience stigma and discrimination, or who may not consent to elements of their care can add complexity to day-to-day clinical decisions. Strategies to support student mental health nurses in navigating their ethical dilemmas are needed to avoid the development of moral distress and negative impact on patients (Andersson et al., 2022).

The need for education that equips student mental health nurses to make independent ethical decisions in unpredictable, quickly evolving situations is highlighted. However, nursing educators continue to dispute the efficacy of ethics education in preparing nursing students to apply crucial knowledge and skills that enable them to make ethical decisions in the course of providing person-centred care (Shayestehfard et al., 2020). To achieve this, participants identify the importance of learning to apply the legal and ethical decision-making frameworks under time-limited and highly emotive circumstances.

The participants stressed the significance of values-based care in fostering humane relationships, collaboration and empowerment. Notably, co-production and co-delivery of education involving academics and individuals with lived experience were identified as crucial to enrich the curriculum with insights into applying legal and ethical frameworks to build the 'ethical sensitivity' of student mental health nurses. Ethical sensitivity is the skill of identifying ethical dilemmas in practice and is a necessary component of ethical decision-making (Shayestehfard et al., 2020).

The participants viewed their pre-registration training as a transformative personal journey, and educational support to cultivate self-awareness was a vital aspect of their training as mental health clinicians. Reflective practice emerged as a cornerstone for the development of self-awareness. Effective education for mental health nurses must produce nurses who are not only competent but also emotionally intelligent, reflective and able to think critically within their practice (Sinaga & Stickley, 2020). Reflection not only supports students in understanding personal biases, experiences and their impact on clinical judgements in mental health care but promotes reflexivity–a capacity for the nurse to position both themselves and their patient within personal, cultural and organisational concerns and gauge their own and their patient's, agency within them.

Student mental health nurse participants shared their lived experience of having used mental health services during or prior to their pre-registration nurse education. There are an increasing number of mental health professionals with their own lived experience of mental health challenges due to increasing cultural openness towards mental health, inspiring more individuals with lived experience to embark on training or disclose their experiences (Fisher, 2023). This raises the question of how we can value the lived experience expertise of the mental health student nursing group and accommodate their needs. The identity of mental health nurses and pre-registration mental health nursing students with lived experience should be valued in the same manner as that of peer support workers (Fisher, 2023).

Finally, there is a clear call from participants for mental health nurse education to be recognised as a distinct specialisation within healthcare, emphasising the importance of specialist training–a clear response to the sense that mental health nurses can often feel invisible and voiceless (Warrender, 2023). Participants expressed the importance of resisting genericism within nurse education and noted that the sense of specialism is not only

about developing skills and expertise but also about forming a clear identity of themselves as a mental health nurse, building on the values which brought them into the field initially. Gabrielsson et al. (2020) grapple with this issue and reclaim the uniqueness of mental health nursing as a transformative force promoting person-centred values in healthcare. For Gabrielsson et al. (2020), mental health nursing is a therapeutic practice in its quintessence, a defining characteristic that a generic approach to all nurse education will continue to overlook. Mental health nurses are leaders and cultural purveyors of reflective practices, ethical sensitivity and competence and trauma-informed and inclusive approaches.

CONCLUSION AND IMPLICATION FOR PRACTICE

The debates about the focus and structure of mental health nurse education have recently become re-energised (Warrender et al., 2024) and the findings of this research can contribute to this ongoing debate both practically and philosophically. Practically, the findings provide an orientation towards the aspects of mental health nursing practice which are felt to be essential to pre-registration education. These include developing self-awareness, enhancing trauma-informed values-based practice and developing the skills to work within ethically complex situations. Philosophically, the participants emphasised the importance of not only reiterating mental health nursing as a specialism but also celebrating this speciality.

RELEVANCE FOR CLINICAL PRACTICE

This research has brought together the perspectives of current mental health student nurses, mental health nurse graduates and people with lived experience of accessing mental health services. The findings are highly relevant for all those seeking to recruit and retain nurses, those working in nurse education and practitioners who are supporting students in clinical practice. The findings contribute to the ongoing heightened debate around mental health nurse education and reflect the perspectives of diverse participants highlighting the need for pre-registration mental health nurse education to be specialist and underpinned by value-based, ethical and evidence-based practice.

CONFLICT OF INTEREST STATEMENT
The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT
Ethical approval was granted by the Faculty of Medicine and Health sciences research ethics committee at the University of Nottingham, reference number: FMHS 254–0423.

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