Australian Nursing & Midwifery Accreditation Council

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Accreditation standards review

Written submission form

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Standards Review
4 September 2017

Dear Australian Nursing and Midwifery Accreditation Council (ANMAC)

Re: **Request for comment and feedback on the current accreditation standards review**

My feedback relates directly to "Standard 3: Program of Study" and in particular to element 3.9 which states that:

"The program includes:

a) ***A*** *discrete unit* addressing mental health taught by a registered nurse with a formal qualification in mental health

b) Mental health content embedded throughout the program."

In relation to this standard, as a mental health nurse, an educator responsible for transitional education programs and a casual mental health academic I have some strong concerns regarding the provision of undergraduate education on mental health/mental illness

There is currently no undergraduate mental health specialty relative to the university nursing programs in NSW, with only minimal requirements placed upon the universities to include this key education provision. While mental health is a sub-specialty of nursing; service consumers with mental health problems present in all of our generalist health settings in large numbers.

This is not just relevant to presentations for mental health issues but also to the significant burden of physical disease encountered by those living with a long-term mental health issue. May I please refer you to a recent article in the Sydney Morning Herald entitled "**Mentally ill patients left waiting for emergency care**"? A hyperlink to the article is included. (Dana McAuley, 2019) .

I would further like to refer the committee to: "National Health Survey: Mental Health and co-existing physical health conditions" available via the Australian Bureau of Statistics (ABS) website (Australian Bureau of Statistics, 2019). Further statistics from ABS suggest that one in five Australians experience mental illness within any 12-month period, while a total of 45% of Australians will experience mental health problems across their lifespan. Additionally, Mental Health and Behavioural Disorders in Australia account for 22.3% of Years Lived with Disability (YLD) which is second only to musculoskeletal disorders in terms of overall disease burden (Wittchen, et al., 2011)

Given the large burden on services associated with mental disorders, it would seem that attention to the requirement for specific mental health training for nurses within undergraduate programs is already severely lacking; something I am aware of within the context of both of my current roles.

The feedback in relation to Standard 3.9(a) *specifically* is that it appears to endorse minimal input into undergraduate courses in relation to mental health education (***a*** discrete unit). Failure to attend comprehensively to the extensive skills required for mental health nursing does nothing to improve the standards of consumer care outcomes and serves to only reinforce the significant stigma towards both mental health nurses and mental health

consumers. This significant stigma has been shown in research and literature to be detrimental to mental health consumers and services alike (Clement , et al., 2015); (Thornicroft, et al., 2016); (Ye, et al., 2016)

In relation to Standard 3.9(b) (Mental health content embedded throughout the program); the standard is too broad and offers no specific guidance for curriculum developers on what specifically needs to be included "throughout" the program or how much. There is no specific emphasis on the inclusion of current best practice evidence in mental health within the curriculum.

Currently, newly qualified nurses are recruited into the mental health environments with minimal skills required to develop key therapeutic relationships, essential to the delivery of recovery-based, trauma informed practices and risk identification and management.

Relative to the burgeoning numbers of individuals seeking assistance for symptoms of mental illness across health services in Australia (Australian Institute of Health and Welfare, 2018), we are also seeing a significant increase in the use of restrictive practices such as seclusion and restraint, indicating poor therapeutic engagement practices at point of care. Government statistics from December 2018 on restrictive practices includes:

- **45.4%** of mental health-related hospital separations with specialised psychiatric care were for people with an involuntary legal status in 2016–17.
- **7.4 seclusion events** per 1,000 bed days in acute specialised mental health hospital services in 2016–17
- **5.8 hours** was the average seclusion duration in 2016–17.
- **8.3 physical restraint events** per 1,000 bed days and **0.9 mechanical restraint events** per 1,000 bed days in 2016–17 (Australian Government, 2019)

The responsibility for practice change and improvement lies not only with local health districts, but also with the universities providing costly education for undergraduate nurses that sees them ill-equipped to provide and meet the complex care requirements of already over-burdened and under-funded mental health services. Curriculum developers and accreditation bodies have a specific responsibility to assist with the improvement of current mental health care provision.

SUMMARY OF FEEDBACK:

The nominal emphasis and minimal guidance for undergraduate mental health education included in accreditation standard 3.9 is deeply insufficient to address the needs of the emerging mental health workforce and the mental health consumer cohort that is reliant upon them for care, safety and intervention.

Sincerely,

Rosemary Gallagher RMN; PG Dip; MEd (Nursing)

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All references include hyperlinks to documents cited.