Faculty of Health and Social Sciences

Pre-Registration Nursing Framework

BSc (Hons) Mental Health Nursing

PROGRAMME SPECIFICATION

V7.2-0918

September 2018
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# Contents

BASIC FRAMEWORK / PROGRAMME DATA......................................................... 4

Aims of the document ....................................................................................... 5

Academic and professional contexts................................................................. 5

Mental health nursing programme links to the framework philosophy ............... 6

The principles and philosophy of the mental health nursing programme ............ 6

Programme overview ....................................................................................... 7

  Overall aims of the Mental Health Nursing programme ................................ 7

  Overall intended learning outcomes (ILOs) of the mental health nursing programme........ 8

Learning and Teaching Strategies and Methods ................................................. 11

Assessment Strategies and Methods ................................................................. 12

Placement learning ......................................................................................... 12

Programme diagram ....................................................................................... 14

Admission Regulations .................................................................................... 15

  Entry requirements ..................................................................................... 15

  Accreditation of Prior Learning .................................................................. 15

Assessment Regulations .................................................................................. 15

Programme Profile .......................................................................................... 17

NMC Competences mapped against units ....................................................... 18

Programme ILO’s mapped against units ......................................................... 30

Points of Reference for Programme Design ................................................... 33

Mental Health Nursing programme Points of Reference: ............................... 34

References ........................................................................................................ 35
### BASIC FRAMEWORK / PROGRAMME DATA

| Originating institution(s) | Bournemouth University  
<table>
<thead>
<tr>
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<th>Faculty of Health and Social Sciences</th>
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</table>
| **Award(s) and title(s)**| BSc (Hons) Mental Health Nursing  
|                          | BSc Health Care Studies  
|                          | Dip HE in Health Care Studies  
|                          | Cert HE in Health Care Studies |
| **UCAS Programme Code(s)**|                                      |
| **External reference points(s)**|  
| 1. Framework for Higher Education Qualifications  
| **Professional, Statutory and/or Regulatory Body links**| Nursing & Midwifery Council: co-joint validation |
| **Place(s) of delivery**| Bournemouth University |
| **Mode(s) of delivery**| Full-time  
|                          | Full time with part-time practice over 3.5 years |
| **Credit structure**| 120 Level 6 credits (60 ECTS)  
|                          | 120 Level 5 credits (60 ECTS)  
|                          | 120 Level 4 credits (60 ECTS) |
| **Duration**| Full time Minimum 3 years Maximum 5 years  
|                          | Full time with part-time practice Minimum 3.5 years Maximum 7 years |
| **Date of original approval(s)**| 1990 |
| **Date of first intake**| September 2013 |
| **Student numbers**| Determined by NHS contract, currently 50 per annum |
| **Placements**| NHS Trusts in South West SHA, NHS South Central SHA, private and voluntary sectors |
| **Partner institution(s) and model(s)**| None |
| **Date and version number of this Framework/Programme Specification**| May 2017  
|                          | v7.1-0918 |

**Reg141506** - This Programme Specification was revised in July 2015 following the approval of updated assessment regulations to bring the programme in line with NMC requirements. It takes effect from September 2015 and applies to all current students and new enrolments.  
**FHSS 1516 15**, approved 30/03/2016. Previously version 6.2  
**NM 1516 19**, approved July 2016  
**FHSS 1617 02**, approved 23/11/2016, previously version 6.3  
**E1617015**, approved 30/11/2016, previously version 6.4  
**FHSS 1617 21**, approved 31/05/2017. Previously version 7.0-0917  
**FHSS 1718 03**: approved 14/03/18, previously version 7.1-0918
Aims of the document

The aims of this document are to:

- Define the structure of the BSc Mental Health Nursing Programme and how this programme fits within the HSC Nursing Framework
- Specify the programme award titles and interim awards
- Identify the programme and level outcomes for the BSc programme
- Articulate the regulations governing the awards including the specific requirements contained within the Nursing and Midwifery Council Standards for Pre-registration Nursing Education (2010)
- Set out the amendments to the BU standard undergraduate and postgraduate regulations in order to comply with Nursing and Midwifery Council requirements.

Academic and professional contexts

The programme has been designed to comply with the requirements of the NMC standards for pre-registration nursing education (2010). One of the key changes introduced as part of the 2010 standards was the move to a minimum of degree level for all programmes leading to professional registration as a nurse; as part of this review the former advanced diploma programme will close, with the majority of commissions moving to the BSc (Hons) programme. A small number of students in each intake will follow a postgraduate route; this involves some variation in the academic credit assigned to units but does not alter the basic programme design. In accordance with NMC standards the course runs for a minimum of three years, and a maximum of five, and has been planned to ensure that all students complete the requisite number of hours in both theory and practice. The programme has been structured in a way that ensures students acquire the knowledge, skills and attitudes identified within the NMC standards. Units within the programme have been mapped against the four competency domains specified in the standards: professional values, communication and interpersonal skills, nursing practice and decision-making, and leadership management and team-working.

The programme is specific to mental health nursing from the outset, but at each level selected units have been designed to be shared across the three fields of nursing offered within the Bournemouth University pre-registration nursing framework, and with students undertaking programmes in other health and social care disciplines.

The programme has been designed to make full use of both University and NMC provisions for APL. Students with appropriate existing qualifications at HE level may be considered for APL credit within the programme. In addition, the programme will enable practitioners already registered in another field of nursing to gain registration in mental health nursing. Students who seek a second registration via this cross conversion route will enter the programme with credit for prior learning, and follow a modified programme.

The programme is written according to the QAA qualifications framework, and the programme specification differentiates between learning outcomes at the three undergraduate levels of the QAA framework: certificate, intermediate and honours levels. Outcomes are related to the level of learning, with differentiated outcomes for certificate, diploma, and honours degree.
Mental health nursing programme links to the framework philosophy

As outlined in section 2.1.7 of the nursing framework briefing and resources document, at the heart of effective nursing care is the authenticity of the relationship between nurses and service users and carers; whilst excellent knowledge and technical competence is essential to professional care giving, addressing the human dimensions of care are also crucially important to clients and their carers. The nursing team believes by promoting the perspective that nursing care must be clearly focused on what is important to us as human beings, enables us to always put the service user first. We have termed this as adopting a humanising approach to care (Todres et al. 2009).

Recent publications unfortunately illustrate the impact of care that dehumanises clients. In relation specifically to mental health and learning disability several recent reports have highlighted concerns about standards of care; for example the BBC investigation into the Winterbourne View care home in Bristol led to a number of care workers being jailed for the abuse of vulnerable clients, and a recently published report from the Schizophrenia Commission suggested that mental health care in England is a dysfunctional system that does not deliver the quality of treatment needed for recovery. While neither report is specifically focused on nursing, the general tone of these (and other) reports suggests that compassionate care, based on respect and the needs and wishes of the individual is not always evident in practice.

Mental health care has in recent years become more focused on the principles of recovery, which fits the ‘humanising care’ agenda well, and is reflected as a central principle within the NMC 2010 standards for pre-registration mental health nurse education. Recovery is about ‘building a meaningful and satisfying life, as defined by the person themselves, whether or not there are on-going or recurring symptoms or problems’ (Shepherd, Boardman and Slade 2008). The guiding principle underpinning the recovery philosophy is hope – the belief that it is possible for someone to regain a meaningful life, despite serious mental illness. This notion of personal recovery has been developed through an understanding of the expertise of people with lived experience of mental illness, and has influenced the development of models of clinical recovery, where mental health professionals support the restoration of social functioning alongside the management of symptoms, to help people achieve a normal lifestyle. This approach was central to the mental health curriculum development, and is reflected in units at every level of the programme.

The principles and philosophy of the mental health nursing programme

The key principles and underpinning philosophy of the mental health programme has been developed in conjunction with a number of key stakeholders, including people with a lived experience of mental health problems, representatives of carer groups, practice placement partners, voluntary organisations and students. The discussions have been informed by a number of key policy documents, including the chief nursing officer’s review of mental health nursing (DOH 2006) and the government mental health strategy ‘No health without mental health: a cross-government mental health outcomes strategy for people of all ages’ (DoH 2011). This document sets out the government’s overall aims: to improve the mental health and wellbeing of the
population and keep people well; and to improve outcomes for people with mental health problems through high-quality services that are equally accessible to all. These aims are backed by six shared objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

These shared objectives have provided an appropriate focus for the development of the programme, and the consultations with key stakeholders recognised the need to ensure that the mental health nurses needs to acquire the knowledge, skills and values that will support the achievement of these objectives.

Taking public policy and NMC standards as a start point, the development team identified five key themes that run through the programme, and form a sound basis for mental health nurses graduating under the NMC’s 2010 standards. These are:

- Recovery & wellbeing
- Mental health nursing skills
- Physical care
- Policy, management & leadership
- Study skills, research awareness and evidence based practice

These themes have been mapped against the units of the programme, and will provide a link between the key drivers identified in public policy and professional standards, and the expectations and requirements expressed by students, service users & carers, and our practice partners, who are major prospective employers of graduates from the programme.

**Programme overview**

The programme will provide students with a planned sequence of academic study interspersed with practice learning opportunities designed to allow them to develop the knowledge, skills and values required of a mental health nurse at the point of registration. The programmes are designed to meet academic and professional standards, specifically BU academic policies, regulations and procedures; the QAA qualifications framework; and the NMC standards for pre-registration nursing education.

**Overall aims of the Mental Health Nursing programme**

The mental health programme has been designed to allow students to achieve the knowledge, skills and values that will equip them to work as a registered nurse in mental health. It builds on the overarching framework aims to develop mental health nurses who are accountable and safe practitioners, critical thinkers able to use their academic and clinical skills to:

- deliver high quality essential care to all
- deliver complex care to mental health service users
- act to safeguard the public, and be responsible and accountable for safe, person centred, evidence-based nursing practice
- act with professionalism and integrity, and work within agreed professional, ethical and legal frameworks and processes to maintain and improve standards
- practise in a compassionate, respectful way, maintaining dignity and wellbeing and communicating effectively
- act on their understanding of how people’s lifestyles, environments and the location of care delivery influence their health and wellbeing
- seek out every opportunity to promote health and prevent illness
- work in partnership with other health and social care professionals and agencies, service users, carers and families ensuring that decisions about care are shared
- use leadership skills to supervise and manage others and contribute to planning, designing, delivering and improving future services.

**Overall intended learning outcomes (ILOs) of the mental health nursing programme**

The programme is designed to enable students to meet the academic and professional requirements for mental health nursing, and therefore provides opportunities for students to develop and demonstrate knowledge, understanding and skills as follows.

### 3.2.2 BSc (Hons) programme (Level 6) learning outcomes

<table>
<thead>
<tr>
<th></th>
<th><strong>A</strong> Subject knowledge and understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>The psychological factors that underlie health, illness and disability;</td>
</tr>
<tr>
<td>A2</td>
<td>The physiological and patho-physiological factors that underlie health, illness and disability;</td>
</tr>
<tr>
<td>A3</td>
<td>Sociological perspectives on mental health, disability, and health inequalities and related health and social policy;</td>
</tr>
<tr>
<td>A4</td>
<td>The essential personal and interpersonal communication skills required in mental health nursing practice;</td>
</tr>
<tr>
<td>A5</td>
<td>Professional values in relation to mental health nursing practice;</td>
</tr>
<tr>
<td>A6</td>
<td>Qualitative and quantitative research methodologies;</td>
</tr>
<tr>
<td>A7</td>
<td>Leadership, management and teamwork in mental health practice</td>
</tr>
<tr>
<td>A8</td>
<td>Nursing practice and decision making in mental health nursing;</td>
</tr>
<tr>
<td>A9</td>
<td>Relevant therapeutic approaches and related pharmacology and pharmacokinetics.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>B</strong> Intellectual skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>The development of a coherent rationale for mental health nursing practice using evidence from a diversity of sources</td>
</tr>
<tr>
<td>B2</td>
<td>Critical appraisal and review of published works, identifying consensus and reviewing conflict</td>
</tr>
<tr>
<td>B3</td>
<td>Reflection on practice to facilitate personal action planning and continuing learning</td>
</tr>
</tbody>
</table>
B4 The construction and presentation of a reasoned argument both orally and in written format

B5 Critical analysis of collaborative team working in managing change and developing practice in mental health settings

B6 The incorporation of legal and ethical considerations in clinical decisions

C **Subject specific skills**

C1 The application of fundamental theoretical concepts to mental health nursing practice;

C2 An appreciation of recovery focused care, working effectively with service users, carers and the inter-professional team to promote mental health and wellbeing;

C3 Skills in the provision of high quality care, working with service users and carers in a variety of care settings;

C4 An understanding of the complexity of mental health care, and the changing nature of health and social care systems;

C5 Meeting the NMC competencies for entry to the mental health nursing register

D **Transferable skills.**

D1 Communicate clearly, accurately and effectively selecting the most appropriate communication method for a given situation and an ability to present information in a manner that is understood by others;

D2 Locate, select and utilise evidence to assess risk and facilitate problem solving;

D3 Take responsibility for personal lifelong, professional learning;

D4 Use information technology to communicate and present information;

D5 Supervise and teach others;

D6 Demonstrate skills of collaboration, networking and team/group working and practice in complex and unpredictable contexts.

D7 Select appropriate research methodologies to support evidence-based practice

**3.2.3 Dip HE (Level 5) intended learning outcomes (NMC progression point 2)**

A **Subject knowledge and understanding**

A1 The psychological factors that underlie health, illness and disability;

A2 The physiological and patho-physiological factors that underlie health, illness and disability;

A3 Sociological perspectives on mental health, disability, and health inequalities and related health and social policy;

A4 A range of personal and interpersonal communication skills required in mental health nursing practice;

A5 Professional values in relation to mental health nursing practice;

A6 Nursing practice and decision making in mental health nursing;

A7 Therapeutic approaches in mental health nursing
B  **Intellectual skills**

B1  Reflection on practice to facilitate personal action planning and continuing learning
B2  The construction and presentation of a reasoned argument both orally and in written format
B3  The incorporation of legal and ethical considerations in clinical decisions

C  **Subject specific skills**

C1  An appreciation of fundamental theoretical concepts to mental health nursing practice;
C2  An appreciation of recovery focused care, working effectively with service users, carers and the inter-professional team to promote mental health and wellbeing;
C3  Skills in the provision of high quality care, working with service users and carers in a variety of care settings;
C4  Meeting the NMC competencies for progression point two

D  **Transferable skills**

D1  Communicate clearly, accurately and effectively selecting the most appropriate communication method for a given situation and an ability to present information in a manner that is understood by others;
D2  Locate, select and utilise evidence to assess risk and facilitate problem solving;
D3  Take responsibility for personal lifelong, professional learning;
D4  Use information technology to communicate and present information;

3.2.4  **Cert HE (Level 4) intended learning outcomes (NMC progression point 1)**

A  **Subject knowledge and understanding**

A1  The psychological factors that underlie health, illness and disability;
A2  The physiological and patho-physiological factors that underlie health, illness and disability;
A3  Sociological perspectives on mental health, disability, and health inequalities and related health and social policy;
A4  A range of personal and interpersonal communication skills required in mental health nursing practice;
A5  Professional values in relation to mental health nursing practice;
A6  Therapeutic approaches in mental health nursing

B  **Intellectual skills**

B1  Identification of personal learning needs to facilitate personal action planning and learning strategies
B2  An appreciation of the multiple sources of evidence that underpin learning, including learning in practice
B3 Skills in reflection, to enhance learning through experience

C Subject specific skills
C1 An appreciation of fundamental theoretical concepts to mental health nursing practice;
C2 An appreciation of recovery focused care, working effectively with service users, carers and the inter-professional team to promote mental health and wellbeing;
C3 Skills in the provision of care, working with service users and carers in a variety of care settings;
C4 Meeting the NMC competencies for progression point one

D Transferable skills
D1 Communicate clearly, accurately and effectively selecting the most appropriate communication method for a given situation and an ability to present information in a manner that is understood by others;
D2 Take responsibility for personal lifelong, professional learning;
D3 Use information technology to communicate and present information;

Learning and Teaching Strategies and Methods
A key driver for the learning and teaching strategy is the need to more systematically develop the transferable skills associated with ‘graduateness’. The curriculum is very full compared with standard degree programmes (45 as opposed to 30 week academic year), due to the theory and practice hours stipulated by the professional body. The necessity to learn in placements as well as undertake theory blocks means that students have to quickly develop the capacity to self-assess, explore their strengths and needs and to self-manage to meet these. In the current curriculum information literacy skills and self-management skills are not systematically incorporated and developed overtly in units. This will change with the new curriculum in a number of ways; the idea of graded independence will be used as part of the grow@BU initiative. All students will undertake a personal and professional development unit in year 1 where they will be introduced to the skills involved in information literacy, self-awareness and building resilience and professional codes. These ideas will be revisited as the students progress through the second year in the Exploring evidence to guide practice unit for the BSc students and then related to leadership and team working in year 3 and into the extra 6 months on the part-time practice route. In Freshers’ Week, students will also be introduced to the HSC Student Charter (see Appendix 1) which outlines expectations of students undertaking professional programmes such as nursing. The allocation of an academic adviser to a student group normally for the duration of the programme provides continuity for the student whilst enabling assessment of progress towards independent learning.
The learning and teaching philosophy for nurse education (see Briefing document) reflects the values underpinning the humanising care approach, so central to the nursing framework. The team is of the view that promoting a culture of respect, care and compassion in the educational process, will reinforce this approach to students when working with service users and carers in practice.

Students will be introduced to the concept of the relationship between theory and practice. A blended approach to learning will be used, and students will be introduced to a range of self-managed resources within the virtual learning environment. Students will be expected to increasingly develop as learners during the programme and their intellectual skills will be developed through facilitated and self-managed learning activities. Initially this will be in the form of personal enquiry and small group discussion, supported by relevant research and current literature. Students will learn to reflect upon their own learning within written assignments and oral presentations. Specific assessment skills and intervention skills will be taught in practical skills sessions. Skill acquisition will be developed in practice settings under the supervision of mentors. Students will be encouraged to develop a user focus within their practice. Students will take increasing responsibility for their work with opportunities in practice to develop skills in negotiation and collaboration through group work.

**Assessment Strategies and Methods**

Assignments will focus on the integration of subject knowledge in both theory and practice, through written assignments, presentations, examinations, the assessment of clinical competence, reflection of practice and the development of a portfolio. Intellectual skills will be assessed via coursework, including written assignments, case studies and individual and group presentations, and within practice placements.

Subject specific skills are assessed within a range of written assessments and presentations, particularly those that involve case analysis, and through assessment within the practice-learning environment. Transferable skills will be demonstrated through the presentation of written and oral assignments. Communication skills, collaborative inter-professional working, and skills in leadership and supervision will also be assessed through elements of practice assessment.

**Placement learning**

Students will be supported to rehearse and prepare for their first practice placement during their first term. It is during this period that mandatory training will be delivered to all students, so that they are safe to others and protected themselves. Opportunity to rehearse or simulate practice skills away from care delivery will be a feature of all three years of learning.
Recognition of the validity and value of practice learning is made explicit to students, in part by the attribution of credit devoted solely to practice, where the primary judge, or first marker, of their competence is the mentor. University Placement Learning Advisers support mentors; as educationally prepared registered practitioners the focus of the mentors is the maintenance, support and assessment of practice learning.

Student placements are designed to provide appropriate learning experiences to advance their personal learning, prepare them for registration, and make them ready for a changing field of work. Student practice placements will be of sufficient length to enhance student’s accommodation of essential skills and thereby their transferability into areas of practice they may not have previously experienced.

A broad range of placement provider organisations, including both NHS and non-NHS settings are engaged in supporting students. All placement settings are subjected to audit prior to students’ placement and then regularly reviewed thereafter. This includes the verification that the placement provides a sufficient number of mentors, who are suitably qualified and identification of learning opportunities that enables students to achieve the Standards of Proficiency required.

Nearer the conclusion of their programme, NMC regulations require that students undertake a 12-week consolidation placement. The aim is to enable students to consolidate their previous learning, prepare for leadership and management and to explore more broadly the patient’s care pathway. Students are expected to achieve and maintain competency in all generic and field-specific competency areas (NMC 2010) and this is judged and verified by the ‘sign-off mentor’ at the end of this placement which then concludes the placement element of the programme. Student learning in practice is planned to ensure that the regulator’s minimum of 2,300 hours is completed and the student’s practice attendance is monitored to ensure this is achieved.
Programme Diagram

BSc (Hons) Mental Health Nursing

Year 3 (plus the extra 6 months for students on the part-time practice route) / Level 6

Core units (Compulsory)
- Evaluating knowledge for practice (20 - Level 6)
- Service Improvement Project (20 - Level 6)
- Mental health nursing in specific settings (20 - Level 6)
- Reviewing the literature to inform practice (20 - Level 6)
- Communication, leadership & management in mental health (20 - Level 6)
- Supporting the recovery journey (20 – Level 6)

Exit qualification: BSc (Hons) Mental Health Nursing
Requires 120 Level 6 credits,
120 Level 5 credits &
120 Level 4 credits

Year 2 / Level 5

Core units (Compulsory)
- Developing knowledge for practice (20 - Level 5)
- Communication & therapeutic approaches in mental health (20 - Level 5)
- Physical care in mental health settings (20 – Level 5)
- The value base of mental health nursing (20 - Level 5)
- Acute mental health – from crisis to wellbeing (20 - Level 5)
- Exploring evidence to guide professional practice (20 - Level 5)

Progression requirements
Requires 120 Level 5 credits,
Exit qualification: Dip HE Health Care Studies
Requires 120 Level 5 credits &
120 Level 4 credits

Year 1 / Level 4

Core units (Compulsory)
- Identifying knowledge for nursing practice (20 – level 4)
- Mental Health, Wellbeing and Humanised care in Later Life (20 – level 4)
- Anatomy & Physiology during the lifespan (20 – level 4)
- Fundamental Communication Skills (20 – level 4)
- Origins & Expressions of Mental Health & Well Being (20 – level 4)
- Personal & professional development (20 – level 4)

Progression requirements
Requires 120 Level 4 credits
Exit qualification: Cert HE Health Care Studies
Requires 120 Level 4 credits
Admission Regulations

Entry requirements

The regulations for these programmes are the University Standard Admission Regulations for Undergraduate programmes with the addition that:

Applicants must also

- satisfy criminal conviction checks with the CRB; and
- satisfy health checks by student self-declaration, GP statements or Occupational Health as appropriate.

Applicants for whom English is not their first language, must offer evidence of qualifications in written and spoken English. Acceptable qualifications are IELTS (academic) 7 or direct equivalents.

Applicants must complete the academic version of the IELTS test and achieve:

- At least 7.0 in the listening and reading sections
- At least 7.0 in the writing and speaking sections
- At least 7.0 (out of a possible 9) overall

Accreditation of Prior Learning

All applicants for APL will be individually assessed and must also meet the entry requirements of the programme. A student may be admitted to the programme with specific credit provided that they can demonstrate that they have met the intended learning outcomes of the relevant unit(s) at the required level. The total APL permitted will not exceed a maximum of 50% of the programme, provided that all requirements are met in full. For first and second level nurses registered with the NMC, APL is permitted to the maximum allowed in University regulations, provided that all requirements are met in full.

Assessment Regulations

9.1 BSc (Hons) Mental Health Nursing programme

The regulations for this programme are the University’s Standard Undergraduate Assessment Regulations with the following approved exceptions which align the programme with the requirements of the Nursing and Midwifery Council:

Periods of Registration

The minimum period of registration for full time award is 3 years and for full time with part time practice is 3.5 years.

Pass Mark

A pass will be awarded where the overall unit mark is at least 40% and the mark in each separate element of the unit assessment is not less than 40%.

Compensation

Compensation is not permitted within this programme.
Progression

Students who have successfully completed 120 credits at Level 4 may proceed at risk to Level 5 to allow for commencement of Level 5 study. Students must normally have completed year 1 progression points by the end of Level 4 but in exceptional circumstances may proceed at risk into Level 5 and achieve the year 1 NMC progression points within 12 weeks of commencing Level 5. A student who does not achieve the NMC requirements relating to progression point 1 within the specified timeframe will not be permitted to continue with Level 5 study.

Students who have successfully completed 120 credits at Level 5 may proceed at risk to Level 6 to allow for commencement of Level 6 study. Students must normally have completed year 2 progression points by the end of Level 5 but in exceptional circumstances may proceed at risk into Level 6 and achieve the year 2 NMC progression points within 12 weeks of commencing level 6. A student who does not achieve the NMC requirements relating to progression point 2 within the specified timeframe will not be permitted to continue with Level 6 study.

In addition, students must normally have completed a minimum of 85% of the planned practice hours within a level in order to be eligible to proceed.

Section 8.3

The “carrying credit” rules does not apply to this programme, i.e. students who have failed 20 credits, or exceptionally 40 credits, may not progress to the next stage of the programme.

Awards

To be eligible for the award of BSc (Hons), students must have achieved 360 credits; completed a minimum of 4,600 hours of study of which 2,300 hours have been in practice; been certified of good health and good character; and been successfully signed off by the sign-off mentor as capable of safe and effective practice.

The award of BSc (Hons) leads to eligibility to apply for registration with the Nursing and Midwifery Council as a registered nurse in the student’s specific field of nursing.

CertHE, DipHE, BSc and Aegrotat awards, will not confer eligibility to register and will be titled ‘Health Care Studies’.

Recognition of Prior Learning (RPL)

The University’s standard RPL limits apply to the programme as a whole.
# Programme Profile

**Programme Profile**

**Originating Institution(s):** 
Faculty: HSS  
Partner institution: N/A

**Place(s) of Delivery:** BU and UCY

**Framework Title (in full):** Pre-Registration Nursing Framework

**Programme Award and Title:** BSc (Hons) Mental Health Nursing

**Interim Award and Titles & required credits:**  
- BSc Health Care Studies (80 level 6, 120 level 5 and 120 level 4 credits)  
- Dip HE Health Care Studies (120 level 5 and 120 level 4 credits)  
- Cert HE Health Care Studies (120 level 4 credits)

**Mode(s) of study:** 
Full Time Expected Length of study: 3 Years or 3.5 years for the part-time practice route

**BU Credit Structure & ECTS:**  
- Level 6: 120 (60 ECTS)  
- Level 5: 120 (60 ECTS)  
- Level 4: 120 (60 ECTS)

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### Unit identification

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<th>%</th>
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<th>%</th>
<th>Prog year 1 FT</th>
<th>Prog year 1 PT</th>
<th>Core / opt</th>
<th>No of credits</th>
<th>Level (C,I,H,PgD,M)</th>
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<th>Element Weightings</th>
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**Programme Specification version no.:** 1.2.6.3

**Placement:**  
AS per NMC Standards. Placement is Core

**Diploma Supplement Statement regarding PRSB accreditation:**  
TO BE COMPLETED

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**Effective from**  
Progr Year / Month / Year:  
Yr. 1: Sept 2013  
Yr. 2: Sept 2014  
Yr. 3: Sept 2015  
Yr. 4: Sept

**Contact in School:**  
Adult Nursing Programme Leader (tel no. or generic UG/PG/ programme specific email)

**Programme Specification version no.:** 1.2.6.3

**Date approved:** TO BE ADDED

**Name of Professional, Statutory or Regulatory Body (if appropriate):** Nursing and Midwifery Council

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**17**
NMC Competences mapped against units

Mental Health Nursing Field and Generic Competencies: unit codes used in mapping document

Year 1
DPP  Personal & professional development
MHI  Origins & Expressions of Mental Health & Well Being
FCS  Fundamental Communication Skills
MLL  Mental Health, Wellbeing and Humanised care in Later Life
INP  Identifying knowledge & skills for practice
A&P  Anatomy & Physiology during the lifespan

Year 2
EEP  Exploring Evidence to Guide Practice
VBM  The value base of mental health nursing
CTA  Communication & therapeutic approaches in mental health
AMH  Acute mental health – from crisis to wellbeing
DNP  Developing knowledge & skills for practice
PCM  Physical care in mental health settings

Year 3 (including the extra 6 months for the part-time practice route)
ISN  Reviewing the literature to inform practice
SRJ  Supporting the recovery journey
CLM  Communication, leadership & management in mental health
MSS  Mental health nursing in specific settings
ENP  Evaluating knowledge & skills for practice
Mental Health Nursing Field and Generic Competencies for Entry to the Register

### Domain 1: Professional values

<table>
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<th>Generic standard for competence:</th>
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<tr>
<td>All nurses must act first and foremost to care for and safeguard the public. They must practise autonomously and be responsible and accountable for safe, compassionate, person-centered, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognised professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared.</td>
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<th>Field Standard for competence</th>
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<tr>
<td><strong>Mental health nurses</strong> must work with people of all ages using values-based mental health frameworks. They must use different methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and recovery, that is, a person’s ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying.</td>
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### Competencies

| 1. | All nurses must practise with confidence according to *The code: Standards of conduct, performance and ethics for nurses and midwives* (NMC 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people’s choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions. |

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| 1.1 | Mental health nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life. |

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2. All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.

2.1 Mental health nurses must practise in a way that addresses the potential power imbalances between professionals and people experiencing mental health problems, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives. They must have an in depth understanding of mental health legislation and how it relates to care and treatment of people with mental health problems.

3. All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.

3.1 Mental health nurses must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems

4. All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.

4.1 Mental health nurses must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centered and recovery-focused practice

5. All nurses must fully understand the nurse’s various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations.
6. All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care. | DPP | VBM | SRJ |
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7. All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal. | DPP | VBM | ISN |
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8. All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary. | DPP | VBM | CLM |
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8.1 Mental health nurses must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health; how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.

9. All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation. | DPP | EEP | ISN |
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<td>Domain 2: Communication and interpersonal skills</td>
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<tr>
<td><strong>Generic standard for competence</strong></td>
<td>DPP, FCS, INP</td>
<td>VBM, CTA, AMH, DNP, PCM</td>
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<tr>
<td>All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. They must communicate effectively using a wide range of strategies and interventions including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services.</td>
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<tr>
<td><strong>Field standard for competence</strong></td>
<td>DPP, FCS, INP</td>
<td>VBM, CTA, AMH, DNP, PCM</td>
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<tr>
<td>Mental health nurses must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them explore and make sense of their experiences in a way that promotes recovery.</td>
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<td><strong>Competencies</strong></td>
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<td>All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.</td>
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<td>1.1 Mental health nurses must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.</td>
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<td>1.2 Mental health nurses must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.</td>
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<td>FCS, INP</td>
<td>VBM, CTA, DNP</td>
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<td>All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it.</td>
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<td>All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people’s needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.</td>
<td>DPP FCS INP</td>
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| 3 | All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.  
4.1 Mental health nurses must be sensitive to, and take account of, the impact abuse and trauma on people’s wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help | FCS INP MLL | VBM CTA AMH DNP | SRJ CLM MSS ENP |
| 4 | All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.  
5.1 Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries. | DPP FCS INP | VBM CTA AMH DNP | SRJ CLM MSS ENP |
| 5 | All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication.  
6.1 Mental health nurses must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable. | DPP FCS INP | VBM CTA AMH DNP | SRJ CLM MSS ENP |
| 6 | All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language. | DPP INP | CTA AMH DNP | CLM MSS ENP |
### Domain 3: Nursing practice and decision-making

#### Generic standard for competence

All nurses must practise autonomously, compassionately, skilfully and safely, and must maintain dignity and promote health and wellbeing. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Where necessary they must be able to provide safe and effective immediate care to all people prior to accessing or referring to specialist services irrespective of their field of practice. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. All nurses must also understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care.

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<td>VBM CTA AMH DNP</td>
<td>CLM MSS ENP</td>
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<tr>
<td>DPP MLL INP</td>
<td>VBM CTA AMH PCM DNP</td>
<td>SRJ CLM MSS ENP</td>
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#### Field standard for competence

**Mental health nurses** must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person centred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.

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<td>VBM CTA AMH PCM DNP</td>
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<td>Competencies</td>
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<tr>
<td>1 All nurses must use up-to-date knowledge and evidence to assess, plan,</td>
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<td>deliver and evaluate care, communicate findings, influence change and</td>
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<td>promote health and best practice. They must make person-centred,</td>
<td>A&amp;P</td>
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<td>evidence-based judgments and decisions, in partnership with others involved</td>
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<td>in the care process, to ensure high quality care. They must be able to</td>
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<td>recognise when the complexity of clinical decisions requires specialist</td>
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<td>knowledge and expertise, and consult or refer accordingly.</td>
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<td>1.1 Mental health nurses must be able to recognise and respond to the</td>
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<td>needs of all people who come into their care including babies, children</td>
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<td>and young people, pregnant and postnatal women, people with physical</td>
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<td>health problems, people with physical disabilities, people with learning</td>
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<td>disabilities, older people, and people with long term problems such as</td>
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<td>cognitive impairment.</td>
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<td>2 All nurses must possess a broad knowledge of the structure and functions</td>
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<td>of the human body, and other relevant knowledge from the life,</td>
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<td>behavioural and social sciences as applied to health, ill health,</td>
<td>A&amp;P</td>
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<td>disability, ageing and death. They must have an in-depth knowledge of</td>
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<td>common physical and mental health problems and treatments in their own</td>
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<td>field of practice, including co-morbidity and physiological and</td>
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<td>psychological vulnerability.</td>
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<td>3 All nurses must carry out comprehensive, systematic nursing assessments</td>
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<td>that take account of relevant physical, social, cultural, psychological,</td>
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<td>users and others through interaction, observation and measurement.</td>
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<td>3.1 Mental health nurses must be able to apply their knowledge and skills</td>
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<td>in a range of evidence-based individual and group psychological and</td>
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<td>psychosocial interventions, to carry out systematic needs assessments,</td>
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<td>develop case formulations and negotiate goals.</td>
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<td>4 All nurses must ascertain and respond to the physical, social and</td>
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<td>psychological needs of people, groups and communities. They must then</td>
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<td>plan, deliver and evaluate safe, competent, person-centred care in</td>
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<td>partnership with them, paying special attention to changing health</td>
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<td>needs during different life stages, including progressive illness and death,</td>
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<td>loss and bereavement.</td>
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<td>4.1 Mental health nurses must be able to apply their knowledge and skills</td>
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<td>group interventions to develop and implement care plans and</td>
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<td>evaluate outcomes, in partnership with service users and others.</td>
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|   | All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.  
5.1 Mental health nurses must work to promote mental health, help prevent mental health problems in at-risk groups, and enhance the health and wellbeing of people with mental health problems. | MHI | CTA  
AMH  
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DNP | SRJ  
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ENP |
|   | All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, the calculation and administration of medicines, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.  
6.1 Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects. | MLL  
INP | CTA  
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ENP |
|   | All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.  
7.1 Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.  
7.2 Mental health nurses must work positively and proactively with people who are at risk of suicide or self-harm, and use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk. | MLL  
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|   | All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.  
8.1 Mental health nurses must practise in a way that promotes the self-determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management. | MLL  
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|---|---|---|---|---|
| 9. | All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to safeguard them against abuse.  
9.1 Mental health nurses must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress; when compulsory measures are used; and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking. | MLL  
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| 10. | All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others. | MLL  
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### Domain 4: Leadership, management and team working

#### Generic standard for competence

All nurses must be professionally accountable and use clinical governance processes to maintain and improve nursing practice and standards of healthcare. They must be able to respond autonomously and confidently to planned and uncertain situations, managing themselves and others effectively. They must create and maximise opportunities to improve services. They must also demonstrate the potential to develop further management and leadership skills during their period of preceptorship and beyond.

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#### Field standard for competence

**Mental health nurses** must contribute to the leadership, management and design of mental health services. They must work with service users, carers, other professionals and agencies to shape future services, aid recovery and challenge discrimination and inequality.

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#### Competencies

1. All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people’s wellbeing and experiences of healthcare.

2. All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people’s experience and care outcomes and to shape future services.

3. All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced.
4. **All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.**

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4.1 Mental health nurses must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management and practice.

5. **All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.**

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5.1 Mental health nurses must help raise awareness of mental health, and provide advice and support in best practice in mental health care and treatment to members of the multiprofessional team and others working in health, social care and other services and settings.

6. **All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.**

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6.1 Mental health nurses must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes, and by ensuring effective communication, positive risk management and continuity of care across service boundaries.

7. **All nurses must work effectively across professional and agency boundaries, actively involving and respecting others’ contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies.**

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Programme ILO’s mapped against units

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### A Subject Knowledge & Understanding

A1: The psychological factors that underlie health, illness and disability;
A2: The physiological and patho-physiological factors that underlie health, illness and disability;
A3: Sociological perspectives on mental health, disability, and health inequalities and related health and social policy;
A4: The essential personal and interpersonal communication skills required in mental health nursing practice;
A5: Professional values in relation to mental health nursing practice;
A6: Qualitative and quantitative research methodologies;
A7: Leadership, management and teamwork in mental health practice;
A8: Nursing practice and decision making in mental health nursing;
A9: Relevant therapeutic approaches and related pharmacology and pharmacokinetics.

### B Intellectual Skills

B1: The development of a coherent rationale for mental health nursing practice using evidence from a diversity of sources;
B2: Critical appraisal and review of published works, identifying consensus and reviewing conflict;
B3: Reflection on practice to facilitate personal action planning and continuing learning;
B4: The construction and presentation of a reasoned argument both orally and in written format;
B5: Critical analysis of collaborative team working in managing change and developing practice in mental health settings;
B6: The incorporation of legal and ethical considerations in clinical decisions.

### C Subject-specific / Practical Skills

C1: The application of fundamental theoretical concepts to mental health nursing practice;
C2: An appreciation of recovery focused care, working effectively with service users, carers and the inter-professional team to promote mental health and wellbeing;
C3: Skills in the provision of high quality care, working with service users and carers in a variety of care settings;
C4: An understanding of the complexity of mental health care, and the changing nature of health and social care systems;
C5: Meeting the NMC competencies for entry to the mental health nursing register.

### D Transferable Skills

D1: Communicate clearly, accurately and effectively selecting the most appropriate communication method for a given situation and an ability to present information in a manner that is understood by others;
D2: Locate, select and utilise evidence to assess risk and facilitate problem solving;
D3: Take responsibility for personal lifelong, professional learning;
D4: Use information technology to communicate and present information;
D5: Supervise and teach others;
D6: Demonstrate skills of collaboration, networking and team/group working and practice in complex and unpredictable contexts;
D7: Select appropriate research methodologies to support evidence-based practice.
Points of Reference for Programme Design

QAA Qualifications Framework

This programme is written according to the QAA qualifications framework, and the programme specification differentiates between learning outcomes at the three undergraduate levels of the QAA framework: certificate, intermediate and honours levels. Outcomes are related to the level of learning, with differentiated outcomes for diploma, honours and postgraduate degrees. Stated intended learning outcomes relate to the HSC strategy, and include knowledge and understanding as well as stressing the acquisition of cognitive, practical and professional skills. Interim awards follow QAA guidelines.

QAA Subject Benchmarks for Nursing

The learning outcomes of the programme reflect the QAA Subject benchmark statements\(^1\) for Nursing and articulate with the Framework for higher education qualifications in England, Wales and Northern Ireland. The programme concentrates on ensuring that key principles are addressed:

- a commitment to provide high quality patient-centred care;
- a commitment to the development of new roles that support the interface between health and social care practice;
- the application of current knowledge and research to nursing practice across the health and illness continuum;
- a commitment to working in partnership with other professionals;
- an evolution towards role transferability in support of patient-centred care;
- the development of educational programmes that enable nurses to demonstrate fitness for practice and a commitment to lifelong learning.

NMC Standards for Pre-Registration Nursing Education

The outcomes of the programme reflect the Nursing and Midwifery Council (NMC) Standards of Competency\(^2\) for Pre-registration Adult Nursing Programmes, which integrate the Essential Skills Clusters\(^3\) and focus on four domains of nursing practice:

- Professional values
- Communication and interpersonal skills
- Nursing practice and decision-making
- Leadership, management and team working

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2. [http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx](http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx)
3. [http://standards.nmc-uk.org/PublishedDocuments/Annexe%203%20-Essential%20skills%20cluster%20guidance%2020100916.pdf](http://standards.nmc-uk.org/PublishedDocuments/Annexe%203%20-Essential%20skills%20cluster%20guidance%2020100916.pdf)
Mental Health Nursing programme Points of Reference:

No Health Without Mental Health: Implementation Framework. (DoH 2012)


From Values to Action: The Chief Nursing Officer’s review of mental health nursing (DoH 2006)

Best practice competencies and capabilities for pre-registration mental health nurses in England: The Chief Nursing Officer’s review of mental health nursing (DoH 2006)

Evaluation of the Chief Nursing Officer’s Review of Mental Health Nursing in England (Callaghan et al 2009)

New Horizons: a shared vision for mental health (DoH 2009)

Initiatives

The University have worked in collaboration with local service providers, including peer specialists from the user forum to consider how best to reflect the key messages of this report within the curriculum. The following principles have provided a foundation for the programme design:

Putting values into practice

Mental health nursing should incorporate the broad principles of the Recovery Approach into every aspect of their practice. This means working towards aims that are meaningful to service users, being positive about change and promoting social inclusion for mental health users and carers.

Improving outcomes for service users

Developing and sustaining positive therapeutic relationships with service users, their families and/or carers should form the basis of all care. MHNs need to widen their skills to improve service users’ physical well-being through better assessment and health promotion activities and provide more evidence-based psychological therapies. MHNs need to be well trained in risk assessment and management. They should work closely with service users and others to develop realistic individual care plans.

A positive, modern profession

MHNs should use their valuable skills in the most effective way possible, by focusing on working directly with people with high levels of need and supporting other workers to meet less complex needs. Pre-registration training courses should be reviewed to
ensure that essential competencies are gained by the point of registration. Relationships between higher education institutions and service providers should be strengthened.

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Department of Health 2004 The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce DoH: London

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Department of Health 2009 New Horizons: a shared vision for mental health DoH: London


Nursing & Midwifery Council 2010 Standards for Pre-Registration Nursing Education NMC http://standards.nmc-uk.org/PreRegNursing/statutory/background/Pages/introduction.aspx


The Quality Assurance Agency for Higher Education 2008 Subject benchmark statements: Health care programmes: Nursing QAA: Gloucester

The Quality Assurance Agency for Higher Education 2008 The framework for higher education qualifications in England, Wales and Northern Ireland QAA: Gloucester