Community mental health nursing

Position paper

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Introduction

This position paper continues the series of mental health nursing position papers provided by Horatio (available in Horatio-web.eu) and follows the position statement produced in co-operation with other professionals in the mental health area and the WHO Mental Health Workforce group, in which the collaborative efforts to develop mental health issues has been established (available in www.horatio-web.eu/index.php/publications/consensus-statement).

The aim of this position paper is to promote and support the role of mental health/psychiatric nurses in the community mental health settings. It is acknowledged that mental health nurses working in community do not work alone, but in multidisciplinary teams with other professionals and with individuals, families, communities and societies. Other health professionals besides nurses, like health visitors, public health nurses, psychologists and social workers, have also an important role in mental health promotion, prevention and care. However, service systems differ across European countries, therefore the role of different professionals working within a community settings may also vary a great deal. When writing this paper we acknowledged the differences between educations, service systems and terms describing mental health nursing in communities (like Community Psychiatric Nurses, Community Mental Health Nurses, Community Psychiatric and Mental Health Nurses) but for the sake of clarity we chose to use Community Mental Health Nursing throughout this paper.

This position paper has been developed in several phases during the years and therefore it is unfortunately impossible to individually acknowledge all the people who have contributed to this paper. Therefore, we would like to jointly thank all of you who have made this paper possible by participating in the different workshops, surveys and discussions and of course, we will be happy to receive feedback for the purpose of updating this paper in the future.

Background

In many European countries there is a strong move in mental health care from the traditional institutionalised care to community-based healthcare (e.g. Petrea 2012; Thornicroft & Slade 2014). Often the discussion on the importance of community mental health nursing is connected with this reform of service systems. As mental health service systems differ between European countries, sometimes also within the same country, the comparison between countries on community mental health nursing is often difficult. This can be seen already in statistics describing the amount of nurses working in mental health settings; statistics in some countries describe the number of registered nurses, not mental health nurses, and therefore no reliable, comparable information is available even on numbers of nurses working in mental health settings or more precisely in community mental health settings. When comparing the service systems it should be acknowledged that the development of service systems are affected by many historical, political and cultural reasons which have been, and are still, affecting also the reform processes (e.g. Brimblecombe & Nolan 2012; WHO 2015a; Thornicroft, Deb & Hendersson 2016; Hemingway & Brimblecombe 2018).

According to the WHO (2015b) community-based services should vary according to the needs of the population in the catchment area. Integration of services is needed; in-patient hospital services should be integrated with health centers and general hospitals and integrated services should provide intensive care. Mental health problems and substance abuse problems often occur together and therefore integrated, specialized care should be provided also to meet these care needs. (WHO 2015b). In EU –level Joint Action and Wellbeing initiative, several different viewpoints were announced with community approach being one of these. This work has continued in the "EU Mental Health Compass", in which examples of good practice of "Mental health Services in Community" have been gathered from different countries (available in https://ec.europa.eu/health/non_communicable_diseases/mental_health/eu_compass_en).

The amount of people affected daily by mental health problems is high in Europe as well as internationally. Mental health problems affect not only individuals with lived experiences but also families, networks and communities. In the mental health service reform the importance of support by families has been emphasized and therefore it is important to meet also their needs. (WHO 2015). The European Federation of Associations of Families of People with Mental Illness (Eufami) together with the University of Leuven (Belgium) conducted a large study with caregivers from 22 European countries. The results of this study clearly illustrate several development needs on communication and contacts between the caregivers and professionals; stigma associated with mental health problems also affects caregivers and many are often dissatisfied with the support, information, level of involvement and the experience of not being heard by health care professionals. (Vermeleun et al 2015).

Besides the service system approach, a prevention viewpoint is important in community settings, where all levels of prevention are covered: improving the overall health of the population (primary prevention), improving early detection (secondary prevention), improving treatment and recovery (tertiary prevention) (WHO, EPHO5: Disease prevention, including early detection of illness). From this viewpoint the focus of activities is different in community when comparing with institutionalized care. Work in the community includes activities also with groups, communities and societies to promote their mental health and to prevent mental health problems. Community mental health nurses have an important role in the implementation and development processes of these interventions. Knowledge, ready-made tools and methods are available in websites like the EU-funded website www.mentalhealthpromotion.net, which provides information in several languages and also manuals and examples for implementing mental health promotion projects. There are also more evidence-based community health approaches available than before, but sound implementation and sustainability of such treatment modalities are challenging (Wahlbeck 2015).

Today recovery orientation is the approach affecting largely mental health services and mental health nursing in several countries. Recovery orientation from a nursing viewpoint means working in partnerships with service users to meet their goals whenever it is possible (Hemingway & Brimblecombe 2018). Recovery orientation is still studied in several countries, but the main ideas of supporting people's ability to make most of their lives despite their mental health problems and to experience their life as satisfying, purposeful and valuable, are the basis of this person-centered and right-based orientation (Higgins & McBennett 2007). For the community mental health nurses this could be seen as a guiding philosophy already longer than a decade (Gale & Marshall-Lucette 2012). For example the COCAPP –project (England and Wales) provides important information on care planning and care coordination in community mental health from the viewpoints of the collaboration, personalised care and recovery (available in https://blogs.city.ac.uk/cocapp/). Ideas and actions to enable participation with recovery-orientation are affecting community mental health nursing on many levels. For example, with active participation of the local communities in developing community-based services, stigma could be reduced (Brimblecombe & Nolan 2012).

Education and competences

Education in mental health nursing differs between countries and sometimes also between the different education institutes. In some countries the curriculums are nationally regulated but in other countries higher education institutions are autonomous and the national regulation is on recommendation level. Therefore, the education towards mental health nursing vary from direct entry educations to generalized nursing educations including mental health nursing or specific post-graduate educations, with some of these at Master's level. Differences are therefore seen not only in levels of education but also in the lengths of education. (e.g. Petrea 2012). No single education model for nursing, mental health nursing or community mental health nursing exists in Europe and because of several country-specific traditions this might not even be possible (Brimblecombe & Nolan 2012). The recognition of needed competences might be a more fruitful approach and suggested also by EU Directive (2013/55/EU). From a community viewpoint the European Federation of Nurses, have also emphasized this approach with competency descriptors in their Competency Framework for general nursing (EFN 2015).

Psychiatric/mental health nurses represent the largest workforce group in mental health care in a wide variety of clinical roles (WHO 2015b). Therefore, mental health nurses have an important role and opportunity to affect mental health practices also in the community. Several studies actually reveal that the holistic work of nurses in the community is highly valued by various professional stakeholders (WHO 2015; Macleod, Elliott & Brown 2011; Gray & Brown 2017: McLeod & Simpson 2017). Work of the community mental health nurses often includes care coordination, crisis resolution, counseling, problem solving therapy, psychoeducation, medication and physical health monitoring (Happell, Hoey & Gaskin, 2012). These activities often include, or should include, co-operation with caregivers and families (Vermeulen et al 2015). From the viewpoint of mental health nursing the core stays the same with or without "walls"; the therapeutic relationship is one of the major elements affecting positively the results of the care. This same conclusion was made in a scoping review for common factors in community mental health interventions (Kidd, Lawson and McKenzie 2016) and from the viewpoint of service users on recovery (Simpson et al 2016). When developing competence-based curriculum and/or education programs as well as different community mental health service settings this should be remembered as a key competence and possibilities for these relationships with individuals and families, should be enabled for community mental health nurses.

Community Mental Health Nursing in the future

Continuous development process of the services and provided care is required, not only in mental health services, but in all health services. The aim is to provide only a short-term, intensive care in hospitals with the majority of the care being provided in different kinds of community–based services. More emphasis is placed on promotion of mental health and prevention of mental health problems, outpatient services and more person-centered approaches. Different kind of eHealth and digital methods and tools, like online counselling and other digital contact possibilities as well as use of serious health games, are becoming more and more common also as a part of the care provided by community mental health nurses (Kilkku 2018). To participate, and to lead, these changes require community mental health nurses with clear vision of the value of their work and a strong professional identity. Educational systems should be able to face this challenge and it should be carefully considered what kind of education is needed in their community settings and how the education in each of the countries with their own traditions and education systems are supporting the movement towards competency driven community-based services and approaches.

The reform of mental health service systems itself should lead in the situation where the majority of the (mental health) nursing students are doing their clinical training in community settings. This change would mean in years to come that work in community settings is more common to mental health nurses than work in the mental health institutions, which often is still the case, although there are a lot of differences between countries. During the time of the reform, specific post- graduate educations may be needed and if the community mental health nurses' work includes prescription rights, rights for referrals or other independent clinical decision-making actions, competence for these need to be ensured by education. This trend is already visible in some countries and probably more and more common in different countries in the future (Hemingway & Brimblecombe 2018).

Recommendations

- Horatio supports the movement towards recovery-orientated, community mental health services, acknowledging the different phases and background factors affecting this development in different European countries.

- Community mental health nurses work should be recognized as an important factor of successful mental health service reform.

- If community mental health nurses' previous education has not included knowledge, skills and attitudes/values (competence) needed to work in community settings, education should be provided and secured to meet the needs of high-quality person-centered and right-based community mental health care.

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