Community mental health nurse transition to specialty practice competency framework

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Introduction

This community mental health nursing transition to speciality practice competency framework is supported by Victoria's Chief Mental Health Nurse, who is committed to mental health nursing professional development, recruitment and retention. Best practice principles within our national and professional standards inform the basis for all competencies outlined in this framework. The framework is based on evaluated programs created and operated by child and youth and adult mental health services within Alfred Health and has been further developed following literature reviews, surveys, consultations and input from expert reference groups.

Australia's national competency standards for registered nurses were initially applied in the early 1990s by the Australian Nursing and Midwifery Council. The council worked with state and territory nursing authorities to develop the standards as a regulatory function supporting competent nursing care. Competency frameworks are now widely adopted both within Australia and internationally as a preferred method of advancing practice and monitoring performance (Grealish 2012).

Our community mental health nursing workforce is growing to meet increasing demands. There are more opportunities for nurses to move from an inpatient unit into a community setting. A change in setting and role can cause a lack of clarity, consistency and stress, even for an experienced nurse. This framework helps to mitigate stress and facilitate a positive role transition. It is a structured program enabling skill development with an integration of knowledge, skills, attitudes and building confidence with mentoring and continued education.

This transition to speciality practice competency framework promotes consistent integration of best practice principles within all clinical interventions. A person referred to a community mental health nurse should expect interventions that are collaborative and recovery-oriented with supported decision making. In addition, healthcare delivery is responsive to diversity, trauma-informed, family/network-inclusive and ensures all human rights are respected.

Anticipated benefits

- Opportunities for public mental health services to develop and expand their community mental health nursing workforce and improve retention
- A structured and supported learning pathway for mental health nurses transitioning into speciality practice areas such as community adult, child and adolescent and older persons mental health services
- A resource providing a best practice framework building on mental health nursing skills within a community setting

Literature review for transitioning to speciality practice

The healthcare system in most advanced economies is rapidly changing and there is a growing trend towards delivering health care in settings such as primary care and community-based areas (Ashley, Halcomb & Brown 2016). This is due to bed-based mental health care being expensive and not sustainable. Nurses play a vital role in delivering healthcare services at all levels, and any change in the delivery of health care would have to incorporate the role of nursing.

The Australian Institute of Health and Welfare (2015) identifies the most common work setting reported among mental health nurses as hospitals (63.4 per cent, excluding outpatient services), followed by community healthcare services (21.2 per cent) and residential healthcare facilities (5.0 per cent). It has been reported that 70 per cent of all nursing care will eventually be performed in the community (Zurmlehy 2007). This would pose an enormous challenge for transition if these nurses are not properly prepared.

According to Levett-Jones and FitzGerald (2005), transition-to-practice programs are not exclusive to graduate nurses who are adjusting to the nursing profession but also to more experienced nurses as they move from one area of specialty to another. Transitioning to new clinical settings creates change in identities, role and relationships and can be associated with stress, upheaval and disruption (Rosser & King 2003). While the experiences of nurses transitioning from hospitals to community settings have been documented, there is a paucity of documented literature to describe the need and requirements of mental health nurses transitioning from acute inpatient units to community mental health services.

It is very important to provide support for nurses transitioning across different clinical settings. Often nurses during this period of transition are faced with a variety of circumstances. A study by Chang and Hancock (2003) examined the transition to practice of graduate nurses and found that role ambiguity was the most salient feature of 'role stress' in the first few months, while 10 months later 'role overload' was the most important factor. According to Chang and Hancock (2003), a lack of clarity and consistency about an individual's role can lead to 'role ambiguity'. Another equally important concept that can arise is that of 'role conflict'. According to Bowling et al. (2017), role conflict arises when an individual occupying a role find themselves facing multiple work demands that are incompatible with each other; in other words, two or more conflicting or opposing role expectations. Both role ambiguity and conflict have the tendency to result into role stressors (Schmidt et al. 2014). Mental health nurses transitioning from a ward-based mental health environment to community-based mental health settings run the risk of developing role stress if the appropriate structures are lacking during the period of transition.

Community-based nursing practice is quite different from working in acute hospital settings – the underlying philosophy of care is different as well as the culture. Most nurses often face a 'culture shock' when they find themselves in this new environment (Ellis & Chater 2012). The transition into community nursing can be potentially dislocating and confronting for nurses who undertake such a move. Ellis and Chater (2012) identified some of the issues that need to be addressed to assist nurses transitioning to include things such as role transition, orientation to the new environment, preceptorship/mentoring, skills acquisition, continuing education and career advancement. This view is supported by Ashley, Halcomb and Brown (2016), who identified barriers and enablers that facilitate positive transitions to include relevant educational preparation, skills development, access to ongoing continuing education and the availability of support systems such as organisational orientation, preceptorship, mentoring and team support within the organisation. Procter et al. (2001) emphasised that even though mentoring and preceptorship is important in all speciality areas, within a mental health transition program they are essential. Another important element of a successful transition to practice program highlighted by Procter

et al. is the need for organisational support. This will ensure the program is formalised within the strategic workforce recruitment and retention agenda of the organisation.

While all these supports are put in place to ensure a successful transition program, it is important to have a set of core competency standards that can guide not just the nurses making the transition but also their supervisors. Common methods to develop core competencies include literature reviews, functional analysis, the Delphi process and reviews by independent panels (Battle-Kirk et al. 2009). McKnight (2013) engaged key stakeholders when developing such, it has been suggested that the involvement of people with lived experience in the specific area of interest is important in developing core competency frameworks (Battle-Kirk et al. 2009). In a study by Parkes et al. (2007) that examined the development of integrated mental health and disability services for people with a dual diagnosis, the experiences of the people with intellectual disability was useful in establishing required clinician core competencies.

As stated by Powell (2003), the use of expert consensus has been widely used in health care when developing competency standards through the Delphi method. This view is supported by McKnight (2013), who highlighted the need to include key stakeholders in developing mental health competency tools. Brownie et al. (2011) defines competency as the specific capabilities required when applying knowledge, skills, decision-making attributes and value to perform tasks in a safe and effective manner in specific health workforce roles. Competency has also been defined by the National Council of State Boards of Nursing (2006) as the ongoing ability of a nurse to integrate knowledge, skills, judgement and professional attributes. While sets of competencies have been developed in many advanced nations such as the United Kingdom, Canada, Australia and the United States for mental health professionals including mental health nurses, there are limited sets of competencies developed in Australia for nurses transitioning from acute inpatient settings to community-based mental health services.

The New South Wales (NSW) Government implemented a framework for core competencies for beginning clinicians to work in specialist mental health services for older people (SMHSOP). The framework for core competencies for the SMHSOP workforce was derived from the clinical pathway and principles outlined in the NSW service plan for SMHSOP. The *National mental health practice standards for the mental health workforce* (Department of Health 2002) also provides a broad framework for core competencies in mental health, and the SMHSOP core competencies reflect these standards and address areas that are more specific to workforce development. They also reflect the capabilities (defined as knowledge, skills and abilities) relating to organisational culture, direction and capacity to deliver capabilities outlined in the NSW *Public sector capability framework*. These capabilities underpin NSW Government plans to deliver better results for the NSW community through government services.

Core competency frameworks provide a foundation to design workforce development activities. This would ultimately lead to the development of essential knowledge, skills, attitudes and confidence required for practice (Barry et al. 2009). Core competency frameworks are also important guides for professional standards and accreditation. The *National practice standards for the mental health workforce* (NPSMHW) has provided a competency framework for the Australian mental health workforce over the years (Department of Health 2013); it is vital that any competency standard that is being established aligns closely with the NPSMHW.

Practice standards and principles

Nursing and Midwifery Board of Australia <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

Australian Government Department of Health: National standards for mental health services 2010 <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10>

Australian Government Department of Health: National practice standards for the mental health workforce 2013 <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-wkstd13>

Australian College of Mental Health Nurses: Standards of practice in mental health nursing <http://www.acmhn.org/publications/standards-of-practice>.

Australian Commission on Safety and Quality in Health Care: National Safety and Quality Health Service (NSQHS) Standards (2nd edition) <https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

Australian Charter of Healthcare Rights <https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDf.pdf>

Framework design

Governance

Mental health service management is responsible for program oversight and recruitment. A nursing executive lead should be identified to support the program and provide leadership and oversight.

Figure 1 presents the recommended model for best practice; however, it may require adaptation to suit clinical structures within your health service.
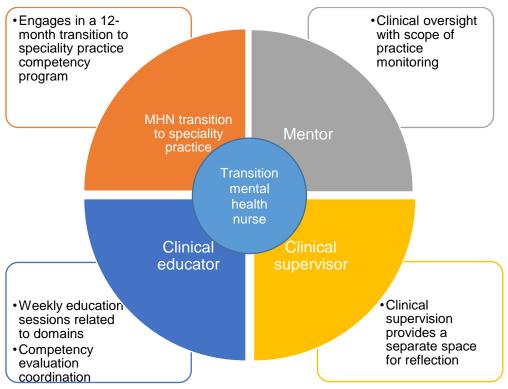
Figure 1: Best practice governance

- Engages in a 12-month transition to speciality practice competency program

MHN transition to speciality practice

- Clinical oversight with scope of practice monitoring

Mentor

Transition mental health nurse

Clinical educator

Clinical supervisor

- Weekly education sessions related to domains
- Competency evaluation coordination

- Clinical supervision provides a separate space for reflection

Transition to speciality practice mental health nursing

It is recommended that a mental health nurse transitioning to community practice has either completed or at least begun a postgraduate diploma in mental health nursing.

Consideration should be given to providing the program as a supernumerary position within the community mental health team. At a minimum, it is essential to ensure time is allocated to the transition nurse's workload for the supportive and educational aspects of the program and that their client case load is adjusted to accommodate these requirements.

During a 12-month program, a mental health nurse will have protected time for education, ongoing mentoring and clinical supervision. Following a two-week orientation period, the mental health nurse will start working with five people receiving treatment and slowly build a case load according to ability.

The mental health nurse will have one-hour, weekly education sessions facilitated by a nurse educator. These sessions will be based on domains listed in the facilitator's and participant's manuals in chronological order. Each domain can be covered in a week; however, final sign-off will occur only when activities have been completed and competency has been met. Questions have been provided within

each domain in the participant's manual to support a reflective approach and guide self-directed learning complementing education sessions.

Each month, a transition to speciality practice mental health nurse will meet with their mentor and educator to review progress, receive feedback and identify potential areas requiring further development.

Mentor

A mentor will be on the same team and be a senior mental health nurse or a mental health nurse who has previously completed a transition to speciality practice program. They will allocate five patients who are receiving treatment (who can tolerate a change) from their own case load to the transition to speciality practice nurse. This lowers a mentor's case load, increasing their capacity to provide mentorship and enable clinical oversight. A mentor will work with a nurse educator to monitor ongoing case load allocations assigned to a transition to speciality practice mental health nurse.

Nurse educator

A nurse educator will provide program coordination and chair monthly review meetings with a transition to speciality practice mental health nurse and mentor. A manager will be invited as required. A one-hour education session based on weekly domains will be facilitated. Learning modules may require adaptation to suit clinical environments. A nurse educator will liaise with a mentor regarding evaluations and competency sign-off. A nurse educator may also assist a mentor where required.

Clinical supervisor

Clinical supervision provides a separate space for deeper reflection on clinical practice and support for professional development. It can also assist with enhancing skills, competence and confidence while ensuring service provision is consistent with best practice principles as outlined in *Clinical supervision for mental health nurses: a framework for Victoria* (Department of Health and Human Services 2018).

Supporting documents

The *Transition to specialty practice competency framework* is supported by the following documents:

- a facilitator's manual
- a participant's manual
- an evaluation table
- a toolkit of supporting documents.

Quotes from program participants

Mental health nurse participants

'I completed the 12-month transition to specialty practice position in 2014, moving from an acute adult inpatient unit to the child and youth mental health service … My experience was fantastic. The nursing team seemed to really embrace the idea of having a junior team member (although, coming from a relatively senior position on the ward, this was difficult for me to wrap my head around myself!). I was given the opportunity to complete a 12-month training course [and to] participate in many clinical roles within the clinic. I began case managing with close supervision and sat within one of the single session family therapy teams, where I could both learn and practise therapy skills.

'The year was a steep learning curve for me. It had been a big decision to step out of my comfort zone to join a different team in a different working environment, but it is one I will never regret. At the end of my 12-month rotation I was lucky enough to be successful in applying for a short-term case management contract.

'Even if I hadn't been given the opportunity to continue within the child and youth team, I know I would have been able to draw on the skills and knowledge that I learned wherever I continued to work. I think the position helped me to grow as a nurse. It gave me insight into the difficulties that the young people and families who come here face, and it gave me a whole new perspective on how mental health nurses can be valuable outside of an acute environment.

'I would definitely recommend this position to any mental health nurse, regardless of whether their ultimate career goal is to work in child and adolescent mental health, because the different perspective on child and adolescent mental health that I've been given, and the respect that I have gained for the clinicians who work in this area, is incredible.'

> – Jessica Legge, MHN Transition to Speciality Practice Child and Youth, 2014

'I certainly enjoyed my time here at Waiora [adult community mental health service] and it has been a huge learning opportunity. I have had great support systems in place from my educator/program coordinator, mentor, management and colleagues. I was fortunate to have had numerous educational opportunities and clinical supervision sessions to guide me through this chapter of my career. I have enjoyed having the continuity of care, getting to know clients better, working from a psychosocial point and recovery-orientated setting, working with family members and significant others. I have also learned to network with other organisations and services involved. I have broadened my knowledge and improved my practice working in a multidisciplinary team, also learned to work more autonomously. Additionally, having structured working hours has been a bonus. My skill set and confidence have greatly improved having now worked both in an acute inpatient unit and in the community sector, which I hope would further enhance my future employment options. I would like to thank everyone who has helped shape my career both in IPU and Waiora. I would recommend this great opportunity if you are interested in working in community and develop your career and skills further.'

> – Anu Vallonthaiel, MHN Transition to Speciality Practice Adult MHS Waiora Clinic, 2017

'I really enjoyed my time with the mental health nurse transition program in the adult community mental health service with Alfred Health. I took a great risk when I applied for the position as I had limited experience as a mental health nurse working on an inpatient unit and community care unit with another service. The nurse educator/program coordinator ensured I had enough support around me by making sure I had a mentor and clinical supervisor in addition to weekly education sessions. This helped lessen my anxiety a lot. Education sessions were provided each week based on different topics relevant to my

clinical activities. These sessions really helped me link theory to practice and [provided] a space [where] I felt comfortable raising questions when uncertain or needing to consider various approaches. The clinic staff were welcoming, supportive and always available to answer any question I had.

'I have gained so much knowledge, which has helped build the foundation of my future. I was constantly exposed to various learning opportunities in the community setting, which I loved. I believe without this program, I wouldn't be where I am today.'

– Charity K, MHN Transition to Speciality Practice Adult MHS Waiora Clinic, 2018

Mentor

'As a mentor I found the program worked well, largely due to the consistent and clear communication between mentor and educator, which helped guide the progress of the participant. Modules of learning were clearly mapped out to enable a gradual building of skills to incorporate with subsequent, more complex skills. The participant could more easily consolidate theory with practice in this way. I found the participant's quality of documentation to be of a high standard, as was her work with clients having a good recovery focus. It was a rewarding experience to be a part of assisting a participant to attain a high standard of work as she incorporated more theory into practice and developed, progressively, more confidence in her abilities.'

– Debra Hauswirth, Senior MHN, Mentor Waiora Clinic, Alfred Health, 2017

Clinical supervisor

'As a clinical supervisor, I have been able to encourage a reflective approach, allowing an understanding of a change process. This structured program has been both beneficial to the service and for mental health nurses undertaking it by providing a consistent, evidence-based and recovery-orientated approach.'

– John Vokoun, Senior MHN, Alfred Health, 2018

Manager

'This program has successfully recruited mental health nurses with no community experience and provided a supportive pathway to build on their knowledge and skills relevant for community practice. All of the nurses who have completed this program have been recruited into ongoing community mental health positions. Our organisation has executive support to continue this program given its contribution to recruitment and skill development for mental health nurses, leading to positive outcomes for our consumers, families and carers.'

– Anthony Kennedy, Manager Waiora Clinic, Alfred Health, 2018

Nurse educator

'As a nurse educator and program coordinator, I have enjoyed being part of a structured program providing opportunities for mental health nurses to transition into community practice. It has been necessary to have a flexible approach and adapt learning modules to meet individual needs. Protecting a participant's learning space has been achievable with management and staff support as the benefits of this program have been evident. Staff have embraced this program and helped provide a positive learning environment for our mental health nurses.'

– Sandra Burkitt, Nurse Educator Workforce Development, Alfred Health, 2018

Glossary

Competence: a 'combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability' (Nursing and Midwifery Board of Australia 2007, p. 16).

Carer: 'a person, including a person under the age of 18 years, who provides care to another person with whom he or she is in a care relationship (but does not include a parent if the person to whom care is provided is less than 16 years of age)' (Department of Human and Health Services 2018).

Individual: a person receiving a mental health nursing service. It is a term used in place of 'client' or 'consumer'.

Mental health nurse: 'a registered nurse who holds a recognised specialist qualification in mental health (nursing). Taking a holistic approach, guided by evidence, the mental health nurse works in collaboration with people who have mental health issues, their family and community, towards recovery as defined by the individual' (Australian College of Mental Health Nurses 2016, p. 9).

Mental health nursing: 'a specialised field of nursing which focuses on working with consumers to meet their recovery goals. Mental health nurses consider the person's physical, psychological, social and spiritual needs, within the context of the individual's lived experience and in partnership with their family, significant others and the broader community' (Australian College of Mental Health Nurses 2009).

Network: describes an individual's chosen support including family, carers, friends and others otherwise known as community.

Cultural competency/responsiveness: 'A set of congruent behaviours, attitudes and polices that come together in a system, agency or those professions to work effectively in cross-cultural situations. Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services' (Mental Health in Multicultural Australia 2014, p. 21, citing NHMRC 2006).

Scope of practice: 'that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice is influenced by the context in which the nurse practises, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider' (Nursing and Midwifery Board of Australia 2016, p. 6).

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