

***Undergraduate Nursing
Education in Victoria
Psychiatric Knowledge, Attitudes
and Skill Requirements for
Beginning Level Division 1 Nurses***

*Mental Health Branch
Aged Community and Mental Health Division,
Department of Human Services
July 1998*

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Foreword

I commend to you the following *Undergraduate Nursing Education In Victoria: Psychiatric Knowledge, Attitudes and Skill Requirements For Beginning Level Division 1 Nurses*.

With the mainstreaming of psychiatric services, where general hospitals or networks are providing community focused mental health services, it is essential that graduating nurses have the basic knowledge and skills to deliver that service.

The requirements outlined in this document should be used as a framework for the review and development of undergraduate nursing curricula in Victoria. This will facilitate the provision of an educational preparation for nurses that will allow them to practice safely in the psychiatric setting as beginning level professional nurses.

A handwritten signature in black ink that reads "Rob Knowles". The signature is fluid and cursive.

The Hon Rob Knowles
Minister for Health
July 1998



Contents

Foreword	iii
Introduction	1
Recommendations	3
Design of Undergraduate Psychiatric Nursing Requirements	5
Psychiatric Knowledge, Attitudes and Skill Requirements for Beginning Level Division 1 Nurses	7
References	17
Glossary of Terms	19



Introduction

In 1995 the then Minister for Health, the Hon Marie Tehan, wrote to the Heads of Schools, Victorian Universities, and the Victorian Nurses Board, expressing her concern about the psychiatric nursing content of the current undergraduate nursing degree in Victoria. These concerns were underpinned by the cessation of separate undergraduate degrees in psychiatric nursing which occurred over 1994–95, which led to psychiatric service providers experiencing difficulty in employing adequate numbers of suitably qualified registered nurses to deliver psychiatric nursing care.

The Minister highlighted the point, that since the introduction of the *Nurses Act 1993*, the undergraduate degree was responsible for preparing graduates to work as first level practitioners in any area of nursing practice.

In light of the recommendation made in the recently released report, *Nursing Education in Australian Universities: Report of the National Review of Nurse Education in the Higher Education Sector: 1994 and Beyond*, it was felt timely to review the curriculum content of undergraduate nursing degrees in Victoria. The report of the National Review recommends,

That in so much as the continued provision of comprehensive bachelor of nursing programs as the level of entry to professional practice as a registered nurse is strongly endorsed... all such comprehensive programs include, but not be limited to, basic strands in the areas of medical/ surgical nursing, community health nursing, and mental health nursing across the life-span in institutional and non-institutional setting.¹

A survey of Victorian universities undergraduate nursing degree curriculum demonstrated that the psychiatric nursing content in Victorian undergraduate degrees varied from a percentage of total hours from 3.9 per cent to 17.4 per cent. Further, it was apparent that in some

instances the content was discrete and identifiable whereas in other courses content that was identified, by the universities, as psychiatric could not be considered as psychiatric.

Consequently, a working party was convened in December 1995, to determine what the Aged, Community and Mental Health Division considered to be the core educational requirements for graduating nurses to undertake first level practice in the field of psychiatry. The membership comprised representation from employers, professional organisations, psychiatric nursing research institutes, the Nurses Board and the Psychiatric Nurses Academic Forum.

The working party developed a discussion paper which was circulated in late 1996 to universities, Health Care Networks, services providers, Nurses Board of Victoria and the Ministerial Advisory Committee on Nursing.

Feedback indicated general support for the discussion paper and raised the issue of the length of the Undergraduate Degree in Nursing and advised that a four year undergraduate degree was appropriate.

¹ National Review of Nurse Education in the Higher Education Sector: 1994 and Beyond, Recommendation 10.6 and 10.6.1



Recommendations

To ensure graduates of the comprehensive undergraduate nursing degree function at the minimum level, with persons experiencing a mental disorder, it is recommended that:

- 1 Victorian Universities, and the Nurses Board of Victoria, be advised and encouraged to adopt the Victorian Department of Human Services requirements in relation to the psychiatric knowledge, attitudes and skill requirements for beginning level division 1 nurses in their undergraduate nursing degree.
- 2 Psychiatric nursing knowledge, attitudes and behavioural skills be clearly identified and achieved by the graduate.
- 3 Psychiatric nursing components of undergraduate nursing degrees be taught by skilled nurse educators with qualifications and experience in psychiatric nursing.
- 4 Undergraduate nursing students have appropriately supervised psychiatric nursing clinical placements.
- 5 The range of psychiatric clinical placements for undergraduate nursing students reflect the full range of services as outlined in the Department of Human Services document, *Victoria's Mental Health Service: The Framework for Service Delivery*.



Design of Undergraduate Psychiatric Nursing Requirements

Skill requirements in six areas of knowledge for beginning level practitioners in the field of psychiatric nursing are proposed:

- Mental Health, Mental Illness, Society and Self
- Classification of Mental Illness
- Physical Treatments in Psychiatry
- Psychotherapeutic Treatments in Psychiatric Nursing
- Legal Issues in Psychiatric Nursing
- Ethical Issues in Psychiatric Nursing.

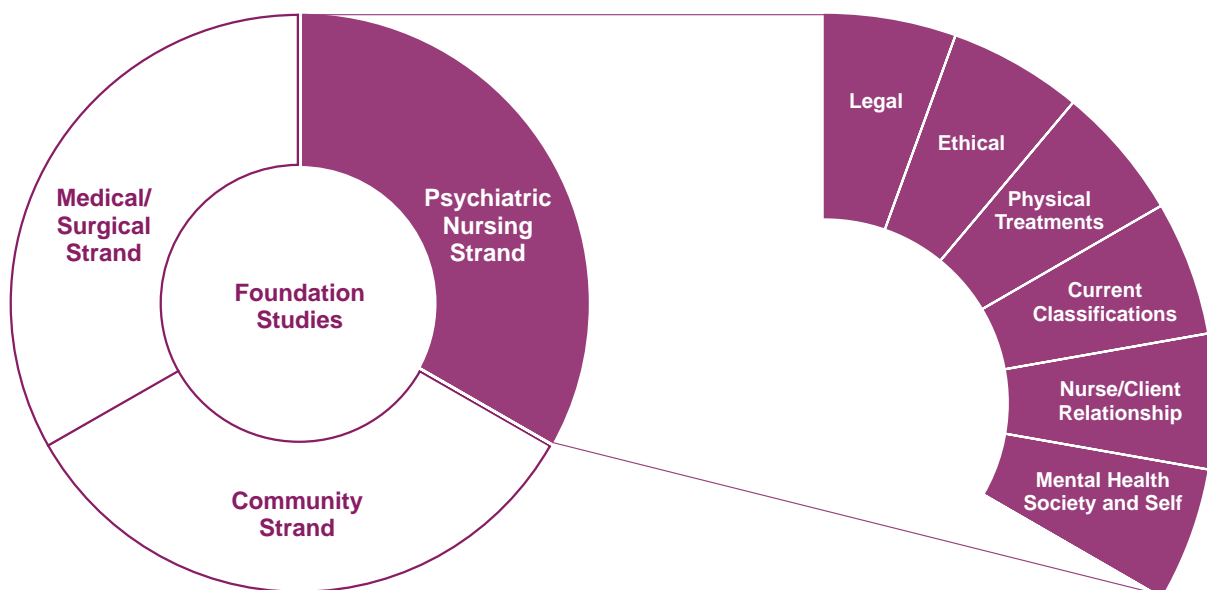
In each of the above, basic skill requirements in terms of knowledge, attitudes, and behavioural skills or outcomes were developed. The attitudes and behavioural skills may be applicable to more than one area of knowledge, and with the exception of the physical treatments of seclusion and restraint, are applicable across a range of age groups and service delivery settings. The requirements

are reasonably expected of the first level practitioner to enable that person to practice safely in the psychiatric setting.

Areas of knowledge, attitudes and behavioural skills that are within the foundation studies, medical, surgical and community strands are not covered in the recommended psychiatric strand. These common areas would include:

- Communication skills
- Multidisciplinary approach to treatment and care
- Use of technology in nursing
- Documentation
- Rural nursing
- Physical treatments
- Pharmacology
- Infection control.

Undergraduate Nursing Curricula



Comprehensive undergraduate degree in nursing as proposed by *Nursing Education in Australian Universities, Report of the National Review of Nurse Education in the Higher Education Sector*.

Psychiatric (Mental Health) Nursing Component.



Psychiatric Knowledge, Attitudes and Skill Requirements for Beginning Level Division 1 Nurses

Area: Mental Health, Mental Illness, Society and Self

Knowledge	Attitudes/Affective Skills	Behavioural Skills/Outcomes
Mental Disorder and Social Constructs		
Mental Disorder/Health—Evolution of Treatment and Care:		
<ul style="list-style-type: none"> • History of how society has treated persons with a mental disorder. • Trends in psychiatric care and treatment. • Context of care and treatment. • The role of the psychiatric nurse. • Movement to community treatment. • Future directions in treatment and care. • Effect of change on families and social networks. 	<p>Awareness of the stigma and ability to challenge the beliefs, thoughts, attitudes and bias about mental disorder.</p> <p>Awareness of the various cultural beliefs about mental disorder.</p> <p>Understanding of the impact of mental disorder on the affected person and their social network/family.</p> <p>Ability to see the affected individual and their behaviour in the context of their life and current situation.</p>	<p>Demonstrate the ability to respond appropriately to the person with disordered behaviour including:</p> <ul style="list-style-type: none"> • Altered mood states, such as elation, depression, and hopelessness. • Disordered thoughts, such as thought insertion, thought broadcasting, and thought blocking. • Disordered speech, such as pressure, retardation, and poverty of speech. • Disordered behaviour, such as increased activity, passive resistance, aggression, self-mutilating behaviour, and volitional impairment. <p>Demonstrate the ability to develop an appropriate nursing management plan for a person presenting with a mental disorder.</p> <p>Demonstrate the ability to undertake a risk assessment.</p>

Area: Psychotherapeutic Treatments in Psychiatric Nursing

Knowledge	Attitudes/Affective Skills	Behavioural Skills/Outcomes
<p>The Nurses Self Awareness of:</p> <ul style="list-style-type: none"> • Personal unresolved issues • Attitudes, values, beliefs and prejudices • Transference and countertransference • Recognition of own limitations • Self-care. 	<p>Sensitivity to the reactions of others.</p> <p>Awareness of the potential influence of personal values and beliefs in interactions with clients and carers.</p> <p>Capacity to work with people with different value and belief systems without imposing judgement.</p>	<p>Ability to assist clients to develop and utilise existing strengths.</p> <p>Ability to refer appropriately.</p> <p>Capacity to recognise personal needs and seek assistance as required.</p>
<p>Counselling</p> <ul style="list-style-type: none"> • Nurse/client relationship • Listening skills: <ul style="list-style-type: none"> – Attending – Reflecting – Paraphrasing • Non-verbal communication • Therapeutic use of self • Empathy • Genuineness • Therapeutic communication • Client/carer education • Interpersonal skills • Facilitative communication • Phases of the nurse/client relationship. 	<p>Appreciation of the value of silence and listening in maintaining therapeutic interactions.</p> <p>Valuing the client's personal resources and strengths.</p> <p>Understanding the impact the environment has on people and their behaviour.</p> <p>Appreciation of the complexity of human behaviour.</p>	<p>Ability to communicate therapeutically across a range of situations and settings.</p> <p>Ability to establish and maintain a therapeutic relationship.</p> <p>Capacity to create and maintain a therapeutic environment:</p> <ul style="list-style-type: none"> • Psychosocial • Physical <p>Ability to establish and maintain personal and professional boundaries.</p>
<p>Models of Psychotherapeutic Intervention</p> <ul style="list-style-type: none"> • Psychodynamic • Cognitive • Behavioural • Developmental • Humanistic • Family/systems • Stress-adaptation • Group process. 	<p>Awareness of the many ways of interpreting human behaviour.</p>	<p>Flexibility in discussion of mental illness and behaviour:</p> <ul style="list-style-type: none"> • Aetiology • Manifestations • Treatment approaches.

Area: Classification of Mental Illness

Knowledge	Attitudes/Affective Skills	Behavioural Skills/Outcomes
Current Classification Systems of Mental Illness	Awareness of the scope and limitations of classification systems.	Ability to undertake a mental state assessment.
Signs, Symptoms, Aetiology and Epidemiology of the Major Psychiatric Disorders	Awareness of the importance of providing the person with a mental illness with a framework for understanding their mental illness.	Ability to undertake a risk assessment. Ability to present to a clinical team the assessment findings of a person presenting with the signs and symptoms of a mental disorder.
Effect/Consequences/Risks that Psychiatric Symptomatology may have for the Person	<p>Appreciation of the loss that may be experienced by persons who suffer from a serious mental illness including:</p> <ul style="list-style-type: none"> • Personal potential for education, training and employment • Personal relationships, intimacy, social and family networks. <p>Awareness of the impact that serious mental illness has on the family of the affected person.</p> <p>Awareness that the person with a mental illness may vary in their level of competence.</p> <p>Awareness of the capacity that a person with a mental illness has for recovery, adaptation, change and development.</p>	<p>Ability to develop, implement and review a comprehensive management plan for the person presenting with the signs and symptoms of a mental disorder.</p> <p>Ability to appropriately describe, report and document, assessments, observed behaviours, interventions and responses in objective, respectful and non-judgemental terms.</p> <p>Ability to work effectively in a multi-disciplinary team.</p>

Area: Physical Treatments in Psychiatric Nursing

Knowledge	Attitudes/Affective Skills	Behavioural Skills/Outcomes
Psychopharmacology		
Knowledge of Common Drugs used in Psychiatry:		
<ul style="list-style-type: none"> • Desired effects • Indications for use • Contra-indications • Interactions • Side-effects • Dosage • Effects of depot medication • Selection of the most appropriate type of administration 	<p>Understanding of strengths and limitations of pharmacological treatments.</p> <p>Understanding of the impact that the need for long term treatment with medication has for the individual.</p> <p>Awareness of the person's attitude to taking psychotropic medication.</p>	<p>Ability to observe positive responses to psychotropic medication.</p> <p>Ability to identify and respond appropriately to negative side-effects of psychotropic medication.</p> <p>Ability to monitor compliance or non-compliance with psychotropic medication and work effectively with the person who has difficulties with compliance or non-compliance.</p>
Knowledge about chemical restraint		
<ul style="list-style-type: none"> • Rationale, psychological impact, ethical issues • Issues of treatment compliance. 	<p>Appreciation of the impact that compulsory treatment has for the person.</p>	<p>Ability to identify and respond to toxic states induced by psychotropic medication.</p>
Psychosurgery		
<ul style="list-style-type: none"> • Definition • Legal framework • History 	<p>Appreciation of the effects of chemical restraint on the individual.</p> <p>Awareness of the impact of psychosurgery on the individual and their family.</p>	<p>Ability to educate the person with a mental disorder and their family or carers about their medication.</p>

Area: Physical Treatments in Psychiatric Nursing

Knowledge	Attitudes/Affective Skills	Behavioural Skills/Outcomes
Seclusion		
<ul style="list-style-type: none"> • Definition • Principles underpinning the use of seclusion including: <ul style="list-style-type: none"> – Least restrictive alternative – Always therapeutic – Part of a treatment plan – Must be part of a treatment strategy and never punitive. • Legal requirements • Physical and psychological nursing care requirements for the person in seclusion. • Therapeutic benefits such as protection and safety • Contraindications such as reinforcement of negative behaviour. 	<p>Appreciation of the therapeutic effects of seclusion.</p> <p>Understanding of the need for a therapeutic approach to the use of seclusion.</p> <p>Appreciation of the impact seclusion may have on the patient, the family, carers, other patients and the client/nurse relationship.</p>	<p>Ability to identify, prevent and manage aggressive behaviour.</p> <p>Ability to appropriately identify when to commence and cease an episode of seclusion.</p> <p>Have a therapeutic approach to seclusion.</p> <p>Ability to appropriately document the episode of seclusion.</p> <p>Ability to maintain a therapeutic relationship during and after seclusion.</p> <p>Ability to provide safe and effective nursing care for the person in seclusion.</p> <p>Ability to debrief the person and other appropriate persons after seclusion.</p>

Area: Physical Treatments in Psychiatric Nursing

Knowledge	Attitudes/Affective Skills	Behavioural Skills/Outcomes
Mechanical Restraint		
<ul style="list-style-type: none"> • Definition • Principles underpinning the use of mechanical restraint including: <ul style="list-style-type: none"> – Least restrictive alternative – Always therapeutic – Part of a treatment plan – Must be part of a treatment strategy and never punitive. • Legal requirements. • Physical and psychological nursing care requirements for the person who is mechanically restrained. • Therapeutic benefit such as protection and safety. • Contraindications such as reinforcement of negative behaviour. 	<p>Understanding of the need for a therapeutic approach to the use of mechanical restraint.</p> <p>Appreciation of the impact mechanical restraint may have on the person and the nurse/patient relationship.</p>	<p>Ability to identify, prevent and manage aggressive behaviour.</p> <p>Ability to appropriately manage a person who is accidentally or intentionally causing self-harm.</p> <p>Ability to appropriately identify when to commence and cease an episode of mechanical restraint.</p> <p>Have a therapeutic approach to mechanical restraint.</p> <p>Ability to appropriately document the episode of mechanical restraint.</p> <p>Ability to maintain the therapeutic relationship during and after mechanical restraint.</p> <p>Ability to maintain the patients dignity while providing safe and effective nursing care for the person who is mechanically restrained.</p> <p>Ability to provide debriefing to the patient about the use of mechanical restraint.</p>

Area: Physical Treatments in Psychiatric Nursing

Knowledge	Attitudes/Affective Skills	Behavioural Skills/Outcomes
Electroconvulsive Therapy (ECT)		
<ul style="list-style-type: none">• History—brief overview• Process• Benefits• Risks• Side effects• Indications• Contraindications• Legal requirements<ul style="list-style-type: none">– Consent	<p>Awareness of the social stigma and controversy surrounding ECT as a treatment.</p> <p>Understanding of the impact of the treatment on the person and their family.</p>	<p>Ability to educate the individual and the family about the treatment.</p> <p>Ability to support the individual and the family during treatment.</p> <p>Ability to support and supervise the person who may attempt to avoid treatment/or be having treatment without consent.</p> <p>Ability to assist in the administration of ECT treatment.</p> <p>Ability to appropriately document the treatment and treatment response.</p>

Area: Legal Issues in Psychiatric Nursing

Knowledge	Attitudes/Affective Skills	Behavioural Skills/Outcomes
<p>Knowledge of all Aspects of the Mental Health Act which Affects Practice:</p>	<p>Ability to understand the impact of involuntary treatment on the individual and family.</p>	<p>Ability to select appropriate nursing interventions that meet the spirit and intent of mental health legislation.</p>
<ul style="list-style-type: none"> • Spirit and intent of legislation • Involuntary admission • Involuntary treatment including CTOs • Seclusion • Restraint • Consent • ECT • Patients rights • Confidentiality provisions • Confidentiality and mandatory reporting • Mental Health Review Board— structure, function and powers. 	<p>Understanding of the implications of caring for a person who may have difficulty making competent decisions for themselves.</p>	<p>Ability to practice within the provisions of the Mental Health Act and other relevant legislation.</p>
<p>Knowledge of the Guardianship and Administration Board Act</p>	<p>Appreciation of the implications that may arise from common law in relation to persons with a mental disorder.</p>	<p>Ability to continuously assess the persons decision making capacity.</p>
<p>Knowledge of Implications of Common Law that are Specific to Psychiatric Nursing</p>		<p>Ability to appropriately identify and respond to the needs of persons dependent on clients with a mental disorder such as children, partners or parents.</p>
<ul style="list-style-type: none"> • Duty of care issues such as detention of an informal patient. • Awareness of the effect of psychiatric symptomatology on decision making such as ambivalence and disinhibition. • Duty to warn individuals and community when a significant threat or risk exists. 		

Area: Ethical Issues in Psychiatric Nursing

Knowledge	Attitudes/Affective Skills	Behavioural Skills/Outcomes
Ethical Issues Particular to Psychiatric Nursing		
<ul style="list-style-type: none"> • Control versus containment. • Involuntary treatment including community treatment. • The right to treatment, care and protection from the effects of mental disorder for example, disinhibition, promiscuity and deterioration. • Duty of care versus patient's rights. • Duty to warn individuals and community. • Disclosure and confidentiality. • Duty of care to the needs of significant others. • Professional relationship boundaries including: <ul style="list-style-type: none"> – Professional conduct – Personal disclosure – Control and intimidation. 	<p>Ability to understand the impact of involuntary treatment on the individual and family.</p> <p>Ability to understand the implications of caring for a person who may have difficulty in personal decision making and action.</p> <p>Ability to appreciate the paradoxes in the removal of a person's rights to enable the right to treatment.</p> <p>Awareness of personal values when assessing a person's competence to make a decision.</p> <p>Awareness of the need to constantly empower the person with a mental disorder.</p> <p>Awareness of the responsibility to establish and maintain professional relationships.</p>	<p>Ability to identify when the person with a mental disorder requires assistance with the activities of daily living.</p> <p>Ability to apply the principles of ethical decision making in psychiatric nursing practice.</p> <p>Ability to use personal disclosure for the benefit of the client rather than the nurse.</p> <p>Ability to advocate appropriately and selectively for persons affected by serious mental disorder.</p> <p>Ability to establish and maintain professional relationships.</p> <p>Ability to assess and respond to the needs of dependents of clients with a mental disorder such as children.</p>



References

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Brenda Heppell, 'Psychiatric Nursing in Victoria, Australia: A profession in crisis 1997'. In Press. *The Journal of Psychiatric /Mental Health Nursing*.

Victoria's Mental Health Service: The Framework for Service Delivery, Better Outcomes Through Area Mental Health Services April 1996, Department of Human Services

Mental Health Act 1986

Nurses Act 1993

Guardianship and Administration Board Act 1986



Glossary of Terms

Behaviour Therapy

Behaviour therapy is based on the principles of learning theory and uses classical and operant conditioning techniques. It is directed at specific problems and works best when those problems are clearly delineated and the desired goals are clearly defined.

Classification System

Classification is the process by which complex phenomena are arranged into categories according to some established criteria. In psychiatry, a classification of mental disorders consists of a list of categories of specific disorders grouped into various classes on the basis of some shared characteristics.

Cognitive Therapy

Cognitive therapy uses active collaboration between the patient and therapist to achieve therapeutic goals by identifying the patient's cognitions and developing more effective cognitive and behavioural responses. It is orientated toward current problems and their resolution.

Countertransference

Countertransference refers to the therapist's reactions to the patient.

Depression

A lowering of mood which includes feelings of sadness, despair and discouragement, which range from mild to severe and is sustained over a period of time. Mild depression is an emotional state that many people experience throughout their life. Severe depression is a severe mental illness producing symptoms such as slowness of movement, loss of interest or pleasure in most activities, sleep and appetite changes and agitation. People experiencing severe depression will have intense feelings of worthlessness and may experience delusions, for example, a person may believe they are the cause of the world's problems. Severe depression can lead to suicidal ideas and actual suicidal actions.

Developmental Theory

Underlying child psychotherapy is the assumption that in the absence of unusual interferences, children mature in a basically orderly, predictable way that is codifiable in a variety of interrelated psychosociobiological sequential systematisations. The central and overriding role of a developmental frame of reference in child psychotherapy distinguishes it from adult psychotherapy.

Electroconvulsive Therapy (ECT)

ECT is a procedure performed under general anaesthesia and muscle relaxation in which modified seizures induced by the selective passage of an electrical current through the brain are used for therapeutic purposes. ECT is most commonly prescribed for the treatment of severe depression, but may be used for other types of serious mental illness. It is most commonly prescribed as part of a treatment regime in combination with other therapies.

Hallucination

A psychotic symptom characterised by distorted or imaginary sensations of sight, hearing, smell, taste or touch that are experienced by the person as if real. For example, a person may see something that is not there or hear the voice of somebody who is not present.

Insight

Refers to the level of understanding which a person suffering from mental illness has into the nature of their illness, its causation and the possible treatments that are available.

Involuntary Treatment

Admission and treatment, without the person's consent, to a psychiatric service for the treatment of a severe mental illness. For an involuntary admission to a psychiatric service a person must meet all of the specific criteria set out in the *Mental Health Act 1986 (section 8)* and be admitted to the service under procedures set out in the Act.

Mental Illness

Mental illness is defined in the Mental Health Act 1986 section 8 (1A) as follows, ' a person is mentally ill if he or she has a mental illness, being a medical condition that is characterised by a significant disturbance of thought, mood perception or memory'.

Mechanical Restraint

Mechanical Restraint is defined in section 81 (1A) of the Mental Health Act 1986 as ' the application of devices (including belts, harnesses, manacles, sheets and straps) on the person's body to restrict his or her movement, but does not include the use of cot sides and chairs with tables fitted on their arms) that restricts the person's capacity to get off the furniture'.

Mental State Examination

Mental State Examination is an interview/assessment of a person using a standardised approach with the primary purpose of identifying a person's current mental state. The following areas are covered; general appearance, behaviour and psychomotor activity, attitude towards the examiner, speech activity, mood, feelings and affect, congruence, perception, form of thinking, content of thought, consciousness, orientation, concentration and cognition, memory, judgement and insight.

Psychodynamic Therapy

Psychodynamic therapy studies the ideas, impulses, emotions and defence mechanisms that explain how the mind works and adapts. It may concentrate on the relationship between the patient and the therapist and/or concentrate on real life events and emphasise current interpersonal activities.

Psychosurgery

Psychosurgery is defined in section 54 (1) of the Mental Health Act 1986 as:

- (a) any surgical technique or procedure by which one or more lesions are created in a person's brain on the same or on separate occasions primarily for the purpose of altering the thoughts, emotions or behaviour of that person; or

- (b) the use of intracerebral electrodes to create one or more lesions in a person's brain on the same or separate occasions primarily for the purpose of altering the thoughts, emotions or behaviour of that person; or
- (c) the use of intracerebral electrodes to cause stimulation through the electrodes on the same or on separate occasions without creating a lesion in the person's brain for the purpose of influencing or altering the thoughts, emotions or behaviour of that person.

Seclusion

Seclusion is defined in section 82 (1) of the Mental Health Act 1986 as ' the sole confinement of a person at any hour of the day or night in a room of which the doors and windows are locked from the outside'.

Thought Disorder

A symptom most often seen in schizophrenia and other psychosis. It describes a disturbance in a person's thought patterns and is usually shown in abnormal speech. For example, a person may jump from topic to topic in conversation, their answers may be quite unrelated to a question or they may use strikingly unusual words or phrases.