Values-based training for mental health nurses

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A pilot programme successfully engaged large numbers of people in discussing and challenging the competing values that underpin mental health nursing practice. This was followed by a recommendation that using a values-based approach to mental health nursing improved interpersonal relationships between staff and patients and carers.

This article reports the responses of mental health nurses at two health boards (NHS Fife and NHS Forth Valley) to a values-based training programme using the 10 Essential Shared Capabilities, developed by the Scottish Government and NHS Education for Scotland.

The Scottish Executive Health Department (2006) undertook a review of mental health nursing with the aim of improving experiences and outcomes of care for service users and carers. The review consisted of a five-year action plan, made up of 24 action delivery points. The first of these action points is to ensure all mental health nurses have undertaken values-based training, and that mechanisms are in place to include values-based practice in personal development plans and clinical supervision.

Background

The focus on values-based practice came from an evaluated pilot programme based on the 10 Essential Shared Capabilities (ESCs) (Brabben et al, 2006) (Box 1).

The ESCs were developed by the National Institute for Mental Health in England and the Sainsbury Foundation for Mental Health as a set of mental health-specific capabilities to complement more generic frameworks for health professionals’ competencies (NHS Education for Scotland, 2007; Department of Health, 2004).

Spanning both values-based and evidence-based practice, the ESCs provide an explicit benchmark of the core attitudes, skills and knowledge needed for the entire mental health workforce. It was expected that the ESCs would be incorporated into staff appraisals and personal development plans and with all types of pre and post qualification training for people working in mental health services.

An ESC Learning Pack for Mental Health Practice was developed and piloted as part of an overarching implementation plan to introduce the mental health workforce to the ESC core skills, attitudes and knowledge needed to deliver best practice.

The pilot successfully engaged large numbers of people in discussing and challenging the competing values that underpin mental health nursing practice. Evaluation showed that 90% of learners

5 key points

1 Acknowledging and respecting values is important for building relationships between staff and patients
2 Training to improve values-based practice has been developed in Scotland
3 Providing training outside a clinical environment helps reduce distractions
4 Group discussion helps increase awareness
5 Evidence on how mental health nurses are applying values-based care should be collected

Values-based education is believed to improve interpersonal relationships between staff and patients and carers. Two Scottish health boards set up training courses.

Box 1. SHARED CAPABILITIES

1. Working in partnership
2. Respecting diversity
3. Practising ethically
4. Challenging inequality
5. Promoting recovery, well-being and self-management
6. Identifying people’s needs and strengths
7. Providing person-centred care
8. Making a difference
9. Promoting safety and risk management
10. Personal development and learning

Source: NHS Education for Scotland (2007)
said the programme would affect how they worked with service users and carers.

Using the principles from this pilot programme, the Scottish Government and NHS Education for Scotland (NES) developed a training for trainers programme on values-based practice and the ESCs (Brabben et al, 2006).

Developing the training
A nine-day training for trainers course was delivered to mental health nurses by a voluntary sector alliance (Penumbra and Health in Mind).

The trainers from NHS Fife (F) and NHS Forth Valley (FV) both decided that a two-day course would provide a sufficient understanding of the 10 ESCs, while being cost effective and efficient. However, they chose different formats for the training reflecting each health board’s focus and priorities (Table 1). Both trainers felt it was important to deliver the training away from the clinical environment to encourage participants to feel valued and more able to reflect on their work environment away from clinical disruptions.

The trainers created an environment where discussion was used to acknowledge and challenge attitudes in the workplace openly. Discussion was at times difficult to facilitate; the training was mandatory for mental health nurses in both boards and not all who attended were willing to share their values.

The majority of the participants were able to share good practice, network and improve their understanding of the 10 ESCs. A variety of training styles were used, including working in both small and large groups, role play, PowerPoint presentations and reflection on lived experiences.

Both courses used their own formal evaluation tools, including a self-report Likert scale. This asked participants to rate the extent to which they agreed or disagreed with a range of statements, and included a comment section.

Results
A combined total of 186 training days were delivered to 1,218 staff between 2008 and 2010. The majority of participants were registered mental health nurses. However, nurses from other disciplines attended, along with nursing assistants and healthcare support workers and staff members from community, inpatient, learning disability, community and forensic services.

The questionnaires for both boards had 17 items, which participants scored and/or commented on. Figs 1–3 show the combined scores from both NHS Fife and Forth Valley where the participants had three options for this.

Participants commented positively on the opportunity to work with their own and different colleagues, the variety of learning styles and the skills of the facilitators. However, in both cases, most participants stated that they found the use of role play during the training least useful as they found it uncomfortable and unrealistic.

A small minority (2%) of participants rated the training as not relevant to their role. The staff who felt this way were not identified, as the evaluations were anonymous, and did not have to give reasons for this.

Discussion
The two programmes created an opportunity for mental health workers to meet and discuss different perspectives and the

| TABLE 1. SIMILARITIES AND DIFFERENCES BETWEEN TRAINING PROGRAMMES |
|---------------------------------|-----------------|
| **Similarities**                | **Differences**  |
| ● The training was mandatory    | ● One board (FV) spent funding on external hospitality, the other (F) on seconding a member of staff part time |
| ● Training was delivered over two full days | ● One programme had four trainers (FV) in the other (F) had only two |
| ● Participants had to undertake preparatory work beforehand | ● One (FV) programme had other professions – occupational therapists and psychiatrists – attending |
| ● Training was fully evaluated locally | ● One programme (F) had a gap between the first and second day of training |
| ● Local evaluations found the majority of participants enjoyed and valued the training | ● One programme (F) had a plan for line management follow-up |
| ● Courses included role play, loss of values, recovery stories, exploring all 10 ESCs and the meaning of values | ● One programme (F) had service users delivering and participating in the training |
| ● The trainers were skilled and motivated | |
| ● Both programmes were fully supported by senior nurses and managers | |

about the 10 ESCs learning materials, the delivery of the training, the venue, the trainers and participants’ personal feelings about the training (Table 2).

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**FIG 1. STAFF SCORES ON WHAT THEY HAD LEARNT**
Staff agreeing “I learnt new skills and knowledge on the course” (%)

**FIG 2. AWARENESS OF THE 10 ESCS**
Staff agreeing “The presenter raised awareness of the subject of values in people’s minds” (%)
core values that exist in mental health nursing. Previous research into training relating to values in practice found it improved knowledge and skills (Black and Roberts, 2009).

We found participants valued active engagement in group discussions that allowed them to explore how they used their values in clinical situations. Group-facilitated training is recognised as being effective in raising awareness of a topic (Stacey et al, 2011). The facilitators were able to determine whether the exercises and responses were being answered appropriately through group discussion (Brabben et al, 2006).

A small number of staff felt the training was not relevant to their role (Fig 3). Facilitating difficult discussions, while acknowledging and challenging the attitudes of participants, has the potential to lead to change. Most participants talked about service user-centred care and recovery-oriented practice. However, for some, these discussions appeared to highlight poor practice or nurse disempowerment, and consequently we were occasionally met with conflicting attitudes and a resistance to engage with the course.

We hoped that these attitudes and values could be explored further when participants returned to clinical practice. However, despite various approaches being suggested and put in place, we found that the majority of staff did not continue to read or discuss the remaining information in the learning packs. A few reviewed the ESC folders, some used the 10 ESCs for reflecting on practice and some services incorporated them into service users’ care plans. Staff in NHS Fife were asked to complete a challenge related to the training when they returned to the workplace; however, this again had limited success.

We are aware that services still need to make a significant investment and commitment to ensure that nurses working in mental health services embed the 10 ESCs into daily practice.

**Conclusion**

A national evaluation of values-based practice and ESC training found both NHS boards had “high strategic and on the ground development” (MacDuff et al, 2010). Both boards have been successful in delivering values-based training to a large number of staff from different backgrounds and settings.

The evaluation of the training has been largely positive, with results showing it was an enjoyable course that improved knowledge and skills.

The training alone does not guarantee that cultural change will occur and cannot support the ongoing development of the 10 ESCs in the workplace. We would recommend in future that, before starting courses, participants should be asked whether they would have opted to attend them if it was optional, as well as about their views on values.

Finally, a systematic process that continually gathers evidence that mental health nurses are applying values-based care needs to be established. This would allow NHS services to demonstrate that it is meeting the needs of service users and their carers.

**Key recommendations**

Values-based training should be taught using an evaluated training programme, outside the clinical environment and must ask participants about their values.

Trainers should be clinically credible and motivated by the topic. Having service-user involvement and multidisciplinary attendance improves the experience.

There must be a clear process so services can evaluate how mental health staff have embedded the 10 ESCs into their practice. NT

**References**


