

INTEGRATING MENTAL HEALTH THEORY & PRACTICE INTO A CONCEPT-BASED CURRICULUM



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CNA, 2005

“Mental health is given
a very low profile”



**Tognazzini, Davis, Kean,
Osborne, & Wong,
2009**

**“some generic nursing education programs
do not require nursing students to have
theory or clinical experience in
[psychiatric mental health]
nursing”**



Tognazzini et al, 2009

Graduate nurses state they have
“insufficient knowledge, skills, &
confidence in intervening with patients
who have a mental illness”



WHO, 2008

“Many health care workers do not receive adequate training on mental health issues...physical issues...divert health care workers’ attention from mental disorders”



Priest, 2006

“nurses often inadequately identify and respond to the patients’ psychological needs...because they have been inadequately prepared or educated...”



WHO, 2008

“All schools & colleges that train primary health care workers should provide basic education on mental health... epidemiology...symptom presentation...relationships between mental & physical health...& treatments”



Shattell, 2009

“ the privileged position
of medical-surgical nursing”



Position statement - CFMHN, 2009

“all undergraduate nursing programs [will] include a required stand-alone theory course in PMH nursing with a clinical experience in a psychiatric health care setting”



HEALING CONCEPTS

- Evidence-informed practice
- Primary health care
- Health promotion
- Suffering, including stigma & pain
- Resilience & hardiness
- Treatment modalities (psychosocial & medical)
- Collaboration



MENTAL HEALTH THEORY COURSE

- **CONCEPTS:**
 - HEALTH & HEALING
- **CONTENT:**
 - MENTAL HEALTH
- **CONTEXT:**
 - NURSING PRACTICE



MENTAL HEALTH CLINICAL PRACTICE

- **130-144 hours**
- **Specific learning objectives**
- **“hands-on clinical experience”** (McBride, 1999)
- **“measurable clinical outcomes
...competencies”** (McCabe, 2000)



STUDENT ENGAGEMENT

**“ENGAGE STUDENTS...SUSTAIN THEIR
INVOLVEMENT & INVITE THEM TO
CONSTRUCT PERSONALLY MEANINGFUL
KNOWLEDGE”**

(Melrose, 2002)



ISSUES ARISING

- ‘Mental health can be woven through any/all nursing courses’
- ‘We teach a holistic curriculum that includes mental health’
- ‘Mental health is not a priority in _____ unit – people are at risk of dying – that’s the priority’...’there’s no time...’



ISSUES (cont'd)

- **'Anyone can teach mental health'** – the “reluctance of non-psychiatric nurse educators to recognize the specialized knowledge & skill” of PMH nurses (Perese, 2002)
- **Stigma** – “the primacy of the body over the mind [and] the marginalization of emotional health” (Shattell, 2009)



SOLUTIONS

- **Clear statements/policies/positions**
- **Champions & Change-agents**
- **Content experts who are also *concept* experts**
- **Collaboration**





**BE PREPARED TO DO 'BATTLE'
– FIGHT TO HAVE VOICES
HEARD**

NEXT STEPS

CNA

CASN



**“ADVICE TO NEW GRADUATES:
GET (AT LEAST)
ONE YEAR OF
PSYCHIATRIC/MENTAL HEALTH NURSING
EXPERIENCE BEFORE WORKING
IN MEDICAL-SURGICAL SETTINGS”**

(SHATTELL, 2009)



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