
'Psychiatric nursing in Europe. One profession or many?'

Neil Brimblecombe

Content

- Mental health need in Europe
- Different responses and need
- Psychiatric nursing in Europe
 - Challenges
 - Commonality
 - Questions for the future

The size of the mental health challenge

- EU - 27 countries, population 500 million
- 27% of adult population, at least one mental disorder in past 12 months (Wittchen and Jacobi 2005).
- Significant unmet need (Alonso et al 2007)
- 21 million affected by depression – cost 118 billion euro (Sobocki et al 2006)
- Typically governmental attention disproportionately small to size of challenge presented

A complicated European picture

- ‘... striking variation in staff numbers, differences in education and a lack of reliable information from countries in many areas’ (WHO 2008)
- Differences between countries do not always directly correlate to outcomes (Becker and Kilian 2006)
- Needs vary e.g. suicide and attempted suicide rates (Schmidtke et al 2007)
- Policies vary (Becker and Vazquez-Barquero 2001)
- Practices vary:
 - in clinical practice, such as inpatient care (Bowers et al 2005),
 - in providing social support, e.g. in employment schemes for people with severe mental health problems (Marwaha et al 2007).

Emerging EU mental health policies

- Integration of health and social care services
- Integration of mental health services into general medical services
- Attempts to humanise mental health care and treatments
- An all encompassing community care ideologies
(Ramon 2000)
- Reinstitutionalisation? – reduction in hospital beds, increase in Forensic, supported housing and prisons
(Priebe et al 2004)

Helsinki Pronouncement 2005

- Mental health fundamental to:
 - quality of life
 - productivity of individuals and nations
 - creativity and living purposeful lives
 - providing for families and dependents
 - good physical health
 - building supportive communities
- ‘services need to be adequately resourced with appropriately trained personnel.’
- Therefore a need for sufficient, effective, competent and motivated nurses?

Why nurses?

- Ability to provide holistic care – bio-psycho-social?
- Traditional flexibility – including 24 hour care
- Numerous!
- Traditional links with psychiatrists (a mixed blessing)?
- Closest relationships with patients/service users?
- Potential for growth and change?

Psychiatric nursing in Europe

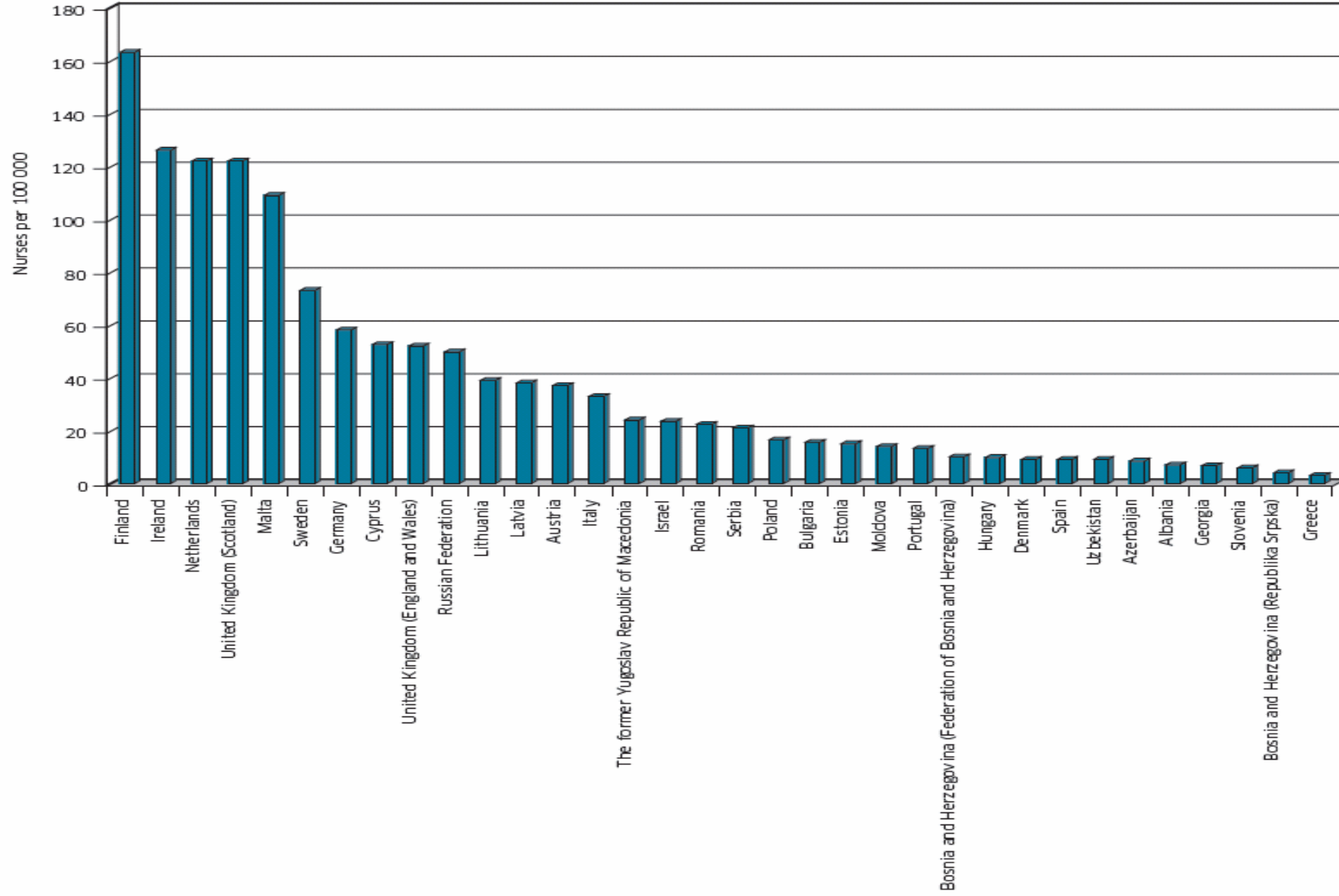
Influenced by:

- Systems in which nurses work
- Local need
- Culture and history
- Numbers
- Education

Similar Histories?

- Most emerge from 19th century asylums
- UK – separate identity and strong unionisation (Nolan).
- Netherlands – key role of religious institutions (Boschma)
- Sweden – ‘General’ nursing led, female profession (Svedberg)
- Shift from institutional based practice to community?
 - but in UK
 - 17,000 nurses in community
 - 31,000 in inpatients

Numbers



Education

- Variation in approaches to training
- Minority have specialist pre-registration psychiatric nurse training
- Majority have 'general nursing' training
- Variable academic qualifications
- All are taught 'mostly' by nurses (Nolan and Brimblecombe 2007)

Challenges for nursing

Frequently:

- Problems of low clinical and academic status
- Low pay
- Poor educational opportunities
- Poor multidisciplinary structures
- Few advanced roles e.g. prescribing
- No blueprint for standardising mental health nursing or agreeing level of need
- No (agreed) blueprint for education

Shared skills?

- Collaborate with others, e.g. carers, professionals
- Provide care with dignity and respect
- Deliver health advice, information and education
- Respond to physical as well as mental health needs
- Therapeutic relationships
- Devise and evaluate care programmes
- Undertake skilled assessments
- Be competent with respect medication
- Be able to detect early signs of deterioration

(Harrison, 2000)

Some key issues?

- Do psychiatric nurses across Europe need a common and explicit set of values and core skills?
- Do existing EU employment criteria hinder the spread of good practice?
- Should psychiatric nurses engage more with and support service user movements?
- What political influence should psychiatric nurses have and who would the political influence represent?
- Should Europe wide alliances be made with other disciplines, e.g. clinical psychology?
- Should there be international expert consensus statements?

How could collaboration be enhanced?

- Development of international associations?
- More 'nursing focused' research and service description?
- Identification of pools of specialist knowledge?
- International exchanges?
- Identification of common core competencies?
- Consensus on post graduate level skills?
- Workforce migration?

Conclusions

- Psychiatric nursing is an essential part of effective mental health systems
- Psychiatric nursing is still mostly based in hospitals
- Healthcare systems, culture, treatment and training/education varies
- Key tasks remain the same?
- There is value in having a clearer voice for European psychiatric nursing in the future, but the aims in having such a voice need to be clear

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