NHS England

The mental health nurse's handbook

Version 1.1, August 2023

The Mental Health Nurse's Handbook has been endorsed by The Royal College of Nursing (RCN).

Contents

Foreword

The past two years have been unlike any in the history of the NHS and they have presented huge challenges for our profession. Mental health nurses have seen significant increases in demand for mental health support at a time when delivery of that support has been very challenging. I would like to say a personal thank you to mental health nurses across England for your commitment to the NHS and the people you support. You have responded to the COVID 19 pandemic with resilience, compassion, dedication, and innovation, underpinned by an absolute commitment to excellent person-centred care.

Mental health nurses have the privilege of caring for people of all ages during some of the most difficult times in their lives and supporting them in a highly personalised way towards recovery. They deliver care using a range of evidence-based interventions, tailored to meet each person's individual needs, preferences and goals. This requires great skill combined with insight, empathy, compassion and careful judgement, and great personal resilience.

Mental health nursing requires leadership at every level - including system working, addressing health inequalities, leading service transformation, educating, developing, recruiting, and retaining staff, research, and quality improvement to inform practice. This leadership is always focused on improving care for the people we are here to serve and always being their advocate.

This handbook is intended as a brief practical guide to support preceptorship and supervision conversations; both absolutely critical in welcoming and supporting the newest members of our profession and retaining the richly diverse and highly skilled mental health nursing workforce we have.

Thank you once again for everything you do. Your commitment to delivering compassionate, safe and effective mental health care is so highly valued and it changes lives every day.

Dame Ruth May, DBE
Chief Nursing Officer, England
NHS England

Introduction

The mental health nurse's role is pivotal in delivering holistic, high-quality care to people of all ages who are experiencing a range of difficulties, emotional distress and/or mental illness. The unique nature of mental health nursing means it is an emotionally demanding but rewarding career choice requiring exceptional dedication. The role encompasses a wide range of healthcare functions including system working, reducing health inequalities, leading service transformation, staff retention and recruitment, staff education and development and using research, evidence, and quality improvement to inform practice. It requires humility, passion and commitment to deliver care using evidence-based interventions combined with personal attributes, insights, perceptions and judgments.

This Mental Health Nurse's Handbook is a resource for mental health nurses to guide their preceptorship and supervision conversations, helping to focus on some key areas of practice. It is intended as a brief practical guide and provides links to other important and helpful resources. It has been developed following research and feedback from newly qualified nurses, one-to one interviews with experienced nurses, nurse consultants and people with lived experience of mental health services. It is guided by the Nursing and Midwifery Council (NMC) professional standards of practice and behaviour that registered nurses must uphold.[1]

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[1] https://www.nmc.org.uk/standards/code/

1. Service-User and carer feedback for mental health nurses

Service-user, family, and carer feedback is a required aspect of registered nurse revalidation and will helpfully guide your reflection on practice, your individual supervision, appraisal and continuing professional development. You can use it to measure and improve individual, team, organisational and system outcomes. The crucial insights we get from patient, families, and carers – either through specific engagement events and involvement or from more direct and individual feedback – must be central to personal, team, service, and system development.

The importance of using direct feedback to inform and evaluate the quality of practice at all levels is increasingly recognised across health and care professions. The most important themes from the feedback we collected when writing this handbook are summarised below. Find ways to ensure you remain focused on this feedback in all of your work.

Must-do actions for mental health nurses

- Listen to the service user.
- Show kindness and compassion.
- Take your time to make a judgement – gather all facts first.
- Corroborate information.
- Work in partnership with service- users, your multidisciplinary team (MDT) and wider system partners such as Local authority, education and social care
- Do the very best you can – what you would do for your own family.
- Be honest about what you cannot do.
- Be hopeful.
- Show people they matter.
- Notice the small things, notice all things.

- See the person, not just the mental health diagnosis.
- Be determined.
- Be visible.
- Seek feedback.

Valuable personal qualities of a mental health nurse

- Be able to listen without judgement.
- Have self-awareness.
- Be skilled in being alongside distress, anger, fear and vulnerability.
- Have a high level of knowledge about issues, treatments and resources.
- Adopt a flexible communication style.
- Be respectful.
- Be available.
- Be honest.
- Be kind.

Nursing interventions seen as most effective and helpful for mental health service-users

- 1:1 support/time to focus and explain the clinical, social, practical options for treatment and best available evidence.
- Knowing/advising when to use medication.
- Intervening to ensure the person has what they need – checking in/out in an informal way.
- Knowledge of practical help available – personal/social/relational/physical.
- Signposting to interventions that contain, for example, distraction, talking therapy, behavioural support.
- Service-user advocacy.
- Counselling support.
- Collaborative assessment, goal setting and planning.
- Influencing developments that improve the person's experience.
- Ensuring physical health needs are met including annual physical health checks for those with severe mental illness, and access to vaccinations and other health screening as appropriate.

Further information

2. Prioritise people using or needing mental health services

The NMC Code highlights the need for nurses to "prioritise people using or needing our support". This means nurses must have people's interests, care needs, aspirations and safety at the forefront of their minds and practice. Working in partnership to treat people with kindness, dignity and respect is the golden thread throughout all actions, but it is also important to be able to challenge practice if you observe any deviations from this.

The mental health nurse must ensure people are not inadvertently excluded because of service thresholds, positive risk and/or diagnosis. The mental health nurse must uphold hope, highlighting the person's unique strengths and contribution.

Mental health nurses need to have an understanding of the context in which care is delivered as well as key priorities identified within the long-term plan for mental health. This means ensuring that care and treatment is timely, effective, close to home and the least restrictive as possible. Mental health nurses achieve this by working in partnership with the wider system including primary care, local authority, social care and integrated care boards.

Essential tasks and key messages

To truly prioritise people and therefore provide equitable, non-discriminatory, and compassionate care there are some broad but widely accepted essential tasks.

- Gain an understanding of the **whole** person and the many factors influencing their unique situation: for example, their background, cultural beliefs, physical health needs including management of long-term conditions and hopes and aspirations.

- Develop a deep curiosity to understand and learn from the individual human experiences in the context of diversity.

- Convey hope, empathy and understanding through your engagement and communication.

- Recognise the person's unique strengths.

- Demonstrate a high-level knowledge of biopsychosocial approaches/interventions.

- Demonstrate self-awareness, knowledge of your own barriers, defence mechanisms and the impact of these on the relationships you develop.

- Work to resolve conflict at individual and team level.

- Demonstrate political astuteness to advocate for the person when required.

- Gain up-to-date awareness of the wider systems which impact on integrated care delivery including aspects of the long-term plan for mental health.

- Build on your skills so that you can ensure that all systems use finite resources in the best possible way.

- Develop your own practice to ensure the person and carers remain central to all decision-making, be that on an individual care planning basis or at a more strategic level.

- Use your autonomous clinical professional judgement when making decisions.

- Share the required information as necessary for the purposes of care and the person's safety and reduce unnecessary barriers to information sharing.

- Be mindful and sensitive of confidentiality and privacy when information is shared.

Further information

Integrated care: a mental health collaborative

Mental health nursing: field-specific competencies

Future nurse: standards of proficiency for registered nurses

NHS Mental Health Implementation Plan 2019/20 – 2023/24

Therapeutic relationships

The therapeutic relationship is at the heart of everything we do in mental health nursing practice. This can be best explained as a partnership that promotes safe engagement and constructive, respectful, and non-judgmental intervention.[2]

To create the environment for a healthy therapeutic relationship, mental health nurses must demonstrate genuineness, humility, empathy, and unconditional positive regard.[3] This in turn will result in positive outcomes and psychological benefits, including an increased sense of value.

Empathy, respect, and empowerment can be felt when an alliance is built on acceptance and trust. Without a therapeutic relationship, patients are a lot less likely to engage with and make effective use of mental health services and may be put off accessing services in the future. This could impact longer term on recovery and beneficial outcomes.

When focusing on therapeutic engagement, it is important to acknowledge the effect of Infection, prevention and control measures such as social distancing and the use of personal protective equipment during the pandemic. In these

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[2] McCormack B, McCance T (2016) Person-centred practice in nursing and health care: theory and practice. London: John Wiley & Sons.

[3] Ellis M, Day C (2018) The therapeutic relationship: engaging clients in their care. In: Norman I, Ryrie I (2018) The art and science of mental health nursing: principles and practice, 4th edition, p171.

circumstances the intuitive non-verbal communications need to be conveyed verbally and special attention is required to ensure this compassion is not lost.

To successfully develop and maintain engagement in the therapeutic relationship, there are some key roles[4] which are outlined below.

Mental health nurse key roles that can help develop the therapeutic relationship	
Purposeful	Clarity between the nurse and service-user about the intention and focus of the relationship
Connectedness	An ability to listen, empathise with and validate the person experience and feelings
Facilitation	The mental health nurse can make things happen with and on behalf of the service-user
Supportive	Being emotionally attuned with the patient's experience, encouraging, and providing a message of hope
Influential	Inspiring and capable of helping a service-user work towards and make positive change

Advocating on behalf of service users is a key responsibility for mental health nurses, as is seeking to combat stigma and discrimination which people who live with mental health needs can often face. Most importantly, mental health nurses can play an important role in seeking to tackle stigma and discrimination which can exist within the health workforce, particularly in relation to service users who receive particular labels.

Mental Health Nurses must stand against dangerous and non-evidence-based labelling of service users which in turn lead to access to care and support being denied to some service users. For example, descriptions of service users as "attention seeking" or "manipulative" have no place in modern, compassionate and therapeutic mental health care. It is important to be mindful of the impact of contentious diagnostic labels such as "personality disorder" which can cause much distress to service users, particularly survivors of trauma and to ensure regardless

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[4] Ellis, M. and Day, C. (2018) The Therapeutic Relationship: engaging clients in their care. In: Norman, I and Ryrie, I. (2018) The art and science of mental health nursing: Principles and practice, 4th ed, pp.171.

of the diagnosis a service user is given, the care provided is compassionate, respectful and personalised.

Essential tasks and key messages

- Be mindful of what a therapeutic relationship means. Do not blur the boundaries. Minimise the risk of developing unhelpful traits such as pseudo-friendships, over-dependence, opposition, or avoidance.

- Working in partnership is a more sustainable relationship, and it is consistent with the principles of recovery.

- Partnerships are useful in the initial stages of engagement and for sustaining that engagement throughout the process of care and treatment.

- Through mutually agreed goals and discussions around purpose of care and treatment, differences of opinion and conflict can be resolved.

- At the centre of a partnership-based therapeutic relationship is recognition that the patient's knowledge and experience are central to goal setting and care planning.

- Set out rights and responsibilities within the relationship to ensure expectations are understood.

- Ensure agreed interventions are reviewed, with robust planning to include ending.

- Trust and respect are fundamental to the success of your approach.

- Understand and be aware of the impact of Infection, prevention and control measures on effective communication and therapeutic relationships and adapt practice accordingly.
- Agility and skill to work across the modes of engaging compassionately, safely, and respectfully are a developing area of mental health practice since the pandemic. Seek support and feedback on this in your supervision. Focus on replacing non-verbal communication with verbal, visual imagery, and written information.

Further information

Promoting equality, diversity, and inclusion

Nurses' professional standards of practice and their behaviour are underpinned by values of equality, diversity and inclusion. Everyone has the right to safe and effective individualised care without fear of discrimination, harassment, or victimisation.

Treating everyone as a unique individual, respecting their dignity, personal choices, and preferences – as well as upholding their human rights – are key principles[5] . Listening to the challenges facing different communities and promoting a culture that encourages openness about challenges, seeking regular feedback on how things felt will advance equality and opportunity for all. Age, ethnicity or national origin, sexual orientation and gender identity interact at different times and influence our needs and as such are fundamental to nursing interventions.

Essential tasks and key messages

- Nurses have a duty to challenge stigma and promote the values of equality, diversity and inclusion during their interactions with patients and their families and carers, as well as peers and colleagues.

- Clear communication, breaking down stereotypes and tackling unconscious bias through individual and team supervision will advance practice.

- Create an inclusive environment by acknowledging and appreciating individual and cultural needs and the unique perspectives of others.

- Always consider the person as an individual, how they wish to be addressed, any language barriers, religious needs, finding out what is important (also asking their family/carer).

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[5] https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-10-dignity-respect

- Recognise difference, be curious and ask questions in a respectful way to get a better understanding, acknowledge individuality, and celebrate uniqueness.

- Pay particular attention to the nine protected characteristics under the Equality Act (2010)[6] (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

- Ensure fair recruitment and development processes are in place; familiarise yourself with the Workforce Race Equality Standard[7] action plan.

- Consider being a champion or ally to challenge stigma, raise awareness, educate and promote equality, diversity and inclusion. By promoting good practice, we can collectively reduce health disparities and increase good health and social care outcomes for all.

- Challenge poor and discriminatory behaviour in all professions towards those with a mental illness and hold yourself and others to account as is the requirement in your Code.

Further information

Leadership Academy: inclusion, equality and diversity

NMC: equality, diversity and inclusion research

NMC: being inclusive and challenging discrimination

NHS Workforce Race Equality Standard

Equality and Human Rights Commission

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[6] https://www.legislation.gov.uk/ukpga/2010/15/contents
[7] https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/

3. Practise effectively

This section focuses on the importance of using clinical audits, evidence-based practice and research to inform the care we provide, harnessing the key elements of the therapeutic relations and using the skills described in Section 2 to practise effectively.

Clinical audit

Clinical audit is an approach to support delivery of best treatment options. All NHS trusts are required to ensure they participate in national audits as well as their own audit programme. Nurses play a key role in supporting audit and counteracting any gaps identified following practice audits and benchmarking.

Evidence-based practice

Evidence-based practice is the "integration of best research evidence with clinical expertise and service-user values".[8] This means that when health professionals make a treatment decision with the patient, they base it on their clinical expertise, the patient's preferences and the best available evidence.[9]

In the UK, National Institute for Health and Care Excellence (NICE) guidance plays a key role in providing best evidence to support treatment interventions and is generally accepted as the first point to consider when formulating treatment options. It must be considered alongside your organisational policies to support professional body requirements and recommendations.

Research

Research in nursing is key to generating new knowledge and testing which interventions make a difference to a person's outcomes.

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[8] Stevens K (2013) The impact of evidence-based practice in nursing and the next big ideas: *Online Journal of Issues in Nursing* 18 (2): Manuscript 4.
[9] https://www.england.nhs.uk/publication/finding-the-evidence-a-key-step-in-the-information-production-process/

Research has come to play an ever-greater role in healthcare. NHS trusts facilitating research with the National Institute of Health Research (–the NHS's research arm) are reported to have better mortality rates than those that do not.[10]

It is important to embed research into the fundamental structure of the NHS, so it becomes part of everyday business. The Chief Nursing Officer for England has published a strategic plan for research,[11] setting out the ambition for a people-centred research environment that empowers nurses to lead and deliver research for public benefit. Every person receiving NHS services should have the opportunity to take part in research if they wish.

Nurses safeguard and advocate for people by applying research findings to promote and inform best nursing practice. The government set out to reform the NHS so that it "supported outstanding researchers, working in world-class facilities, conducting leading-edge research focused on the needs of people and the public".[12] To achieve the impact from the research, we need to work towards implementation of the findings from healthcare research throughout our services.

Essential tasks and key messages

- NICE and other practice guidance helps nurses to deliver best agreed standards of care and treatment.

- Trust policies and professional standards should always be considered to support working in an evidence-based way.

- Audit is an important method of ensuring consistent delivery of best available practice options.

- The nurse plays a fundamental role in ensuring that people receive the best available evidence-based care by cross-checking findings from research, audit and feedback from all stakeholders.

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[10] Ozdemir BA, Karthikesalingam A, Sinha S, et al (2015). Research activity and the association with mortality. PloS one, 10(2), e0118253. https://doi.org/10.1371/journal.pone.0118253
[11] https://www.england.nhs.uk/publication/making-research-matter-chief-nursing-officer-for-englands-strategic-plan-for-research/
[12] https://www.nihr.ac.uk/documents/best-research-for-best-health-the-next-chapter/27778

- Benchmarking can also assist nurses to understand how their own workplace is performing against key evidence-based standards.

- Research allows development of new skills: i.e. leadership skills, personal growth, exposure to presenting at conferences, posters, and publishing. It encourages clinical curiosity and is helpful for revalidation.

- Research creates the evidence-based practice which needs to underpin all mental health nurses' practice.

- Educating people and advocating for them is already part of the nursing role; educating them about research is one element of this.

- Supporting research as a chief investigator, principal investigator or co-investigator is one possible route.

- Clinical research nurses play a vital role in carrying out and leading research and ultimately progress care by improving care pathways and treatments.

- This has been seen most significantly during the COVID-19 pandemic. Without the support of research nurses, the UK would have been less successful in completing vaccine trials.

Further information

National Institute for Health and Care Excellence

NHS England: clinical audit

Leading the acceleration of evidence into practice: a guide for executive nurses

Nursing research and evidence underpinning practice, policy and system transformation

RCN: research and innovation in nursing

National Institute for Health Research

Supporting nursing research and evidence to underpin policy dialogue and system transformation

Chief Nursing Officer for England's strategic plan for research

4. Practise safely

This section focuses on the importance of people, public and staff safety as well as looking after your own wellbeing. We highlight the importance of risk assessment and safety planning, and the structures required within this work to assist with safe practices, as well as the importance of embracing a just and learning culture.

To work effectively you will need to combine the knowledge, skills and personal attributes mentioned earlier, as these will help you keep in touch with what is really going on for people and carers. You will be required to weigh up and analyse complex qualitative and quantitative information every day. Finding time for reflection and support within this is essential.

Risk assessment and safety planning

Assessing and managing risk and safety remains a core task for the MDT in mental health, and it is a widely accepted element of the nurse's role. However, it can also be one of the most stressful tasks for nurses. Multiple risk factors, warning signs and protective factors associated with physical health, frailty and mental health conditions will present different challenges for the staff carrying out the assessment depending on the therapeutic relationship with the patient.

The personal and practice experience of the assessor, the team/service thresholds, resources, the risk culture within the organisation, team attitudes and the team atmosphere play a part.[13] Confidentiality, information sharing, safeguarding and mental capacity are also important areas for consideration.

Essential tasks and key messages

- It can be very difficult to recognise all the factors that influence our decision-making – recognising that the demands in pressured environments as well as fear of blame and criticism play a part, so ensure you seek support.

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[13] Bowers L, Whittington R, Nolan P et al (2008) Relationship between service ecology, special observation and self-harm during acute inpatient care: City-128 study. *British Journal of Psychiatry* 193 (5), 395-401.

- Don't lose sight of the human experience; focus on what the person needs and also their aspirations, 'what matters' to them.

- Develop your documentation skills – clear, concise, factual – and provide a rationale for your decision.

- Engage in meaningful conversation: only use tools, proformas and aide-memoires as part of your therapeutic alliance with the person, otherwise the process will feel false and invalidating.

- The key to engagement is always listening and validating feelings: clearly communicate the desire to help; consider issues of difference and cultural safety.

- Work collaboratively: take steps to corroborate the areas of need if possible.[14]

- Focus on the person – their needs and what they want from services; avoid a focus only on risk assessment.

- Develop a collaborative risk management plan and safety plan to address all physical and mental health needs. Risk is not a number or checklist, focus on formulation rather than isolated rating.[15]

- Plans must be easily accessible and understandable for all involved.

- Create a sense of safety through a genuine caring relationship.

- Agree information sharing and scope of confidentiality with the patient.

Further information

The NHS patient safety strategy

Consensus statement for information sharing and suicide prevention

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[14] McLaughlin S, Bonner G, Attard C (2019) Assessment and management of the risk of suicide, in *Oxford textbook of inpatient psychiatry,* edited by Alvaro Barrera, Caroline Attard, and Rob Chaplin https://oxfordmedicine.com/view/10.1093/med/9780198794257.001.0001/med-9780198794257-chapter-23
[15] https://sites.manchester.ac.uk/ncish/reports/the-assessment-of-clinical-risk-in-mental-health-services/

Supervision, support, and personal growth

To practise safely and effectively as described in several earlier sections, support and supervision mechanisms must be in place. It is important for mental health nurses to respond emotionally to the therapeutic aspects of their work and be able to nurture the people they are working with as well as themselves.

There is strong evidence that supportive relationships that offer motivation and encouragement can be drawn upon in times of stress. However, this can sometimes be difficult to achieve and finding your own alternatives/coping strategies is important.

Incorporating a compassionate and restorative approach within supervision has been shown to have good outcomes for both staff and service users. For example, the use of a restorative model places value on how participants respond emotionally to the work of caring for others, a key component in the current healthcare climates.

The [Professional Nurse Advocate (PNA) programme](#) delivers training for registered nurses in restorative supervision for colleagues across England. It was launched in March 2021, towards the end of the third wave of COVID-19 and is an evidence-based model of clinical supervision. It is a requirement that all nursing staff working within NHS commissioned care have access to restorative clinical supervision as set out in the [NHS Contract](#).

Key messages

- Restorative clinical supervision is an evidence-based model. It includes advocacy and supports quality improvement activities such as education and leadership. Access your local Professional Nurse Advocate (PNA), details will be available from your trust PNA lead.

- Mental health nurses can access different types and styles of supervision that best fit with their own needs and should discuss options with their line manager.

- Evidence tells us that when we reflect and have a platform to be listened to and express and explore our challenges, we grow and learn how to navigate through our difficulties better.

- Appreciative inquiry, motivational interviewing techniques, containment skills, acceptance discussions, circle of influence, active listening techniques, empathic curiosity, self-awareness, and action learning underpin this approach.

- Make the most from your preceptorship period and use the preceptorship guidance below.

- It is important to get support with any workplace issues. 'Suicide by female nurses: a brief report'[16] showed that: 'Although prevalence of experiencing adverse life events within three months of death was similar across the groups, female nurses were reported to have more workplace problems (18%)'.

Remember that you can draw on confidential support from local mental health and wellbeing hubs which offer rapid access to assessment and evidence based mental health services and support where needed. Further support is also available from organisational Occupational health services, PNAs, trade unions and local workplace representatives and other independent helplines such as Nurse Lifeline.[17]

Further information

[A-EQUIP: a model of clinical midwifery supervision](#)

https://youtu.be/KsfBu7xeRgE

[Professional Nurse Advocate programme](#)

[RCN: Newly registered nurse handbook](#)

[Implementation guide for PNA](#)

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[16] https://sites.manchester.ac.uk/ncish/%20suicide-by-female-nurses/
[17] https://www.nurselifeline.org.uk

[E-learning modules for role of PNA and A-EQUIP model](#)

https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-mental-health-and-wellbeing-hubs/

[National Preceptorship Framework for Nursing](#)

Learning culture

The learning culture in any organisation will have a significant impact on safe practice. A learning culture that emphasises accountability and learning equally is important for wellbeing and safety. To work at our best, we need to experience a compassionate and inclusive work environment. Being open with each other and with patients and families is key. There is a legal duty for employers and registrants to meet the professional 'Duty of Candour',[18] which is also an important part of a positive, open, and safe culture.

Essential tasks and key messages

- Behave in a way that promotes fair, equitable opportunities and treatment.

- Speak out if you observe behaviour that is not in line with a just and learning culture. Consider speaking with your manager, local Freedom to Speak Up guardian and/or trade union.

- Recognise risk-averse and/or defensive practice and seek to understand and highlight this.

- Openly discuss issues in supervision and encourage others to do so, therefore enabling learning across the organisation.

- Prioritise kindness and civility to each other.

- Be open and transparent when things go well or don't go as planned.

- Take account of the current evidence and knowledge in reducing mistakes, being mindful of the impact of human factors and system failures.

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[18] https://www.nmc.org.uk/standards/guidance/the-professional-duty-of-candour/

Further information

5. Continual professional practice

This section focuses on the crucial elements of the nurse's role in upholding the profession's reputation. This includes role modelling effective behaviours and instilling trust and confidence through our actions.

We highlight the importance of nursing leadership and MDT working and summarise additional challenges to practice.

Nursing leadership

Within the nursing context we can differentiate between management – which consists of directing a team or group to achieve a desired outcome – and leadership, which refers to an individual's ability to influence, motivate and enable others to contribute towards success.

The concept of compassionate and inclusive leadership in nursing has traditionally been associated with senior nurses in matron and management roles. However, from the very beginning of a career, leadership qualities are a fundamental component of the mental health nursing role. Effective leadership qualities are intrinsic to the NMC Code, which reinforces the importance of all nurses demonstrating leadership behaviours regardless of whether they occupy formal leadership positions. Therefore, everybody who enters mental health nursing should acknowledge their leadership role and understand how to develop leadership skills and behaviours. Nurse leaders should also acknowledge that all nurses should have the support and ongoing education to be a nurse leader, irrespective of formal leadership role.

Essential tasks and key messages

- Being an effective leader in care means the patient's voice is always heard. This is the focus of decision-making and intervention.

- Effective communication skills support teams to work together and contribute to improved collaboration in care while leading other professionals and healthcare teams.

- Embodying professionalism and role modelling appropriate ways to work with others enables shared understanding of expected standards and empowers teams and individuals to influence outcomes in care.

- Be visible, sharing expert knowledge at individual, team, and system levels.

- Innovation, technology and developing new ways of delivering mental health nursing care are vital to the sustainability of the mental health nursing profession. Get involved in transformation at an individual, team and system level.

- Taking time to understand research and current evidence for best practice is necessary and will ensure continued advancement of the mental health nursing profession.

- Strive for integrity, honesty, and humility to underpin all of your behaviours.

Further information

NHS Leadership Academy

King's Fund: five myths of compassionate leadership

King's Fund: technology and data

Multidisciplinary teamworking

The MDT is an important process for ensuring evidence-based, compassionate care. Evidence suggests that a well-functioning, well-established MDT consists of members from different disciplines, agencies and system partners such as

colleagues from social care and local authority partners, working together with a common aim of providing evidence-based, safe, and effective care.

As set out in the LTP, there is an ambition to improve the therapeutic offer from inpatient mental health services by increasing investment in the level and skill mix on acute MH inpatient wards, as well as the range of interventions and activities they offer. By increasing access to multi-disciplinary staff, it is expected that both the effectiveness and experience of care will be improved, resulting in better service-user outcomes and contributing to a reduction in avoidable length of stay.

The make-up of MDTs and how they function differs depending on setting. Generally, service users, nurse, nursing associates, third sector colleagues, occupational therapists, social workers, support workers, peer-support workers, medical doctors, psychologists, speech and language therapists and administrative support workers should work collaboratively to devise and review plans of care.

The introduction of the Community Mental Health Framework[19] will guide the MDT approaches to care. It describes how the NHS Long Term Plan's vision for a place-based community mental health model can be realised and how community services should modernise to offer whole-person, whole-population health approaches, aligned with primary care. The move away from the Care Programme Approach, will ensure personalised care planning with person centred outcome measures. Following the essential tasks and key messages below will assist/ensure that mental health nurses are a key part of the MDT.

Essential tasks and key messages

- Clear aims, assigning responsibilities and implementing actions are essential.

- People should always be given the choice to attend the MDT meeting and be involved in all discussions and decision-making about their care unless there are specific concerns about safeguarding, for instance.

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[19] https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/

- Service user involvement can sometimes be marginalised, and this is linked to the tradition of psychiatric paternalism in mental healthcare. The nurse's role is key to ensuring this is recognised and challenged.

- Examples of people being excluded from MDT meetings due to issues with access could (and/or should) be addressed by making suitable alternative arrangements. This could include using technology to make virtual attendance possible.

- Discussions, decisions, actions, and preferences are shared and fully involve all relevant parties in decisions regarding a care plan.

- An integrated health, third sector and social care approach is beneficial to patients as their holistic needs can be addressed by one care team, avoiding duplication, issues missed between professionals and 'professional silos'.

- Champion new integrated service models and care opportunities that encourage person centredness and timely access.

- Validate all voices and their contribution especially that of the patients or their representative. Act as their advocate if they are unable to attend.

- Challenge power dynamics, professional and personal values and assumptions that interfere with care. Aim for a 'flattened hierarchy'.

- Skilfully negotiate, facilitate, and assertively communicate your views, and provide a clear, sound knowledge base to inform holistic approaches to the care plan.

- Consider making the setting, language used, and the approach taken by professionals less formal to ensure inclusivity.

- Diverse MDTs bring diverse solutions, which leads to more informed decision-making and improved care. Nurses have a responsibility to encourage and champion this approach.

- Contemporaneous recording of discussions and agreed plans, paying attention to confidentiality, as well as transparency, are essential components of MDT working.

Further information

Recovery approaches and transformation

Recovery means different things to different people. It is a term with two concepts: clinical recovery and personal recovery. Whereas services that had a focus on clinical recovery focused on alleviating symptoms or complete remission of symptoms through psychosocial and medication interventions,[20] personal recovery orientated services (referred to as "recovery orientated services") aim to understand and meet the personal needs of individuals to help them thrive and live the best possible life, with or without a diagnosis and related symptoms. Most of the principles of personal recovery are based on Positive Psychology which is the scientific study of well-being.

Recovery oriented models of care encourage a shift from focusing on just managing symptoms towards providing care based on the person's values and emphasising lasting recovery, which can occur through the discovery of a variety of pathways. By transforming and integrating services, more time can be spent in direct contact with patients. Joined-up, recovery-focused and personalised care and support must be at the heart of this. They ensure timely access to the right care and support, including freeing time to deliver evidence-based care such as psychological therapies or a mode of support focused on what is important to the person.

It should be noted that there have been critiques of the Recovery model by some services users who have experienced it being implemented in a restrictive and homogenising manner, ignoring the "social & political reality that affects a person's wellbeing". The Recovery in the Bin Collective provides a more detailed critique and alternative models."

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[20] Isaacs AN, Sutton K, Beauchamp A (2020) PERSPECTIVES: Recovery oriented services for persons with severe mental illness can focus on meeting needs through care co-ordination. *J Ment Health Policy Econ*. 2020 Jun 1;23(2):55-60. PMID: 32621725.

Essential tasks and key principles:

- It is your responsibility to promote service-user involvement in care.

- Professional expertise and authority must not be given automatic priority over the views of the service-user and/or their family/carers.

- Supporting the individual to find their own version of recovery is key. Mental health nurses bring unique expertise to the process of recovery. They remain a key source of advice on what is meaningful for the patient.

- Collaborative working will help empower the development of skills, knowledge and confidence in actively managing physical and mental ill health and prioritising the aspirations and hopes alongside this.

- Adjust practice to work in partnership with wider community networks and systems to improve clinical and social outcomes.

- Transformation of service models to achieve recovery goals requires mental health nursing expertise. Ensure you are involved and engaged across the health and social care system and able to provide challenge and debate about the shape of services.

- Collaborate widely and motivate community partners to provide care, gain an understanding of interactions, patterns, process bottlenecks and flows within the system, so action can be taken to improve.

Further information

Mental Health Foundation: recovery

Acknowledgements

Sara Blackman, Research and Development Manager, Berkshire Healthcare NHS Foundation Trust

Yvonne Mhlanga, NHS Berkshire West Clinical Commissioning Group

Martin Hogan, Nursing Development Team, South West London and St George's Mental Health NHS Trust

Kathryn Currah, Children and Young People's Mental Health Advisor, NHS England

Maria Mazfari, Nurse Consultant, Community Adult Mental Health Services, Durham and Darlington

Anna Guildford, Nurse Consultant, Children and Young People's Service, Sussex Partnership NHS Foundation Trust

Dave Munday, Lead Professional Officer (Mental Health), Mental Health Nurses Association and Unite the union

Laura Tyrell Program Manager Adult Mental Health Team NHS England

Other groups:

Mental health inpatients at Prospect Park Hospital, Reading

Carers Group, Berkshire Healthcare

Preceptorship Group, Berkshire Healthcare NHS Foundation Trust

Nurse Consultant Forum