

**SERVICE SPECIFICATION FOR NEW ENTRY TO SPECIALIST PRACTICE
MENTAL HEALTH & ADDICTION NURSING**

1 PREAMBLE

Te Tahuu: Improving Mental Health 2005-2015, Tauawhitia te Wero: National Mental Health and Addiction Workforce Development Plan 2006-2009, Te Puawaiwhero: The Second Maori Mental Health and Addiction National Strategic Framework 2008-2015, Te Kokiri: Mental Health and Addictions Plan 2006-2015, Te Rau Hinengaro: The New Zealand Mental Health Survey 2006, Let's get real: Real Skills for people working in mental health and addiction including the Educational Reflection Review and Action Tool, and the National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses (2009) are relevant to this service specification.

This specification outlines the requirements for post-registration nursing programmes in mental health and addiction. Programmes will target registered nurses new to mental health and addiction nursing, including new graduates. The programme aims to enhance the knowledge and skills of beginning mental health and addiction nurses.

The theoretical aspects of the programme must not repeat the content of the pre-entry programme but rather emphasise the application and use of knowledge in mental health and addiction settings. The programme will target new graduate nurses or registered nurses new to mental health and addiction. A 'trainee' is defined as a person enrolled in this programme, who is an employee of a publicly funded mental health and addiction service and who, meets the trainee eligibility criteria defined in this specification.

2 DESCRIPTION OF SERVICE

The programme will support nurses to develop their professional practice whilst developing the specific skills required in the speciality field of mental health and addiction nursing. Programmes must:

- a. be vocational
- b. be substantially clinical
- c. be not less than nine months or more than one year full-time equivalent in length. (programme coordinators will utilise their discretion to allow trainees a longer length of time to complete the programme where there are significant extenuating circumstances precluding completion within the one year requirement)
- d. result in the award of a post-graduate certificate in mental health and addiction nursing that is equivalent or equates to Level 8 on the National Qualifications Framework (NQF)
- e. offer both theory and significant clinical experience to enable trainees to develop their knowledge, skills and practice in the specialty area of mental health and addiction
- f. have a detailed documented curriculum that outlines the purpose, outcomes, content and process, assessment criteria, and assessment methods
- g. provide four streams of learning: clinical, cultural, recovery and organisational development which are underpinned by a programme of professional development specific to the discipline of mental health and addiction nursing
- h. provide appropriate clinical placements e.g. inpatient and community
- i. provide release for trainees from their clinical setting during employed time to undertake the formal teaching component of the programme.

2.1 Learning Environment

The learning environment will ensure that trainees are able to build on their theoretical knowledge base and apply that knowledge in the mental health and addiction clinical setting. Arrangements will be made for release from the clinical service to attend the formal teaching programme, supervision sessions (separate to preceptorship) where required relevant clinical format experience/placement outside the trainee's usual place of employment e.g. NGO

The programme will:

- a. be based on recognised nursing standards appropriate for mental health and addiction nursing

- b. use a competency framework
- c. be based on established nursing models including preceptorship.

2.2 **Clinical Placements**

Trainees will normally be full-time employees or working at least .6FTE; within publicly funded mental health and addiction services and will function as beginning mental health and addiction nurses. Trainees should be preceptored by trained, designated and experienced registered nurses for the duration of the programme.

Clinical placements will provide trainees with:

- a. the opportunity to practice discipline specific interventions to gain experience in case management.
- b. The opportunity to participate in providing services for consumers with a range of clinical presentations
- c. access to a workplace preceptor and relevant professional supervision in addition to that provided as part of employment
- d. a reduced/shared workload for a designated period of time for both trainee and preceptor based on individual trainee need.

2.3 **Formal Teaching Programme**

The formal teaching component of the programme will:

- a. be designed to integrate with, and be relevant to, the nurse's clinical work environment
- b. be delivered by appropriately skilled and experienced teaching staff
- c. be not less than 100 hours in total
- d. align with recognised standards of practice of mental health nursing, and fit with a recognised clinical/educational framework for registered nurses such as Nursing Council of New Zealand's Framework for Post-Registration Nursing Education (2001)
- e. provide opportunities for distance learning and use of technology
- f. access cultural resources.

The formal teaching programme is to include:

- a. contemporary evidence-based practice in mental health and addiction nursing, with a multi-disciplinary, recovery/resiliency based, service user and whanau focus
- b. development of therapeutic skills in the family/whanau group, and counselling processes
- c. understanding of the application of the Mental Health (Compulsory Assessment and Treatment) Act 1992 and other legislation which specifically impacts on mental health care delivery within an appropriate ethical framework
- d. the application of cultural safety principles in the practice of mental health and addiction nursing and access to cultural resources
- e. the teaching of core mental health and addiction nursing competencies
- f. understanding of current treatment modalities used in the treatment of mental health disorders, and an understanding of psychiatric classification systems
- g. principles underpinning recovery and whanau ora based perspectives
- h. Maori models of health, wellbeing and related interventions.

2.4 **Clinical Experience**

The programme will normally be of nine months full-time equivalent clinical duration but will not exceed 12 months. Clinical placements shall provide planned practice experiences and will ensure:

- a. availability of experienced registered nurse role models, skilled in professional nursing in a mental health and addiction practice
- b. supportive environment that enables the nurse to develop his/her clinical practice
- c. timely and effective performance feedback to the nurse
- d. feedback to assist the nurse to identify his/her own strengths and limitations
- e. planned clinical/professional supervision for role development
- f. application of nursing assessment skills in mental health nursing
- g. development of knowledge of the Mental Health (Compulsory Assessment and Treatment) Act 1992, and other legislative requirements impacting on mental health
- h. acquisition of knowledge of psychopharmacology and its application/treatment of psychiatric symptoms
- i. substance abuse and co-morbidity in the assessment and treatment of major mental illness

- j. a focus on developing an understanding and respect for the unique roles and functions of other professions within the multi-disciplinary team; content supports cross-disciplinary ways of working
- k. sector requirements for inclusion of the whanau/fono/family/primary caregiver in the development of integrated care plans and delivery of treatment and education to the consumer
- l. application of relevant clinical policies, protocols and procedures
- m. enhancement of therapeutic caring relationships, communication and counselling skills
- n. development of the nurse's own role and practice in relation to multi-disciplinary teams.

2.5 **Organisation and systems including:**

Programmes must be supported by an adequate organisation and systems including:

- a. roles and responsibilities of the nurse in the multidisciplinary team environment
- b. service development processes including policy and procedure review in the clinical setting
- c. use of quality systems within the organisation
- d. mental health and addiction policy and standards and their application in the clinical setting.

2.6 **Access to Resources**

Trainees shall have access to:

- a. a library or search facility with current nursing literature, including mental health journals and texts.
- b. other relevant literature and resources
- c. relevant clinical experience and release to attend the formal teaching.

2.7 **Supervision**

2.7.1 **Clinical Preceptorship**

Clinical Preceptorship and support will be undertaken by designated experienced Registered Nurses who are trained in preceptorship. New graduates should have access to a preceptor at all times. The degree of clinical responsibility allocated to the trainee should reflect the level of development of the beginning nurse.

2.7.2 **Educational Supervision**

Educational supervision shall be provided to ensure that theory and clinical experience are integrated, that effective role development supervision occurs, and that beginning nurses and clinical preceptors receive support. The supervisor works with the supervisee to link professional knowledge and education to the specifics of the trainee's work with service users. The education provider, preceptor and trainee need to work collaboratively to resolve any issues that may arise.

2.7.3 **Professional Supervision**

Professional supervision will focus on supporting and empowering the supervisee to develop their professional role, reflect on clinical practice and manage the emotional effects of their work. Regular professional supervision (minimum of 20 hours during the course of study) is required. It is necessary for the provider of the programme to sight the supervision contracts between the supervisor and supervisee to ensure the service supports the trainee appropriately during the course of the programme.

The supervisor is required to be a registered nurse, experienced in mental health nursing and trained in supervision. They must have an understanding of the Nursing Council of New Zealand's Competencies for Registered Nurses (2007), the seven 'Real Skills' of 'Let's get real' (MOH, 2008) and other relevant competency frameworks. Group supervision may be undertaken if agreed with the supervisor, supervisees and education provider.

2.8 **Programme Coordination**

Programme coordination tasks include:

- a. selection of trainees
- b. record keeping (e.g. attendance, assessment)
- c. liaison with clinical staff, including preceptor selection
- d. advice to trainees on the training programme requirements including guidance on recognition of prior learning
- e. coordination of clinical teaching, e.g. study days, tutorials
- f. programme (including clinical workplace/placement) evaluation and quality improvement

- g. issue resolution between trainee/preceptors/supervisors
- h. convening an advisory group, which shall include representation from the health and education sector
- i. reporting to the funder.

3 EXPECTED OUTCOMES

3.1 Trainee Outcomes

To complete the programme successfully, the trainee will:

- a. meet the theoretical and clinical competence outcomes of the programme
- b. be awarded a Post Graduate Certificate in Mental Health and Addiction Nursing
- c. have developed a professional portfolio which demonstrates nursing council competencies

4 ELIGIBILITY

4.1 Trainee Eligibility

Trainees are required to:

- a. meet the education provider's criteria for eligibility to study at Level 8 of the NZQA framework
- b. meet the requirements of the Health Practitioners Competence Assurance Act 2003 (HPCA Act)
- c. be working clinically for at least 0.6FTE (24 hours a week) where they have at least one year's experience - new graduates must be working a minimum of more than 0.7FTE (28 hours a week) in a mental health setting
- d. be a New Zealand resident
- e. have a current Nursing Council of New Zealand Practising Certificate
- f. complete the post graduate certificate programme in one year, or over two academic years at the discretion of the training institution.

4.2 Provider Eligibility

To be eligible for funding a provider must, amongst other things, be accredited as a provider of nursing education and have their programme approved by the Nursing Council.

The programme must be accredited by NZQA or CUAP. Providers of the clinical placements must comply with the Health and Disability Services Standards (NZS 8134.0:2008; 8134.01:08; 8134.02:2008 and NZS 8134.3:2008).

5 LOCATION AND SETTING

The clinical component of the programme will be offered predominantly within the trainee's employment environment. Clinical placements outside the trainee's employment setting may also be offered to allow for learning not available in the usual area of employment e.g. NGO setting. The theoretical component will be delivered predominantly in an educational setting.

6 ASSOCIATED LINKAGES

You will have established links with:

- a. the Nursing Council of New Zealand
- b. other relevant mental health and addiction training programmes
- c. current employers of nurses on the training programme
- d. relevant professional organisations
- e. academic providers
- f. regional mental health and addiction networks
- g. relevant nursing advisory group of the education provider
- h. patient advocates for Code of Health and Disability Services, Consumer Rights and Privacy issues.

7 QUALITY STANDARDS: PROGRAMME SPECIFIC

7.1 Quality Standards

In addition to all other quality requirements in the contract, each training provider will demonstrate their commitment to training by:

- a. maintaining a quality improvement plan to monitor, evaluate and improve the quality of the training programme
- b. having an appropriate complaints process available to trainees and other personnel involved in the programme

- c. ensuring clear lines of responsibility and accountability for service user care exist at all times, with backup available appropriate to the level of experience of the trainee
- d. teaching at an appropriate standard using current methods with appropriately skilled staff
- e. ensuring reports are provided by the due date
- f. ensuring a record of trainees progress is maintained and reported.

7.2 Trainee Outcomes

Preliminary Evaluation:

- a. ensure there is an initial assessment of the trainee's entry level of nursing practice is to be used as a base line to assess progress during, and on completion of, the programme
- b. have a plan for the evaluation of the trainees' performance and progress and this must be available to the trainee and the funder. This will provide a baseline established from the preliminary evaluation of the trainee's entry level of clinical competence, ongoing monitoring of progress towards these outcomes as well as final assessment against the stated outcomes. The evaluation plan will allow for guided self-assessment, clinical supervisor/preceptor assessment, educational supervision, programme co-ordination, cultural supervision (where appropriate) and peer audit
- c. recognise and understand cultural responsiveness input to mental health and addiction services.

7.3 Programme Evaluation

Providers will have a quality assurance plan to monitor the effectiveness of the programme both during and on completion of the programme. This plan will incorporate regular feedback from trainees and will

- a. ensure that those supervisors who accept a clinical supervision role are clear about that role
- b. regularly evaluate the effectiveness and feasibility of the clinical supervision process
- c. monitor the applicability of the theoretical programme and its effectiveness
- d. monitor assessment practices to ensure that trainees receive formal and informal feedback on their progress, and that their assessment is fair, consistent and valid
- e. ensure that all protocols and processes associated with assessment and monitoring, and programme related complaints are made explicit to all parties
- f. ensure there are processes in place to identify trainees who require additional support and appropriate action is taken
- g. include input from Maori, Pacific Island and other appropriate cultural advisors on the ability of the programme to meet the cultural needs of trainees and consumers.

8 REPORTING REQUIREMENTS

All other reporting requirements are set out in Schedule D of the contract.