

Central Lancashire Online Knowledge (CLoK)

Title	Resisting genericization: Towards the renewal of mental health nursing
Type	Article
URL	https://clock.uclan.ac.uk/id/eprint/45740/
DOI	https://doi.org/10.1111/jan.15598
Date	2023
Citation	Mckeown, Michael (2023) Resisting genericization: Towards the renewal of mental health nursing. <i>Journal of Advanced Nursing</i> . ISSN 0309-2402
Creators	Mckeown, Michael

It is advisable to refer to the publisher's version if you intend to cite from the work.
<https://doi.org/10.1111/jan.15598>

For information about Research at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <http://clock.uclan.ac.uk/policies/>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Resisting genericization: Towards the renewal of mental health nursing

This editorial has been prompted by collective disquiet amongst the mental health nursing community about the future existence of mental health nursing as a distinct professional discipline (Warrender, 2022). The piece is thus written collectively by members of the *#mhd deserves better* – a diverse group of mental health nursing practitioners and academics. As such, we locate our existential anxieties about nursing futures within a wider frame of concern for mental health across society and provision of mental health care and support services particularly. To put it bluntly, we assert that recent policy and regulatory changes in the UK, also reflected on the international stage, are creating the conditions for a regressive genericization of mental health nurse education. We believe that, left unchallenged, this direction of travel will result in a degradation of mental health nursing work to the detriment of services and care outcomes.

Driven by the damning inquiry into failings at mid-Staffordshire Hospital, a series of reviews and reports culminated in the 2018 revision of NMC standards for pre-registration nursing education programmes. In Australia, where the move to genericization is more established there have been hugely detrimental problems with staffing of inpatient care with an acknowledged skills deficit impacting upon quality of care and driving a vicious cycle of workforce dilution.

Specific issues have been identified for mental health nursing students undertaking practice placements, where practice assessment documentation arguably emphasises physical health competencies at the expense of other valued realms of expertise. This can be further complicated by other factors including: damage to practice assessor-student relationships, especially when registered mental health nurses already perceive their role to be limited to care coordination; a disorientating theory practice gap; and exposure to blame cultures within services. In light of this, Bifarin (2017) calls attention to complexities surrounding the psychological and relational readiness associated with mental health nursing students’ professional socialisation especially when different and sometimes contradictory expectations are placed upon them between university and placement settings. Students that enrol for mental health nursing might have positive professional socialisation, but some might struggle or simply endure adverse experiences whilst on placement. For instance, navigating clinical environments for mental health nursing students can be extremely challenging, notably when tensions exist between staff commitments to therapeutic relationship and available resources, with adverse implications for nursing leadership or role modelling. This might manifest in incivility within team relations that can proliferate stress and undermine a positive self-image for students. A fragile self-image can also be vulnerable to vicarious stigma, exacerbated by negative media coverage of the profession and services.

All in all, these unfavourable circumstances can be powerfully corrosive of a professional identity and public image already precarious due to the implicit challenge of genericisation (Connell et al. 2022). In university classrooms, mental health nursing students report feeling marginalised within core nursing modules. If this were not bad enough, this turn of events lands simultaneously with an eye-wateringly startling confluence of other adverse factors. Arguably we are in the middle of the most severe workforce crisis we have ever known. In the UK there is a shortage of approaching 50,000 nurses overall, with well over 11,000 mental health nursing vacancies in the NHS. This picture is mirrored internationally, and for poorer nations the situation is compounded by predatory recruitment from richer western countries. Furthermore, we also must contemplate escalating levels of societal mental distress driven by psychosocial reactions to other prevailing crises such as the pandemic, increasing inequality combined with absolute and relative poverty (with depressing specific concerns around access to energy and food), and perhaps the profound psychic disturbance resulting from the recognition of impending planetary catastrophes of climate change and mass

1
2
3 extinction. This situation flows from the inevitable economic instabilities of late capitalism, overseen
4 by either increasingly corrupt and democratically illegitimate governments or, equally injuriously,
5 incompetent governments wedded to a zombie neoliberal polity which is actually driving the crisis.
6

7 Too few nurses are expected to meet increasing demands for mental health care and support at a
8 time when the specialised field of mental health nursing is under threat. This constitutes a perfect
9 storm of circumstances and will require intelligent and committed navigation to steer us to safer
10 ground. Our *#mhd deserves better* campaign aims to build a movement for change, to resist
11 genericization and demonstrate the value of mental health nursing. A movement to revitalise mental
12 health nursing will arguably require the support of the broader nursing family, other healthcare
13 disciplines and the public at large. It will not suffice to simply scare people about supposed
14 deleterious consequences of genericization, though a degree of honesty about such negative factors
15 is warranted. Similarly, we need to take care not to precipitate divisive splitting between the various
16 fields of nursing. Indeed, colleagues in children's and learning disability fields are engaged in their
17 own resistances to creeping genericization and common cause in this regard is welcome.
18
19
20

21 Rather, we need to make a positive case for the continuance of mental health nursing as a valuable
22 contributor to societal health and wellbeing in its own right. Articulating this in a comprehensible
23 and persuasive way is not necessarily going to be easy. For starters, the story of nursing's
24 professionalisation journey is salutary in demonstrating prevailing challenges and hence missed
25 opportunities to clearly account for the value of nursing. Our aims speak to the very identity of
26 mental health nurses (Connell et al. 2022) but describing what this actually is, or could be, is
27 complicated. Mental health nursing may even represent the most difficult of nursing fields for
28 answering such existential questions of what it is we do, what do we have to offer people in mental
29 distress, and what, indeed, we are as mental health nurses?
30
31
32

33 For many critically minded mental health nurses, this quest should be nested within a more wide-
34 ranging politics of mental health, seeking progressive, relational transformations of the social realm
35 alongside radical changes to services. Though a relational politics for change in mental health
36 services might draw upon the same inspirations and activist practices necessary for transforming
37 wider society, a unifying politics of mental health is not necessarily readily available or fully
38 understood amongst mental health nursing colleagues. Moreover, solidarity connections with
39 potential allies, especially radical service user, survivor and service refuser groups, are only weakly
40 established or not present at all. Critical mental health nurses do exist, as do critical user, survivor
41 and refuser groups and there are some examples of constructive dialogue and campaigning. That
42 said, the desirability of effective cross-sectional alliances aimed at creating better mental health
43 services and provoking a more progressive social appreciation of mental distress remains as
44 necessary as when called for by Peter Sedgwick in the early years of neoliberalism.
45
46
47

48 Several impediments exist to realising such alliances and the formation of a viable politics of mental
49 health. These barriers to solidarity include: matters of legitimacy wrapped up with professional
50 subordination to bio-medicine, increasingly coercive services compounding various anomalies of
51 inequity for people needing care, accusations of political passivity and failure to live up to stated
52 ideals of advocacy and relational practice, and a tendency for debates to collapse into unhelpful
53 binaries. Of course, there is an imperative to improve physical health outcomes for individuals under
54 the care of mental health services, for whom mortality and morbidity in relation to treatable health
55 problems, often exacerbated by psychiatric medications, is an acknowledged scandal. Mental health
56 nursing's legitimacy has notably been called into question because of the above, but education and
57 practice framed by more authentic person-centred, relational skills offers a road to redemption
58 (BLINDED FOR PEER REVIEW). An over-emphasis within nurse education on certain competencies at
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

the expense of others arguably will not substantially impact these physical health detriments but risks restricting learning of relational and communicative skill sets. In the UK context, perhaps one of the unintended consequences of erosion of a mental health specialism can be nursing staff within mental health inpatient settings focusing solely on avoiding physical harm with very limited attention placed on psychological safety of patients. In such circumstances patients are unable to raise concerns and together with informal carers they are met with defensive practices.

Interestingly, a concerted effort to resolve some of these issues could go a long way to addressing the questions regarding distinctness and value of mental health nursing. We might even argue that a failure on the part of the mental health nursing profession to energise and engage with such dialogue and critical debates should accelerate the eventual demise of the profession. Alternately, a more concerted exercising of our collective radical imagination can herald alternative futures where the mental health workforce is more appreciated and rewarded in their work and people in need of care are better and more equitably served (Dillard-Wright et al. 2022).

Working effectively to support people with mental health needs requires people to tolerate a level of uncertainty, with often unclear aetiology and no sure-fire strategies guaranteed to facilitate recovery/discovery. Furthermore, the activity of establishing, maintaining and ending therapeutic relationships, whilst acknowledging a huge power dynamic which can include use of legislation such as the Mental Health Act. 1983 and the removal of human rights, are a dynamic of almost infinite possibility. Mental health nurses thus should be prepared through engagement with a variety of models, theories and critical understandings, which allow them to appreciate the variety of perspectives in understanding human experiences and acknowledge how different perspectives may influence subjective wellbeing and also treatment approaches. There needs to be a relational excellence, honed through simulation and critical reflection, and built upon a depth of self-awareness. Reflecting on scandals of abuse and neglect broadcast in recent television documentaries, mental health nurses should never be complacent and think “that will never be me”. Reviewing history, the potential for an ethical drift may not be an inevitable consequence of the human condition but must be perpetually guarded against where the exercise of power and dominance is legitimated, especially in combination with adverse and austere social conditions.

We should acknowledge that the UK professional regulatory body, the NMC, does consult on major changes and did so in relation to the Willis review and new nurse education standards. There is some irony that this review was provoked by identified catastrophic failings in the general hospital services of Mid Staffordshire NHS Trust but the most detrimental consequences could be for mental health nurses. We know from our membership that individuals and representative organisations did raise concerns around genericization in the relevant consultation, but apparently these were not heeded. To some extent nurses could not have predicted what has come to pass, and now objections are arguably more potent and pointed. Whilst undoubtedly there were efforts to consult with nurses across fields, as well as people with service users and members of the general public, any curriculum which links to the experience of the general public should be a living document. Akin to our understanding of consent as an ongoing process rather than a tick-box or one time event taking place in a limited window, the door for consultation should never be closed.

We feel our objections involve demands that unify all fields of nursing against genericization. We believe this is in nobody’s interests, not mental health nurses and not, in fact, adult nurses or other fields, and least of all is it in the interests of the public and people in need of mental health care. Occupational resistance, however, opens up the possibility for a more broadly based set of demands for better services, a more progressive social settlement and a fully renewed profession of mental health nursing. It has been clear from publications and public lectures throughout 2022, that mental

health nurses in the UK are deeply concerned about the impact of the future nurse standards and the weakening of specialist education, and this is not to be ignored. If mental health nurse practitioners and academics are trusted to deliver education they should also be trusted, and taken very seriously, when they raise concerns about the quality of that education.

References

Bifarin, O. O. (2017). Reinforced therapeutic alliance: The way forward in nursing practice. *British Journal of Mental Health Nursing*, 6, 95-100.

Connell, C., Jones, E., Haslam, M., Firestone, J., Pope, G. and Thompson, C., 2022. Mental health nursing identity: a critical analysis of the UK's Nursing and Midwifery Council's pre-registration syllabus change and subsequent move towards genericism. *Mental Health Review Journal*, (ahead-of-print).

Dillard-Wright, J., Hopkins-Walsh, J. and Brown, B. eds. (2022). *Nursing a Radical Imagination: Moving from Theory and History to Action and Alternate Futures*. Abingdon: Routledge.

McKeown, M. & White, J. (2015) The future of mental health nursing: are we barking up the wrong tree? *Journal of Psychiatric and Mental Health Nursing*, 22, 724-730.

Warrender, D. (2022). Ghost or phoenix: the disappearance or rise of mental health nursing? Presented at 28th International mental health nursing research conference 2022: mental health nursing in challenging times, 8-9 September 2022, Oxford, UK.