

Review of the NSW Mental Health Nursing Enhancement Program

Final Report for the Centre for Mental Health,
NSW Health, 20 May 2005



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NSW Health, 20 May 2005.

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Dr Deanna Pagnini

20 May 2005

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Executive Summary

In 2001 the Centre for Mental Health (NSW Health), in consultation with the Office of the Chief Nursing Officer, responded to the documented difficulties with the recruitment and retention of mental health nurses in NSW and Australia by developing the Mental Health Nursing Enhancement Program (MHNEP).

Taking a holistic approach to the development and support of the mental health nursing workforce, it was recognized that all aspects of mental health nursing education needed to be improved. Fourteen separate strategies were funded, within the following areas:

- improving recruitment into mental health nursing, by providing supportive and realistic clinical placements, as well as financial incentives to top students through prizes
- supporting new graduates in their transition year into mental health nursing practice through mentoring programs
- improving coursework within existing post-graduate programs, funding three universities to create post-graduate mental health nursing programs, and funding the development of three new sub-specialty Graduate Certificate courses
- improving mental health nurses' access to these post-graduate programs through scholarships & distance/online learning
- providing a Certificate IV course in Mental Health Nursing for enrolled nurses and providing scholarships for them

The \$5.35 million in funding for this project came from the Commonwealth's National Mental Health Reform and Incentive Funding. All colleges and universities providing nursing education in NSW were offered the opportunity to participate. Colleges/universities received different amounts of funding, depending upon the strategies they were to address, and each entered into a contract with the Centre, agreeing to a standard set of reporting and evaluation requirements. The NSW Nurses Association also received funding to address the mental health needs of all nurses.

The funding was allocated for two years, and in 2003, the Minister approved a further \$3 million for mental health nursing education improvements. The purpose of this report is to review the initial Mental Health Nursing Enhancement Funding program, in order to assist with the strategic planning for the utilization of the further \$3 million in funds.

Key Findings/Recommendations for Increasing Undergraduate Recruitment

- Mental Health Nursing has now become one of the key substantive areas within all undergraduate nursing programs in NSW, with every program requiring at least one theoretical subject and a clinical placement of at least 2 weeks.
- The funds from the Mental Health Nursing Enhancement project have helped make substantial improvements in undergraduate clinical placements, from the expansion of settings where students take their placements, to enhancing the clinical education and supervision skills of the RNs at the facilities, increasing the length of the placements, and building relationships between the universities and the mental health nursing workforce. The funding also supported innovations such as the University of Wollongong's intensive clinical laboratories, which are now being sought after by students and nurses from other disciplines within nursing.
- The improvements in clinical placements in mental health are benefiting approximately 2450 students a year. Although only a small fraction go on to mental health nursing careers, at the minimum all nursing students are now currently exposed to mental health nursing in practice.
- These improvements, together with the undergraduate incentives, have clearly led to a renewed emphasis on mental health nursing as a career option, with slight increases in the numbers of students choosing mental health nursing post-graduate. However, there are structural issues above and beyond the individual desires/qualifications of

new graduates that affect mental health nursing recruitment and placement, and these need to be considered as well.

- In order to maintain the gains already made, funding needs to be made available to support clinical education from within the facilities/mental health teams, which includes training and financial reimbursement to area health services. Universities should also have the option of setting aside funds for undergraduate prizes and incentives.
- Consideration should also be given to permitting funds to be used to support student travel and expenses for placements, especially in rural and remote areas. This would benefit students and facilities, would increase the options for placement, and would also signal the importance attached to mental health nursing.

Key Findings/Recommendations for Improving the Transition to the Workforce

- The importance of supporting new nurses' transition to the mental health workforce cannot be underestimated, and needs to happen within mental health workforces that have a culture of learning and ongoing improvement. The Mental Health Nursing Enhancement funding has been supporting several key initiatives in this area, and although it is too early to make firm conclusions, there is some evidence about which directions look promising.
- While the University of Wollongong model has clearly worked well within the context of the Illawarra Health region given the longstanding relationship between the health service and the university, it is important to trial the model in other areas of the state, and UoW should receive the support to do so.
- The University of Newcastle's group mentoring program may provide an alternative model which can also then be more widely piloted (depending upon the results).
- Both UWS and UTS have highlighted the importance of clinical supervision overall, and the potential importance of bedding any transition program

within a larger model of clinical supervision. Even within a model of clinical supervision, however, it is important that the special needs/issues of nurses in their transition year receive special attention. The development and piloting of such a model would provide key information that could be used to improve the whole of the mental health workforce.

Key Findings/Recommendations for Post-Graduate Mental Health Nursing

- The benefits of improved post-graduate programs go beyond the individual nurses who improve their own learning and career prospects, and the management of clients. Supporting educational opportunities for mental health nurses encourages a culture of learning, reform, and support for the latest clinical innovations.
- In addition to supporting course revisions and development, to date the Mental Health Nursing Enhancement funding has financially supported the post-graduate educations of approximately 425 mental health nurses in NSW.
- Funding of the scholarships for post-graduate education is critical. The universities all report that when they do not have scholarship funds, enrollments drop. The decrease in enrollment then has several effects: not only are nurses less likely to seek and receive training, but the courses themselves may not run. Dedicated funding should be set aside so that mental health nurses can easily access post-graduate training.
- The lack of enrollments in the newly developed specialty courses is a concern, given the investment made in them and their substantive importance. If they are to remain as separate degrees, perhaps some form of centralized promotion should be considered. Otherwise, consideration should be given to offering the individual units as elective courses within the mental health nursing post-graduate programs and/or marketing the individual units to other appropriate students (eg. social work, psychology, early childhood education, etc...)

Key Findings/Recommendations for Caring for the Mental Health of Nurses

- This component of the project is being developed by the NSW Nurses' Association, who are finalizing a self-care booklet called *Caring for Nurses: Managing Stress & Avoiding Burnout* and are planning to deliver 12 stress management workshops to nurses across the state beginning in July 2005. Until the resource is distributed and the workshops rolled out, no conclusions can be drawn about this important strategy, although clearly the well-being of all nurses in NSW is an important concern.

Summary and Conclusions

Several conclusions can be drawn from this review of the Mental Health Nursing Enhancement Program:

- There is unequivocal evidence that undergraduate mental health nursing education is much improved since funding began: mental health nursing is now a mandatory subject and all undergraduate nursing students in the state must do at least a 2 week clinical placement, which in 2004 included over 2400 students.
- Clinical placements themselves have improved as well, with more facilities, more trained staff from the facilities, and more joint partnerships with area health services.
- These improvements, together with the undergraduate incentives, have raised the profile of mental health nursing, and we are beginning to see increases in mental health nursing as the preferred option for post-graduate employment.
- Improving the transition year into the mental health nursing workforce continues to be a challenge, and programs that work well locally need to be tested in other areas. Mentoring is also quite closely tied with issues of clinical supervision in the workforce, and there may be opportunities to develop broader programs of clinical supervision in order to develop best practice models.

- The funding for the enhancement of current post-graduate programs and the establishment of new post-graduate programs increased the ability of mental health nurses to undertake study in a variety of settings (eg. distance education, on-line learning). Scholarships should continue to be awarded so that access can continue.
- While a significant amount of funding was expended on the development of specialty courses, little has been returned in the way of enrollments, and more creative marketing and thinking about these courses needs to happen.

Overall, by taking a holistic approach to mental health nursing education, from undergraduate programs through transition into workforce and into further post-graduate education, the Mental Health Nursing Enhancement Funding has made significant improvements. However, without the further expenditure of funds in four critical areas, these gains are in danger of being lost:

1. In terms of undergraduate education, continued dedicated funding for maintaining and improving the quality of clinical placements is critical.
2. In terms of mentoring/transition to workforce, more development work needs to be done. This should include stand-alone mentoring/transition programs, as well as the broader issue of clinical supervision.
3. For post-graduate studies, now that courses have been developed, dedicated funds should be set aside for scholarships.
4. The universities need to receive adequate funding for administrative and other tasks that will enable them to carry out the programs effectively.

Background

A number of reports and advisory groups have demonstrated the difficulties with the recruitment and retention of mental health nurses. The number of mental health nurses with specialist qualifications¹ is projected to decrease, there is a considerable loss of nurses in the transition year after graduation², and employers report that new graduates are not adequately prepared to practice in mental health nursing.

In 2001, the Centre for Mental Health (NSW Health), in consultation with the Office of the Chief Nursing Officer, offered all colleges and universities providing nursing education in NSW the opportunity to participate in the Mental Health Nursing Enhancement Program. The \$5.35 million in funding for this project came from the Commonwealth's National Mental Health Reform and Incentive Funding.

Taking a holistic approach to the development and support of the mental health nursing workforce, it was recognized that all aspects of mental health nursing education needed to be improved. Fourteen separate strategies were funded, within the following areas:

- improving recruitment into mental health nursing, by providing supportive and realistic clinical placements, as well as financial incentives to top students through prizes
- supporting new graduates in their transition year into mental health nursing practice through mentoring programs
- improving coursework within existing post-graduate programs, funding three universities to create post-graduate mental health nursing programs, and funding the development of three new sub-specialty Graduate Certificate courses

- improving mental health nurses' access to these post-graduate programs through scholarships & distance/online learning
- providing a Certificate IV course in Mental Health Nursing for enrolled nurses and providing scholarships for them

Colleges/universities received different amounts of funding, depending upon the strategies they were to address, and each entered into a contract with the Centre, agreeing to a standard set of reporting and evaluation requirements.

The NSW Nurses Association also received funding to address the mental health needs of all nurses.

The funding was allocated for two years, and in 2003, the Minister approved a further \$3 million for mental health nursing education improvements. The purpose of this report is to review the initial Mental Health Nursing Enhancement Funding program, in order to assist with the strategic planning for the utilization of the further \$3 million in funds.

¹ The Workforce Planning Study 1997

² Commonwealth Senate Inquiry into the nursing workforce (June 2002)

Section I. Undergraduate Education

The first exposure that most nursing students have to mental health nursing occurs within the context of their undergraduate educations, through theoretical content in class work and/or clinical placements in mental health facilities or with community mental health teams. As of 2004³, ten colleges and universities offered undergraduate nursing programs. As shown in table 1, nearly 6000 undergraduate nursing students were enrolled across the 10 programs in NSW in 2004. Mental health nursing was a required subject in every program, with half of the programs requiring two courses.

Table 1. Undergraduate Mental Health Nursing Programs

University	Students (2004)			Mental Health Nursing		
	1st yr	2nd yr	3rd yr	Required subject?	# Courses	Timing
Australian Catholic University	161	227	146	yes	1	1st sem, 2nd yr
Avondale College	51	40	36	yes	1	2nd sem, 2nd yr
Charles Sturt University	153	124	86	yes	2	1st sem, 2nd yr 2nd sem, 2nd yr
Southern Cross University	170	97	94	yes	1	after 3rd semester
U of New England	110	75	56	yes	2	1st, 2nd sem 3rd year (on campus bach of nurs) 1st sem, 3rd yr (of 4) for bach of nurs studies enrolled nurse to RN external course
U of Newcastle	380	355	280	yes	1	2nd sem, 2nd yr
U of Sydney	320	192	126	yes	2	2nd sem, 2nd yr 1st sem, 3rd yr
UTS	360	180	320	yes	1	3rd yr, BN cohort 2nd yr, accelerated EN/grad entry course
U of Western Sydney	487	437	306	yes	2	1st sem, 2nd yr 2nd sem, 3rd yr
U of Wollongong	140	140	170	yes	2	1st sem, 2nd yr 3rd sem, 3rd yr
TOTAL	2332	1867	1620			

All undergraduate nursing programs also now have mandatory clinical placements in mental health nursing. Given the stigma about mental illness in society and the fear/anxiety with which many students view mental health nursing, having a supportive and realistic clinical placement within mental health can be a critical element in whether or not a student decides to apply for mental health nursing jobs upon graduation.

As shown in Table 2, there was a great deal of variation across universities in how the 2455 clinical placements in 2004 were organised. Most of the programs required 2 week placements, while others required up to 4 weeks. In addition, eight of the programs offered an optional placement in the third year for interested students. Clinical educators came primarily from the facility's staff, the universities, or were contracted facilitators. The clinical placement period thus represents an excellent opportunity for exposing students to mental health nursing in practice, and indeed was one of two strategies designed to increase recruitment, with the other strategy focused on publicly rewarding academic excellence in mental health nursing through undergraduate prizes.

³ As of 2005, University of Sydney will no longer have an undergraduate nursing program, although they will still offer post-graduate programs.

Table 2. Mental Health Clinical Placements

University	Mandatory Clinical Placements				Optional Clinical Placements				Total Students doing Clinical Placement in 2004		
	Timing	Length	Clinical Educators		MHNEP reduce ratio?	Timing	Length	# Students taking option		% of Nursing Students	
			Uni staff	Facility staff							Contracted facilitators
Australian Catholic University	1st or 2nd sem, 2nd yr	2 weeks (80 hrs)	yes	yes	yes	no	3rd yr, 2nd semester	120 hours	2001: 6 2002: 6 2003: 12 2004: 10	4% 3% 5% 5%	227
Avondale College	2nd sem, 2nd yr	2 weeks	yes	yes	yes	no	3rd year, either semester	80 hours	2001: 6 2002: 2 2003: 2 2004: 0	12% 6% 6% 0%	40
Charles Sturt University	2nd yr, either 1st or 2nd sem	60 hours	no	yes	yes	yes	end of 3rd yr	120 hours	none		188
Southern Cross University	after 3rd semester	4 weeks	no	yes	no	yes	after finishing mandatory	4 weeks	2003: 12 2004: 10	10% 10%	89
U of New England	3rd yr, 1st & 2nd sem (on campus) 3rd yr, 1st sem (external)	4 weeks total (2 weeks for each) 3 weeks total	yes	yes	yes	yes	no optional placements available				56
U of Newcastle	2nd sem, 2nd yr (from 2005 only)	2 weeks	no	yes	yes	yes	3rd yr, 2nd semester	7 weeks	in 2004, 20 because \$1000 school offered		375
U of Sydney	2nd sem, 2nd yr	2 weeks	yes	yes	yes	yes	2001-2003, 3rd yr post 2003, 2nd sem, 3rd yr	4 weeks	2001: 11 2002: 5 2003: 10 2004: 11	5% 5% 5% 5%	180

Table 2. Mental Health Clinical Placements, continued

University	Mandatory Clinical Placements						Optional Clinical Placements					Total Students doing Clinical Placement in 2004
	Timing	Length	Clinical Educators			Ratio CE: Students	MHNEP reduce ratio?	Timing	Length	# Students taking option	% of Nursing Students	
			Uni staff	Facility staff	Contracted facilitators							
UTS	3rd yr, BN students, 2nd yr, accelerated EN/grad entry	2 weeks	yes	no	yes	1:5 during funding, now 1:8	yes, but not sustainable	3rd yr, 2nd semester	12 days over 5 weeks	2001: 22 2002: 26 2003: 26 2004: 26	12% 12% 11% 11%	310
U of Western Sydney	2nd yr, 1st sem, 3rd yr, 2nd sem	1 week 2 weeks	yes	yes	yes	1:5, 1:6, 1:8 depending on placement	yes. all students in WAHS 1:5, Corrections 1:5	3rd yr, 2nd semester	4 weeks	not available		680
U of Wollongong	2nd yr & 3rd yr	2 weeks + 2 day intensive workshop	Only as a contact person	Yes	Yes	Varies b/w 1:3 – 1:7, depending on facility	No	None				310
Total Students Doing a Clinical Placement in 2004												2455

1.1 Strategies for improving recruitment into mental health nursing

The Mental Health Nursing Enhancement Funding concentrated on two specific strategies for improving recruitment into mental health nursing post-graduation:

- *Strategy 1: Undergraduate Clinical Placement* – strengthen clinical support for second and third year undergraduate nursing students during their placements in mental health by providing additional clinical nurse educators to support students during their placements (provided at a ratio of 1:5).
- *Strategy 2: Undergraduate Incentives* – to provide awards or prizes for undergraduate students for demonstrating excellence in mental health theory or practice.

By providing a well-supported clinical placement and valuing students' academic work, it was hoped that more nursing students would choose mental health nursing as their speciality upon graduation.

All ten colleges/universities received funding for Strategy 1, at a total cost of \$1,643,303.⁴ Table 3 presents the implementation plans for each of the universities, and the key outcomes. The money was used to reduce the ratios of clinical educators to students, and to improve the experience overall by better supporting students **and** facility/mental health team staff. Some universities used the funding to extend the length of the clinical placement period, others used it to increase the number of options for clinical placements, and some used it to pay the local health services to release their staff to participate as clinical educators.

The University of Wollongong used its funding to develop an innovative program where students attend 2 day intensive workshops complete with role plays before their clinical placements, which has reduced fear and anxiety about what to expect during the placement itself, and where students meet nurses from the facilities.

One of the key outcomes of this strategy has been the development of closer working relationships between the universities and the area health services. A number of working parties and advisory groups were set up so that the materials and clinical placements met the needs of students, nurses, and the facilities. Six of the institutions provided training for clinical educators, in order to clarify the roles of the students and the nurses. As an incentive, some of the universities offered credits to nurses who participated as clinical educators. Although this strategy was focused on improving the experience for students, one of the benefits was also encouraging a learning environment for the mental health nurses as well.

The universities identified several key factors to successful clinical placements:

- the willingness of registered nurses to involve undergraduate students on placement
- having a facilitator from the facility itself, rather than an outside facilitator
- clear guidelines for both students and staff on the goals of the placement

It is important to stress, however, that challenges to clinical placements still exist. In some areas, there is a lack of clinical staff willing/able to take on the role of clinical educators, especially in the rural and remote areas. Students may have to travel great distances to their placements, incurring costs which are not reimbursed. Each college/university also seems to have developed their models of clinical placements in isolation from each other.

⁴ Not including GST

Table 3. The Implementation and Outcomes of Improving Clinical Placements

University	Funding	Implementation	Outcomes at end of 2003	Outcomes since funding ended	Comments
Australian Catholic University	\$88,563	<ul style="list-style-type: none"> • identify specific learning needs of students on mh placement • develop learning packages based on needs • workshops for clinical educators in 2001, 2002, 2003 • dedicated mh facilitator to accompany small groups on mh placements • clinical educator : student ratio = 1:6-8 • ACU clinical facility liaisons for 3rd year students 	<ul style="list-style-type: none"> • all strategies implemented • 22 clinical educators trained • 3rd year student evaluations positive (2002) 	<ul style="list-style-type: none"> • learning packages for facilitators revised in 2004 by academic MH staff & facilitators • changes made to timing of optional placement as a result of evaluation 	<p>wanted funding for 3 further projects:</p> <ul style="list-style-type: none"> • communicate findings • web-based program for mh nursing • follow up of specially preceptored students who went into mh <p>developed web-based materials out of own budget currently preparing journal articles on learning needs</p>
Avondale College	\$37,302	<ul style="list-style-type: none"> • lengthen clinical placements & decrease ratio to 1:5 • goal was to have 52 students do mh placements in 2002 	<ul style="list-style-type: none"> • increased clinical placement to 2 weeks 	<ul style="list-style-type: none"> • have maintained the 2 week block 	<p>difficult to obtain facilitators. had to use full-time staff for this role, but not able to be reimbursed from funding</p>
Charles Sturt University	\$297,770	<ul style="list-style-type: none"> • appoint a mh clinical coordinator to liaise with professional partners to: <ul style="list-style-type: none"> - establish database of all available mh placements - offer clinical workshops to prepare facilities & staff - visit & assist w/assessment • reduce ratio to 1:5 	<ul style="list-style-type: none"> • increased professional partners from 45 to over 75 • 100% satisfaction in Spring 2002 • trained 12 professional partners through 2 workshops 	<ul style="list-style-type: none"> • although the key staff member has left, the database of professional partners has been maintained 	<p>seems to have been a very effective strategy</p>
Southern Cross University	\$102,063	<ul style="list-style-type: none"> • increase the number of clinical placement positions in acute centres, particularly in Tweed Heads & Coffs Harb • increase the number of clinical placement positions in community mental health teams • increase clinical teacher appointments in mh nursing placements • restructure clinical program to reduce ratio to 1:5 • make mh plmt mandatory from 2002 & increase to 4 weeks 	<ul style="list-style-type: none"> • did increase in acute centres • community mh now included • length increased to 4 weeks • ratio reduced to 1:5 	<ul style="list-style-type: none"> • ratio of 1:5 has been maintained • length of placement is now 4 weeks 	<p>increased the length of clinical experience, increased student career options, and increased the profile of the university in the mental health care community</p>

Table 3. The Implementation and Outcomes of Improving Clinical Placements, continued

University	Funding	Implementation	Outcomes at end of 2003	Outcomes since funding ended	Comments
U of New England	\$106,050	<ul style="list-style-type: none"> provide preceptor/facilitator educator training to mh RNs to better prepare them to provide support to undergraduate students improve support & education for students on mh placements enhance clinical experience and promote mh nursing as a post-graduate pathway 	<ul style="list-style-type: none"> reduced ratio to 1:5 now pay preceptors increased # of places willing to take students 15 RNs received training on clinical facilitation & mentoring 	<ul style="list-style-type: none"> still paying clinical facilitators, but unlikely to be viable long-term without financial support 	<ul style="list-style-type: none"> difficulties recruiting mh nurses to supervise, especially when MHOAT was being introduced situation has improved recently
U of Newcastle	\$215,289	<ul style="list-style-type: none"> strategies will be put in place to allow students to undertake clinical practice in venues not previously used – staff member allocated to seek additional clinical placements provide 1:5 ratio dedicated clinical mentor (yr 2) and floating clinical mentor year 3 	<ul style="list-style-type: none"> 49 additional clinical placement venues now available increase from 186 placements to 306 	<ul style="list-style-type: none"> gains in 1:5 ratio unable to be maintained since funding's end during 2004 awarded \$1000 per 3rd year student doing voluntary placement 	only 25/480 students responded to evaluation
U of Sydney	\$337,069	<ul style="list-style-type: none"> conduct additional 3 week clinical extension program for yr 3 students at end of 2nd semester in 2001, 2002 provide 1:5 ratio additional support from 40:1 to 20:1 all yr 2 students will have to do a 3 week clinical placement <p>NOTE – Univ of Sydney is not currently enrolling new students into their undergraduate nursing program</p>	<ul style="list-style-type: none"> 2001, 11 students did mh placement. in 2001, all 2nd yrs did 2 week mh placement 2002, 6 yr 3 students did 4 week elective positive evaluations 	<ul style="list-style-type: none"> specifically targeted 3rd yr students doing mh placements for post graduate studies in mh, with the promise of no fees 	

Table 3. The Implementation and Outcomes of Improving Clinical Placements, continued

University	Funding	Implementation	Outcomes at end of 2003	Outcomes since funding ended	Comments
UTS	\$191,368	<ul style="list-style-type: none"> develop, run, and evaluate a 10 day (over 12 weeks) course for facilitators and Clinical Resource Nurses reduce ratio to 1:5 by appointing 4 more facilitators 	<ul style="list-style-type: none"> 17 nurses completed. unknown whether they provided supervision to undergrads increase in number of students requesting sub-major in mh increased 	<ul style="list-style-type: none"> unable to maintain ratio of 1:5 	<ul style="list-style-type: none"> course ran only once. was up to health services if they wanted to fund in future would like to see extra funding to increase hours available for MH nursing education
U of Western Sydney	\$215,289	<ul style="list-style-type: none"> identify experienced nurses to undertake brief focused clinical facilitation program decrease ratio to 1:5 pay WAHS for clinical facilitators from staff project officer to coordinate and evaluate clinical facilitation process 	<ul style="list-style-type: none"> provided 1:5 ratio where possible developed pilot "Centres of Excellence in Clinical Facilitation Project" 3 RNs trained in clinical fac initial feedback positive 	<ul style="list-style-type: none"> additional 9 facilitators trained 257 students did pre- and post-surveys (results available in April 2005) 	<ul style="list-style-type: none"> important for facilitator to be part of the clinical staff intervention increased number of students choosing mh, but most chose to work where they had their clinical placement preliminary results of pre-post survey are encouraging
U of Wollongong	\$83,361	<ul style="list-style-type: none"> include another mh nursing subject into program from 2003, incorporating a clinical component provide dedicated clinical educator to achieve 1:5 ratio develop clinical laboratories for mh nursing. Intensive 2 day workshops with clients played by area mh nurses build relationships with other area health services to increase students' access to clinical placements 	<ul style="list-style-type: none"> 2nd & 3rd years participate in workshops 2nd course part of curriculum strengthened relationships with IAHS 	<ul style="list-style-type: none"> clinical laboratories have been a huge success for both students and RNs. 	<ul style="list-style-type: none"> increase in number of students choosing mh following graduation positive evaluations

The second strategy within the undergraduate education component focused on providing students with prizes for academic work in mental health nursing. All 10 colleges/universities received funding for this strategy, with each institution given the freedom to decide overall criteria for the prizes and the amounts awarded. The number of prizes given out is shown below in Table 4.

Table 4. Strategy 2: Undergraduate Prizes

University	Funding	Prizes Awarded	Money Left? ⁵	Comments
Australian Catholic	\$1500	15	no	approached book suppliers to try to get book prizes after funding ran out
Avondale College	\$1500	9	no	continued to award prizes. felt it raised the profile of the specialty
Charles Sturt University	\$1500	6	no	
Southern Cross University	\$1500	3	no	unable to continue b/c of lack of funds
U of New England	\$1500	8	no	unable to continue b/c of lack of funds
U of Newcastle	\$1500			1 essay prize awarded in 2005
U of Sydney	\$1500	4	no	unable to continue b/c of lack of funding
UTS	\$1500	8	no	have not continued
U of Western Sydney	\$1500	2	no	
U of Wollongong	\$1500	10	no	all students receiving prizes either currently working in or enrolled in post graduate study in mh nursing. Also sponsored 15 students to attend mh nursing conference (with uni money)
TOTAL	\$15,000	65		

The colleges/universities felt that the prizes were quite valuable in raising the profile of mental health nursing in general as well as valuing the work that the individual students were doing, thus encouraging a career choice of mental health nursing. The only university to show a direct impact of awarding prizes on career choice, however, was the University of Wollongong where all prize winners are either working in mental health nursing or pursuing graduate studies in mental health nursing.

While both strategies 1 and 2 had excellent outcomes, the key evaluation question is whether they did indeed contribute to an increase in the number of undergraduates entering mental health nursing upon graduation. Of course, individual preference is only one key factor - in order for students to be hired, jobs need to be available, and services need to accept new graduates into positions.

⁵ As of the last report received by CMH or the evaluator.

Section I. Undergraduate Education

As shown in Table 5, among the universities which did collect the data, there does appear to be an increase in the number of students who went on to work in mental health nursing following graduation in the years that the MHNE funding was active. Of course, the increase could be due to factors other than the funded program revisions, including changes in recruitment practices on the part of health services or mental health facilities, an increase in individual preferences among students before they entered the programs, or the lack of opportunities in other areas.

Table 5. Extent of Increase in the Recruitment of Mental Health Nurses

University	Undergrads Entering/Interested in MH Nursing Post-Graduation			
	2001	2002	2003	2004
Australian Catholic	data unavailable. indications of increase			
Avondale College	data unavailable. perhaps marginal increase			
Charles Sturt University	does not appear so, however graduate enrollments have increased			
Southern Cross University	prior to program almost no one entered mh nursing. In 2003, 4 did			
U of New England	none		at least 10 since 2003, and a number have undertaken Master of Nursing (Hons) focusing on mh nursing	
U of Newcastle	few new recruits – problem is on supply and demand side			
U of Sydney	data unavailable			
UTS	data unavailable			
U of Western Sydney	11	11	10	16
U of Wollongong	5	17	23	unknown

Key findings/recommendations for increasing undergraduate recruitment

- Mental Health Nursing has now become one of the key substantive areas within all undergraduate nursing programs in NSW, with every program requiring at least one theoretical subject and a clinical placement of at least 2 weeks.
- The funds from the Mental Health Nursing Enhancement project have helped make substantial improvements in undergraduate clinical placements, from the expansion of settings where students take their placements, to enhancing the clinical education and supervision skills of the RNs at the facilities, increasing the length of the placements, and building relationships between the universities and the mental health nursing workforce. The funding also supported innovations such as the University of Wollongong's intensive clinical laboratories, which are now being sought after by students and nurses from other disciplines within nursing.
- The improvements in clinical placements in mental health are benefiting approximately 2450 students a year. Although only a small fraction go on to mental health nursing careers, at the minimum all nursing students are now currently exposed to mental health nursing in practice.
- These improvements, together with the undergraduate incentives, have clearly led to a renewed emphasis on mental health nursing as a career option, with slight increases in the numbers of students choosing mental health nursing post-graduate. However, there are structural issues above and beyond the individual desires/qualifications of new graduates that affect mental health nursing recruitment and placement, and these need to be considered as well.
- In order to maintain the gains already made, funding needs to be made available to support clinical education from within the facilities/mental health teams, which includes training and financial reimbursement to area health services. Universities should also have the option of setting aside funds for undergraduate prizes and incentives.
- Consideration should also be given to permitting funds to be used to support student travel and expenses for placements, especially in rural and remote areas. This would benefit students and facilities, would increase the options for placement, and would also signal the importance attached to mental health nursing.

Section II. Improving the Transition to the Workforce

The first year in the mental health nursing workforce (the transition year) has been identified as a critical period in the decision whether to pursue a career in mental health nursing. Previous reports have identified a significant drop-out rate during this transition year, partly related to the lack of support programs for new graduates.

To address this issue, \$252,000 was initially allocated to:

- *Strategy 12: Mentor Programs for New Graduates* – a program will be developed and implemented to provide expert clinical support for new graduates entering the field of mental health nursing. The program will encompass both inpatient and community settings.

In the original funding submissions, three universities (UTS, Univ of Wollongong, UWS) were granted funds for pilots. Subsequently, the University of Newcastle applied for, and was granted, \$92,000 to pilot the UWS model in three health services in their area. The Centre required that each university develop a partnership with an area health service to ensure that the program meets the service needs, and the ultimate desired outcome was an increase in the retention of new nursing graduates working in mental health.

Table 6 outlines the different models proposed and their implementation to date. Although the University of Newcastle initially was going to pilot the UWS model, they have subsequently decided to develop a group mentoring program instead. Their program has yet to commence.

Although the UWS model was well-supported, theoretically based, and apparently successful in 2003, in 2004 it faced several problems. There were fewer participants in the program, and the contact levels between mentor and mentee fell off significantly.

UWS has concluded that having a separate first year mentorship model may not be the best way to integrate and support new mental health nurses into the workforce. Instead, they recommend that mentorship should form part of an overall clinical supervision model. The importance of clinical supervision has also been raised by UTS in the findings from their study of the current mental health nursing workforce.⁶ According to their results, only one third of respondents have regular access to clinical supervision, and 10 out of the 17 area health services did not require clinical supervisors to be accredited.

The University of Wollongong developed a theoretically based facilitated mentoring model in partnership with Illawarra Health which has proven extremely successful. Prior to the mentoring program, IH already had a post registration program in mental health nursing for new graduates or those making the transition to mental health. Over a period of 8 months, the program incorporated theoretical and clinical learning in a number of settings. UoW supported the program through academic support and supervision to the coordinator, and those who completed the program received 12 credit points. The facilitated mentoring program was added to this base.

In a facilitated mentoring model, the roles for mentors and protégés are clearly defined and are supported within the workplace. The focus is on developing the new nurse's practice and professional development, within a learning relationship. The findings from the evaluation of the pilot demonstrated that there were benefits for both mentors and protégés in terms of career motivation and career satisfaction, and had follow-on effects for other nurses and Illawarra Health. University of Wollongong has proposed that this model of mentoring be trialled in other areas across the state.

⁶ To date work has focused on the collection and analysis of the survey of the mental health workforce. While the results are interesting and important, they do not specifically address the issue of the transition year.

Key findings/recommendations for improving the transition to the workforce

- The importance of supporting new nurses' transition to the mental health workforce cannot be underestimated, and needs to happen within mental health workforces that have a culture of learning and ongoing improvement. The Mental Health Nursing Enhancement funding has been supporting several key initiatives in this area, and although it is too early to make firm conclusions, there is some evidence about which directions look promising.
- While the University of Wollongong model has clearly worked well within the context of the Illawarra Health region given the longstanding relationship between the health service and the university, it is important to trial the model in other areas of the state, and UoW should receive the support to do so.
- The University of Newcastle's group mentoring program may provide an alternative model which can also then be more widely piloted (depending upon the results).
- Both UWS and UTS have highlighted the importance of clinical supervision overall, and the potential importance of bedding any transition program within a larger model of clinical supervision. Even within a model of clinical supervision, however, it is important that the special needs/issues of nurses in their transition year receive special attention. The development and piloting of such a model would provide key information which could be used to improve the whole of the mental health workforce.

Table 6. Implementation of Strategy 12: Mentor Programs for New Graduates

University	Funding	Model/Strategy	Outcomes/Evaluation	Comments
U of Newcastle	\$91,883	<ul style="list-style-type: none"> Use UWS model in regional & rural context Begin 1/03 Conduct & evaluate at least 9 mentor programs over 18 months Establish a website forum 	<ul style="list-style-type: none"> Decided against UWS model. In Dec 2004, MH Steering Committee decided to use funding to develop & evaluate a group mentoring program for new nursing staff in Hunter New England Health & North Sydney CC Health. to be an action evaluation project 	literature review & ethics application to be completed in March. Program to commence upon approval, expect to expend funds by end of Dec 2005.
UTS	\$80,000	<ul style="list-style-type: none"> examine roll out of clinical supervision in mh nursing & study assumptions underlying it conduct workforce census to review organisation, practice, & education in mh nursing. conduct survey regarding presence, absence, or alteration to clinical supervision arrangements on matters of staff morale, retention, sick leave following workforce census, roll out clinical supervision intervention collect data @ 6 and 12 months post-intervention 	<ul style="list-style-type: none"> surveys were finalized (March 2003) confidential report summarizing results sent Dec 2004 negotiations regarding a plan to trial clinical supervision took place over a 2 year period (2002-2004) without success currently there appears to be no plan to do an intervention in the old SESAHs, but rather a proposal to develop a statewide system of clinical supervision 	there was a great deal of confusion over the agreement b/w UTS & CMH in terms of expectations about this component.
U of Western Sydney	no funds allocated originally – took funds from other strategies	<ul style="list-style-type: none"> establish partnership w/area health service create demonstration program for 25 grads per yr for 2 years, in conjunction w/grad cert in mh nursing mentors to meet with mentorees for an hour every two weeks, and on an “as needed” basis to evaluate jointly with University of Newcastle run by a program coordinator based at UWS 	<ul style="list-style-type: none"> partnership with WSAHS 2 day training program for mentors conducted twice – 50 mentors trained evaluated the 2003 program, revised for 2004 evaluated 2004 program – 16 mentorees, 9 mentors cumulative contact ranged from a low of 15 minutes to a high of 2 ½ hours. 4 dyads had no contact contact occurred only between feb & june 2004 	unclear why activity fell off so much in 2004. report emphasizes the need for continued support, but may have to take a different form – their recommendation was that mentorship needs to form part of clinical supervision.
U of Wollongong	\$80,000 (has requested more to broaden outside the Illawarra)	<ul style="list-style-type: none"> build a partnership with local area health service (Illawarra) utilize the IH post-registration program in MH nursing (already supported by U of W), 8 months theoretical development of facilitated mentoring model – clearly defined roles and responsibilities. ongoing evaluation mentor partners meet monthly 	<ul style="list-style-type: none"> agreement b/w U of W & IHMHS 2003 collaborative working party established 6 mentors trained 12 protégés strong evaluation findings for both protégé and mentor 	excellent model and excellent reporting/evaluation recognition of the importance of local workforce culture/structure on success

Section III. Development/Enhancement of Post-Graduate Courses & Increased Access to Those Courses

A key to developing and upskilling the mental health nursing workforce is the provision of high quality graduate programs that are accessible to mental health nurses across the state, including those in rural and remote areas. In 2001, it was perceived that both the clinical and theoretical components of the current courses needed to be updated, and that university and course fees were a barrier to nurses in the workforce pursuing further education.

In order to address these issues, funding for post-graduate courses/programs was concentrated in two areas – enhancement of current courses and programs, and the development of new courses and programs. Nine strategies were directed towards these ends, with a total of \$3,189,500 in funds:

Enhancement of current courses/programs⁷

- *Strategy 3: Support of Current Post-Graduate Nursing Education Programs* – enhance the existing mental health nursing postgraduate courses so that they are more attractive to students considering mental health nursing as a career pathway. Funding also available for scholarships. The courses need to be designed to meet the clinical needs of students and industry.
- *Strategy 4: Face to Face Clinical Components to Distance Education Post-Graduate Nursing Program* – enhance the two Graduate Certificate courses by distance education by the addition of a clinically focused face to face learning component.
- *Strategy 5: Development of Interactive Learning Package for Post-Graduate Mental Health Nursing Program* – to provide the mental health nursing graduate certificate program online for students who choose the course offered by Univ of Newcastle. To provide interactive learning opportunities for students undertaking the Graduate Certificate.

- *Strategy 14: Supporting Enrolled Nurse Programs in Mental Health* – to develop and run a post-enrollment Mental Health Nursing Course (Certificate IV) for enrolled nurses. The course is to be clinically focused with input from the Centre for Mental Health and Area Health Services.

Development of new courses/ programs: Graduate Certificates

All of the following courses were designed to address specific sub-specialty nursing skills, while Strategy 13 targeted general mental health nursing. Each of the Graduate Certificates needed to have a minimum of four units/modules, and the material had to be clinically focused and developed with input from the Centre and Area Health Services.

- *Strategy 7: New Specialty Child & Adolescent Mental Health Nursing Courses*
- *Strategy 8: New Specialty Dual Diagnosis Mental Health Nursing Course*
- *Strategy 9: New Specialty Aboriginal Mental Health Nursing Course*
- *Strategy 10: New Mental Health Nursing Leadership Course*
- *Strategy 13: New Post Graduate Mental Health Nursing Programs*

Tables 7, 8, and 9 present the implementation strategies and outcomes for these strategies.

⁷ The descriptive text for each individual strategy comes from the original contracts, Part B

Section III. Development/enhancement Of Post-graduate Courses & Increased Access to Those Courses

The enhancement of current programs/courses has led to all course materials being revised to include new perspectives and practical assessment tools, and much of the material has been made suitable for distance education, which is often the only form in which current mental health nurses can study. Other improvements and innovations have also been established. For example, The College of Nursing now has 5 mandatory face-to-face study days as part of its distance education program, and is in the final stages of producing an interactive multimedia CD Rom on mental health assessment.

In these established programs, the scholarships have been quite critical. Nearly 325 students have received full or partial scholarships in these programs. As demonstrated in Table 7, and in the reports from the universities, enrollments have been directly linked to the availability of scholarship funding.,

The development of new mental health nursing programs has also been quite successful.⁸ Mental health nurses in NSW now have a choice of eight graduate programs offering Graduate Certificates, Graduate Diplomas, or Masters degrees. Since the new programs have been offered, 100 nurses have received full or partial scholarships to undertake graduate studies within these programs.

The development of new specialty courses has been less successful, however. Although the new courses have been written and approved by the universities, enrollments are a problem even with the offer of scholarships, and several courses are now not running. The Mental Health Leadership Course developed and run by the College of Nursing was run once, with reported difficulties. The College and the Office of the Chief Nursing Officer made the decision not to run the Clinical Management Course or the Mental Health Leadership Course again. The Aboriginal Mental Health Course (CS), all three of the Child and Adolescent Mental Health Courses (Newcastle, UTS, College of Nursing), and the Dual Diagnosis Course (UWS) have all seen poor enrollments and have had years without intake. Over \$700,000 was allocated to course development and scholarships for these specialty courses, and the return on them has not been successful.

Because the work already has gone into them, however, one suggestion raised by several universities is that these specialized courses be made available within the general mental health nursing graduate programs, eg. as electives that students can take, rather than as a separate diploma or certificate.

Another successful implementation funded by the Mental Health Nursing Enhancement program was the adaptation of the University of Newcastle's post-graduate mental health nursing courses for interactive, on-line delivery. Enrollments in the post-graduate program have increased from 82 in 2002 to 320 in 2004.

Providing mental health skills to generalist nurses, and generalist nursing skills to mental health nurses, was undertaken by the University of Newcastle in conjunction with the Central Coast Area Health Service. A 10½ week rotation for critical care nurses was trialled, and key theoretical and practical components of mental health nursing were including in the training of critical care/ED nurses. Changes in the local structure have meant that this initiative has ceased, however. TAFE NSW developed a Certificate IV in Mental Health Nursing course for enrolled nurses, which was quite successful in its pilot run. Although TAFE NSW does not run the course itself, it has been offered through Hunter Area Health.

⁸ UTS has not done an intake for 2005, however, due to lack of demand

Section III. Development/enhancement Of Post-graduate Courses & Increased Access to Those Courses

Key findings/recommendations for post-graduate mental health nursing

- The benefits of improved post-graduate programs go beyond the individual nurses who improve their own learning and career prospects, and the management of clients. Supporting educational opportunities for mental health nurses encourages a culture of learning, reform, and support for the latest clinical innovations.
- In addition to supporting course revisions and development, to date the Mental Health Nursing Enhancement funding has financially supported the post-graduate educations of approximately 425 mental health nurses in NSW.
- Funding of the scholarships for post-graduate education is critical. The universities all report that when they do not have scholarship funds, enrollments drop. The decrease in enrollment then has several effects: not only are nurses less likely to seek and receive training, but the courses themselves may not run. Dedicated funding should be set aside so that mental health nurses can easily access post-graduate training.
- The lack of enrollments in the newly developed specialty courses is a concern, given the investment made in them and their substantive importance. If they are to remain as separate degrees, perhaps some form of centralized promotion should be considered. Otherwise, consideration should be given to offering the individual units as elective courses within the mental health nursing post-graduate programs and/or marketing the individual units to other appropriate students (eg. social work, psychology, early childhood education, etc.).

Table 7: Supporting and Enhancing Current Mental Health Nursing Courses

Strategy 3: Enhancement of Current Mental Health Nursing Courses										
University	Funding	Courses Available			Proposed Improvements/Changes	Scholarships Awarded			Funds left?	Comments
		Grad Cert	Grad Dip	Masters		Grad Cert	Grad Dip	Masters		
Charles Sturt	\$156,000	x	x	x	<ul style="list-style-type: none"> Increase promotion to increase numbers enrolling Graduate Certificate in Rural Mental Health Nursing 	30	3, total of \$25,500	yes, \$7000 for 2005	<ul style="list-style-type: none"> Evaluation data provided amounts varied, supplemented in 2003 by MVAHS 	
U of Newcastle	\$303,000	x	x	x	Enhance theoretical & clinical components in MH nursing courses committed \$286,000 for scholarships	2002: 21 2003: 38 2004: 20 grad dip, 1 masters 1 PhD, 3 others		no	<ul style="list-style-type: none"> doesn't break down the grad dip/masters increased enrollments: 2001 – 64 2002 – 76 2003 – 105 2004 – 320 	
UTS	\$220,000	x	x	x	<ul style="list-style-type: none"> develop grad cert in 2002 review courses conduct statewide review of all post graduate mh nursing curricula funding for 14 scholarships 	2004: 45 students scholarships for Grad Cert: 2003: 20 (\$53,550) 2004: 22 (\$62,050)		yes (\$74,100) including child & adoles	<ul style="list-style-type: none"> review conducted course not running in 2005 feel service providers need to support professional development 	
UWS	\$403,000	x	x	x	<ul style="list-style-type: none"> enroll 30 new students each year develop 2 units to increase knowledge & skill development seek accreditation of the Nurse Practitioner Project establish a curriculum committee increase marketing of courses 	2002 – 30 total 2003: 4 Grad Cert 17 Grad Dip 8 Masters MH-NP 2004: 8 Grad Cert 17 Grad Dip 8 Masters MH-NP		yes, currently being offered for 2005	<ul style="list-style-type: none"> Master of nursing (MH – nurse practitioner) course accredited increased enrollment with scholarships 	
U of Wollongong	\$303,000	x		x	<ul style="list-style-type: none"> revamp grad cert & masters courses widely advertise post graduate program & scholarships want to attract 10 new grads into Grad Cert course in 2002, 8-10 experienced nurses into masters 	28 (need to double check this number)			<ul style="list-style-type: none"> developed new alcohol & other drug nursing course subjects developed in a flexible delivery mode since 2002, 13 graduated, 15 currently enrolled 	

Section III. Development/enhancement Of Post-graduate Courses & Increased Access to Those Courses

Table 7: Supporting and Enhancing Current Mental Health Nursing Courses, continued

Strategy 4: Face to Face Clinical Components to Distance Education Post-Graduate Programs – The College of Nursing			
Funding	Strategy	Outcomes	Comments
\$162,500	<ul style="list-style-type: none"> add a clinically focused face-to-face component for 30 students provide four 1-day workshops to provide extra support for nurses who couldn't attend face to face workshops or who need extra support b/c they are not working in mh 	<ul style="list-style-type: none"> Aug 2001-Aug 2002, 20 students completed Grad Cert. Two study blocks offered Apr 2002 – April 2003, 17 students enrolled. 14 completed and attended study blocks All Graduate Certificate in MH nursing courses now contain 5 compulsory study days per course 	both students and faculty found the face-to-face blocks quite beneficial.
Strategy 5: Development of Interactive Learning Package for Post Graduate MH Program – University of Newcastle			
\$20,000	<ul style="list-style-type: none"> to provide the Graduate Certificate Program on-line to provide interactive learning opportunities for students undertaking Grad Certificate 4 courses available online from 1/2002 	<ul style="list-style-type: none"> 7 courses available for on-line access in 2002 –2003 No evaluation data available in 2002, 82 course enrollments for on-line Graduate Certificate in MH nursing in 2004, 320 course enrollments for overall postgraduate MH program – all have access to the interactive learning packages 	

**Section III. Development/enhancement Of Post-graduate Courses
& Increased Access to Those Courses**

Table 8. Development of New Courses/Programs

Strategy 7: Development of New Specialty Child & Adolescent Mental Health Nursing Courses						
University	Funding	Courses To Be Developed	Strategies/Plan	Outcomes/Enrollments/Scholarships awarded	Funds left?	Comments
Univ of Newcastle	\$150,000	4 Unit Grad Cert in Child & Adolescent Mental Health Nursing	<ul style="list-style-type: none"> Develop course in collaboration with Westmead Children's Hospital to be available from trimester 1 2002 	<ul style="list-style-type: none"> although high enrollments, high dropout rates: * 2/2002 – 14 enrolled, 2 remaining * 7/2002 – 11 enrolled, 4 remaining * 3/2003 – 8 enrolled. no intake in 2004 total of 21 scholarships awarded 	no	<ul style="list-style-type: none"> great deal of detail about which students left & why ways in which students were supported changed over time as program tried to adjust required further development for online learning.
UTS	\$150,000	4 module Grad Cert in Child & Adolescent MH Nursing	<ul style="list-style-type: none"> curriculum development team to be available in a variety of delivery modes wanted to pilot in a new C & A unit at Campbelltown (didn't happen) 	<ul style="list-style-type: none"> since 3/03, 27 enrollments, 5 withdrawals 2003: 12 (\$40,800) 2004: 11 (\$31, 450) 	yes (see strategy 3)	<ul style="list-style-type: none"> not running in 2005 dedicated funds for nurses at Sydney Children's Hospital unspent service providers need to encourage
NSW College of Nursing	\$100,000	4 unit Grad Cert in Child & Adolescent Mental Health Nursing	<ul style="list-style-type: none"> modify two current subjects & develop 2 new subjects new course to begin in 2002 course materials to be provided in electronic format introduce 5 days of compulsory classroom attendance (subsidized, either student or workplace) minimum of 10 students 	<ul style="list-style-type: none"> course offered August 2002 10 students accepted, 5 completed is now streamed alongside general Grad Cert in MH nursing 	no	<ul style="list-style-type: none"> importance to clinicians of Centre for Mental Health's support/acknowledgement of the importance of child and adolescent mental health nursing

Section III. Development/enhancement Of Post-graduate Courses & Increased Access to Those Courses

Table 8. Development of New Courses/Programs, continued

Strategy 9: Development of New Specialty Aboriginal Mental Health Nursing Course						
University	Funding	Courses To Be Developed	Strategies/Plan	Outcomes/Enrollments/Scholarships awarded	Funds left?	Comments
Charles Sturt	\$127,500	Grad Cert in Health Science (Indigenous Mental Health) – distance education with capacity for online delivery	<ul style="list-style-type: none"> course development (already have an undergraduate degree course in Indigenous mental health) in 2002 offer grad cert course online delivery costs offer 12 scholarships 	<ul style="list-style-type: none"> course development completed intake of 4 students in Autumn 2003 (all received full scholarships) currently 2 enrolled 	yes only gave out \$9,625 in scholarships	<ul style="list-style-type: none"> waiting for further info on what's happened since 2003 no graduations to date, they feel it has not been successful. high attrition rate. Unsure whether it was because of the way course was facilitated or the way in which students were recruited
Strategy 10: Development of New Mental Health Leadership Course						
The College of Nursing	\$100,000	4 unit Grad Cert in Clinical Leadership in Mental Health Nursing	<ul style="list-style-type: none"> develop 2 stand alone subjects include 1 subject from Grad Cert in MH Nursing, and 1 from existing Grad Cert in Clinical Management 5 days of compulsory classroom attendance 10 students run course in conjunction with Grad Cert Clinical Management 	<ul style="list-style-type: none"> funds used to develop & revise 3 courses 11 students began Aug 2002, 5 awaiting completion difficult course to run – majority of students unable to complete workload 	no	<ul style="list-style-type: none"> won't be run again – no funds for clinical management course, no ongoing funding for clinical leadership course. found it more beneficial for MH nurses to attend general grad cert in clinical management
Strategy 8: Development of New Specialty Dual Diagnosis Mental Health Nursing Course						
UWS	\$150,000	4 unit Grad Cert: Mental Health Nursing Comorbidity – Dual Diagnosis	<ul style="list-style-type: none"> targeted to nurses working in area health services wanted minimum of 10 students 	<ul style="list-style-type: none"> courses developed intake of 6 students in 2003, 2 other students taking units as electives 	yes	<ul style="list-style-type: none"> all subjects available as distance ed transferred funds out to strategy 12 small numbers, perhaps offer as units within Grad Dip

Table 8. Development of New Courses/Programs, continued

Strategy 14: Supporting Enrolled Nurse Programs in Mental Health						
University	Funding	Courses To Be Developed	Strategies/Plan	Outcomes/Enrollments/Scholarships awarded	Funds left?	Comments
TAFE NSW	\$125,000 (an extra \$25,000 was originally included for scholarships – returned to OCNO)	develop a Certificate IV in Mental Health Nursing course	<ul style="list-style-type: none"> review of current courses for enrolled nurses develop a Certificate IV flexible delivery course pilot course beginning June 2002 	<ul style="list-style-type: none"> courses reviewed materials developed (w/ assistance from Hunter Area Health Service) pilot cohort began June 2002 with a face-to-face study day. 31 enrolled, 26 presented for study day 16 students completed the course report says evaluations were favourable 	no	<ul style="list-style-type: none"> TAFE NSW does not offer the course directly – offered through Hunter Health
Strategy 6: Mental Health Skill Enhancement for General Nurses						
Univ of Newcastle	\$120,000	mh skill development package for general nurses general health skill package for mh nurses	<ul style="list-style-type: none"> to be developed in collaboration with CCAHS project plan set out develop & implement an exchange rotation program b/w MH nurses & generalist nurses – to begin July 2002 critical care course participants – participate in mh placement of 4 weeks develop program for newly graduate nurses in mental health 	<ul style="list-style-type: none"> 2001, 7 cc nurses completed mh placement. 8 students expected in 2002, 2003 Critical care course now has a mh theoretical component Rotation b/w Critical Care/ED & MH for 10.5 weeks begun 	no	<ul style="list-style-type: none"> MH rotation for generalist nurses ceased in 1/2004 when critical care grad cert moved to U of N recruitment into newly graduated nurses in mh program problematic CC Health felt it was a worthwhile endeavor

Section III. Development/enhancement Of Post-graduate Courses & Increased Access to Those Courses

Table 9: Development of New Post Graduate Mental Health Nursing Programs (Strategy 13)

University	Funding	Courses To Be Developed	Strategies/Plan	Outcomes/Enrollments/Scholarships awarded	Funds left?	Comments
Southern Cross Univ	\$150,000	4 unit Grad Cert in MH Nursing (already have a Master in Health Science)	<ul style="list-style-type: none"> To be commenced in 2002 The NRAHS & MNCAHS will guarantee employment for students undertaking the course Seeking an initial cohort of at least 10 students Offer Scholarships (no number given) 	<ul style="list-style-type: none"> began in 2003 initial enrollment of 13 awarded 9 scholarships @ \$5000 each 	no funds	<ul style="list-style-type: none"> uptake mostly from local mh nurses. has a flow-on effect for quality of clinical supervision now a financially sustainable certificate
University of New England	\$150,000	clinically focused Grad Cert of MH Nursing (4 units) – distance education	<ul style="list-style-type: none"> Development of course curriculum Develop a video series of mental health practice Rural Mental Health Conference Offer scholarships (no number given) 	<ul style="list-style-type: none"> 2003, 17 students enrolled 2004, 4 students 11 scholarships awarded Conference in October 2003 all units/modules externally evaluated 	1 school left to be awarded in 2005	<ul style="list-style-type: none"> the video series is still in development and is expected to be completed by the end of 2005. 100 delegates attended the 2003 conference without scholarships, students are not enrolling
University of Sydney	\$150,000	4 unit Grad Cert in MH Nursing 8 unit Master of Nursing in MH – flexible modes of delivery	<ul style="list-style-type: none"> To be offered from 2002 Scholarships for Grad Cert students (\$5200 per year) Students in Masters will be offered HECS liable places as available minimal enrollment of 10 students University to offer courses beyond grant period, as befitting demand 	<ul style="list-style-type: none"> appointed 2 lecturers and 1 admin assistant developed 3 units of study & revised 1 unit 2002, 7 students enrolled (5 scholarships) 2003, 7 new students, + 5 out of pattern (5 scholarships) 2003, 2 students enrolled in Masters 2004, 9 enrollments in total, all 10 scholarships paid out 	no funds, deficit	<ul style="list-style-type: none"> students had to pay only \$326 per year for their compulsory student fees

Section IV. Caring for the Mental Health Of Nurses

While all the other strategies focused on mental health nursing specifically, the NSW Nurses' Association received \$100,000 to develop guidelines and resources to care for the mental health of all nurses (Strategy 15). This strategy was developed to promote the mental health and emotional well-being of nurses and nursing students working in an inherently stressful profession.

The initial goals of the project were to:

1. Develop guidelines on risk factors, options and protective strategies to recognise and manage early signs of mental health problems in nurses and students in nursing.
2. Develop procedures to allow nurses and nursing students with a mental health problem to access support and treatment services if necessary.
3. Promote the guidelines & procedures and their implementation to students, nurses, employers, and educational facilities.

The advisory group was designed to provide a broad range of input into the project, and the Centre for Mental Health was represented on that group. The advisory group recommended changes to the original aims, and the revised aims were:

1. to identify risk factors affecting the mental health of nurses & undergraduate nurses
2. to develop strategies to increase awareness and understanding of contributing risks and protective factors and recommendations for prevention and management of mental health problems and disorders among nurses and students of nursing
3. to provide a mechanism for early identification and intervention

The Centre received little in the way of correspondence or updating on the project following the suspension of the advisory group in January 2003 after the project officer left. At that point, certain parts of the plan had been completed, particularly around step 3 (literature review to identify determinants and risk factors, interviews with expert informants, consultation with nurses through The Lamp all conducted).

In January 2005, the Centre received a project report including a draft self-care booklet called *Caring for Nurses: Managing Stress & Avoiding Burnout*. The covering letter referred to an intention to restart the advisory group, and asked the Centre for a representative. The current project plan is to distribute the draft booklet to the advisory group for comment in April, design and print in May, and distribute to nurses across NSW in June 2005.

Following distribution of the resource, twelve stress management workshops will be delivered to nurses across the state over a 12-month period (beginning July 2005). Both metropolitan and rural and regional areas will be included. A longitudinal evaluation of the workshop is planned, to help guide future training sessions.

All of the funds for this project have been allocated, with \$30,000 for the printing and design of the resource and nearly \$31,000 for the workshops set aside.

Until the resource is distributed and the workshops rolled out, no conclusions can be drawn about this component of the project, although clearly the well-being of all nurses in NSW is an important concern.

Section V. Lessons Learned

From a process evaluation perspective, a number of issues have arisen which need to be taken into account as the second round of funding occurs.

1. Importance of a project manager

It is clear both from the files and from talking with the university contacts that when the project officer left the Centre for Mental Health and the MHNEP was not re-assigned to a specific officer, the project itself suffered. University staff reported being frustrated with not having a contact in the Centre, that it was difficult to get answers to their questions, and that the project itself lost momentum.

From the Centre's perspective, not having a project officer resulted in a number of deadlines for reports (both substantive and financial) simply slipping by. One university never turned in a progress report in 2003, and no one has turned in a final report (with the exception of the College of Nursing and NSW TAFE). According to one school, when no request for a final report with a required format was received, it simply slipped lower on the priority scale.

Several letters requesting further funding or expansions to projects are in the files, with no replies. Thus, it is unclear whether responses were given to the requests, or what those responses were.

2. Clarity of proposals and funding contracts

While the Centre gave specific objectives to be met within each of the strategies, there was wide variation in the extent to which the universities provided detail about how they intended to achieve those objectives. There was also a wide variation in the amount of detail given for budget justifications/expectations.

The actual funding contracts were not specific enough on how much money was actually allocated to each of the strategies and what the funds could be spent on. In Section 5.1, the total amount of funding and the yearly breakdown is given, but was not divided into strategies. A similar problem occurred with the yearly funding

letters. If a university received funding for 3 strategies, 3 letters were sent with various amounts, but every letter referred simply to funds being sent for the Mental Health Nursing Enhancement Project. Different figures appear throughout the files for the same strategy and university, making it difficult to track the funding.

Because the contracts contained Section A (where the universities said what they were going to do) and Section B (where the Centre for Mental Health stated its overall requirements), confusion occurred with one school. In Section A of the contract for one of the strategies they did not address the specific objectives set out in Section B, yet the contract was signed by the Centre for Mental Health.

It is critical that in the future, universities be given clear guidelines about how to structure their proposals and budgets: the proposals need to address exactly how they intend to achieve the goals. For example, some institutions simply said in their funding proposals that they would reduce the clinical educator ratio, without specifying how, and requested amounts of money without describing how they intended to use the funds available.

3. Clarity of reporting timeframes & requirements

Although the contract contained reference to progress reports, financial reports, and a final report, generally there were no specific dates given. A final report was requested "by the end of 31 December 2003," yet that was the date that the funding was to have ended (for most of the institutions). An initial letter with a form requesting specific information was sent the first year, and a second letter with requests for certain outcome measures was sent in Feb 2003. No request for a final report was sent out. This resulted in great variability with which the institutions reported. Some were excellent, sending detailed regular updates complete with financial information. Others sent little information, and unless their financial reports went directly to the finance branch, did not send them at all.

While nearly all strategies refer to collecting and reporting on student and health service evaluations of the changes, there was no guidance into how that data could best be collected and reported. Perhaps a standard, well thought out form with questions related to measuring aspects of the intended outcomes could be devised and recommended for use.

The next round of funding should clearly specify dates for reports and guidance as to what should be included in them. While a concentration on numbers of students/nurses participating in the strategies is important, we also need to know more about mechanisms and what has/has not worked and why.

4. The lack of dates on correspondence & reports from within the Centre

The files contained letters, memos, and initial reports without dates, making deciphering their timing difficult.

5. Importance of providing opportunities for joint learning/networking/information sharing

A key element of the next round of funding should be providing opportunities for the universities & participating health services to come together to discuss what they have been doing. The universities appear to have been operating in isolation, and the contacts would have liked to have met together. Not only would this create opportunities for joint learning and networking, it would increase enthusiasm and the profile of the project.

There are a number of formats those opportunities could take, but a separate workshop for each of the three main areas (undergraduate education, transition to workforce, post-graduate education) would achieve the goal. I would recommend including students, faculty, and area health services, which would reinforce the importance of all three groups.

6. Strategic thinking about evaluation

While the specific outcomes for each of the strategies were laid out, very little guidance was given on how to collect data that would demonstrate whether or not those outcomes were achieved, and what mechanisms led to their success or failure. Because individual institutions were running programs, evaluations were limited to their students. However, data collection might need to be broader and longer term in order to truly assess the impact of the funding and the changes made. For example, to know whether mentoring programs affect retention of mental health nurses, a comparison group is needed who have not participated. Similarly, the extent to which clinical placements affect readiness for the workforce requires a large sample of students who had different kinds of experiences. Some strategic guidance and agreement between institutions on the kind of data to collect would thus improve the overall evaluation of the next round of the project.

Summary and Conclusions

Several conclusions can be drawn from this review of the Mental Health Nursing Enhancement Program:

- There is unequivocal evidence that undergraduate mental health nursing education is much improved since funding began: mental health nursing is now a mandatory subject and all undergraduate nursing students in the state must do at least a 2 week clinical placement, which in 2004 included over 2400 students.
- Clinical placements themselves have improved as well, with more facilities, more trained staff from the facilities, and more joint partnerships with area health services.
- These improvements, together with the undergraduate incentives, have raised the profile of mental health nursing, and we are beginning to see increases in mental health nursing as the preferred option for post-graduate employment.
- Improving the transition year into the mental health nursing workforce continues to be a challenge, and programs that work well locally need to be tested in other areas. Mentoring is also quite closely tied with issues of clinical supervision in the workforce, and there may be opportunities to develop broader programs of clinical supervision in order to develop best practice models.
- The funding for the enhancement of current post-graduate programs and the establishment of new post-graduate programs increased the ability of mental health nurses to undertake study in a variety of settings (eg. distance education, on-line learning). Scholarships should continue to be awarded so that access can continue.
- While a significant amount of funding was expended on the development of specialty courses, little has been returned in the way of enrollments, and more creative marketing and thinking about these courses needs to happen.

Overall, by taking a holistic approach to mental health nursing education, from undergraduate programs through transition into workforce and into further post-graduate education, the Mental Health Nursing Enhancement Funding has made significant improvements. However, without the further expenditure of funds in four critical areas, these gains are in danger of being lost:

1. In terms of undergraduate education, continued dedicated funding for maintaining and improving the quality of clinical placements is critical.
2. In terms of mentoring/transition to workforce, more development work needs to be done. This should include stand-alone mentoring/transition programs, as well as the broader issue of clinical supervision.
3. For post-graduate studies, now that courses have been developed, dedicated funds should be set aside for scholarships.
4. The universities need to receive adequate funding for administrative and other tasks that will enable them to carry out the programs effectively.

