Statewide Mental Health Enrolled Nurse Scoping Report

Prepared by

CMHL Statewide Mental Health Enrolled Nurse Educators

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Introduction

The Centre for Mental Health Learning (CMHL) is pleased to deliver the Statewide Mental Health Enrolled Nurse (MHEN) scoping report. This report is the culmination of seven months engagement with senior representatives from each Victorian Area Mental Health Service, and Forensicare, hereinafter referred to as AMHS. Direct consultation was also conducted with MHEN working in public mental health. This scoping report identifies the MHEN workforce profile and development needs, at a point in time across Victorian AMHS, to support collaboration, growth, learning and development of the profession.

The report outlines:

- Project background, Purpose, and Aims
- Methodology
- Mental Health Enrolled Nurse Workforce Profile
- Key findings and Recommendations
- Project limitations

Project Name	Victorian Mental Health Enrolled Nurse Scoping Project
Commencement Date	November 2020
End Date	July 2021
Date Prepared	September 2022

Background

The Centre for Mental Health Learning (CMHL) is a Department of Health (DH) funded central agency for public mental health workforce development in Victoria. The CMHL vision is to be the centrepiece for mental health learning in Victoria, leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery-focused workforce.

The Statewide MHEN Educator roles were agreed in the 2016-2020 Enterprise Bargaining Agreement (EBA). With CMHL established in 2018 and cluster (NEVIL, LAMPS, Western) functions moving to CMHL in April 2020, DH decided to fund CMHL for 3.0 EFT MHEN Educators. In October 2020, the first Statewide MHEN Educators were hired at CMHL. This project will help guide the work of these MHEN educators at CMHL.

Purpose

The purpose of this project was to establish a data set, detailing the MHEN profile across Victorian AMHS, and to provide an understanding of the public MHEN workforce professional needs across Victoria. This information was sought to identify opportunities for CMHL to contribute to MHEN workforce development and inform the work of the Statewide Educator roles.

The project examined the following areas:

- MHEN workforce profile
- MHEN leadership
- MHEN professional development priorities
- future MHEN engagement needs

Aims

The scoping project aims are to inform CMHL work in alignment with the four pillars of *CMHL Structure and Functions* (https://cmhl.org.au/our-purpose) in the following ways:

Engagement & Communication:

- Identify, prioritise and engage with all relevant stakeholders, including liaising with CMHL's Workforce Development Committee, an MHEN representative from each Area Mental Health Service, the Clinical Nurse Consultant group, and MHENs directly.
- Facilitate sector and cross-sector communications with all relevant stakeholders.
- Grow CMHL profile to promote MHEN functions, activities and training.
- Develop and maintain effective mechanisms for consultation and feedback including a scoping tool, surveys, and consultation sessions with AMHS and MHENs directly.

Alignment & Coordination:

- Identify existing MHEN training resources, needs and gaps.
- Identify duplication and support collaboration as a resolution.
- Work with existing statewide structures including Safer Care Victoria (SCV) groups and the CMHL Workforce Development Committee.
- Ensure training and education funding and resources are allocated effectively.

Evidence and Quality:

- Identify and use relevant data sets to inform CMHL MHEN initiatives.
- Develop evidence-based statewide solutions that are in partnership with key stakeholders (DH, SCV, ANMF, HACSU, Statewide Training Providers) to assist with MHEN workforce development needs and gaps.

Innovation & Systems Change:

- Create opportunities for MHENs to act as project leaders.
- Liaise with senior enrolled nurses as experts in their field.
- Promote leadership opportunities for MHENs and systems to build leadership connections.

Methodology

Area Mental Health Service Consultations
All AMHS (n=23) were engaged over a period of seven months from the 10th December 2020 to 26th July 2021 to complete a scoping tool and interview. Each consultation interview was scheduled virtually on Microsoft Teams for 1.5 hours.

Pilot

CMHL piloted the data collection process and scoping tools with Peninsula Health and Eastern Health in December 2020. Following feedback from these two organisations, minor modifications were made to the process before implementing this with the remaining AMHS.

Selection

Participants were identified by the AMHS CMHL Workforce Development Committee members, who nominated the most appropriate representative(s) within each organisation.

Scoping Tool

The data collection spreadsheet and procedure were developed and reviewed by the CMHL MHEN Educators. Contributors were provided with clear instructions for how to complete the spreadsheet. Organisations were encouraged to commence completion prior to the scheduled meeting. Data collected included:

- Total workforce EFT and headcount at the AMHS
- Total MHEN workforce EFT and headcount at the AMHS
- MHEN EFT by levels (levels 1 to 4)
- MHEN EFT by positions
- MHEN EFT working across the lifespan services of the AMHS (youth, adult, older adult)
- MHEN workforce within different areas of the AMHS (inpatient, community, community bed-based, other)
- Future MHEN engagement needs

Data Review

During the interview the data collection spreadsheet was reviewed and any gaps or queries were discussed and clarified.

Interview

A virtual interview was held between a representative from the AMHS and a Statewide MHEN Educator. Qualitative information was gathered during the interview, regarding:
- Leadership
    - advanced areas of practice
    - MHEN Level 3
    - leadership support
    - lived experience co-production opportunities
- Professional Development
    - enrolled nurse student placements (number of students, rotations, etc)

- o entry level programs (number of students, rotations, etc)
- o clinical supervision
- o professional development priorities
- Engagement
  - o communities of practice
  - o future CMHL/MHEN engagement

Validation

After each of the consultation interviews, data collected was recorded in an excel spreadsheet and sent back to each AMHS for comment and validation. CMHL MHEN Educators followed up with the AMHS as required to support submission of their data.

Mental Health Enrolled Nurse Consultation
The CMHL also held a full-day consultation with MHENs to understand their learning and development priorities.

Selection

The CMHL WFD committee members selected MHEN representatives from each AMHS to participate in the consultation workshop. Twenty-five MHENs from 14 different services registered and participated in the virtual consultation workshop. Online tools, including Padlet and Microsoft Forms, were used to collect feedback from attendees.

MHEN Consultation Topics

- MHEN leadership
- MHEN engagement with lived experience workforce
- MHEN involvement in clinical supervision
- MHEN professional development priorities
- future MHEN engagement with CMHL

Clinical Nurse Consultant Consultation
A consultation was conducted with the Chief Mental Health Nurse Clinical Nurse Consultant Community of Practice.

CNC Consultation Topics

The following questions were discussed during a meeting, and the questions were sent to all members of the group following the meeting for responses:

- What contributions do MHENs make within your team (roles, tasks, etc)?
- In what ways do MHENs participate in Clinical Supervision?
- What are the workforce development priorities you identify for MHENs?
- Anything else you want to share with the Statewide MHEN Educators?

Mental Health Enrolled Nurse Workforce Profile

We were able to engage with a senior representative from each AMHS in Victoria and provide the data collection tool via email. Some services were unable to provide all information requested.
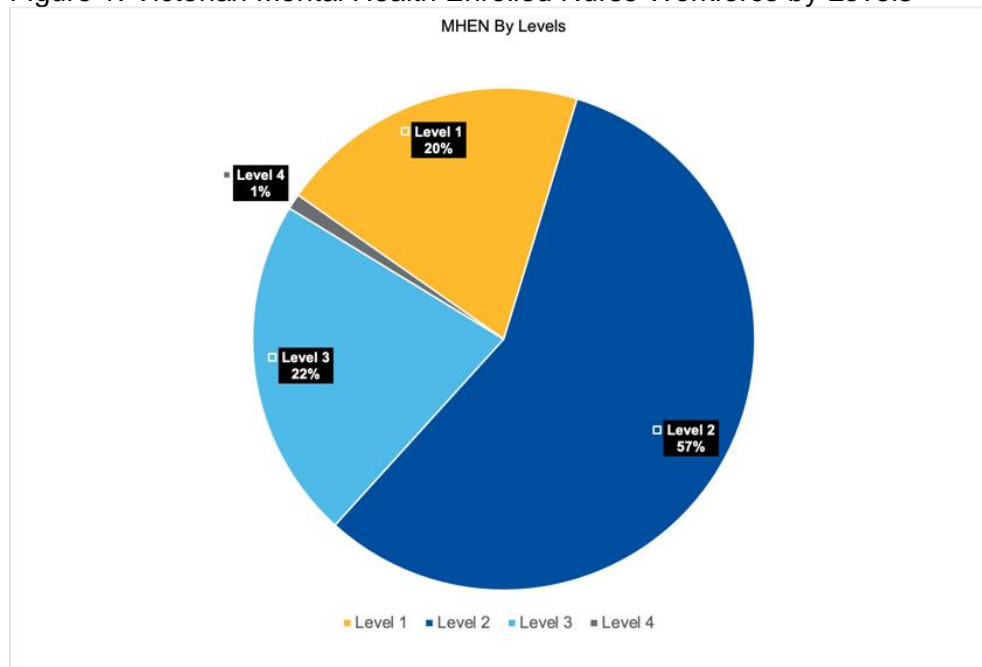
Workforce Size
Of the 23 services, 15 fully completed the scoping spreadsheet, seven completed over 75%, and three services completed less than 75%. Despite the incomplete data, we have identified 714 MHEN working in public mental health. Our estimate of MHEN is a headcount above 750 at time of data collection.

Workforce by Levels
Each AMHS was asked to provide the EFT of the MHENs by Level, from 1 to 4. Level 1 MHENs are typically entry-level or newly graduated MHENs. Most of the workforce are MHEN Level 2. Nurses working in the community or working in an advanced area of practice with more than 5 years' experience can apply to be promoted to MHEN Level 3. MHEN Level 4 covers MHEN Educators.

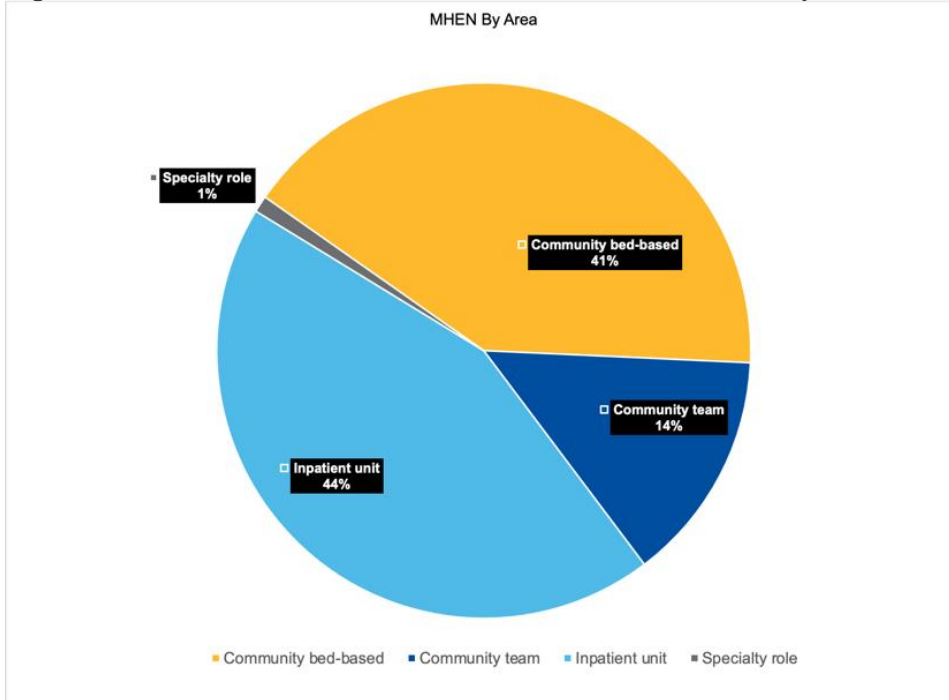Figure 1: Victorian Mental Health Enrolled Nurse Workforce by Levels

Level 1: 20%, Level 2: 57%, Level 3: 22%, Level 4:1%

Workforce Settings

MHENs work in a range of settings, as shown below. Less than 1% (3) MHENs work in specialty roles, such as family violence and forensic.
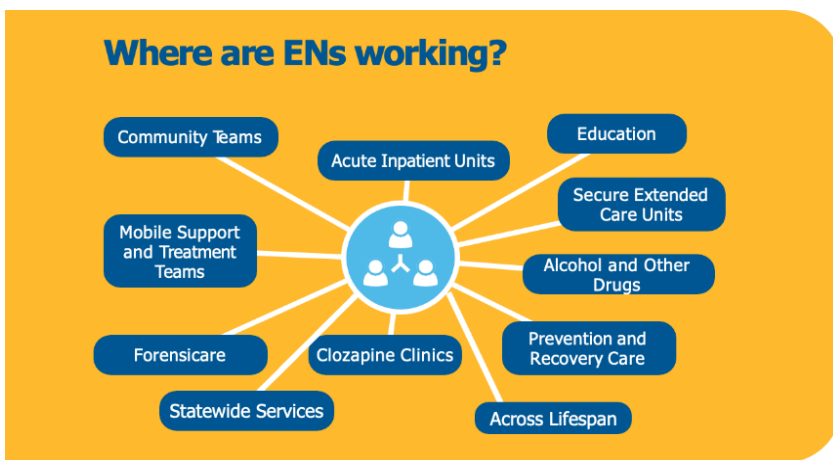
Figure 2: Victorian Mental Health Enrolled Nurse Workforce by Area

Inpatient Unit: 44%, Community bed-based: 41%, Community team:14%, Specialty role: 1%

MHENs at the consultation day identified areas they were working, as shown below:

Figure 3: Victorian Mental Health Enrolled Nurse Workforce locations

Workforce across the lifespan

MHENs work across the lifespan, from Child to Older Adult, and within state-wide and specialist services, including forensic services, alcohol and other drugs services, and brain disorder services.

Figure 4: Victorian Mental Health Nurse Workforce by Lifespan

MHEN By Lifespan
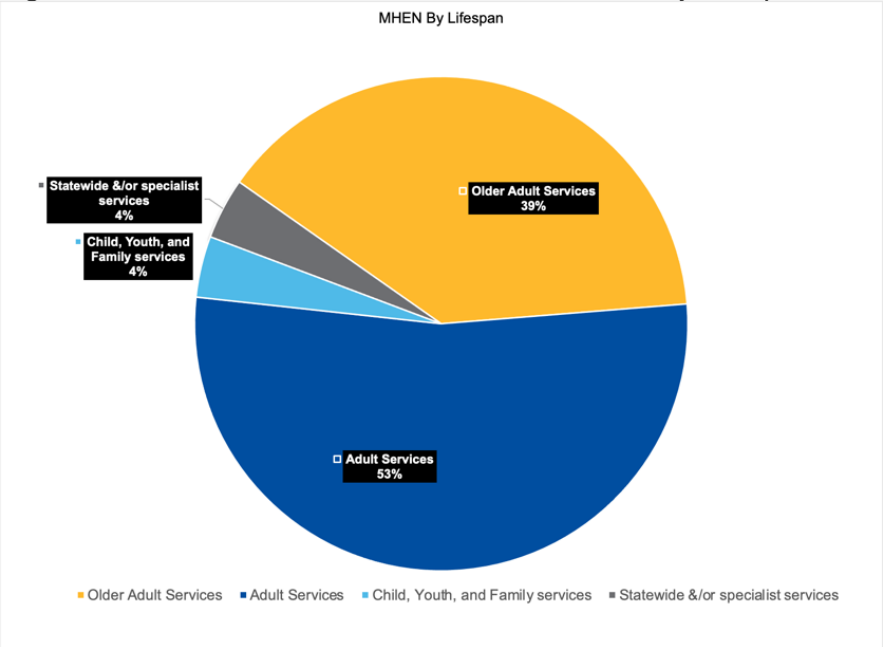
Child, Youth, and Family Services: 4%, Adult Services: 53%, Older Adult Services: 39%, Statewide &/or Specialist Services: 4%

Key findings and recommendations

The key findings and recommendations are presented for MHEN leadership, professional development, and engagement.

Enrolled Nurse Leadership

Advanced Areas of Practice

MHENs are working in a wide range of areas including clozapine clinics, electroconvulsive therapy (ECT) clinics, crisis assessment teams (CAT), and community teams. Services identified that MHENs hold portfolios in Safewards, OH&S, Sexual Safety, and Family Violence. In addition, MHENs are case managers, preceptors, roster nurses and discharge nurses. Opportunities vary greatly amongst services. Some services have many MHENs working in these areas, while others expressed that MHENs are unable to work in Advanced Areas of Practice due to scope of practice concerns.

MHENs expressed disappointment with different advanced areas of practice opportunities at each service, identifying the barrier to these roles as services' interpretation around scope of practice.

Key Finding:	Recommendation 1:
MHENs are working in a wide range of specialist areas, holding portfolios, and championing mental health initiatives within teams.	Deliver training to support MHENs working in diverse areas of practice.

Mental Health Enrolled Nurse Level 3

The EBA states the requirements of MHEN Level 3 promotion, however there are limited supports for MHENs wanting to make this career progression. As services continue to grow and expand their workforce, opportunities for MHENs to take on leadership roles will also increase. About half of the services demonstrated a transparent and consistent pathway for MHEN level 3 progression, with regular emails to MHENs about the opportunities. Other services relied on MHENs to initiate the process.

Key Finding:	Recommendation 2:
MHENs need development support to progress to EN level 3	Develop resources/videos to explain and promote the MHEN level 3 advancement.

Mental Health Enrolled Nurse Educators

For the over 750 MHENs working in public clinical area mental health services, there were 5 MHEN Educator roles at time of data collection. All Educators were located in metro Melbourne, although

three are statewide educators, their work location is based in metro Melbourne. The two non-CMHL MHEN Educator roles each had a specific focus, one was an Older Adult MHEN Educator, and one as an MHEN entry-level coordinator.

Key Finding:	Recommendation 3:
There are no current MHEN Educators in rural or regional Victoria AMHS settings.	Increase rural/regional access to workforce development, by providing service tailored educational support and delivering training virtually and locally to enable rural access.

Leading alongside Lived Experience Workforce

During the MHEN Consultation Day, the participants were asked about their experiences with the Lived Experience Workforce and co-production. None of the nurses in attendance had heard of or understood co-production. Most MHEN interaction with the lived experience workforces has been with peer workers on inpatient units and community teams.

Co-production is defined here as co-planning, co-design, co-delivery, and/or co-evaluation with people with lived experience of mental ill health.

> *'Sees consumers involved in, or leading, defining the problem, designing and delivering the solution, and evaluating the outcome, either with professionals or independently. Co-production requires longer term engagement from professionals or clinicians, but leads to "profound and sustainable change"* [1] *(p.7). Roper, Grey, Cadogan (2018)*

Key Finding:	Recommendation 4:
MHENs are not included in co-production practices with lived experience workforce at services.	CMHL MHEN Educators to work with CMHL co-design project-lead on co-production projects, role modeling MHEN participation.

Professional Development

Enrolled Nurse Training Priorities

MHENs do not have unique training opportunities outside of entry-level programs. Services include MHENs in cross-discipline training, as segregation of MHENs has not been viewed as necessary. MHENs attend less short training sessions than other disciplines due to working ward shifts and not having personal desks available. When speaking with services, full day training was preferred over

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[1] Spencer, M., Dineen, R., & Phillips, A. (2013). Co-producing services – Co-creating health, in Roper et al (2018).

part-day training as rostering MHENs in a bed-based service for part of the day is difficult. Services and MHENs identified similar priorities for workforce development, listed in the graphic below.

Figure 7: Victorian Mental Health Enrolled Nurse Workforce Development Priorities

Top workforce development priorities

1 Strengthen EN participation in initiatives such as Safewards, Physical Health and Clinical Supervision

2 Enhance skills in person-centred non-pharmacological interventions to help reduce or eliminate restrictive interventions

3 Strengthen strategies of self-care and reflective practice to reduce compassion fatigue and burnout

4 Improve collaborative practices with Lived Experience Workforces

5 Training regarding wellness promotion and management of physical deterioration

6 Initiatives to support EN career progression and leadership

Key Finding:	Recommendation 5:
MHENs desire full day training days to attend. There is no tailored MHEN training outside of entry-level programs.	Deliver MHEN training days for cross-service attendance in different areas of the state, addressing identified areas of development needs.

Students

42% of AMHS have MHEN student placements at their services. Most placements are at bed-based facilities, two services have community mental health placements.

Services linked with local TAFEs tend to have MHEN placements, which support two-way recruitment and connections for the Enrolled Nurses choosing mental health from graduation.

Entry Level Programs

All services expressed desire to have MHEN entry-level programs. Nine services either had no entry-level program, or an underdeveloped program due to resource shortages. Most regional services did

not currently have MHEN entry-level programs. Programs vary between services, some are combined with general nursing, some are transition programs, and some are for new graduates.

Services identified a lack of funding to support the educational development of MHEN graduates. CMHL support of EN training was suggested by smaller and regional services, while larger services did not want support from CMHL to develop training for MHEN entry-level programs as their internal education department provided adequate support.

During the consultation day, the MHENs expressed wanting more entry-level programs in regional services including opportunities for MHENs to support the program as preceptors, clinical supervisors, and clinical educators.

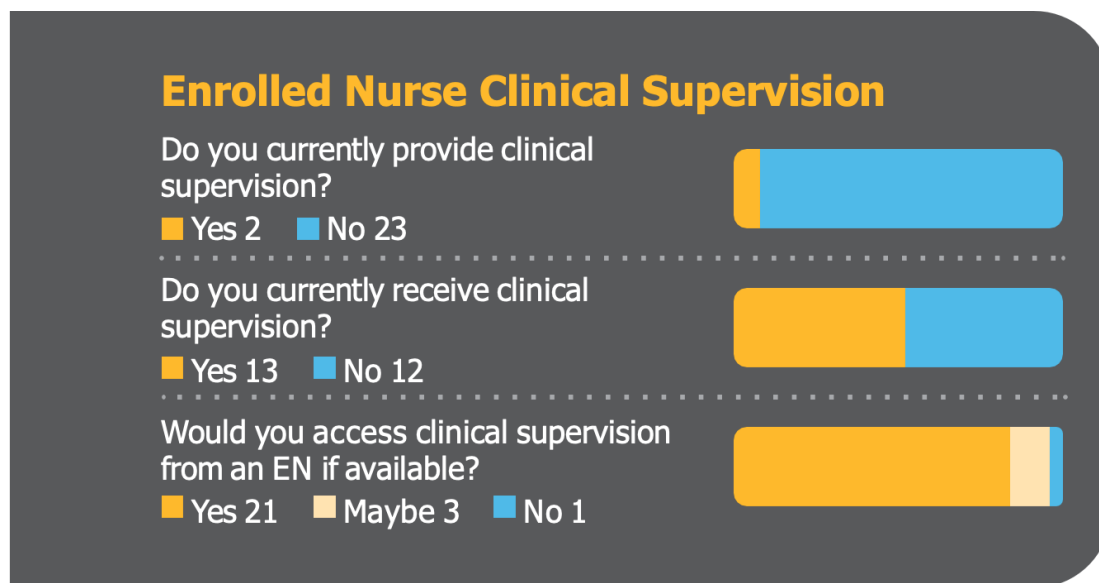| Key Finding:	Recommendation 6:
There is desire for more MHEN entry-level programs and training support is needed for smaller services.	Consult with Safer Care Victoria and Area Mental Health Services to assess entry-level training needs and deliver MHEN Introduction to Mental Health training 3-4 times per year.

Clinical Supervision

The Chief Mental Health Nurse has released *Victoria's clinical supervision framework for mental health nurses* confirming MHENs should be included in all aspects of the framework. All services agree MHENs have low clinical supervision uptake.

Protected Time: Services have identified that nurses working on bed-based services have difficulty accessing clinical supervision due to the workload and teamwork aspect of the roles. Often the 'overlap hour' was used for clinical supervision with minimal success. MHENs report this strategy has been unsuccessful due to staff shortages, acuity on units, and other training conflicts. Some MHENs attend clinical supervision outside of normal work hours, some are able to claim time-in-leu while others do so without pay.

Group Supervision: As the majority of MHENs continue to work on inpatient units on rotating rosters, the most successful supervision structure in Victoria identified by services is group supervision. MHENs have expressed not feeling comfortable in group supervision spaces as they are often mixed with Registered Nurses that delegate their work.

Enrolled Nurses as Supervisors: 21 of the 23 services do not have MHENs as clinical supervisors, a new concept to many of the services. Policies in some services state clinical supervisors must be experienced Registered Nurses, which is not stated in the framework. Similarly, only 2 MHENs out of the 25 at the Consultation Day currently provide clinical supervision. These MHENs described providing ad-hoc supervision to newer staff members and RN grads without adequate training, and expressed interest in getting proper training in this space.

Figure 6: Victorian Mental Health Enrolled Nurse participation in clinical supervision, from consultation day

Enrolled Nurse Clinical Supervision

Do you currently provide clinical supervision?
Yes 2   No 23

Do you currently receive clinical supervision?
Yes 13   No 12

Would you access clinical supervision from an EN if available?
Yes 21   Maybe 3   No 1

Key Finding:	Recommendation 7:
Services have identified a need for more Clinical Supervisors to support the entire nursing workforce.	Develop MHEN clinical supervision video promoting initiative. CMHL MHEN Educators will participate in Safer Care Victoria clinical supervision projects promoting MHEN involvement in implementation.

Enrolled Nurse Professional Engagement

Enrolled Nurse Communities of Practice

MHENs have a unique scope of practice, clinical expectations, opportunities, and roles. MHENs often work as the only MHEN within a team, especially within community teams. There are no known MHEN networking groups in Victoria and there is desire for MHENs to build communities of practice to support the strategic planning of their workforce, develop professional relationships, and engage in discipline specific reflective practice.

Key Finding:	Recommendation 8:
MHENs have interest in participating in communities of practice.	Develop and facilitate the Victorian Mental Health Enrolled Nurse Practice Network, comprising of MHENs from all AMHS. Establish other MHEN groups as needed.

Project Limitations

1. No two AMHS were the same thus qualitative data collection was difficult to compare.
2. Incomplete data sets
3. Accuracy of information from consultations.
4. Consultation with senior nurses at AMHS rather than including MHENs in service consultations. Only one service had EN involvement in the scoping consultation interview.

Our risk minimisation strategies included:
- Developing concise and consistent messaging to AMHS regarding the purpose, benefits, and outcomes of the scoping project
- Conducting a 'pilot phase' with two AMHS (before commencing the scoping study) to test and seek feedback regarding messaging and data collection tools
- Initiating early engagement with AMHS, well in advance of scheduled scoping meetings, via CMHL Workforce Development Committee
- Utilising multiple communication mediums and follow up strategies with AMHS
- Conducting online research of individual AMHS websites prior to scoping meetings, and reviewing previous CMHL consultation with each AMHS
- Conducting consultations with MHENs via consultation day.

Recommendations Summary

This scoping study has provided valuable and significant 'point in time' baseline information regarding MHEN workforce across Victorian AMHS. This information establishes a collective understanding of how MHENS are distributed across the sector, how they go about their work, and importantly the facilitators and challenges that help or hinder their work.

Based on the analysis of data obtained, and in response to issues that emerged from this data, the following recommendations have been made. CMHL will endeavour to implement these recommendations, depending on resourcing and capacity:

1. Deliver training to support MHENs working in diverse areas of practice
2. Develop resources/videos to explain and promote the MHEN level 3 advancement.
3. Increase rural/regional access to workforce development, by providing service tailored educational support and delivering training virtually and locally to enable rural access.
4. CMHL MHEN Educators to work with CMHL co-design project-lead on co-production projects, role modeling MHEN participation.
5. Deliver MHEN training days for cross-service attendance in different areas of the state, addressing identified areas of development needs.
6. Consult with Safer Care Victoria and Area Mental Health Services to assess entry-level training needs and deliver MHEN Introduction to Mental Health training 3-4 times per year.
7. Develop MHEN clinical supervision video promoting initiative. CMHL MHEN Educators will participate in Safer Care Victoria clinical supervision projects promoting MHEN involvement in implementation.
8. Develop and facilitate the Victorian Mental Health Enrolled Nurse Practice Network, comprising of MHENs from all AMHS. Establish other MHEN groups as needed.