Education and Training Needs
of Registered Nurses Intellectual Disability and Registered Psychiatric Nurses
in Cork and Kerry 2020

Nursing and Midwifery Planning and Development Unit, HSE South (Cork/Kerry)

December, 2020

Foreword

The Nursing and Midwifery Planning and Development Unit, HSE South, is pleased to present the findings of *Education and Training Needs of Registered Nurses Intellectual Disability and Registered Psychiatric Nurses in Cork/Kerry, 2020*. To enable the HSE to provide a responsive and evidence based service to people accessing mental health and intellectual disability services, it is critical that the nursing workforce have the appropriate knowledge, skills and competencies. This analysis will provide the Health Service Executive (HSE) with evidence to inform the commissioning, design and delivery of education and training programmes for Registered Nurses Intellectual Disability (RNID) and Registered Psychiatric Nurses (RPN) in Cork/Kerry.
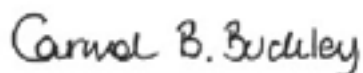
International best practice identifies the need for quality and patient safety to be embedded into our services, and nurses and midwives are engaged in on-going professional development to ensure that they are competent in achieving these best practices. The Irish healthcare service is continually evolving and improving health and wellbeing, supporting independent living and delivering high quality and safe care. It is therefore appropriate that the HSE ensures that the nurses and midwives who are providing care are constantly developing their practice in response to changing needs and environments so as to deliver evidenced based, person centred care to those who need it.

The disciplines of mental health and intellectual disability nursing have developed and evolved to include the provision of nursing care within specialist and acute hospital settings and in the community. The role and structure of the RNID and RPN have progressed to providing care in line with a recovery approach to mental health and a person-centred care planning model for the RNID. These changes have led to an increase in demand for these services. To support this capacity development, the Nursing and Midwifery Planning and Development Unit (NMPDU) Cork/Kerry has conducted an analysis to identify specific education and training required to support additional skill and competency development for nurses working in these areas. These skills will further enable the delivery of high quality, evidence based care to people accessing mental health and intellectual disability services and their families and carers.

The provision of continuous professional development is a key element of the system through which healthcare teams are accountable for the quality and safety of patient care and has been identified as a requirement for the implementation of Sláintecare (2017). It is envisaged that this analysis will provide a framework and support structure for mental health and intellectual disability services. It is timely to develop a structured approach to the identification of education and training needs to ensure that staff have the appropriate knowledge, clinical skills and competencies to meet current and future needs of people accessing both mental health and intellectual disability services.

I would like to sincerely thank the nurses who completed the survey questionnaires and participated in the focus groups to inform this report. Specific appreciation is extended to the Area Directors of Mental Health Nursing and the Directors of Intellectual Disability Services in Cork/Kerry for facilitating the project. Also I would like to thank Anne Brennan, Director Nursing & Midwifery Planning & Development, HSE Dublin North, for sharing the (2015) report on *An Education and Training Review of Nurses Working in Child and Adolescent Mental Health Service in the Republic of Ireland*.

Finally, my thanks to Daniel Newman, Project Officer for his innovation and professional commitment to this initiative.

Carmel B. Buckley

Carmel Buckley
Area Director, Nursing & Midwifery Planning & Development, HSE South

Contents

Contents

List of Tables

List of Figures

Abbreviations

ANP	Advanced Nurse Practitioner
CAMHS	Child and Adolescent Mental Health Services
CDC	Clinical Development Coordinator
CHO	Community Health Organisation
CNE	Centre of Nursing Education
CNME	Centre of Nursing and Midwifery Education
CME	Centre of Midwifery Education
CNS	Clinical Nurse Specialist
CPC	Clinical Placement Coordinator
HEI	Higher Education Institute
HSE	Health Service Executive
IT Tralee	Institute of Technology, Tralee
NMBI	Nursing and Midwifery Board of Ireland
NMPDU	Nursing and Midwifery Planning and Development Unit
ONMSD	Office of Nursing and Midwifery Services Director
NPDC	Nurse Practice Development Coordinator
RGN	Registered General Nurse
RNID	Registered Nurse Intellectual Disability
RM	Registered Midwife
RPN	Registered Psychiatric Nurse
QQI	Quality and Qualifications Ireland
UCC	University College Cork
UK	United Kingdom
WTE	Whole Time Equivalent

Executive Summary

The Area Directors of Mental Health Nursing and the Directors of Intellectual Disability Nursing identified the need to explore the education and training requirements of Registered Psychiatric Nurses (RPN) and Registered Nurses in Intellectual Disability (RNID) working in Cork and Kerry. In this context the Directors approached the Nursing and Midwifery Planning and Development Unit (Cork/Kerry) to support this initiative. A project officer was appointed to conduct a gap analysis of the education and training needs of RNIDs and RPNs across Cork/Kerry.

The mixed methods approach adopted comprised of quantitative surveys and qualitative focus groups. Existing information and data collections tools applicable in an Irish context were utilised. Additionally, a triangulation mixed method design (Creswell & Plano Clark, 2007) was implemented for nurses working in Child and Adolescent Mental Health (CAMHS) services. This approach enabled the collection of qualitative data (focus groups) and quantitative data (survey) and triangulated the results to verify the education and training needs of the nurses working in CAMHS.

There is little existing evidence regarding the education and training needs of RPNs working in adult mental health settings and RNIDs in Ireland and an exploratory mixed methods design was utilised where the collection of qualitative (focus group) data shaped adaptions to the survey to ensure it identified the relevant needs of RNIDs and RPNs in an Irish context. The data collection process took place in two phases. The first phase involved the completion of 14 unstructured focus groups comprising Intellectual Disability and Mental Health Nurses across Cork and Kerry. There were 105 participants. The second phase of the data collection process was the circulation of two survey questionnaires.

With permission from the original authors, the Office of Nursing and Midwifery Services, a 2015 survey exploring the education and training needs of nurses working in child and adolescent mental health services (CAMHS) was replicated and forwarded to nurses working in CAMHS services. A second survey explored the education and training needs of RPNs working in adult mental health services and RNIDs. This survey was an adapted survey from Jones (2003) with the permission of the Royal College of Nursing. 172 responses were received with 67% of the sample comprising of RPNs and 33% of the sample were RNIDs. The data was collected between September and December 2018.

The predominant findings in relation to staff working in the CAMHS were generally consistent with the findings from the HSE/ONMSD survey (2015). A high percentage of the respondents were female with an excess of 3 years' experience working in CAMHS who specified that they would like to receive post graduate education, specifically in Therapeutic Skills. In comparison with the staff working in Adult MHS and ID Services, the majority of participants had between 10 – 20 years' experience working in either Mental Health or ID Services and indicated that they would like to undertake post graduate education specifically related to MH or ID. Both cohorts were consistent in identifying similar barriers in preventing them from undertaking further education and also discussed the availability of mandatory training.

The recommendations are presented under the headings of overall recommendations and specific recommendations for staff working in the three service areas. The responsibility of line management to complete Professional Development Portfolio's (PDP) with staff members in order to identify education and training needs in line with service requirements was proposed. Training matrices for each of the three services have been developed from the findings of this research and it is recommended that these matrices are used as a guide to identify appropriate education and training options for staff. The culture of continuous professional development is encouraged in order to continuously align competence to the needs of the organisations. A key recommendation is the establishment of an education and training committee

comprising of stakeholders with representation from a variety of grades within the services, education and practice development. These recommendations will inform line management and educators on the means to deliver the education and training required by the nurses in these services.

The report will support the planning and delivery of education and training requirements of staff working in the Adult MHS, CAMHS and ID services across Cork and Kerry in order to increase the competence of staff and the delivery of a safe, quality service.

Section 1
Introduction

Section 1 Introduction

1.1 Background

This project exploring the education and training needs of nurses working in Mental Health and Intellectual Disability Nursing Services was commissioned by the Nursing and Midwifery Planning and Development Unit (NMPDU) Cork/Kerry, HSE South in association with the Directors and Area Directors of Mental Health and Intellectual Disability Services in Cork and Kerry. The purpose of the project was to inform service managers and educators about the identified education and training needs amongst nurses in these services, and to build upon current in- service education and training in HSE or HSE funded organisations. This report will support the strategic planning and delivery of education and training programmes with the aim of enhancing the delivery of a safe, high quality service.

The Health Services Executive (HSE), is the main provider of both Adult Mental Health (Adult MHS) and Child and Adolescent Mental Health Services (CAMHS), and affords funding support to many Intellectual Disability (ID) Services in Ireland. In October 2018 the HSE reported that 4,718 RPNs work in Mental Health services. These comprise the largest proportion of the >10,000 professionals providing services to people who experience mental health problems in Ireland (HSE 2018a). NMBI (2017) stated that there are 4,894 RNIDs registered in Ireland with 7,114 nurses working in the area of providing social care services (HSE 2018b). This number includes nurses registered on other divisions or specialities of nursing such as public health nurses.

Mental Health nursing has been recognised as a discipline of nursing in Ireland since the enactment of the Nurses Registration (Ireland) Act 1919, while the role of the Registered Nurse Intellectual Disability (RNID) was acknowledged in the 1950s and 60s (Commission of Nursing, 1998). Over time these two disciplines have developed and evolved to include the provision of care within community, specialised and acute hospital settings (The Expert Group on Mental Health Policy, 2006, Office of the Nursing and Midwifery Services Director ONMSD, 2012 and McCarran M, Sheerin F, Roche L, Ryan AM, Griffiths C, Keenan P, Doody O, D'Eath M & McCallion P. 2018). The role and structure of the Registered Psychiatric Nurse (RPN) is outlined in 'A Vision for Psychiatric Nursing' (ONMSD, 2012) whereas the role and function of the RNID is described in 'Shaping the Future of Intellectual Disability Nursing in Ireland' (McCarron et al. 2018). Both documents outline evolving nursing roles, providing care in line with a recovery approach to mental health and a person-centred care planning model for RNID (ONMSD, 2012 and McCarron et al. 2018). Additionally, and in accordance with the Nurses and Midwives Act (2011) there is a requirement for nurses of all disciplines to maintain their competence through continued professional development.

The aim of this project was to identify the education and training needs of nurses working in Adult MHS, CAMHS and ID services and was led by a dedicated NMPDU funded Project Officer. A governance group consisting of NMPDU leadership and Area Directors of Mental Health and Directors of Intellectual Disability nursing services across Cork and Kerry provided oversight to the project. Mental Health and Intellectual Disability staff in HSE and HSE funded organisations in Cork and Kerry were invited to participate in the project. This report identifies opportunities for continued education and training for RNIDs and RPNs relevant to their practice.

1.2 The Development and the Role of the RNID

Nursing in intellectual disability is a person-centred profession with the primary aim of supporting the well-being and social inclusion of people with an intellectual disability through improving or maintaining physical and mental health and wellbeing (Department of Health 2009). Registered Nurses in Intellectual Disability (RNIDs) provide support to individuals across the age continuum with a range of intellectual (mild/moderate/severe/profound), physical and sensory disabilities in a variety of settings from residential, supported living services to day opportunities and outreach services. The role and scope of the RNID was recognised by the Commission of Nursing report (1998) acknowledging the vital role RNIDs have with the care and support of people with mild to severe intellectual disabilities including those with complex support requirements.

The next twenty years will see a significant increase in the number of people with an intellectual disability over the age of fifty-five (McCarron and Lawlor 2003). This is evident in the National Intellectual Disability Database figures in 2017, where 49.1% of those registered were over the age of 35 years, compared to 28.5% in 1974 (Hourigan S, Fanagan S & Kelly C 2018). Despite this increase in life expectancy people with an intellectual disability continue to experience poor health outcomes (Bowness 2014, Mencap 2004) and shorter life expectancy (McCarron *et al.* 2015, Heslop P, Blair P, Fleming P, Hoghton M, Marriot A & Russ L 2013, Gibbs and Priest 2010) necessitating an enhanced support skill base.

Significant changes and developments in services for people with an intellectual disability have occurred over the last 20 years (RCN, 2011). A change in policy context in Ireland has guided altered service provision and includes: Time to move on from Congregated Setting: a strategy for Community Inclusion (HSE 2011); National Standards for Residential Services for Adults with Disabilities (HIQA 2013) and Assisted Decision Making (Capacity) Act (DoH, 2015).

Across their lifespan, people with an intellectual disability will avail of the skills of an RNID to maintain optimum health and wellbeing within a holistic context. Debate has centre around the most appropriate models of care and suggests that support for people with intellectual disabilities should include recognition of personhood, autonomy and good effective healthcare as interdependent (Pawlyn and Carnaby 2008) and core to the role of the RNID.

Considering this change in context McCarron *et al.* (2018) published 'Shaping the Future of Intellectual Disability Nursing in Ireland', a report which examined nursing in intellectual disability within this changed context. The report outlines a series of recommendations to enhance and improve the profession. With the role of the RNIDs informed by the values and principles of person centeredness and person-centred support, recognition is given to the central role RNID's play as part of an interdisciplinary community-based model that guides services. Over its 32 recommendations, the report highlights the need for the personal and professional development of staff including the requirement for clinical supervision, recognition of the need to include people with an intellectual disability in the planning of any educational provision and the necessity for RNIDs to be supported through changes in legislation and practice including the Assisted Decision Making (Capacity) Act (2015). The role of the RNID should be holistic, promoting optimum physical, mental and social well-being. To provide these functions RNIDs will require specialist knowledge to support people through all life stages. In relation to postgraduate education, the report highlights the duty of the registered nurse, under the Nurses and Midwives Act (2011), to maintain their professional competence and scope of practice. It emphasized educational needs in relation to autism, dementia, epilepsy, advanced and specialised assessment, liaison with other professionals, bone health, behavioural support and advanced communication. This report also recommends the need for advanced and specialist roles and joint appointments between intellectual disability services and HEIs to progress evidence based Intellectual Disability nursing practice.

1.3   The Development and the Role of the RPN

From a policy context, the role of the RPN was not fully reviewed until 2006 with the publication of 'A Vision for Change, Report of the Expert Group on Mental Health Policy'. The Expert Group on Mental Health Policy (2006) contended that RPNs were engaging in roles beneath their expertise and highlighted that 90% of RPNs still worked within hospital settings. While acknowledging the development of 450 CNS posts, no ANP posts were operational in the mental health service at that time. The Expert Group on Mental Health Policy (2006) while acknowledging the role of the RPN, also advocated the need for greater workforce planning and additional postgraduate education of RPNs. In 2012 the HSE/ONMSD published 'A Vision for Psychiatric/Mental Health Nursing, a Shared Journey for Mental Health Care in Ireland'. This report outlines the future direction of the profession and identifies four key themes which include:

- adopting a recovery approach
- improving outcomes and service quality
- developing clinical capacity
- enhancing organisational effectiveness

In relation to education and training, the report recognised the need for further education in recovery-oriented principles and values and proposed service user's involvement in the co-production and co-delivery of such education programmes.

The role of the RPN is continuing to evolve and develop in order to meet the needs of service users in new ways underpinned by the recovery approach and community services. The role has become more therapeutic and adapting to service users' needs and spans the life cycle of service users from childhood, through adolescence to adulthood and old age. The care of children and adolescents is a specific service (CAMHS) within the overall Mental Health Service and as such the nurses working in this area, have specific education and training needs which are identified in context in this report. These education and training needs may differ from the needs of RPNs working in the Adult MHS.

1.4   Regulatory Context of the Services

The regulatory environment of Mental Health and Intellectual Disability Services has evolved to ensure that the optimal services are provided to people who access the service. Mental Health and Intellectual Disability Services are regulated by two separate organisations. Under the provision of the Health Act (2007), the Health Information and Quality Authority (HIQA) regulate the disability services in Ireland.

1.4.1

The Mental Health Service has a longer tradition of regulatory supervision since the implementation of the Mental Treatment Act 1945. In 2001, the Mental Health Act (2011) reformed the regulation of Mental Health Services and the Mental Health Commission (MHC 2005) was constituted in 2005.

Specific to Mental Health Services, the MHC has provided guidance to approved centres in relation to how they should comply with the regulations of the Mental Health Act (2001) through the Judgement Support Framework (MHC 2018). Staff education and development is a fundamental consideration as the Framework provides guidance to organisations in relation to the recruitment, skill mix and training that approved centres should provide to staff. The Judgement Support Framework outlines that all staff should have the relevant qualifications for their role and organisations should provide on-going training and evaluate training programmes. It identified mandatory training programmes as: fire safety, skills to deal with aggression and violence such as Therapeutic Crisis Interventions (TCI) or the Professional Management of Aggression and Violence (PMAV), Basic Life Support (BLS), Mental Health Act (2001) and Children First training (HSE, 2017). The regulation states that staff require training in accordance to the needs of the resident group they are caring for and in order to achieve this, detailed training plans should offer education and training in a variety of areas to staff.

1.4.2

HIQA regulates and monitors Intellectual Disability Services in Ireland. The National Standards for Residential Services for Children and Adults with Disabilities (2013) include nine principles that inform the national standards. The Standards are organised into eight themes each for children and adults. One of these themes, specifically Theme 7 provides guidance in relation to a responsive workforce. This theme includes four standards which outlines the need for professionals to be competent and trained for their specific role and registered with a professional body such as the Nursing and Midwifery Board of Ireland (NMBI). The Standards require organisations to support staff in maintaining their knowledge and skill set and the training needs of the workforce should to be monitored and evaluated on an on-going basis. Recommendations include that all staff receive specific training in the protection of vulnerable adults and staff should be provided with relevant education and training opportunities to appropriately meet the needs of the service users. Furthermore, staff should be trained in providing person centred services, as well as receiving training in the prevention, detection and reporting of abuse. The organisation should complete training needs analysis periodically and maintain a continual professional development programme.

1.5 Conclusion

Having considered the evolution of service delivery and regulatory context of RNIDs and RPNs professions, it is anticipated that this report and the implementation of its recommendations will further augment the competency and capacity of nurses working in Intellectual Disability and Mental Health Services in Cork and Kerry.

Section 2
Methodology

Section 2 Methodology

2.1 Introduction

The previous section of this report outlined the development and evolution of RNIDs and RPNs as disciplines of nursing over the past number of years. The aim of the project is to undertake a gap analysis of the education and training needs of RNIDs and RPNs. This will build upon current in-service education and training services in HSE and HSE funded organisations to meet the needs of staff in the future and support the delivery of safe patient centred care.

This section describes how the education and training needs of RNIDs and RPNs in Cork and Kerry were identified by utilising a mixed methods approach comprising of quantitative surveys and qualitative focus groups.

The survey utilised for the nurses working in CAMHS was 'An Education and Training Review of Nurses Working in Child and Adolescent Mental Health Services (CAMHS) in the Republic of Ireland' (HSE/ONMSD Survey 2015) hereafter known as HSE/ONMSD survey (2015). A second survey utilised for RNIDs and RPNs working in Adult MHS was an adapted survey from Jones (2003) 'What education and training do mental health nurses want? A survey of qualified mental health nurses working in acute inpatient psychiatric settings in the UK'. Hereafter this survey will be referred to as Adapted Jones (2003).

This research was undertaken between October and December 2018. All grades of RNIDs and RPNs across Cork and Kerry were invited to participate in the study.

2.2 Aim and Objectives of the Gap Analysis

To complete a gap analysis of the education and training needs of RNIDs and RPNs across Cork and Kerry, which will ultimately support the delivery of quality, safe care consistent with the goals of the organisation.

2.2.1 Objectives of the Gap Analysis

The objectives of the gap analysis were:

- to engage with nursing staff to explore and identify the education and training needs required to support optimal delivery of person centred care
- to work with nursing management teams to determine service needs in relation to the development and provision of quality safe care consistent with the goals of the organisation
- to consult with Directors of Centres of Nursing and Midwifery Education (CNMEs) to review the provision of education and training to nurses within the Mental Health and Intellectual Disability Services in Cork and Kerry
- to liaise with Nurse Practice Development Co-ordinator's (NPDCs) to discuss leading and managing identified practice development projects within the Mental Health and Intellectual Disability Services in Cork and Kerry
- compile a final report which encapsulates the needs of the services and outline recommendations that will build on current structures and attain maximum effectiveness in the delivery of quality care by RNIDs and RPNs into the future

2.3 Identifying Education and Training Needs

A mixed methods approach was utilised in this gap analysis in order to obtain the most comprehensive level of data available on the education and training needs of the sample population. To answer the research question comprehensively, a mixed methods approach provided an opportunity to obtain data on identifying the needs of staff and how to optimally address these needs (Gray J.R, Groves S.K & Sutherland S. 2017; Parahoo 2014; Bryman 2012).

Due to the available literature and data collection tools, two different mixed method approaches were employed. A triangulation mixed method design (Creswell & Plano Clark, 2007) was employed for nurses working in CAMHS. This approach was utilised as a specific data collection tool, the HSE/ONMSD Survey (2015) was available for this cohort of staff. Qualitative data was obtained from the focus groups and triangulated with the quantitative data that was collected in order to identify the findings.

In contrast, there was a dearth of literature and no specific quantitative data collection tool available for nurses working in Adult Mental Health or Intellectual Disability Services. As a result, an exploratory mixed methods design (Creswell & Plano Clark, 2007) was employed with these two sample populations. The qualitative findings from the focus groups guided the adaptation of the survey used (Jones 2003) in this gap analysis, leading to the findings

The gap analysis data collection tools comprised of unstructured focus groups and two surveys. The data collection process was conducted over two phases.

- The first phase of the data collection process was the completion of unstructured focus groups with Adult MHS, CAMHS and ID Services between September and November 2018.
- The second phase of the data collection process was the distribution of the surveys: HSE/ONMSD survey (2015) to CAMHS sample population, and adapted Jones (2003) to the ID and Adult MHS services sample populations. These were distributed via Survey Monkey between November and December 2018.

The following sections will explore in greater depth the specific data collection approaches utilised and the sample population.

2.3.1   Unstructured Focus Groups

The first stage of the data collection process was to conduct unstructured focus groups. This approach was taken to allow participants to express their perceptions regarding their education and training needs. The objective of the focus groups is solely to collect data pertaining to the education and training needs of nurses working in Adult MHS, CAMHS and ID services and any other data not related to the objectives of the project is not included in the final report. The author facilitated the discussion with limited pre-determined questioning of participants (Appendix 5). Furthermore, written notes of the focus groups discussion were recorded (Parahoo, 2014). In total 105 participants participated in the focus groups.

Upholding the rights of participants was central to this approach. All participants were guaranteed confidentiality, autonomy and the right to disengage from the process at any point (Parahoo, 2014). The objective of the focus groups is solely to collect data pertaining to the education and training needs of nurses working in Adult MHS, CAMHS and ID services and any other data not related to the objective is not included in the final report. A convenience sampling strategy was deemed the most appropriate method of addressing the aim of the gap analysis within the timescale of the project.

The purpose of the focus groups for CAMHS differed from the focus groups for Intellectual Disability and Adult Mental Health Services. The HSE/ONMSD survey (2015) ('An Education and Training Review of Nurses Working in Child and Adolescent Mental Health Services in the Republic of Ireland') was utilised to explore the needs of nurses working in CAMHS in this study. This survey was not adapted as it already recognised the needs of nurses working in CAMH from an Irish context. As a result, the focus group data was used to validate the findings from the survey utilising concurrent mixed methods designs: triangulation design (Creswell & Plano Clark, 2007).

In contrast to this, little has been written about the educational needs of RPNs in Adult MHSS and RNIDs nationally and internationally. Jones (2003) survey 'What education and training do mental health nurses want? A survey of qualified mental health nurses working in acute inpatient psychiatric settings in the UK' was adapted in this study based on the focus group data. This data was used to reflect the needs of nurses in Mental Health and Intellectual Disability services in the Irish context using concurrent mixed methods designs: exploratory design (Creswell & Plano Clark, 2007). The following section will explore this further.

2.3.1.1 Unstructured Focus Groups: CAMHS

The purpose of the data derived from the focus groups was to validate the findings of the survey. Two focus groups were convened consisting of 10 nurses from CAMHS. Participants worked in both community and acute settings. Staff nurses, Clinical Nurse Managers 2 (CNM2), Clinical Nurse Specialists (CNS) participated in the focus group. Table 1 provides a breakdown of numbers of participants in each focus group.

2.3.1.2 Unstructured Focus Group: Intellectual Disability and Adult Mental Health Services

No national data or previous study on the educational and training needs of RNIDs and RPNs was identified. The purpose of the data from the focus groups was to guide the adaptation of the survey developed by Jones (2003) to reflect RNIDs and RPNs in the Irish context. The author maintained written records of the focus group discussions. The data was analysed using Braun and Clark's framework (2006). This analysis assisted with the adaptation of the survey including questions 13 and 14 which asked participants to rank their educational needs based on the focus group data (Appendix III).

Table 1 identifies that 39 RPNs and 56 RNIDs participated in the unstructured focus groups. All grades of staff were represented in the unstructured focus groups including Staff Nurses, CNM1, CNM2 and other management grades.

Table 1. Numbers of Participants in Focus Groups and the Setting they worked in

Focus Group Number	Sector or discipline	Number of Participants
Group 1	Adult Mental Health Services	14
Group 2	Adult Mental Health Services	5
Group 3	Adult Mental Health Services	8
Group 4	Adult Mental Health Services	12
Numbers of RPNs working in adult mental health services who participated in the focus groups		**39**
Group 5	Child and Adolescent Mental Health Services	2
Group 6	Child and Adolescent Mental Health Services	8
Numbers of RPNs working in child and adolescent mental health services who participated in the focus groups		**10**
Group 7	Intellectual Disability Services	7
Group 8	Intellectual Disability Services	4
Group 9	Intellectual Disability Services	16
Group 10	Intellectual Disability Services	4
Group 11	Intellectual Disability Services	5
Group 12	Intellectual Disability Services	4
Group 13	Intellectual Disability Services	8
Group 14	Intellectual Disability Services	8
Numbers of RNIDs working in participating intellectual disability services who participated in the focus group		**56**
Total number of participants		**105**

2.3.2 Survey

Two surveys were distributed to potential participants. Nurses working in CAMHS completed the survey from HSE/ONMSD survey (2015). Nurse working in ID and Adult MHS Services completed the adapted Jones (2003) survey. The author received 18 completed responses from CAMHS participants and 172 from Adult Mental Health and Intellectual Disability participants. The following sections will explore the surveys for both groups in detail.

2.3.2.1 Survey: CAMHS

Permission was sought and granted from the ONMSD to replicate and redistribute the survey from 'An Education and Training Review of Nurses Working in Child and Adolescent Mental Health Services in the Republic of Ireland' (HSE/ONMSD 2015). The survey was distributed by email between November and December 2018. The author received 20 responses to the questionnaire however, 18 of which met the inclusion criteria.

2.3.2.2 Survey: Adult Mental Health and Intellectual Disability Services

In relation to Adult Mental Health and Intellectual Disability Services, permission was obtained to adapt the questionnaire by Jones (2003). The adaptions to the survey were guided by the focus group findings. This enabled the survey to reflect the needs of RNIDs and RPNs working in the community within the Irish context. The Royal College of Nursing who are the copyright holders of this questionnaire, provided approval for the adaptation of the questionnaire. The questionnaire was distributed by email between November and December 2018 and 172 completed responses were received. Figure 1 outlines the data collection process in its totality for this gap analysis.

Figure 1. Data collection process of this gap analysis
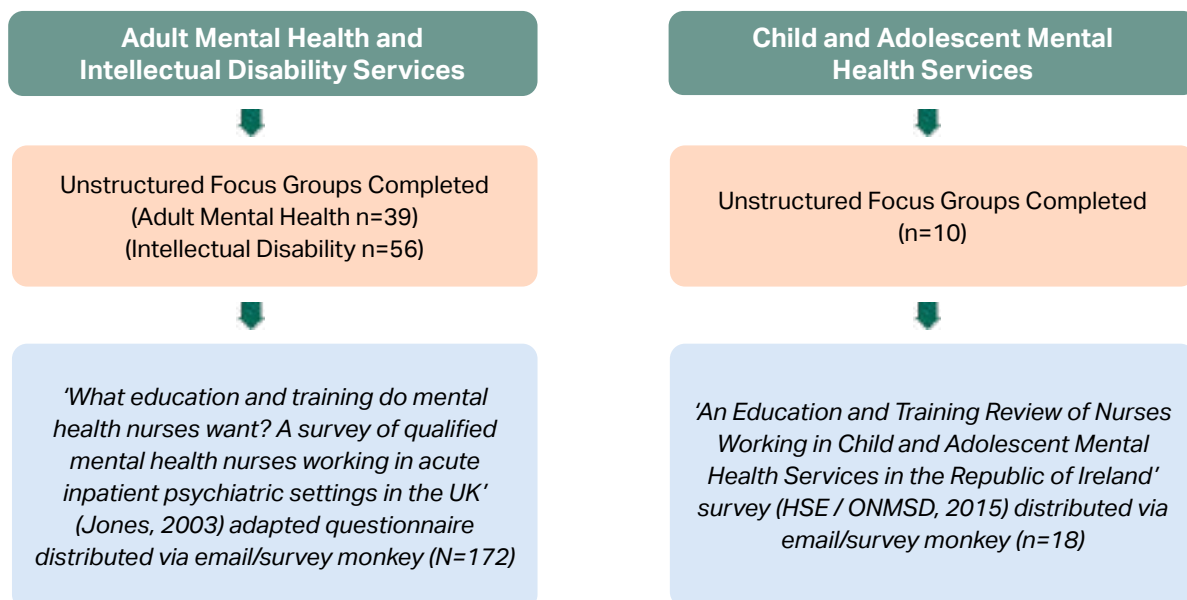
2.4 Target Population of the Gap Analysis

RNIDs and RPNs working in Mental Health and Intellectual Disability Services were invited to participate in the study. In addition to HSE organisations, HSE funded organisations in Cork and Kerry who operate services for people with Intellectual Disabilities were invited to participate. One such organisation participated. In order to protect their confidentially, the services will be referred to as follows:

- MHS Area 1
- MHS Area 2
- CAMHS Area 1
- CAMHS Area 2
- ID Service Area 1
- ID Service Area 2

2.5 Data Analysis

The quantitative data derived from the surveys were analysed using descriptive statistical analysis. In relation to the unstructured focus groups, notes of the meetings were recorded by the author. Braun and Clark's (2006) thematic approach was used to analyse the qualitative data.

2.6 Summary of Methodology

The aim of this initiative was to complete a gap analysis of the education and training needs of RNIDs and RPNs across Cork and Kerry which will support the delivery of quality, safe person centred care.

In order to address the research question, a mixed methodology was utilised.

A triangulation mixed method design was utilised for nurses working in CAMHS. Data from the unstructured focus groups and from the HSE/ONMSD survey (2015) were triangulated to identify the findings.

For the sample population of RNIDs and RPNs working in Adult MHS, an exploratory mixed methods design was utilised as limited literature was available regarding their education and training needs. The data from the unstructured focus groups guided the adaptations to Jones (2003) survey in order identify the needs of the target population within an Irish context.

The findings will be presented in following two chapters; the first will focus on CAMHS and the second on ID and Adult MHS. Both qualitative and quantitative data will be presented together in each chapter to provide a comprehensive overview of the findings.

Section 3
Findings

Section 3 Findings

The aim of the gap analysis is to gain a greater understanding of the education and training needs of RNIDs and RPNs working in Mental Health and Intellectual Disability services in Cork and Kerry. This chapter will outline the quantitative and qualitative findings of the gap analysis and present in two sections, one section for Child and Adolescent Mental Health Services and the second section for the Adult Mental Health and Intellectual Disability Services.

3.1 Child and Adolescent Mental Health Services

Introduction

This chapter will identify the findings of the gap analysis presenting quantitative and qualitative data. Consistent with the HSE/ONMSD survey (2015) the findings will be presented in four sections:

Section 3.1.1: Demographic and Employment Details (CAMHS)

Section 3.1.2: Service User Demographics (CAMHS)

Section 3.1.3: Professional Training and Development (CAMHS)

Section 3.1.4: Identification of Training Needs (CAMHS)

The author received 20 responses to the questionnaire however, one was incomplete and a second was completed by another professional outside nursing, therefore two were eliminated. 18 respondents equates to a response rate of 51% of the CAMHS nursing population.

3.1.1 Demographic and Employment Details (CAMHS)

3.1.1.1 Demographic Details

Most nurses who participated in the survey were female (83%) and 17% were male. The age range of the sample was between 30 to 39 years old as outlined in Table 2. This is consistent with previous data from the HSE/ONMSD survey (2015). Unlike the national survey which demonstrated a range of experience in CAMHS, all respondents in this survey indicated that they had a minimum of three years' experience in CAMHS. 50% of the respondents had between 6 to 10 years' experience of working within CAMHS.

Table 2. Demographic Characteristics of Nurses Participating in the Review

Gender	Number	Percent	Percentage comparison with 2015 national survey
Female	15	83%	84%
Male	3	17%	16%
Years working in CAMHS			
Less than one year	0	0	7%
1 to 2 years	0	0	7%
3 to 5 years	3	17%	23%
6 to 10 years	9	50%	23%
More than 10 years	6	33%	41%

3.1.1.2 Qualifications of Nurses

The majority of nurses (94%) reported that they were a Registered Psychiatric Nurse (Table 3). One participant held dual qualifications, was a Registered Nurse and Registered Midwife.

Table 3. Qualifications of Nurses who participated in the Review

Qualification	Number Participated in 2018 survey	Number Comparison with 2015 national survey	Percentage (2018 sample)	Percentage Comparison with 2015 national survey
RPN	17	54	94%	75%
RPN & RGN	0	12	0%	17%
RPN & RCN	0	2	0%	3%
RPN & RNID	0	2	0%	3%
RPN & RM	0	1	0%	1%
RPN, PHN & RCN	0	1	0%	1%
Total	**17**	**72**	**94% of sample**	
Qualifications of non RPNs				
RGN only	0	3	0%	25%
RNID only	0	2	0%	17%
RGN & RCN	0	5	0%	42%
RGN and RM	1	1	6%	8%
RCN & RNID	0	1	0%	8%
Total	**1**	**12**	**6% of sample**	

3.1.1.3 Previous Experience of RPNs

The participants were asked to identify the length of time they were qualified. Nearly half of the sample (47%) had 10 or more years' experience as a RPN whilst 24% had between 3 to 5 years' experience and 29% had between 5 to 10 years' experience as a RPN. No participant identified that they had less than 3 years' experience in CAMHS. Figure 2 outlines the years of experience participants were qualified as a RPN.

Figure 2. Length of time qualified for nurses with RPN qualification
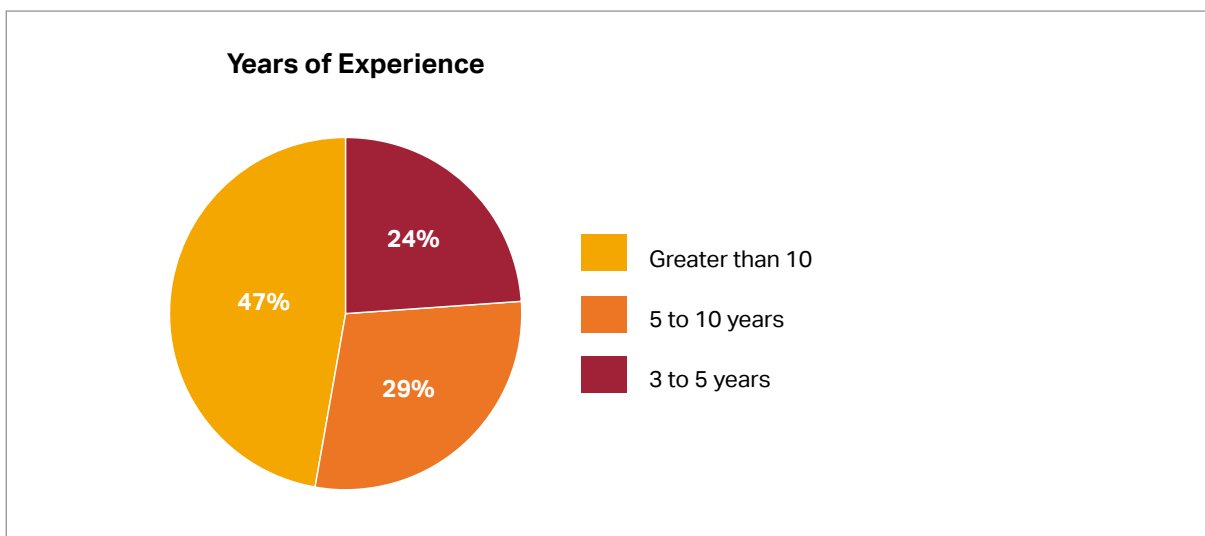
Table 4. Years of experience: 2015 national data v 2018 Cork/Kerry data

Years of experience: 2015 National Data v 2018 Cork/Kerry Data									
Less than 1 year		More than 1 and less than 3 years		More than 3 and less than 5 years		More than 5 and less than 10 years		Greater than 10 years	
2015 National data	2018 Cork Kerry data	2015 National data	2018 Cork Kerry data	2015 National data	2018 Cork Kerry data	2015 National data	2018 Cork Kerry data	2015 National data	2018 Cork Kerry data
1%	0%	6%	0%	11%	24%	25%	29%	55%	49%

3.1.1.4 Nursing Grades of Sample Population

All participants were asked to indicate their grade. The response is outlined below in figure 3. The majority of the sample population (47%) were employed at CNS grade. 13% of the sample comprised of Staff Nurses or Community Mental Health Nurses. 7% of the sample were nurses who worked at CNM2 level while 20% of the sample included other grades such as Assistant Director of Nursing, CNM3 or other management grades.

Figure 3. Grade of Nurse
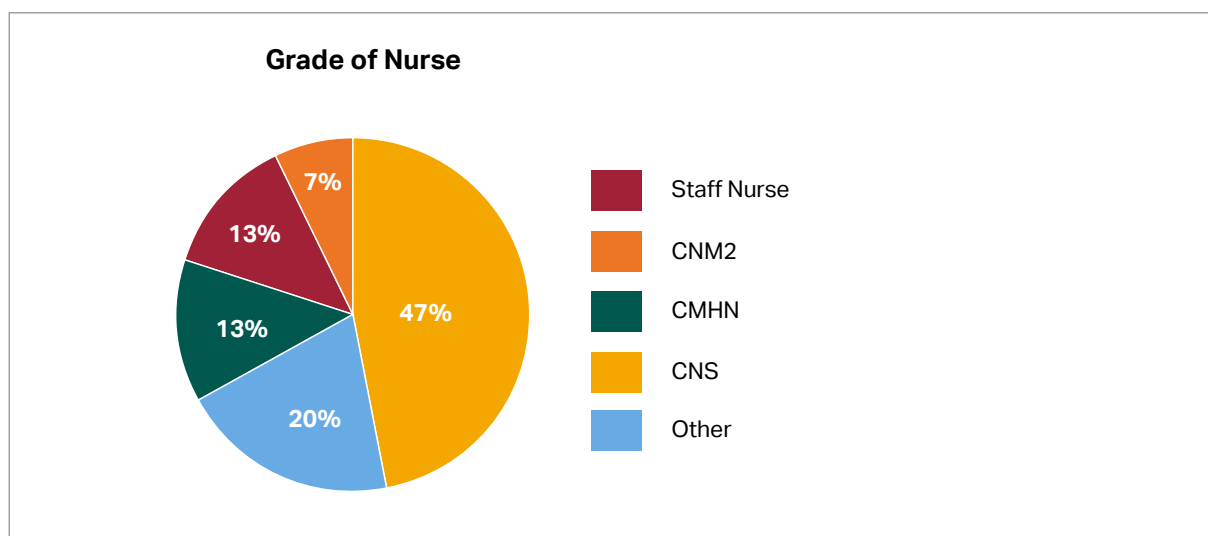
Table 5. Breakdown of Nursing Grades

Breakdown of Nursing Grades									
RPN/Staff Nurse		CNS		CMHN		CNM2		Other grades e.g. ADON	
National 2015 data	Cork/Kerry Data 2018	National 2015 data	Cork/Kerry Data 2018	National 2015 data	Cork/Kerry Data 2018	National 2015 data	Cork/Kerry Data 2018	National 2015 data	Cork/Kerry Data 2018
23%	13%	38%	47%	6%	13%	26%	7%	7%	20%

3.1.1.5 Location of Workplace

The acute unit servicing the HSE South region is based in Cork city therefore the majority of participants were based in Cork.

3.1.1.6 Clinical Work Setting

Unlike the findings from the national review of education and training needs undertaken by the HSE/ONMSD survey (2015), the sample reported working in either one of two areas: a CAMHS Community Mental Health Team or an Inpatient Child and Adolescent Mental Health Service, as outlined in Figure 4.

Figure 4. Work Location of Participants
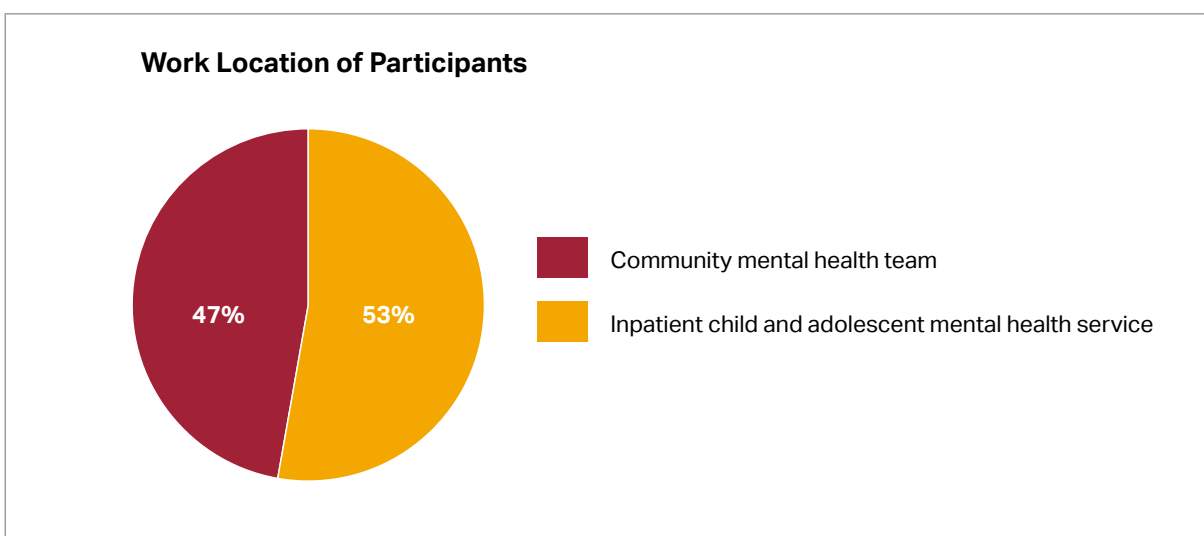
Table 6. Where Nurses Worked

Where Nurses Worked									
Community Mental Health Team		Inpatient Child and Adolescent Mental Health Service		Children's Hospital		Inpatient and Community Mental Health Team		Other	
National 2015 Data	Cork/ Kerry Data 2018	National 2015 data	Cork/ Kerry Data 2018	National 2015 data	Cork/ Kerry Data 2018	National 2015 data	Cork/ Kerry Data 2018	National 2015 data	Cork/ Kerry Data 2018
56%	47%	29%	53%	6%	0%	7%	0%	2%	0%

3.1.2   Age Profile of Service Users

The participants were asked in the questionnaire to indicate the age groups of children and adolescents they had contact with in their clinical role. Both qualitative and quantitative data suggest that nurses in Cork and Kerry CAMHS generally engage with children from the age of 8 to 9 and work with them until the age of 18. No respondent to the survey stated that they worked with children less than 5 years of age. 25% stated they worked with children from 5 to12 years and 75% stated that they worked with adolescents aged 13 or older.

Figure 5 outlines the quantitative results that the sample provided in relation to age group of their service users.

Figure 5. Age Profile of Service Users
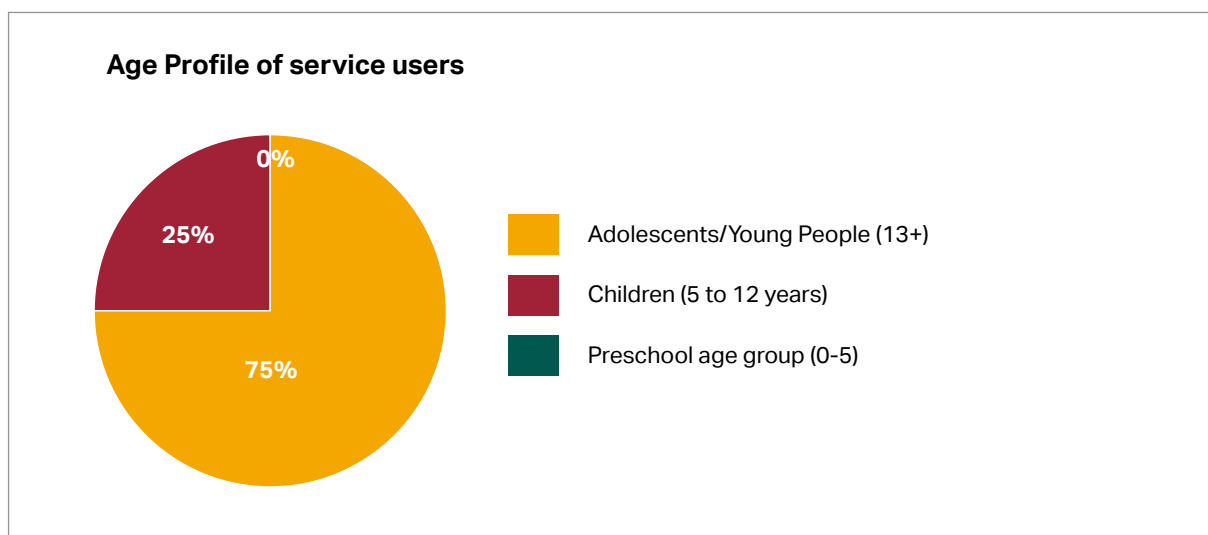
3.1.2.1 Clinical Presentations to Child and Adolescent Mental Health Services
Nurses described the most common presentations that they dealt with as part of their role in CAMHS. The sample was also asked to rank the identified mental health problems (Table 7) between 1 (most common) and 15 (least common) depending on their perceived prevalence in the clinical area. Table 7 outlines the mental health problems ranked by the number of responses received.

Table 7. Most Common Presentations CAMHS (Cork/Kerry)

Rank	Rank in national data (2015)	Presentation to service	Weighted average
1	1	Depressive disorders/low mood	12
2	2	Deliberate self-harm including lacerations, drug, medication and alcohol abuse/ overdose	11.75
3	3	Anxiety disorders/problems including phobias, somatic complaints, obsessional compulsive disorder and post-traumatic stress disorder	11.56
4	9	Autistic spectrum disorders/problems	10
5	4	Hyperkinetic disorders/problems including ADHD and another attention disorders	9.94
6	6	Conduct disorders/behavioural problems including oppositional defiance disorder, aggression, antisocial behaviour, stealing and fire setting	9.31
7	5	Eating disorders/problems	8.81
8	7	Family relationship difficulties/problems	8.44
9	10	Attachment difficulties/problems	7.19
10	8	Psychotic disorders/problems including schizophrenia, mania depressive or disorder drug induced psychosis	6.56
11	14	Habit disorders/problems including sleeping problems and soiling	5.38
11	11	Developmental disorders/problems referring to delays in acquiring certain skills such as social abilities	5.38
13	15	Gender role/identity disorder/problems	4.75
14	12	Bereavement/loss family breakup	4.56
15	13	Substance abuse referral to drug and alcohol misuse	4.38

*The higher the average scores of 1, the more prevalent the problem within the clinical area. Furthermore, the qualitative responses from the focus groups highlighted the following issues:

- Autism or autistic spectrum disorders
- The role of the family

3.1.3   Professional Training and Development (CAMHS)

3.1.3.1 Postgraduate Training
77% of the sample received specific training in relation to CAMHS while 23% stated they did not receive specific training, as outlined in Figure 6.

Figure 6. Numbers of nurses received specific training programme for their current role.
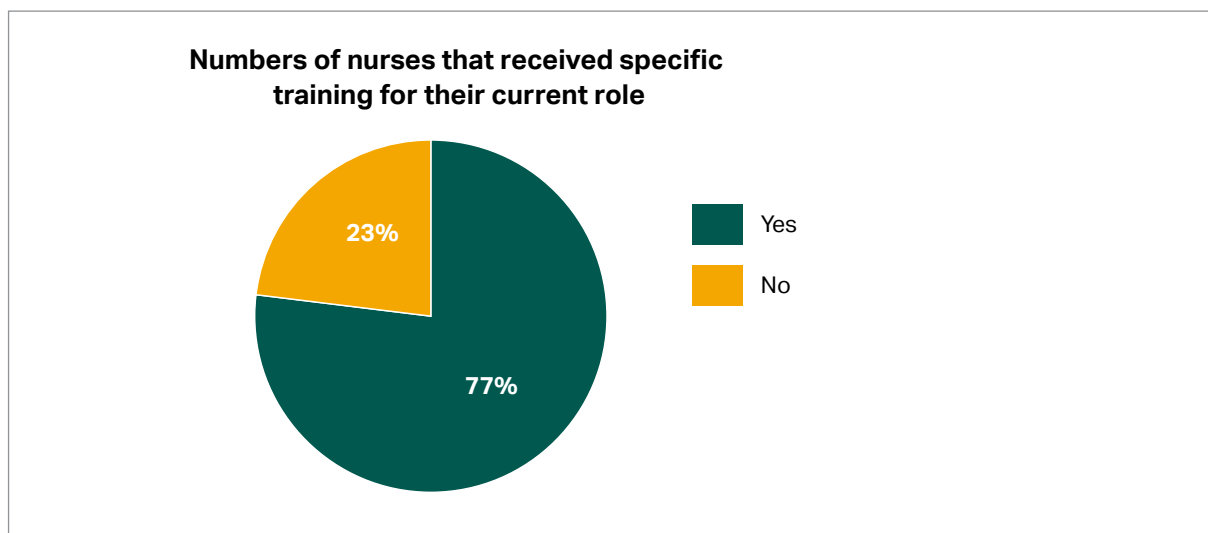
Table 8. Postgraduate Training

Postgraduate Training			
Possessed a Postgraduate Diploma		Did not possess a Postgraduate Diploma	
National data 2015	Cork/Kerry Sample 2018	National data 2015	Cork/Kerry Sample 2018
76%	77%	24%	23%

The 77% of the sample who indicted they had received training specific to their role engaged in the following programmes:

- Wellness Recovery Action Planning (WRAP) Training
- Decider training
- Postgraduate diplomas in Cognitive Behavioural Therapy Psychotherapy
- MSc in Mental Health - Child and Adolescent strand
- MA in Play Therapy
- 123 Magic Training Programme
- Solution focused therapy
- Family Therapy
- Health Promotion
- Certificate in Nurse and Midwife Medicinal Product Prescribing
- Postgraduate Diploma in Acute and Enduring Mental Illness
- Dialectic Behaviour Therapy
- Diploma in Child and Adolescent Mental Health
- Parent Plus Programmes
- Behaviour Therapy
- Eye Movement Desensitisation and Reprocessing Therapy
- Prevention of Aggression and Management of Violence Training
- Motivational Interviewing Training
- Neurosequential Therapy
- Family Based Therapy in Anorexia Nervosa

3.1.3.2 Reasons for Undertaking Further Education

Reasons for completing further education for this sample of nurses varied. In response to the question '*What would be the most important reason for you to undertake additional post registration training?*'

- 36 % stated to improve their own practice.
- 22% stated to develop a career pathway
- 14% stated to give greater confidence in your practice
- 7% stated either to get promoted, improve your CV, personal development or other reasons such as fun Figure 7 and Table 9 provides a detailed result to this question.

Figure 7. Reasons for Undertaking Further Education

Reasons for undertaking further education

Legend:
- To improve practice
- To develop a career pathway
- To improve your CV
- To give you greater confidence in your practice
- For personal development
- To get promoted and gain salary increase
- Other

Pie chart values: 36%, 22%, 14%, 7%, 7%, 7%, 7%
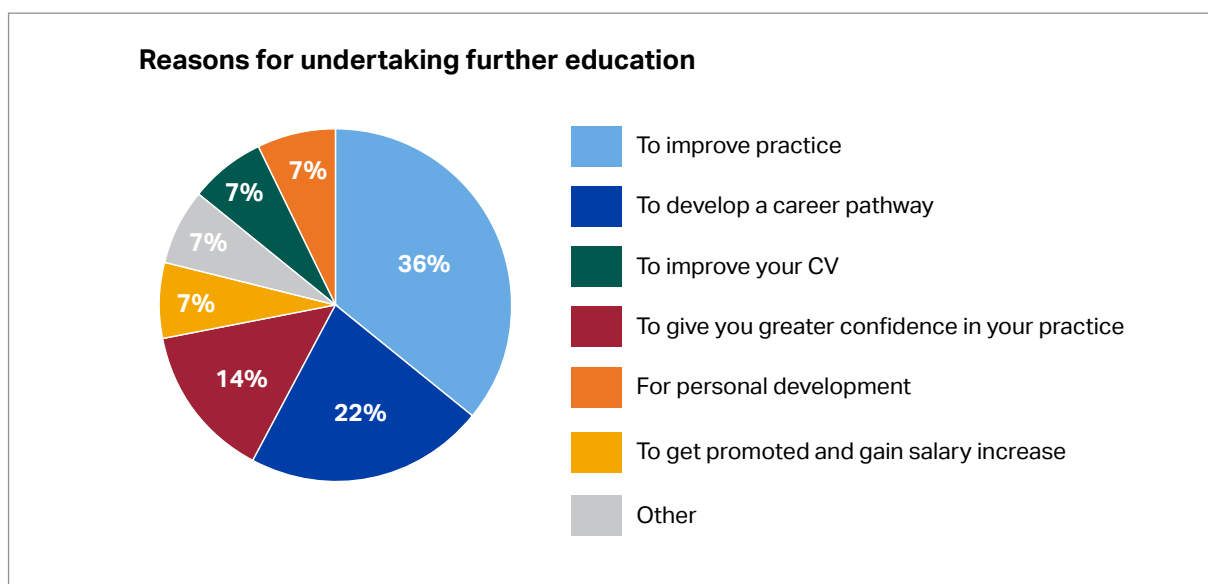
Table 9. Reasons for Undertaking Further Education

Reasons for Undertaking Further Education		
Reason	**National Data 2015**	**Cork/Kerry Data 2018**
To improve practice	78%	36%
Personal development	12%	7%
To give you greater confidence in your practice	0	14%
To improve your CV	0	7%
To develop a career pathway	10%	22%
To get promoted and gain a salary increase	0	7%
Other	0	7%

In response to the question 'If you undertook a training programme that receives accreditation or a qualification, what would be the most important type of accreditation to you?'

- 62% of the sample stated that their preference was for an academic qualification from a University or other higher education institution
- 23% stated a preference for professional qualification from the NMBI.

3.1.3.3 Reasons for not undertaking further training specific training in CAMHS

There were three specific reasons identified as to why participants did not complete specific postgraduate training for their role:

- 40% of respondents highlighted the lack of staff cover as a barrier which hindered their ability to access education and training resources.
- 40% of respondents answered the option entitled 'other' and identified barriers including not having the time due to family commitments and health reasons.
- 20% of respondents stated that they did not want to undertake further training and education

During the focus groups some participants cited two as reasons for not undertaking further specific training:

- Participants perceived that completed a Postgraduate Diploma in Child and Adolescent would limit their future career options within the broader Mental Health Services.
- Some participants had already completing Postgraduate Diplomas in Adult Mental Health Services and did not wish to complete further Postgraduate Diplomas

Figure 8. Reasons for not undertaking further training

Reasons for not completing specific training in CAMHS

- No staff cover
- Don't want to do further training
- Other reasons
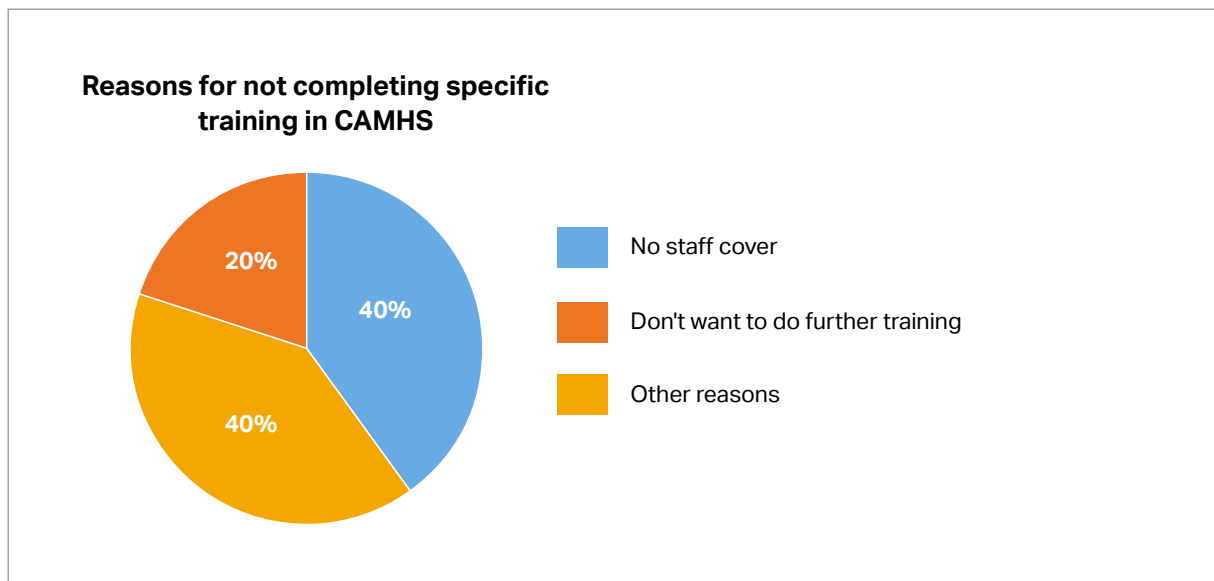
Table 10. The Ranking of Reasons for not undertaking further training specific for location

Ranking of Reasons for not undertaking further training specific for location		
Reason	**National Data 2015 Ranking**	**Cork/Kerry National Data 2018 Ranking**
No relevant Programme locally	1	0
No Funding available	2	0
Not aware of relevant Programmes	3	0
Not supported/given opportunity	4	0
No staffing cover	5	1
Don't want to do further training	6	2
Other	Not Published	1

3.1.4 Identification of Education and Training Needs (CAMHS)

3.1.4.1 Identifying Education and Training Needs

The participants were asked to identify how their organisation assessed and identified current education and training needs. 65% of the sample stated that there was no formal mechanism that their organisation to identify current education and training needs. This correlates with the findings from the focus group in which many participants indicated that they did not know where to access information in relation to their education and training needs, advice and future career progression. In contrast, when asked to identify reasons for not undertaking further training specific for location, participants did not specify either the lack of local programmes, available funding or awareness of relevant programmes as mitigating factors (Table 10). However, participants acknowledged the role of the Nursing and Midwifery Planning Development Unit (NMPDU) in providing support and information regarding education and training needs.

29% of the participants indicated that their training needs were currently being identified/assessed formally by the organisation and clinical supervision was the main mechanism (40%) to identify education and training needs. 20% stated that peer supervision assisted them to identify their education and training needs while 40% selected 'other' option including self-identification of training needs. Figure 9 outlines the responses to this question.

Figure 9. Methods of Identifying Training Needs within Organisations

Ways of identifying training needs in organisations

Table 11. Methods of Identifying Training Needs in CAMHS Organisations

Methods of Identifying Training Needs in CAMHS Organisations		
	National Data 2015	**Cork/Kerry 2018 data**
Clinical Supervision	39%	40%
Mentorship	19%	0%
Personal Development Plan	12%	0%
Peer Support	12%	20%
Local Policies	11%	0%
Other	12%	40%

3.1.4.2 Training Needs of Nurses Working in CAMHS

Participants working in CAMHS were asked to give their views about undertaking a postgraduate qualification. Table 12 below outlines the responses from the survey which indicated that 79% of the sample stated that they would like to receive postgraduate training. This is comparable to the response received from the HSE/ONMSD survey (2015).

Table 12. Postgraduate Training

Postgraduate Training			
Participants who would like to receive postgraduate training		Participants who would not like to receive postgraduate training	
National 2015 Data	Cork/Kerry 2018 Data	National 2015 Data	Cork/Kerry 2018 Data
87%	79%	13%	21%

Consistent with the ONMSD/HSE (2015) survey, when indicating a choice of postgraduate qualifications, participants were asked to select from one of the following 3 options:

1. Receiving training in Therapeutic Skills,
2. Receiving information updates or
3. Receiving new knowledge

- 50% indicated that they wished to receive training in therapeutic skills. This is lower than the 74% result in the 2015 ONMSD/HSE (2015) national survey.
- 36% indicated that they wished to receive education regarding new information in relation to research or specific types of treatment. This is a higher result (16%) than the ONMSD/HSE (2015) national survey data.
- 14% indicated that they wished to receive education regarding new knowledge i.e. new nursing theories. This is also higher (10%) than the ONMSD/HSE survey (2015) result.

Table 13. Training Options

Training Options					
Receiving training in Therapeutic Skills		Receive training regarding new information in relation to research or particular types of treatment		Gaining new knowledge	
National data 2015	Cork/Kerry Sample 2018	National data 2015	Cork/Kerry Sample 2018	National data 2015	Cork/Kerry Sample 2018
74%	50%	16%	36%	10%	14%

Participants were asked to rank their most important educational and training needs as displayed in Table 14. The list highlights in order of importance areas their education and training needs.

Table 14. Nurses ranking of different training needs

Rank	Rank in national data (2015)	Training need	Score
1	1	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	64%
2	13	Working within cultural, ethnic and religious contexts (e.g. with ethnic minority families, refugees and asylum seekers etc)	57%
3	4	Risk management (e.g. conducting risk assessment of children and adolescents in terms of self-harm/suicide, risks and families e.g. child abuse etc)	50%
3	3	Understanding and working with families (e.g. family theories, understanding family systems/dynamics, working with people with parenting difficulties)	50%
3	9	Interprofessional working (e.g. working with other disciplines and agencies such as social services, schools and education services. Knowing whom to make referrals to and how, understanding each other's role and contribution etc)	50%
3	10	Knowledge and understanding of policy and legislation regarding mental health and children (e.g. national and local policies, children's rights)	50%
3	12	Mandatory training (management of aggression and violence)	50%
4	14	Leadership and management theories in practice	43%
4	8	Understanding working with children and adolescents with particular disorders (e.g. autism, learning difficulties, ADHD, eating disorders)	43%
4	11	Promotion mental well-being (mental health promotion and prevention)	43%
5	5	Developmental theories (the development of children and adolescents)	36%
5	2	Assessment Process (e.g. how to conduct assessments on adolescents, knowledge of psychiatric disorders in children)	36%
6	6	Understanding and communication with children and adolescents (e.g. developing trust and relationship with adolescence)	29%
6	7	Interventions skills (e.g. management of aggression and violence, education with family and children)	29%
7	15	Historical and social context of children and childhood (e.g. role of in society)	14%

In addition to the list above the qualitative data from the focus groups identified a number of other educational and training needs including:

- Additional training on specific assessment tools
- Clinical skills
- Report writing
- Assessment of the physical health needs of children
- Brief interventions.
- Improving the clinical environment for the education of nurses and students

The list of education and training requirements identified by staff in CAMHS and clinical presentations of service users in the CAMHS were presented on a training matrix Table 21.

3.1.4.3 Preferred Training Options

- Findings from focus group together with the quantitative data indicated that short programmes were the preferred option for participants. These preferences were repeated with:
- 57% of the respondents indicated support for practical teaching sessions (lasting 1 – 2 hours) focusing on specific nursing skills, as a means of education and training delivery.
- 93% of the respondents indicated support for one-to-one support from a nurse specialist or link tutor-type role, focusing on supporting and supervising nurses in their practice. This specialist type role would provide practice-based training in the workplace and follow-up support, as a means of education and training delivery.

79% of participants indicated support for undertaking formal academic programmes and 54% selected distance learning. However, 93% indicated a preference to completing a day programme. 85% of participants favoured one day practical teaching sessions or seminars in comparison to the 57% who preferred shorter sessions.

3.1.4.4 Conclusion to the findings in relation to CAMHS

The findings of the focus groups and survey indicated that the priorities of the sample population included gaining more information in relation to therapeutic interventions, managing ethnic and cultural issues, developing clinical and documentation skills, conducting risk assessment, understanding and working with families, mandatory training, and policy and legislation. Many of the results are in line with the HSE/ONMSD survey (2015) data. The major divergences from the national survey includes working with children with specific disorders, including autism, interdisciplinary working, leadership and management theories and access to mandatory training. These findings will be explored and recommendations presented in order to address the needs of these cohorts of nurses.

3.2 Adult Mental Health Services and Intellectual Disability

Introduction

This section presents the findings relating to the education and training needs of RNID and RPNs working in Adult MHS and ID services across Cork and Kerry. 95 participants participated in the unstructured focus groups between September and November 2018. 172 responses were received from the Adapted Jones (2003) survey, which was distributed between November and December 2018. All responses were completed in full by RNIDs or RPNs.

The total number of nurses working in these organisations was approximately 950 and the response rate of 18% was achieved. The response rates for individual groups were:

- RPNs working in adult settings response rate was: 16%
- RNID response rate was: 19%

The results of the survey and focus group data will be presented in the following three sections:

> Section 3.2.1: Demographic and Employment Details (Adult MHS and ID Services)
> Section 3.2.2: Professional Development and Training (Adult MHS and ID Services)
> Section 3.2.3: Preferred Method of Education and Training Delivery (Adult MHS and ID Services)

It is important to note that the education and training needs of RNIDs and RPNs are presented separately in this report.

3.2.1 Demographic and Employment Details (Adult MHS and ID Services)

3.2.1.1 Demographic Details of the Participants

Most nurses that participated in the survey were female (76%) as outlined in Table 15. Overall, a wide range of nurses participated in the survey with comparable numbers of participants in the 30 to 39, 40 to 49 and 50 to 59 age ranges and totalled 90% of participants.

Table 15. Demographic Details of the Participants

Gender	Number	Percentage
Female	132	76%
Male	41	24%
Age	Number	Percentage
18-29	16	9%
30-39	54	31%
40-49	52	30%
50-59	50	29%
60+	2	1%

The participants had a broad range of experience of working in as outlined in figure10 with the largest group of participants having between 10 - 20 years' experience of working in Adult MHS and ID services.

Figure 10. Experience working in Mental Health/Intellectual Disability Services

Years working in Mental Health/Intellectual Disability Services

- 1 to 5 years — 10%
- 5 to 10 years — 16%
- 10 to 20 years — 41%
- 20+ years — 33%
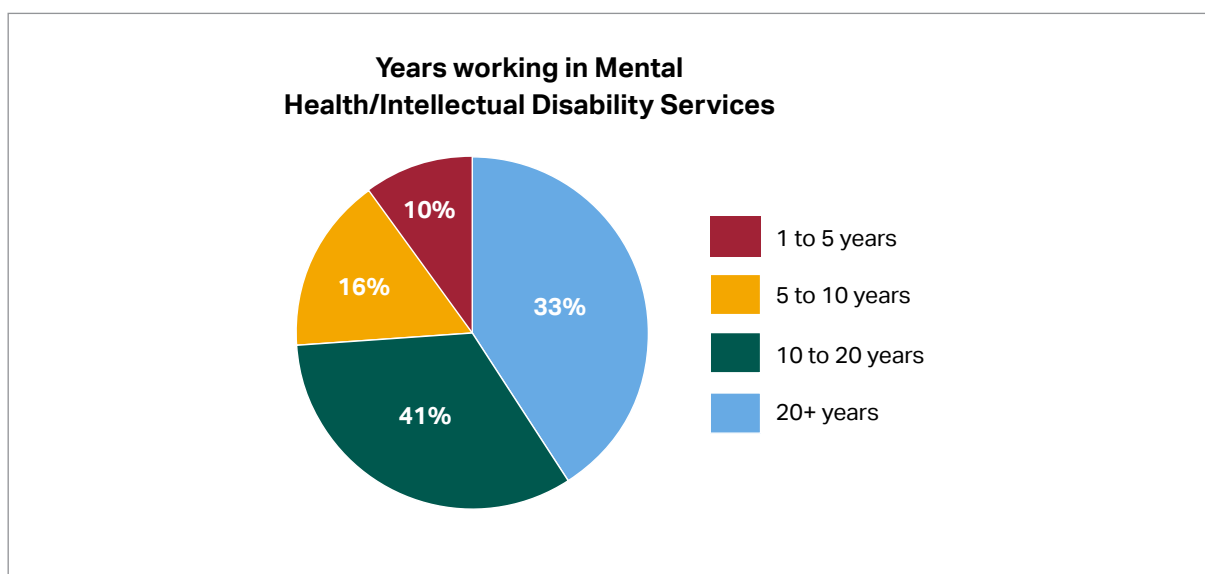
3.2.1.2 Clinical Setting of the Participants

The majority (n=117 or 67%) of the sample described themselves as RPNs. 100 respondents stated that they worked in MHS Area1 while 17 stated they worked in MHS Area 2. 33% of the sample or 57 participants described themselves RNIDs. Figure 11 outlines a total breakdown by service of the population that completed the survey.

Figure 11. Location of work for the participating population
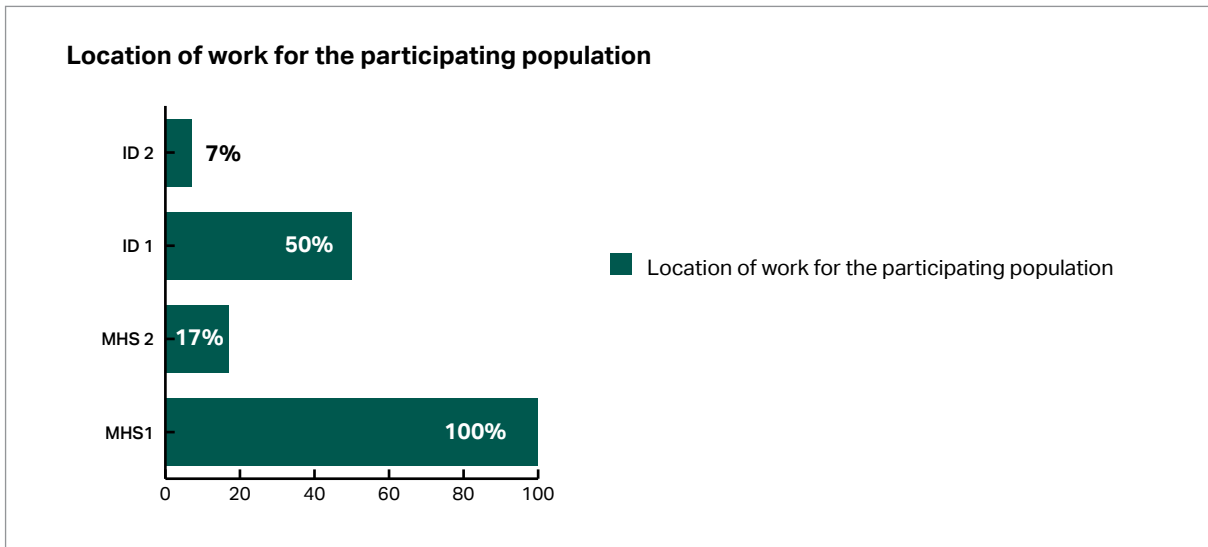
3.2.1.3 The Qualifications of Nurses and their Position in the Organisation

The respondents reported that:

- 99% were either a RNID or RPN on the NMBI register.
- 1% of the population stated that they were a RGN on the NMBI register.

35% of respondents stated that they worked at CNM2 grade, 30% stated that they were staff nurses and 15% stated that they held other positions within their organisation including CNM3s, ADONs etc. Figure 12 provides a detailed overview of the occupational grades of respondents.

Figure 12. Occupational Grades of Participants
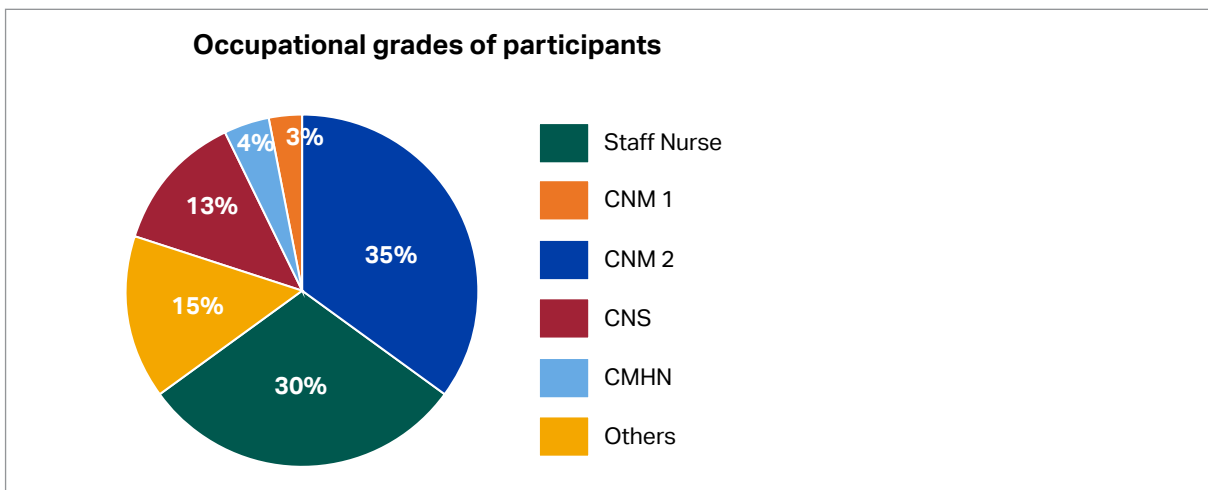
3.2.2 Professional Development and Training (Adult MHS and ID Services)

This section of the report will focus on the education and training needs as detailed by the participants. Education programmes that have been approved by NMBI and that are available to RNIDs and RPNs are outlined in Appendix 4. Also, provided is a list of programmes applicable for these cohorts available on HSeLand Appendix V.

3.2.2.1 Education and Training identified as being most useful to nurses

90% of the sample indicated that they wished to avail of opportunities to undertake postgraduate education that specifically focuses on Intellectual Disability or Mental Health Nursing.

When asked to identify the most useful type of postgraduate training, participants were asked to select from one of the following 3 options:

1. Practical nursing skills
2. Receiving information updates
3. Receiving new knowledge

Most participants requested information on practical nursing skills as figure 13 outlines.

Figure 13. Education and Training most useful to nurses
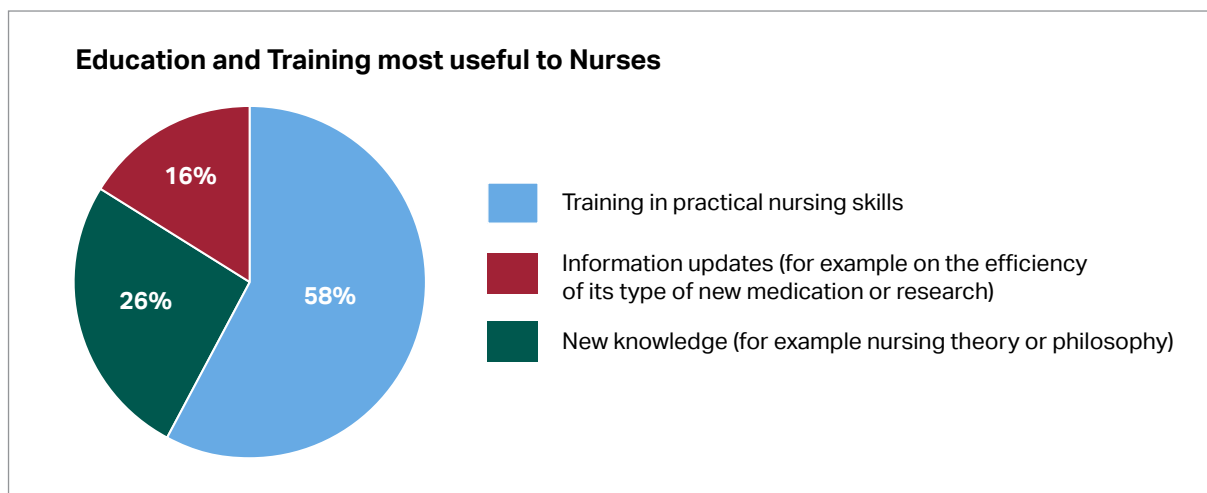
3.2.2.2 Education and Training Needs of RPNs

The questionnaire asked 117 RPNs to rank in order of importance their education and training needs. The list below (Table 16) was derived from the analysis of focus group data with RPNs in the first phase of the data collection process. Table 16 lists the education and training needs of participants in descending order.

Table 16. Most important training needs according to Registered Psychiatric Nurses

Order	Type of Training	% of the Sample
1	Risk Assessment	59%
2	Psychosocial Interventions and Therapeutic Interventions I.E. CBT Etc.	54%
3	Assessment skills	41%
4	Recovery oriented care	38%
5	Working with people with psychosis	36%
5	Documentation and report	36%
6	Service user and carer involvement	32%
6	Working with people who expressed suicidal ideation	32%
7	Working with people with dual diagnosis (alcohol and drugs)	30%
8	Clinical management skills	29%
9	Care planning	26%
9	Working with people with personality disorders	26%
10	Policy issues	23%
11	Medication management	20%
12	Prevention and management of aggression and violence	18%
13	Communication skills	17%
14	Discharge planning	16%
15	ICT (computer skills)	15%
16	Multidisciplinary team working	14%
17	Gender, ethnicity and cultural issues	12%
18	Multidisciplinary agency working	11%
19	Research and review of the literature	10%

Additionally, the qualitative findings relayed a perceived need for greater access to mandatory training as participants stated that places on programmes can be difficult to secure. However, the Directors of Centres of Nursing and Midwifery Education (CNMEs) who have responsibility for the provision of a number of mandatory programmes, articulated that mandatory training including allocation of places, are made available to Mental Health Services. Additionally, focus group participants perceived that it was easier to access specific mandatory training programmes such as the Prevention and Management of Aggression and Violence (PMAV) which is managed between the Mental Health Services, Learning, Education, Training and Development (LETD) and the NMPDU Cork/Kerry.

In addition to the education and training needs identified above (Table 16), a number of participants identified more specialised or individual programmes/needs. These identified educational and training needs included:

- Basic management skills such as delegation, communication and human resource management.
- Training on rehabilitation, community services, early intervention psychosis and forensic services
- Medication management specifically in relation to the sedation of service users
- Preceptorship training and improving the clinical learning environment for nurses

The list of education and training requirements identified by RPNs and clinical presentations of service users in Adult MHS will be presented on a training matrix Table 22.

The main perceived barriers to accessing education and training as identified by participants in the focus groups included:

- Lack of staff cover
- Unable to be released to attend classes
- Lack of information on education programmes and career guidance
- Pessimism about the future. Some staff had completed postgraduate programmes but were unable to implement their skills as the previously identified posts were not progressed.

However, during consultations with the Nurse Practice Development Coordinators, their role in providing information in relation to the availability of education and training programmes was outlined by them.

3.2.2.3 Education and Training Needs of Intellectual Disability Nurses

The questionnaire asked the 57 RNIDs to rank their education and training needs from the 22 identified needs, which were derived from the analysis of focus group data with RNIDs in the first phase of the data collection process. Table 17 outlines RNIDs education and training needs in descending order.

Table 17. Training Needs of RNIDs

Rank	Type of Training	% of total sample
1	Working with people with dementia	56%
2	Care planning	51%
3	Risk assessment	49%
4	Policy issues	42%
5	Assessment skills	40%
6	Palliative care	38%
6	Clinical leadership skills	38%
6	Mental health training	38%
7	Community nursing	35%
8	Dealing with challenging behaviour	29%
9	Liaison general hospital and community services	22%
10	Clinical skills	20%
11	ICT (computer skills)	18%
11	Multidisciplinary team working	18%
11	Physical health assessment	18%
12	Documentation and report writing	15%
12	Communication skills	15%
13	NIMS training	13%
13	Working with families	13%
14	Medication management	11%
15	Critically review the literature and research	9%
16	Multiagency working	4%
17	Discharge planning	2%
17	MAPA training	2%
18	Gender, ethnicity and cultural issues	0%

In addition to the needs outlined above, the focus groups also identified individual issues or education and training needs relating to:

- Bone health
- Epilepsy care
- Cardiac care
- Autism and autistic spectrum disorders
- Preceptorship training and improving the clinical learning environment
- Pharmacology

The list of education and training requirements identified by RNIDs and clinical presentations of service users in ID services are presented on a training matrix Table 23.

A further number of education and training programmes for RNIDs which were not identified in this research were recognised in the 'Shaping the Future of Intellectual Disability Nursing in Ireland' (McCarron et al. 2018) as requirements for the effective role and function of RNIDs. The additional education and training requirements included:

- Informing Families
- Early Intervention
- Nurse Prescribing
- Lámh
- Dietetics and Nutrition
- Supporting Self-Determination e.g. Advocacy Training
- Specialist Knowledge in primary, secondary, tertiary settings
- Liaison roles with acute hospitals
- Leadership and Governance roles
- Specialist Education in e.g. legal, business, workplace criminal justice system
- Perinatal Nursing
- Quality Care Metrics
- Research and Evidence Based Practice and QI measures Pain Management
- Social participation and employment

Although the above list of education and training requirements were not identified by participants in this research and consequently not included in the training matrix, the recommended additional list of requirements should be considered by line management when addressing the needs of RNIDs.

Focus group participants identified the following perceived barriers to completing further education:

- The lack of staff cover hindered their ability to complete further education
- Limited choices regarding education and training programmes available for RNIDs
- Uncertainty regarding funding for programmes
- A number of staff had previously completed postgraduate programmes however they were unable to use their acquired skills as the previously identified posts were not progressed.

3.2.3 Preferred Method of Education and Training Delivery (Adult MHS and ID Services)

3.2.3.1 Preferred Method of Education and Training Delivery

Participants identified short focused sessions as their preferred option for the delivery of education and training. Responses included:

94% of participants supported completing 1 to 2-hour teaching seminars

94% of participants supported practical learning sessions lasting 1 to 2 hours

94% of participants supported short 1 to 2-day programmes in a specific area.

Additionally, there was support for longer programmes also including:

62% of participants supported completing distance learning programmes

56% of participants supported completing longer intense programmes of 12 weeks

53% of participants supported completing academic diplomas or degrees

3.2.3.2 Accreditation/Qualifications of Programmes

94% of the sample population indicated the importance of obtaining a qualification and/or accreditation for the education and training they completed. Whilst 33% favoured an academic qualification from the University or HEI, 43% of participants did not distinguish between awards from either a professional or academic institution.

Figure 14. Types of Qualifications that Nurses Want

What type of qualification and/or accreditation do nurses want?

33%
43%
24%

- An academic qualification (e.g. from University)
- A professional qualification (e.g. from the NMBI)
- No preference
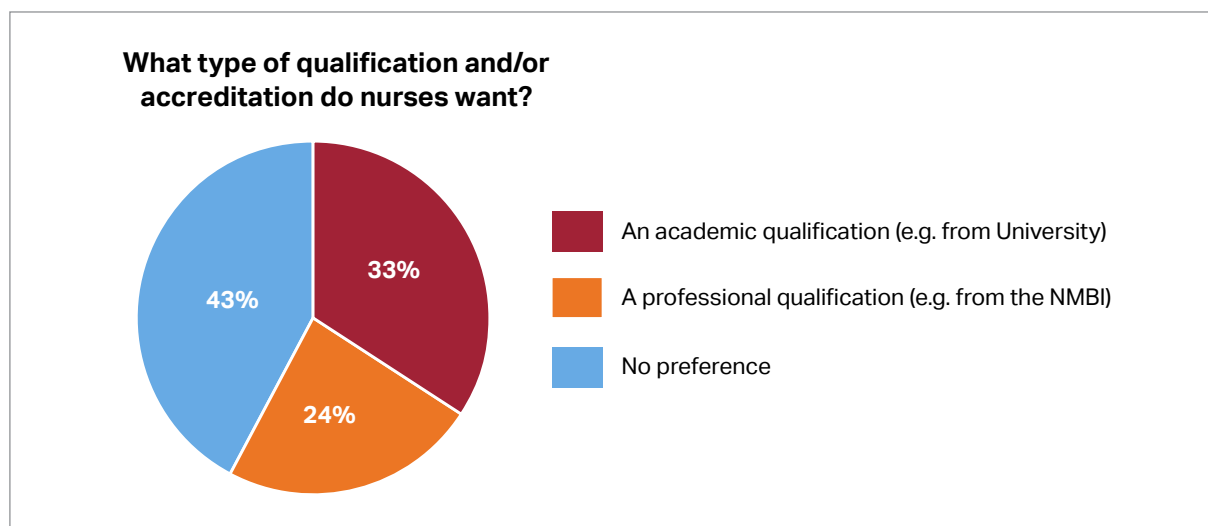
3.2.3.3 Summary of Findings in Relation to Education and Training Needs (Adult MHS & ID Services)

In relation to the RPNs working in adult settings, the findings of the analysis indicated the need for education and training in the following areas:

- Assessment and risk assessment
- Providing interventions
- Understanding recovery principles
- Working with people with psychosis
- Documentation and report writing
- Effectively engaging with service users and carers.

The findings also indicate the need for RNIDs to have further training in the areas of:

- Dementia care
- Care planning
- Risk assessment
- Understanding policy issues
- Assessment skills
- Palliative care needs
- clinical leadership skills
- Mental health training.

RNIDs and RPNs in adult services indicated their preference for skills based, practical programmes with a short duration.

3.2.3.4 NMPDU Funding to Mental Health and Intellectual Disability Services in Cork and Kerry

Over the past 20 years, 8 NMPDUs have been established nationally with 4 Area Directors with a remit for Dublin North East, Dublin Mid Leinster, HSE South and HSE West. Each NMPDU provides funding for CPD for nurses and midwives in HSE and HSE funded agencies within its remit including RNIDs and RPNs. The majority of services in Cork and Kerry for people with an intellectual disability are provided by either voluntary, section 38 or section 39 organisations. The provision of funded programmes by the NMPDU Cork/Kerry in 2017 and 2018 is outlined below.

Table 18. Programmes supported by the NMPDU for Mental Health Nursing

Programmes supported by NMPDU 2017 Mental Health Services	
Post Graduate Diplomas, Certificates, Modules and Masters Programmes	**Numbers Funded**
MA Art Therapy	1
MA Clinical Supervision Professional Practice	1
Masters Recovery Focused Mental Health	1
Masters Science	1
MSc Advanced Practice Forensic Mental Health	1
MSc Applied Social Research	1
MSc Cognitive Behavioural Therapy & Motivational Interviewing	1
MSc Dementia Care	1
MSc Gerontology	2
MSc Human Resources Management	1
MSc Leadership	1
MSc Nursing Dementia Care	1
MSc Nursing Science Leadership & Management	1
MSc Psychosocial Interventions in Mental Health	3
MSc Research	1
Post Grad Certificate Cognitive Behavioural Therapy	1
Post Graduate Diploma Cognitive Behavioural Therapy	9
Post Graduate Diploma Gerontology	1
Post Graduate Diploma Mental Health	1
Post Graduate Diploma Psycho Social Interventions in Mental Health	6
Post Graduate Diploma Recovery Focused Mental Health	9
Diploma in Nutritional Therapy	1
Acute & Chronic Wound Care (Module)	1
Supporting Perinatal Mental Health (Module)	1
EMDR Training	1
Fitness Instruction & Personal Training	1
Short programmes are events of up to 6 days long - conferences, individual study days and workshops	
Trauma, Attachment, Affect Dysregulation and Shame	4
EMDR (Eye Movement De-Sensitisation & Reprogramming Therapy)	5
National Dementia Care Conference	1
Falls Prevention Conference 2017	2
Cognitive Remediation Therapy	1
ADOS 2 - Training for the Clinical Setting	1
An Interpersonal Neurobiological Approach to Transforming Developmental Trauma into Integration and Resilience	1

Horatio European Festival of Psychiatric Nurses	1
Microsoft Excel	1
Clinical Placement Co-Ordinators Special Inaugural Seminar	3
Cognitive Behaviour Therapy - A Skill Based Learning Initiative	1
Improving Access to a Therapy that works: Future Directions for CBT in Ireland	2
Dr. Dan Siegel Development Trauma Workshop	1
Understanding the power of defensive processes when working with babies, young children and their parents	1
Investigating Mind without losing Heart: Mindfulness, Fragility & Compassion	1
Developmental Trauma	4
Improving Access to a Therapy that Works: Future Directions for CBT in Ireland	1
A Compassionate Approach to Building Resilience -	1
CBT in Ireland: Improving Access to a therapy that works	1
European Assertive Outreach Federation Conference 2017	4
Imagination Gym - Delivering Therapy for Older People	1
Hallmarks of Excellence in Nursing Conference	1
Future Directions for CBT in Ireland	1
A Compassionate Approach to Building Resilience in Therapists	1
5 Day Mindfulness Course	1
Activity Therapy for Older People	1
Mental Health Nurse Managers Ireland National Conference 2017	7
Overcoming Weight Stigma in Healthcare	1
Psychology Seminar Series 2017	1

Programmes support by NMPDU 2018 Mental Health Services	
Post Graduate Diplomas, Certificates, Modules and Masters Programmes	**Numbers Funded**
MSc in Advanced Nursing Practice	6
MSc in Leadership	3
MSc in Recovery Focused Mental Health Nursing	2
MSc in Nursing	2
MSc Dementia Care	1
MSc Cognitive Behavioural Therapy and Motivational Interviewing	1
MSc in Healthcare Management	1
Masters in Science in Nursing (Psychosocial Interventions in Mental Health)	3
MA in Art Therapy	1
MSc in Nursing and Healthcare Quality Improvement	1
MA in Play Therapy	1
MSc Digital Health	1
Post Graduate Diploma in Gerontology	1
Post Graduate Diploma in Perinatal Mental Health	1
Post Grad Certificate in Gerontology	1
Post Graduate Diploma Advanced Leadership	2
Post Graduate Diploma Recovery Focused Mental Health	5
Post Graduate Diploma Psycho Social Interventions in Mental Health	4
Post Graduate Diploma/Masters in CBT	2
Diploma in Neuropathic Nutrition	1
Lean Six Green Sigma Belt	1
Nutritional Therapy	1
Professional Diploma Clinical Supervision	1
Social, Emotional & Behavioural Difficulties	1
Safety, Health & Welfare	1
Health Professional Education	1
Physical Assessment for Nurses (Module)	1
Perinatal Bereavement & Loss (Module)	3
Short programmes are events of up to 6 days long - conferences, individual study days and workshops	
EMDR Training(Eye Movement Desensitization & Reprocessing)	3
Embodied Attachment - Practical Maps & Strategies to Create a Felt Sense of Safety	2
Structured Interviewing for Prodromal Symptoms	1
(SIPS) Structured Interview for Psychosis- Risk Syndromes	6
Child Attachment Interview Training -(with Reliability)	1
CBT for Complicated PTSD	5
Understanding Self-Harm Conference	1
End of Life Care and Communication for Staff Working in Residential Care Settings for Older People -"What matters to me"	1

Exeter Advanced Course in Liaison Psychiatry	2
Health and Healing through Mind-Body Unity - Gabor Mate	2
Supporting an unplanned pregnancy	1
Gabor Mate Trauma and Addiction Conference	1
European Doctoral Conference in Nursing Science	1
Deaf Awareness Training 2018	1
Workshop the body keeps the score - bessel van der Kolk -psychological trauma	5
Falls Prevention Conference	1
Workshop Supporting 30-60 Nursing Staff to "Support Persons Bereaved by Suicide	1
ADHD Masterclass	1
Art therapy introduction	1
Autism and intellectual disability- expert analysis, new research: what works	1
Elderwell Training on Therapeutic Interventions	1
Circle of Security Parenting Facilitator Training	4
Introduction to Sandplay Studies	1
International Health and Development Training for Healthcare Workers.	1
ASD and mental health	1
Complex problems & therapeutic ruptures: rising to the challenge	1
safe patient care	1
Comprehensive Resource Model training basic cert level 1	1
Complex Problems and Therapeutic Ruptures, Rising to the Challenge	1
Treating Addictive disorders in trauma survivors	2
Understanding Dementia	1
Dual Diagnosis- mental health and Addictions- An introduction to Integrated Treatment Approaches	1
National Conference MHNMI	1
The 3rd Annual Functional and Lifestyle medicine Conference	2

Table 19. Programmes supported by the NMPDU for Disability Nursing

Formal Academic Programmes Funding 2017 – Intellectual Disabilities	
Programme	**Number**
Certificate in Management for Healthcare Professionals	1

Programme Supported by NMPDU 2018 - Intellectual Disability
Postgraduate Diploma in Nursing (Intellectual Disability)

In relation to other forms of funding, the NMPDU Cork/Kerry provides support for single modules, non-QQI accredited programmes, and other specific educational initiatives for nurses. The below tables indicate the support the NMPDU have provided to RNIDs and RPNs in 2017 and 2018.

Table 20. Short Programmes, Conferences and Modules supported by the NMPDU Cork/Kerry for Mental Health and Intellectual Disability Nurses 2017/2018

Short Programmes, Conferences and Modules supported by the NMPDU Cork/Kerry for Mental Health and Intellectual Disability Nurses 2017/2018		
Name of Programme	**Numbers attended**	**Programme type**
Physical Assessment for Nursing Practice	1	Module
Perinatal Bereavement and Loss	5	Module
Acute and Chronic Wound Care for Healthcare Professionals	1	Module
Creative exchange – an age and opportunity programme	1	Module
End of life Thematic Inspections	1	Short Programme
Treating addictive disorders in trauma survivors	2	Short Programme
Understanding Dementia	1	Short Programme
Towards a restraint free environment	2	Short Programme
Dual Diagnosis – Mental Health and Addictions – an Introduction to Integrative Treatment Approaches	1	Short Programme
ACADULT MHS Masterclass ADHD	1	Short Programme
Palliative Care	5	Short Programme
Infection Prevention and Control: a Foundational Programme for Residential Care	1	Short Programme
Developmental Trauma	1	Short Programme
National Conference – MHNMI	4	Conference
Hallmarks of excellence nursing conference	5	Conference
European Assertive Outreach Federation Conference	3	Conference
A series of masterclasses: support in an unplanned pregnancy	1	Conference/ Masterclass
A Compassionate Approach to Building Resilience in Therapists	1	Conference
Institute of Community Health Nursing Annual Conference	1	Conference
Psychological Seminar Series 2017	1	Seminar
IARNA Conference	1	Conference
AIGNA AGM and Masterclass	1	Conference

3.2.3.5 Third Level Options for Mental Health and Intellectual Disability Nurses at QQI Level 8 and 9

The following is a list of the available Level 8 and 9 accredited programmes available for RNID and RPNs in third level institutions in Ireland.

Third level options for Child and Adolescent Programmes in Ireland
- Mental Health - Child, Adolescent and Family (MSc/Postgraduate Diploma) - Trinity College Dublin
- Graduate Diploma in Child Mental Health - University College Dublin
- MSc in Child & Adolescent Health Care Practice - Dublin City University
- Postgraduate Diploma in Nursing (Child and Adolescent Mental Health) - National University of Ireland, Galway
- MSc Child and Adolescent Counselling & Psychotherapeutic Skills - PCI College

Third level options for Intellectual Disability Specific Programmes in Ireland
- MSc in Intellectual Disability Nursing Practice - Dublin City University
- Master of Science/Post Graduate Diploma Intellectual Disability Nursing - Athlone Institute of Technology
- Master of Science in Nursing (Intellectual Disability) - Waterford Institute of Technology
- Masters in Science/Postgraduate Diploma/Postgraduate Certificate in Ageing Health and Wellbeing in Intellectual Disability (an interdisciplinary Programme) - Trinity College Dublin
- Certificate in Leadership, Management and Quality Initiatives in Intellectual Disability Services - Dundalk Institute of Technology
- Third level options for Mental Health Nursing (Adult) Specific Programmes in Ireland
- Recovery-focused Mental Health Nursing - University College Cork
- MSc Nursing (Psychosocial Interventions In Mental Health Care) - University of Limerick
- MSc Perinatal Mental Health - University of Limerick
- Master of Science in Nursing (Mental Health) - Waterford Institute of Technology
- MSc in Cognitive Behaviour Therapy (CBT) and Motivational Interviewing (MI) for Practice - Waterford Institute of Technology
- Certificate in Psychosocial Interventions for Practice - Waterford Institute of Technology
- Certificate in Cognitive Behavioural Skills for Practice - Waterford Institute of Technology
- Post Graduate Diploma/MSC in Cognitive Behaviour Therapy - University College Cork
- MSc in Mental Health Nursing Practice - Dublin City University
- Mental Health (MSc/Postgraduate Diploma) - Trinity College Dublin
- Postgraduate Diploma in Nursing (Mental Health, Community and Inpatient Acute Care) - National University of Ireland, Galway
- Professional Certificate in Acute Mental Health Interventions - University College Dublin
- Postgraduate Diploma in Nursing Studies (Community Mental Health) - St Angela's College, Sligo
- Certificate in Psychosocial Interventions - Dundalk Institute of Technology
- Master of Science Therapeutic Interventions for Alcohol & Other Drugs - Letterkenny Institute of Technology

As the tables above demonstrate, the Nursing and Midwifery Planning Development Unit, Cork/Kerry has provided significant funding for the development of RNIDs and RPNs locally and demonstrates the availability of accredited Level 8 and 9 programmes nationally. Funding has been provided for formal academic and short programmes, conferences and workshops on an on-going basis.

This funding has also translated into supporting the development of nursing and midwifery in line with the goals of the organisation including the development of 3 Registered Advanced Nurse Practitioners (RANPs) registered in Mental Health in 2018. There are currently 6 RANPs in Mental Health in Cork and 2 further candidates to register as ANPs in 2020. In relation to CAMHS, 2 candidate ANPs have commenced a process to become eligible for registration in 2020. There are currently a total of 40 RANP's in Mental Health nationally.

Regarding the Intellectual Disability sector, there are 2 RANPs in Cork, the second of whom was registered in 2020. Additionally, funding from the NMPDU has been provided to support the preparation for an ANP post relating to the care of the older person from an intellectual disability perspective and a candidate ANP Intellectual Disability currently undertaking the programme. Shaping the Future of Intellectual Disability Nursing implementation group presented a position paper to the Department of Health in January 2020 to enhance the delivery of care for children and older people with an intellectual disability through the provision of advanced practice nursing services. There are currently 3 RANP's in Intellectual Disability Services nationally. The proposed services meet the principles of Sláintecare with emphasis placed on population health, person-centred care, health and wellbeing, equity for all, enhanced co-ordination of care, promotion of self-care, top of licence practice and teamwork and quality and patient safety.

3.2.3.6 Presentation of Training Matrices for ID Services and Mental Health Services, both Adult and CAMHS

From the surveys and focus groups a list of education and training requirements identified by RNIDs and RPNs were tabulated against clinical presentations of service users in ID services as well as Mental Health services, both Adult and CAMHS, and are presented on the following three training matrices.

Table 21. Training Matrix Child and Adolescent Mental Health Services

CAMHS		Depressive Disorder/Low Mood	Deliberate Self Harm	Anxiety Disorders/Problems	Autistic Spectrum Disorders	Hyperkinetic Disorders	Conduct/Behavioural Disorders	Eating Disorders	Family Relationship Difficulties	Attachment Disorders	Psychotic Disorders	Habit Disorders	Developmental Disorders	Gender Role	Bereavement	Substance Abuse
Formal Education/ Modules	Post Grad Cert e.g. Nurse Prescribing	✗		✗			✗	✗			✗	✗				✗
	Post Grad Diploma e.g. CAMHS, CBT, Acute & Enduring Mental Illness	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Masters Degree e.g. Mental Health, CAMHS, Play Therapy	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Solution Focused Therapy	✗	✗	✗				✗	✗			✗			✗	✗
	Family Therapy		✗		✗		✗	✗	✗	✗	✗		✗		✗	✗
	Dialectic Behaviour Therapy	✗	✗					✗			✗					✗
	CBT, Psychotherapy	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Eye Movement Desensitisation & Reprocessing Therapy	✗		✗				✗			✗			✗	✗	✗
	Neurosequential Therapy		✗							✗	✗			✗	✗	✗
	Family Based Therapy in Anorexia Nervosa			✗				✗								
Short Programmes	Mental Health Promotion	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Developmental Theories & Strategies												✗			
	Communication Theories & Strategies	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Processes/Specific/Physical Health Assessment Tools	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Decider Training	✗	✗	✗			✗		✗	✗				✗	✗	
	123 Magic Training												✗			
	Wellness Recovery Action Plan (WRAP)	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Health Promotion	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Parent Plus Programmes												✗			
	Policy & Legislation	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Intervention Skills	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Risk Management	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Motivational Interviewing Training						✗									✗
Conference & Workshops	Cultural/Ethnicity Training	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Report Writing	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Clinical Skills Workshops	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Interprofessional Working	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Historical and Social Context of Children & Childhood	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Leadership & Management	Leadership and Management Programmes – LETD & HSeLanD	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Table 22. Training Matrix Registered Psychiatric Nurses Adult Services

	RPNs	Psychotic Disorders	Bi Polar Affective Disorder	Working with people with psychosis	Working with people who expressed suicidal ideation	Working with people with dual diagnosis (alcohol and drugs)	Working with people with personality disorders	Depressive Disorders	Early intervention psychosis	Forensic services	Anxiety Disorders	Dementia Care	Care for residents with Intellectual Disabilities	End of Life Care
Formal Education	Post Grad Cert e.g. Nurse Prescribing; Kuf (Knowledge & Understanding Framework)						X				X	X	X	
	Post Grad Diploma e.g. CBT, Acute & Enduring Mental Illness; Psycho social interventions	X	X				X	X	X	X	X	X	X	
	Masters Degree e.g. Mental Health, Addiction Studies, MA CBT Motivational Interviewing; Dementia Care	X	X			X		X	X	X	X	X	X	
	Modules e.g. CBT; Dementia Care; Psycho social interventions; Motivational Interviewing; Kuf (Knowledge & Understanding Framework, CBTp BFT, Rehabilitation Education in recovery oriented principles and values; Early intervention model of care	X	X	X	X	X	X	X	X	X	X	X	X	X
Short Programmes	The Protection of Children and Vulnerable Adults Training	X	X	X	X	X	X	X	X	X	X	X	X	X
	Research and review of literature	X	X	X	X	X	X	X	X	X	X	X	X	X
	DBT & SCHEMA (personality disorders)	X	X	X	X	X	X	X	X		X	X	X	X
	Workshops for suicidal ideation – ASSIST STORM, understanding self- harm behaviour						X							
Conference & Workshops	Infection Control	X	X	X	X	X	X	X	X	X	X	X	X	X
	Care planning	X	X	X	X	X	X	X	X	X	X	X	X	X
	ICT (computer skills)													
	Residence Rights	X	X	X	X	X	X	X	X	X	X	X	X	X
	Gender, ethnicity and cultural issues	X	X	X	X	X	X	X	X	X	X	X	X	X
	Multidisciplinary agency working	X	X	X	X	X	X	X	X	X	X	X	X	X
	Community Services	X	X	X	X	X	X	X	X	X	X	X	X	X
	Enhancing organisation effectiveness	X	X	X	X	X	X	X	X	X	X	X	X	X
	Service user and carer involvement	X	X	X	X	X	X	X	X	X	X	X	X	X
	Medication management including sedation	X	X	X	X	X	X	X	X	X	X	X	X	X
	Assessment skills	X	X	X	X	X	X	X	X	X	X	X	X	X
	Education on Regulation and Legislation Mental Health Act 2001	X	X	X	X	X	X	X	X	X	X	X	X	X
	Communication skills	X	X	X	X	X	X	X	X	X	X	X	X	X
	Multidisciplinary team working	X	X	X	X	X	X	X	X	X	X	X	X	X
	Documentation and report Writing	X	X	X	X	X	X	X	X	X	X	X	X	X
	Discharge Planning	X	X	X	X	X	X	X	X	X	X	X	X	X
	Preceptorship Training	X	X	X	X	X	X	X	X	X	X	X	X	X
	Risk Assessment/Management Incident Reporting	X		X	X	X	X	X	X	X	X	X	X	X
	Basic management skills - delegation	X	X	X	X	X	X	X	X	X	X	X	X	X
	Maastricht Interviewing/ Hearing Voices Workshops	X	X	X	X	X	X	X	X	X	X	X	X	X
	Paranoia Workshops	X	X	X	X	X	X	X	X	X	X	X	X	X

Table 23. Training Matrix Registered Nurse Intellectual Disability

RNID		Care of persons with mild to severe intellectual disabilities	Early intervention	Assessment	Advanced and Specialist Assessment	Preschool	Special education development services	Support access to vocational training, sheltered and supported employment services	Person-centred Education and Support	Education provision for persons with ID	Promotion of physical, mental and social well-being – support with specialist knowledge and treatment to support people through every stage of their lives	Behavioral Support	Dementia	Epilepsy	Bone Health	Cardiac Care	Autism and autistic spectrum disorders	Pharmacology
Formal education	Post Grad Cert e.g. Nurse Prescribing, Leadership Management and Quality Initiatives in Intellectual Disability services, Postgraduate Certificate in Ageing Health and Wellbeing in Intellectual Disability	✗		✗							✗	✗						
	Post Grad Diploma e.g. Postgraduate Diploma in Nursing, Postgraduate Diploma in Ageing Health and Wellbeing in Intellectual Disability; Post Grad education: competence and scope of practice	✗		✗	✗				✗	✗	✗	✗						
	Masters Degree e.g. MSc in Intellectual Disability Nursing Practice, Masters in Science Ageing Health and Wellbeing in Intellectual Disability	✗		✗	✗				✗	✗	✗	✗						
	Module Managing people with dementia; Epilepsy; Bone Health; Cardiac Care; Autism and autistic spectrum disorders; Pharmacology	✗		✗							✗	✗	✗	✗	✗	✗	✗	✗
Short Programmes	Protection of vulnerable adults	✗									✗	✗					✗	
	Assessment skills	✗	✗	✗	✗				✗		✗	✗	✗				✗	
	Palliative care	✗			✗						✗							
	Clinical leadership skills				✗													
	Mental health training	✗									✗	✗	✗				✗	
	Dealing with challenging behaviour	✗			✗						✗	✗	✗				✗	
	Clinical skills	✗			✗						✗	✗	✗				✗	
	Medication management											✗	✗	✗	✗	✗	✗	✗
	MAPA training											✗						
	Bone health				✗										✗			
	Epilepsy care	✗			✗						✗		✗	✗				✗
	Cardiac care	✗			✗						✗					✗		
	Autism and autistic spectrum	✗			✗						✗		✗				✗	
	Pharmacology										✗		✗	✗	✗	✗	✗	✗
	Care planning	✗		✗	✗				✗		✗	✗	✗				✗	
	Preceptorship training																	
	Risk assessment								✗			✗	✗				✗	
	Policy issues				✗								✗					
	Advanced Communication Skills	✗			✗				✗		✗	✗	✗				✗	
	Personal & professional development -Clinical Supervision																	
	Working with families	✗	✗			✗	✗				✗		✗				✗	
	Critical review and literature research																	
	Person-centred training	✗							✗		✗	✗						
	Prevention, detection and reporting of abuse											✗						
	DBT & SCHEMA					✗	✗	✗	✗	✗								
	Centred Care, Assessment, Cardiac Care			✗					✗				✗				✗	
Conferences & Workshops	Assisted Decision Making (Capacity) Act (2015)				✗				✗		✗		✗	✗			✗	
	National Standards for Residential Services for Children & Adults with Disabilities (2013)				✗				✗									
	General Legislation (Update)																	
	ICT (computer skills)																	
	Discharge planning																	
	Gender, ethnicity and cultural issues																	
	Documentation and report writing			✗	✗				✗			✗	✗				✗	
	Multidisciplinary team working																	
	NIMS training																	

Table 24. Mandatory Training for ID Services and Mental Health Services, both Adult and CAMHS

Mandatory Training	ID Services	Adult Mental Health Services	Child and Adolescent Mental Health
Automated External Defibrillator (AED) - CNE	✗	✗	✗
Basic Life Support (BLS) – CNE	✗	✗	✗
Professional Management of Aggression and Violence (PMAV)	✗	✗	✗
MAPA	✗		
Safeguarding	✗		
Trust In Care	✗		
Manual Handling	✗		
Sharps	✗		
Hand hygiene / infection control	✗		
Food hygiene	✗		
Brief Interventions			✗
Fire Training	✗	✗	✗
Manual Handling	✗	✗	✗
HSeLanD			
Mental Health Act		✗	✗
GDPR	✗	✗	✗
Children's First Training	✗	✗	✗
Health and Safety	✗	✗	✗

Education and training programmes for RNIDs which were not identified in this research were recognised in the 'Shaping the Future of Intellectual Disability Nursing in Ireland

A further number of education and training programmes for RNIDs which were not identified in this research were recognised in the 'Shaping the Future of Intellectual Disability Nursing in Ireland' (McCarron et al. 2018) as requirements for the effective role and function of RNIDs. The additional education and training requirements included:

- Informing Families
- Early Intervention
- Nurse Prescribing
- Lámh
- Dietetics and Nutrition
- Supporting Self-Determination e.g. Advocacy Training

- Specialist Knowledge in primary, secondary, tertiary settings
- Liaison roles with acute hospitals
- Leadership and Governance roles
- Specialist Education in e.g. legal, business, workplace criminal justice system
- Perinatal Nursing
- Quality Care Metrics
- Research and Evidence Based Practice and QI measures Pain Management
- Social participation and employment

Section 4
Recommendations

Section 4 Recommendations

The recommendations are presented under the headings of overall recommendations and specific recommendations for staff working in CAMHS, Adult MHS and ID services.

4.1 Overall Recommendations to address the findings in the report

1. Each line manager to complete a Professional Development Portfolio (PDP) with their staff members and identify appropriate education and training needs including mandatory training, in line with the service needs and organisational goals.

2. A culture of continued professional development and regulation is maintained and encouraged to facilitate nurses to retain and expand their competence as required by NMBI.

3. An education and training matrix is to be made available to each service area within the Adult MHS, CAMHS and ID services as a guide to identifying options available to staff for continuing professional development and advancement within the organisation (the matrices are not definitive lists).

4. In line with the regulations, specialist training programmes to be made available to staff working with specialist areas in CAMHS, ID and Adult MHS services, including education and training related to Mental Health National Clinical Programmes.

5. Education and training programmes should where possible be accredited by an academic or a professional organisation.

6. The delivery of education and training needs are to be appropriate and flexible, including face to face delivery, blended learning approach and online delivery modes including HSeLand. The location needs to be as convenient as possible to the service and consideration needs to be given to the need to deliver education and training on site or off site either in a CNME or a Higher Education Institution (HEI) or in a designated training facility as appropriate.

7. The reasons identified for staff members not attending or participating in education and training programmes are to be addressed by service managers in consultation with the staff members. Issues such as lack of staff cover, lack of interest in undertaking education and training etc. need to be addressed on an individual basis in line with service needs.

8. CNME and PDCs to network with other centres and personnel to share learning and avoid duplication.

9. An education and training committee be established comprising of key stakeholders including: Area DoNs Adult MHS Services and CAMHS, DoN's/Service Managers ID Services, Directors CNMEs, NMPD Officer, Practice Development Coordinators, education leads and representatives from different grades of staff.

The remit of this committee to:

• Agree education and training priorities for each of the following – ID, Adult MHS, and CAMHS referencing the training matrices, based on the needs of the individual services.

• Identify and agree who is responsible for addressing the education and training programme, seminar, workshop, conference etc:

- CNMEs
- PDC's
- Others within the organisation
- Where programmes are not available within the organisation the line managers should consider how the service can work with HEIs or other appropriate vendors in the commissioning, design and delivering of programmes
- Categorise identified education and training into Statutory, Mandatory and required Post Registration Education to include: Formal Academic Education, Modules, Short Programmes, Workshops, Conferences, online education etc.
- Strengthen the lines of communication between stakeholders to ensure that identified service needs are addressed in an efficient, effective and timely manner
- Develop and agree a system for the dissemination of appropriate information on all aspects of education and training required by staff. This should also include a mechanism for follow up with staff members.

The committee should agree a governance mechanism to include implementation, audit and evaluation.

4.1.1 Specific Recommendations for staff working in CAMHS

The response rate for CAMHS participants was 51% which compared favourably to the national survey conducted by the ONMSD in 2015. The respondents were predominantly female; the majority were in the 30 – 39 year age bracket. All participants had in excess of 3 years' experience working in CAMHS. 87% of respondents were employed at CMHN/CNM2/CNS or higher with the majority (47%) employed as CNSs' whereas only 13% of the sample comprised of staff nurses.

23% of respondents indicated that they had not received training specific to CAMHS, however 50% of the participants identified that they would undertake further education to improve practice and increase their confidence. A further 43% indicated that they would undertake further education for personal development or to further their career. A high percentage of the sample (79%) specified that they would like to receive post graduate education, however only 50% identified Therapeutic Skills as their preferred area, in comparison to 74% in the HSE/ONMSD survey (2015).

Recommendation: Consistent with the MHC approved centres should comply with the regulations of the Mental Health Act (2001) through the Judgement Support Framework (MHC 2018). Specialist education and training including programmes aligned to the Mental Health National Clinical programmes to be made available to staff working within specialist areas in CAMHS. Furthermore, staff employed at management grades should be involved in discussions regarding succession planning and encouraged to undertake programmes that will enhance the execution of their roles. Education and training programmes should where possible be accredited by an academic or a professional organisation.

A notable deviation from the national HSE/ONMSD survey (2015) is the identification of the need for the provision of training including mandatory training for staff in Cork and Kerry.

Recommendation: Dates and times for mandatory training needs to be agreed with the provider, including the CNE and service line managers. There is a responsibility for the services to ensure that all staff members have undertaken mandatory training and that staff are available to attend programmes when scheduled with the providers in line with HIQA and Mental Health Commission regulations.

Identified barriers to staff not undertaking further specific education, included the lack of cover for staff, personal commitments and individuals not wishing to undertake further education.

Recommendation: Line managers should where possible complete a PDP with staff members and ensure that staff are released in as far as possible to complete further education specific to the needs of their service users and the needs of the service.

Although 65% stated that there are no formal mechanisms to identify education and training needs, this was not supported as a reason for not undertaking further specific training in the focus groups.

Recommendation: Line managers, the NPDC and other relevant parties should work collaboratively to develop systems and support staff with relevant information pertaining to required education and training in line with staff members PDP and service needs.

In addressing their preferred training options 93% indicated a preference for completing a one-day programme, with 85% favouring practical teaching sessions or seminars, which is in line with the findings from the ONMSD survey.

Recommendation: Line managers, RNTs and NPDCs should collaborate together to organise the delivery of relevant education and training programmes in conjunction with the needs of the service.

4.1.2 Specific Recommendations for staff working in Adult MHS and ID services

The response rate from registered RPNs in adult services was 16% and the RNID response rate was 19%. The largest group of participants (41%) had 10-20 years of experience working in Mental Health or ID services. The majority were female, 90% of participants ranged between 30 and 59 years of age. Only 9% were younger 30 years of age.

70% of respondents were employed at CNM1/CMHN/CNM2 or higher including 13% employed as CNSs'. 30% of the participants were employed as staff nurses.

Recommendation: Staff to be encouraged to grasp opportunities to avail of education and training programmes appropriate to their role within the organisation. Those employed at management grades should be involved in discussions regarding successful planning and encouraged to undertake programmes that will enhance the execution of their roles.

90% of respondents identified that they would undertake postgraduate education specifically related to ID or mental health, with 58% requesting information on practical nursing skills. However some staff who had previously completed post graduate programmes indicated that they were unable to fully implement their learning in practice as specific posts were not progressed.

Recommendation: Line managers and NPDC's should work collaboratively to develop systems and support staff with relevant information pertaining to required education and training, including programmes aligned to the aligned to the Mental Health National Clinical programmes. Education and training is to be delivered to address identified short, medium and long term service needs. Also information regarding practical nursing skills programmes to be made available to staff.

Staff within the ID sector highlighted limited choices regarding education and training programmes available for RNID's.

Recommendation: Line managers should where possible, engage/facilitate staff members to complete a PDP. Specialist training programmes need to be available to staff working in specialist roles. Line managers, RNTs and NPDC's should be familiar with national accredited programmes appropriate to the ID sector.

The need to access identified mandatory training programmes was identified as a challenge during the focus groups.

Recommendation: Dates and times for mandatory training should be agreed with the provider, including the CNE and service line managers. There is a responsibility for the services to ensure that all staff members have undertaken mandatory training in line with HIQA and Mental Health Commission regulations.

The main identified barriers to accessing education and training for staff in ID and Adult MHS included lack of staff cover and the resulting inability to be released from work to attend programmes.

Recommendation: Line managers should where possible, engage/facilitate staff members to complete a PDP. Line managers should also ensure that staff are released, as far as possible, to complete further education specific to the needs of their service users and the needs of the service.

The perceived lack of information on education programmes and career guidance for staff in ID and Adult MHSS was discussed during the focus groups.

Recommendation: Line managers, RNTs and NPDCs should work collaboratively to develop systems and support staff with relevant information pertaining to accredited programmes in line with staff members PDP and service needs.

53% of the sample identified that they would undertake a post graduate qualification and 94% of participants indicated a preference for completing short practical teaching sessions or seminars.

Recommendation: Line managers, RNTs and NPDCs should where possible, organise the delivery of relevant education and training programmes in conjunction with the needs of the service.

Section 5
Conclusion

Section 5   Conclusion

This report aimed to inform stakeholders on the identified education and training needs of RNIDs and RPNs across Cork and Kerry. It builds upon previous work undertaken by the ONMSD, HSE and work in the UK and includes feedback from current service providers and managers.

A mixed method methodology was adopted that facilitated service providers to provide quantitative and qualitative data that informed the development of training matrices for mental health, both adult and CAMHS, as well as intellectual disability nursing services.

The findings from the research provides an insight into the educational requirements of nurses working CAMHS. Respondents were predominantly females between 30 – 39 years with a minimum of 3 years' experience working in that service. The vast majority of the respondents were employed at CNM2 level or higher, with only a small percentage of staff nurses engaging in this survey. Although almost 25% of this cohort indicated that they had not received training specific to CAMHS, the vast majority of respondents stated that they would be willing to undertake further education. In contrast the ages of the participants working in ID and Adult MHS services were uniformly between 30 – 60 years of age, however similar to CAMHS, participants were predominantly female. Staff nurses comprised 30% of this sample population. A high proportion of the participants indicated that they would undertake specific post graduate education that is related to ID or MH nursing and accreditation with either a professional or an academic institution was preferred by the majority. All participants across the three services identified similar barriers to accessing education and training and different modes of delivery were discussed. Specifically staff within the ID sector identified the apparent limited number of education and training programmes available to them.

A number of recommendations were identified based on the results of the research, which are listed within the document. The overall recommendations included the need for the services to ensure the completion of PDPs of staff members which will support a culture of continuous professional development. Three education and training matrices were developed from the data collected which may be referenced by nurses, line managers and educators to inform them of relevant options available to enhance the competency of staff members. The successful implementation of these recommendations is dependent upon the establishment of an education and training committee comprising of key stakeholders from services and education. The principle goal of this committee will be to agree the education and training priorities for Adult MHS, CAMHS and ID Services referencing the training matrices and based on the needs of the individual services.

This project was conducted with staff from Adult MHS, CAMHS and ID Services across Cork and Kerry and therefore may not be representative of the education and training needs of these services nationally. However, the results are broadly consistent with previous research completed and it is anticipated that these recommendations will inform strategic planning for competency development of staff to support the delivery of person centred, quality services.

References

Act of Parliament (1919) *Nurses Registration Act 1919.*

Amnesty International Ireland (2013) Implementation of 'A Vision for Change' for Mental Health Services. Available from: https://www.amnesty.ie/implementation-vision-change-mental-health- services/ (Accessed on 31/01/2019).

Bowness, B. (2014) Improving general hospital care of patients who have a learning disability, London: Royal College of Psychiatrists.

Braun, V and Clark V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101.

Bryman, A. (2012) *Social Research Methods*, (4th edition). OUP Oxford: Oxford, United Kingdom.

Creswell, J., and Plano Clark, V. (2007). *Designing and Conducting Mixed Methods Research.* Sage: Thousand Oaks, California.

Department of Health (2015) *Assisted Decision-Making (Capacity) Act 2015.*

Department of Health (2012) *Value for Money and Policy Review of Disability Services in Ireland.* Dublin: The Stationary Office.

Department of Health (2009) Valuing People Now: a new three-year strategy for people with learning disabilities 'Making it happen for everyone', UK: Department of Health.

Department of Health (1945) Mental Treatment Act 1945.

Expert Group on Mental Health Policy (2006) *A Vision for Change. Report of the Expert on Mental Health Policy*, Dublin: The Stationary Office.

Gibbs, M. and Priest, H. (2010) Exploring the physical health needs of people with learning disabilities: Facilitation student engagement in learning, using Kolb's experiential learning cycle. *Nurse Education in Practice* 10. 115-118.

Gray, J.R., Grove, S.K. and Sutherland S (2017) *Burns and Grove's The Practice of Nursing Research* Appraisal, Synthesis, and Generation of Evidence, (8th Edition). Elsevier: St. Louis Missouri.

Government of Ireland (2011) Nurses and Midwives Act, Dublin: The Stationery Office.

Government of Ireland (2007) *Health Act 2007*, Dublin: The Stationery Office. Government of Ireland (2001) *Mental Health Act 2001*, Dublin: The Stationery Office.

Government of Ireland (1998) *Report of the Commission on Nursing. A blueprint for the future.* The Stationary Office: Dublin: The Stationary Office.

Health Information and Quality Authority (2013) *National Standards for Residential Services for Children and Adults with Disabilities.* Available from: https://www.hiqa.ie/reports-and- publications/standard/national-standards-residential-services-children-and-adults (Accessed on 31/01/2019).

Health Services Executive (2018a) *Mental Health Service Employment Report: October 2018.* Available from: https://www.hse.ie/eng/staff/resources/our-workforce/mental-health.html (Accessed on 31/01/2019).

Health Services Executive (2018b) *Social Care Services Employment Report: October 2018.* Available from: https://www.hse.ie/eng/staff/resources/our-workforce/social-care.html (Accessed on 31/01/2019).

Health Services Executive, The Office of the Nursing and Midwifery Services Director (2015) *An Education and Training Review of Nurses Working in Child and Adolescent Mental Health Service in the Republic of Ireland*. Health Services Executive: Dublin.

Health Services Executive, The Office of the Nursing and Midwifery Services Director (2012) *A Vision for Psychiatric/Mental Health Nursing. A shared journey for mental health care in Ireland*. The Office of the Nursing and Midwifery Services Director: Dublin.

Health Service Executive (2011) Report of the Working Group on Congregated Settings *Time to Move on from Congregated Settings A Strategy for Community Inclusion*. Available from: https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/ (Accessed on 31/01/2019).

Heslop, P., Blair, P., Fleming, P., Hoghton, M., Marriot, A. and Russ, L. (2013) Confidential inquiry into the premature deaths of people with learning disabilities (CIPOLD). Bristol, Norah Fry Research Centre.

Hourigan, S., Fanagan, S., and Kelly, C. (2018) Annual Report of the National Intellectual Disability Database Committee Main findings 2018. HRB Statics Series 37. Dublin: Health Research Board.

Jones, J. (2003) *What education and training do mental health nurses want? A survey of qualified mental health nurses working in acute inpatient psychiatric settings in the UK.* Royal College of Nursing: London.

McCarron, M., Sheerin F., Roche, L., Ryan, AM., Griffiths,C., Keenan, P., Doody, O., D'Eath, M. and McCallion, P. (2018) *Shaping the Future of Intellectual Disability Nursing in Ireland*, Health Services Executive: Ireland.

McCarron, M., Carroll, R., Kelly, C. and McCallion, P., (2015) Mortality rates in the general Irish population compared to those with an intellectual disability from 2003 to 2012. *Journal of Applied Research in Intellectual Disabilities*. 28(5), 406-413.

McCarron, M., and Lawlor, B.A. (2003) Responding to the challenges of ageing and dementia in intellectual disability in Ireland. *Ageing and Mental Health*, 7, 413-417.

Mencap (2004) Treat me right! Better healthcare for people with a learning disability. London. Mencap.

Mental Health Commission (2018) *Judgement Support Framework (JSF) - Version 5*. Available from: https://www.mhcirl.ie/for_H_Prof/Guidance/JSF/ (Accessed on 31/01/2019).

Mental Health Reform (2015) *A Vision for Change Nine Year on: A coalition analysis of progress.* Available from: https://www.mentalhealthreform.ie/wp-content/.../06/A-Vision-for-Change- web.pdf (Accessed on 31/01/2019).

Nursing and Midwifery Board of Ireland (2017) *Annual Report and Financial Statements 2016.* Available from: https://www.nmbi.ie/What-We-Do/Our-Role/Annual-reports (Accessed on 31/01/2019).

Parahoo, K. (2014) *Nursing Research: Principles, Process and Issues*, (3rd Edition). Palgrave Macmillan: London.

Pawlyn, J. & Carnaby, S. (2008) *Profound Intellectual and Multiple Disabilities: Nursing Complex Needs,* Wiley-Blackwell.

Royal College of Nursing (2011) *Learning from the past-setting the future: Developing Learning Disability Nursing in the United Kingdom*, UK, Royal College of Nursing.

Bibliography

Culhane, A. and Kearns T (2016) *An Impact Evaluation of "Vision for Change" (Mental Health Policy) on Mental Health Service Provision: A national Descriptive Evaluation Project.* Available from: https://www.pna.ie/images/2106161.pdf (Accessed on 31/01/2019).

Newman, D., O'Reilly, P., Lee, S.H. and Kennedy, C (2015) Mental health service users' experiences of mental health care: an integrative literature review. *Journal of Psychiatric and Mental Health Nursing* [online], 22(3), pages 171-182. Available from: http://dx.doi.org/10.1111/jpm.12202

Study Group on the Development of the Psychiatric Services (1984) *The Psychiatric Services, Planning for the Future.* The Stationary Office: Dublin.

Yin, R.K. (2014) *Case Study Research Design and Methods* (5th Edition.). Sage: Thousand Oaks, California.

The Independent Monitoring Group for A Vision for Change (2012) *Sixth Annual Report of the Independent Monitoring Group for A Vision for Change – the Report of the Expert Group on Mental Health Policy.* Available from: https://health.gov.ie/blog/publications/sixth-annual-report-of-the-independent-monitoring-group-for-a-vision-for-change-the-report-of-the-expert-group-on-mental-health-policy-july-2012/ (Accessed on 31/01/2019).

Appendices

Appendices

Appendix I. Survey - Intellectual Disability and Adult Mental Health Nurses

Education and Training Needs: Intellectual Disability and Mental Health Services

Section 1: Where you work

Question Title

- **1.** Where do you work currently?
  - ☐ Adult acute inpatient psychiatric care setting
  - ☐ Both adult acute inpatient and community settings Only in the community (mental health)
  - ☐ Forensic setting
  - ☐ Education/research (not currently in practice) Intellectual Disability Service: Residential Only in the community (Intellectual disability)
  - ☐ Child or young person setting (Intellectual disability)
  - ☐ Challenging behaviour or behaviours that cause concern settings (intellectual disability) Other (please specify)

If you are a Registered Nurse Intellectual Disability (RNID) or Registered Psychiatric Nurse (RPN), please continue with this survey.

If you are not a RNID or RPN, please do not complete this survey. Many thanks.

Section 2: Demographic information

The information you provide in this section will give us the demographic profile of our sample. This information will remain completely confidential and anonymous.

- **2.** What is your gender?
    - ☐ Female
    - ☐ Male

- **3**. What is your age group?
    - ☐ 18–29
    - ☐ 30–39
    - ☐ 40–49
    - ☐ 50–59
    - ☐ 60+

- **4.** What is your nursing grade?
    - ☐ Staff Nurse
    - ☐ CNM1
    - ☐ CNM2
    - ☐ CNS
    - ☐ CMNH

    Other (please specify)

- **5.** Do you have a RPN/RNID qualification?
    - ☐ Yes
    - ☐ No

    If you answered yes, go to Question 6. If you answered no, go to Question 7. OK

- **6.** If you answered 'yes' to Question 5, and you are a RPN/RNID, please tell us how long you have been a qualified RPN/RNID.

    ……………….. years   ……………….. months

- **7.** If you answered 'no' to Question 5, and you are not a RPN/RNID, please indicate your professional qualification(s).

    Please write here:

    ....
    ....
    ....
    ....
    ....
    ....
    ....
    ....

    How many years have you held this qualification?

    …………….. years   …………….. months

- **8.** How many years have you been working in adult psychiatric settings or intellectual disability services?

    …………….. years

- **9.** What service do you work in?
    - ☐ ID Service 2
    - ☐ ID Service 1
    - ☐ MHS 1
    - ☐ MHS 2

Section 3: What type of post-registration training do you need?

This section focuses upon the type of training you think you need to support your practice.

- **10.** Would you like the opportunity to undertake post registration training that focuses specifically on mental health/intellectual disability nursing skills?

  □ Yes

  □ No

- **11.** Would you like the opportunity to gain the following from training?

  □ New knowledge (for example about nursing theory or philosophy)

  □ Information updates (for example about the efficacy of a particular type of medication from new research). Training in practical nursing skills (for example putting theory into practice, such as how to work effectively with people with psychosis)

- **12.** Thinking about your own training needs, which of the three options in Q12 do you think would be the most useful to you? Please tick one box only.

  □ New knowledge

  □ Information updates

  □ Training in practical nursing skills

  If you are a RPN please go to question 13 then question 15. If you are a RNID please go to question 14 then to question 15

- **13.** Below is a list of different training needs that psychiatric nurses from the focus groups identified as being important. Thinking about your training needs, please select the six most important areas that you would like to receive training in.

  □ Assessment Skills Risk

  □ Assessment Communication Skills

  □ Clinical Management Skills Medication Management Care Planning

  □ Recovery Oriented Care Policy Issues e.g. PPPG

  □ Service User and Carer Involvement

  □ Working with people who express suicidal ideation Working with people with personality disorders

  □ Working with people with dual diagnosis (Alcohol and Drugs) Working with people with psychosis

  □ Discharge planning

  □ Multi disciple team working

  □ Gender, ethnicity and cultural issues ICT (Computer skills)

  □ Research and reviewing the literature

  □ Psychosocial Interventions or therapeutic interventions i.e. CBT Prevention and management of aggression and violence

  □ Multi agency working Documentation and report writing

- **14.** Below is a list of different training needs that intellectual disability nurses from the focus groups identified as being important. Thinking about your training needs, please select the six most important areas that you would like to receive training in.

  □ Assessment Skills

  □ Risk Assessment

  □ Dealing with Challenging Behaviour Palliative Care

  □ Working with people with Dementia Working with families

  □ Medication management Care Planning

  □ Policy Issues i.e. HIQA Communication Skills Clinical leadership skills

  □ Community Nursing i.e. know how to access services etc. ICT (Computer skills)

  □ Multidisciplinary Team Working NIMS Training

  □ Physical Health Assessment Mental Health Training Multi agency working Discharge Planning

  □ Gender, ethnicity and cultural issues

  □ Liaison with general hospital and community services Clinical skills i.e. injection technique

  □ MAPA training

  □ Critically reviewing the literature and research Documentation and report writing

  OK

- **15.** Are there other areas that you think are important and not listed in Question 13 or 14? Other comments you wish to make regarding the issues addressed in Section 3, please write below:

  ....

  ....

  ....

  ....

  ....

  ....

  ....

  ....

Section 4: How the training is delivered?

There are many different ways that training can be delivered. Please consider the following delivery methods and think about whether the following options, in principle, would suit your training needs, as well as your work and home life.

- **16.** Teaching seminars (lasting 1– 2 hours) which focus on new knowledge or information updates for example: an outside speaker coming in to the work place to talk about new research on a particular type of medication. Would this method of training suit you?

  □ Yes

  □ No

- **17.** Practical teaching sessions (lasting 1–2 hours) which focus on particular nursing skills for example: how to implement a particular therapeutic intervention. Would this method of training suit you?

  □ Yes

  □ No

- **18.** Short Programmes (1–2 days) on a specialist area for example: risk assessment. Would this method of training suit you?

  □ Yes

  □ No

- **19.** Longer intense Programmes (12 weeks) on a specialist area for example: the management of violence and aggression. Would this method of training suit you?

  □ Yes

  □ No

- **20.** An academic Programme such as a diploma, degree or masters, which will may take 1–4   years and will entail day-release from work for face-to-face teaching at a higher education institution and personal study. Would this method of training suit you?

  □ Yes

  □ No

- **21.** Distance learning which could be for a professional or academic qualification, which would involve working at your own pace through a written teaching programme, with occasional tutorial support and summer schools (like Open University). Would this method of training suit you?

  □ Yes

  □ No

- **22.** One-to-one support from a nurse specialist/link tutor type member of staff, who has a primary role to support and supervise nurses in their practice, providing practice-based training in the workplace and follow-up support. Would this method of training suit you?

  □ Yes

  □ No

  Thinking about the different ways of receiving training, we would now like to ask you which of these methods of training you would prefer.

- **23.** Which method of training would you prefer to learn new knowledge, for example about nursing theory or philosophies? Please tick one box only

  □ Teaching seminars

  □ Short Programmes

  □ Distance learning

  □ Practical teaching sessions

  □ Longer intense Programmes

  □ An academic Programme

  □ One-to-one support

- **24.** Which method of training would you prefer to receive information updates, for example about the efficacy of a particular type of medication from new research?

  □ Teaching seminars

  □ Short Programmes

  □ Distance learning

  □ Practical teaching sessions

  □ Longer intense Programmes

  □ An academic Programme

  □ One-to-one support

- **25.** Which method of training would you prefer to receive training in practical nursing skills, for example putting theory into practice, such as how to work effectively with people experiencing psychosis?

  □ Teaching seminars

  □ Short Programmes

  □ Distance learning

  □ Practical teaching sessions

  □ Longer intense Programmes A

  □ n academic Programme

  □ One-to-one support

Section 5: What type of qualification and/or accreditation?

Question Title

- **26.** How important to you is it to gain a qualification and/or accreditation for the training that   you undertake, that is recognized by your employers and other organizations? Please tick one box only:
    - ☐ Very Important
    - ☐ Quite important
    - ☐ Makes no difference
    - ☐ Not at all important

- **27.** If you undertook a training Programme that receives accreditation or a qualification, what would be the most important type of accreditation to you? Please tick one box only:
    - ☐ An academic qualification (e.g. From a University)
    - ☐ A professional qualification (e.g. from the NMBI) No Preference

- **28.** What type of training Programme structure would you prefer to undertake? Please tick one box only:
    - ☐ A discrete, stand-alone Programme
    - ☐ A modular Programme, with each module representing a 'building block 'that can build up towards a particular qualification such as a diploma or degree.

    No preference

- **29.** What would be the most important reason for you to undertake additional post-registration training? Please tick one option only:
    - ☐ To improve your practice
    - ☐ For your personal development To improve your CV
    - ☐ To get promoted and gain a salary increase
    - ☐ Other (please specify)

Thank you for completing this survey. All answers provided will remain confidential.

If you have any questions or queries, please contact Daniel Newman (Project Officer, NMPDU Cork/Kerry) on 087 610 2314 or daniel.newman@hse.ie

Appendix II. Survey – Nurses working in CAMHS

Section 1: Your Role

Q1 In your current role, do you have contact with children and adolescents/young people who have mental health problems?

Please tick as appropriate: ☐ Yes   ☐ No

If you have ticked 'yes' please continue with this questionnaire

If you have ticked 'no' and you do not currently have contact in your job with children and adolescents/young people who have (or may have) mental health problems, please return this questionnaire in the envelope provided. Thank you.

Q2 Please indicate the age groups you have contact with in your job. Please tick one or more boxes as appropriate:

☐ Pre-school age group (0-5 yrs) Children (5-12)

☐ Adolescents/young people (13+)

Q3 How long have you had contact through your job with children and adolescents/young people with mental health problems?

….…….……. years   ….…….……. months

Q4 Please indicate the type of setting you work in: Please tick as many boxes as appropriate: An inpatient child and adolescent mental health service

☐ A community mental health team (outpatient CAMHS)

☐ A children's hospital Other

☐ Any additional comments on your place of work:

Q5 Please examine the list of mental health problems in the table below; please list the most common presentation that children and adolescents present with to your service

(rating 1 as the most common and 15 as the least common)

☐ Hyperkinetic disorders/problems including ADHD and other attentional disorders

☐ Depressive disorders/ low mood Anxiety disorders/problems including phobias,

☐ somatic complaints,

☐ obsessional compulsive disorder & post-traumatic stress disorder

☐ Conduct disorders/ behavioural problems including oppositional defiant behaviour,

☐ aggression, anti-social behaviour,

☐ stealing and fire setting

- ☐ Eating disorders/problems
- ☐ Psychotic disorders/problems including schizophrenia, manic depressive disorder or drug induced psychosis
- ☐ Deliberate self-harm including lacerations
- ☐ drug/medication and alcohol abuse/overdose
- ☐ Substance abuse referred to drug and alcohol misuse
- ☐ Habit disorders/problems including tics, sleeping problems and soiling
- ☐ Autistic spectrum disorders/problems
- ☐ Developmental disorders/problems referred to delay in acquiring certain skills such as speech and social abilities
- ☐ Gender role/identity disorder/problems
- ☐ Family relationship difficulties/problems
- ☐ Bereavement/loss/family break up
- ☐ Attachment difficulties/problems

Please provide additional comments as appropriate:

....

....

....

....

....

....

....

....

Q6 Do you have a RPN qualification? Yes No

If you answered yes, go to Question 7. If you answered no, go to Question 8.

Q7 If you answered 'yes' to Question 6, and you are a RPN, please tell us how long you have been a qualified RPN.

…..…..…..….. years   …..…..…..….. months

Now go to Question 10

Q8   If you answered 'no' to Question 6, and you are not an RPN, please indicate your professional qualification(s).

....

....

....

....

(please write here)

Q9   How would you describe your current nursing role? Please tick one box only, but make additional comments if appropriate in the box below:

☐ Psychiatric/mental health nurse Children's/Paediatric nurse Clinical Nurse Specialist

☐ Other (please specify)

....

....

....

....

....

....

(please write here)

Q10 What is your nursing grade? Staff Nurse

☐ CNM1

☐ CNM2

☐ CNS

☐ CMNH

☐ Other

....

....

....

....

....

....

Section 2: Your Previous Training and Local Opportunities

This section asks you about any previous post registration training you may have undertaken to help you in your work with children and adolescents/young people who have (or may have) mental health problems?

Q11 Have you had any specific training (post registration) to help you in your work with children and adolescents/young people who have (or may have) mental health problems?   ☐ Yes   ☐ No

If you answered yes, go to Question 12 and then Question 14.
If you answered no, go to Question 13.

Q12 If yes, please complete below and tell us about the training you have received:

Title/Type of training Date(s) of training (year) Duration of Programme (over time) (Please tick appropriate box   ☐ 1-7 days   ☐ 1-4 weeks   ☐ 1-6 months   ☐ 6+ months

* If the Programme was day release and ran over 6 months, then tick box 1–6 months

Q13 If no, please tell us the main reason why you think you have not undertaken specialist training?

- No relevant Programmes locally to attend No funding available
- No staffing cover
- Not supported/given opportunity Don't want to do specific training Waiting list to attend Programme Not aware of relevant Programmes Done more general nurse training

- Other (please specify) ....

....

....

....

Q14 Are your training needs currently identified/assessed in any formal way by your organisation?

☐ Yes   ☐ No   ☐ Don't know

If you answered yes, go to Question 15. If you answered no or don't know, go to Question 16.

Q15 If yes, how are your training needs identified/assessed?

- From clinical supervision
- From mentorship
- From a personal development plan From annual appraisal/ review From peer supervision
- From local policies (top-down)

- Other (please specify) ....

....

....

....

Section 3: What type of post registration training do you need?

This section focuses on the type of training you think you need to support your practice.

Q16 Would you like the opportunity to undertake post registration training that focuses specifically on working with children and adolescents/young people?   ☐ Yes   ☐ No

Q17 Thinking about your own training needs, which of the three following options is the most important training area for you at the present time? Please tick one box only:

☐ Gaining new knowledge (for example, about different theoretical approaches and nursing theories, and their application to working with children and adolescents)

☐ Receiving information updates (for example, about the efficacy of a particular type of treatment from new research)

☐ Receiving training in therapeutic skills (for example, putting theory into practice, such as how to work effectively with people with parenting difficulties)

Q18 Below is a list of different training needs that nurses from focus groups identified as being important. Thinking about your training needs, please select the six most important areas that you would like to receive training in.

Please tick six boxes:

☐ Developmental theories (development of children and adolescents)

☐ Assessment and diagnosis (e.g. how to conduct assessments of children and adolescents, knowledge of psychiatric disorders in children and adolescents)

☐ Understanding and working with families (e.g. family theories, understanding family systems/dynamics, working with people with parenting difficulties)

☐ Therapeutic skills (e.g.CBT, family therapy, psychotherapy)

☐ Understanding and communicating with children and adolescents (e.g. the use of play with children, developing trusting relationships with children and adolescents)

☐ Risk management (e.g. conducting risk assessments of children and adolescents in terms of self-harm/suicide, risks in families e.g. child abuse, etc.)

☐ Inter-professional working (e.g. working with other disciplines and agencies such as social services, schools and educational services. Knowing who to make referrals to and how, understanding each other's roles and contribution, etc.)

☐ Intervention skills (e.g. management of aggression and violence, psycho-education with families and children)

☐ Understanding and working with children and adolescents with particular disorders (e.g. autism, learning difficulties, ADHD, Aspberger's syndrome, eating disorders)

☐ Knowledge and understanding of policy and legislation regarding mental health and children (e.g. national and local policies, children's rights)

☐ Historical and social context of children and childhood (e.g. role of children in society, concept of the child, etc.)

☐ Working within cultural, ethnic and religious contexts (e.g. working with ethnic minority families, refugees and asylum seekers, etc.)

☐ Promoting mental well-being (mental health promotion and preventative work)

Q19 Are there other areas that you think are important and not listed in Question 19? Or any other comments you wish to make regarding the issues addressed in Section 3?

Please write below:

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

Section 4: How the training is delivered

There are many different ways that training can be delivered. Please consider the following delivery methods and think about whether the following options, in principle, would suit your training needs.

For the following questions, Question 20 to Question 27, please circle either the yes or no responses as appropriate:

Q20 Teaching seminars (lasting 1–2 hours) which focus on new knowledge or information updates. For example: an outside speaker coming in to the workplace to talk about new research on a particular type of treatment.

Would this method of training suit you?   ☐ Yes   ☐ No

Q21 Practical teaching sessions (lasting 1–2 hours) which focus on particular nursing skills. For example: the management of aggression.

Would this method of training suit you?   ☐ Yes   ☐ No

Q22 Short Programmes (1–2 days) on a specialist area. For example: risk assessment. Would this method of training suit you? Yes No

Q23 A single-module Programme generally taking 2-3 months (1 QQI Level 8 module) to complete, involving day-release from work for face-to-face teaching at a higher education institution, and personal study. The Programme can stand alone, or may be used to build upon for an advanced diploma, post-graduate certificate or Masters.

Would this method of training suit you?   ☐ Yes   ☐ No

Q24 An academic/professional Programme such as a diploma, certificate, degree or Masters,   which may take 1–4 years and will entail day-release from work for face-to-face teaching at a higher education institution and personal study.

Would this method of training suit you? Yes No Q25 Distance learning which could be for a professional or academic qualification, which would involve working at your own pace through a written teaching programme, with occasional tutorial support and summer schools (like Open University).

Would this method of training suit you?   ☐ Yes   ☐ No

Q26 One-to-one support from a nurse specialist/link tutor-type member of staff, who has a primary role to support and supervise nurses in their practice, providing practice-based training in the workplace and follow-up support.

Would this method of training suit you?   ☐ Yes   ☐ No

Q27 Work-based learning providing practice-based training in the workplace and follow up support, for example: practice development work.

Would this method of training suit you?   ☐ Yes   ☐ No

Thinking about these different ways of receiving training, we would now like to ask you which of these methods of training you would prefer, in order to learn different types of knowledge and skills.

For Questions 28–30, please think again about the following three different types of learning and the best way to receive training in your opinion.

Please tick one box only for each question:

Q28 Which method of training would you prefer to learn about new knowledge, for example about development theories? Teaching seminars Short Programmes

☐ A single-module Programme Distance learning

☐ Work-based learning Practical teaching sessions Longer intense Programmes

☐ An academic/professional Programme One-to-one support

☐ Other ....

....

Q29 Which method of training would you prefer to receive information updates, for example about the efficacy of a particular type of treatment from new research?

☐ Teaching seminars Practical teaching sessions Short Programmes

☐ Longer intense Programmes A single-module Programme

☐ An academic/professional Programme Distance learning

☐ One-to-one support Work-based learning

☐ Other ....

....

Q30 Which method of training would you prefer to receive training in therapeutic skills, for example, putting theory into practice, such as how to work effectively with people with parenting difficulties?

☐ Teaching seminars Practical teaching sessions Short Programmes

☐ Longer intense Programmes A single-module Programme

☐ An academic/professional Programme Distance learning

☐ One-to-one support Work-based learning

☐ Other ....

....

Section 5: What type of qualification and/or accreditation?

Q31 How important to you is it to gain a qualification and/or accreditation for the training that you undertake, that is recognised by your employers and other organisations?

Please tick one box only:

☐ Very important   ☐ Quite important   ☐ Makes no difference   ☐ Not at all important

Q32 If you undertook a training Programme that receives accreditation or a qualification, what would be the most important type of accreditation to you? Please tick one box only:

☐ An academic qualification (e.g. from a University) A professional qualification (e.g. from NMBI)

☐ No preference

☐ Other ....

....

Q33 What type of training Programme structure would you prefer to undertake? Please tick one box only:

☐ A discrete, stand-alone Programme, lasting up to year.

☐ A longer academic/professional Programme, such as a diploma, degree or Masters, which may take 1–4 years.

☐ A single-module Programme, e.g. lasting 3 months (1 semester), and with each module representing a 'building block' that can be built up towards a particular qualification such as a diploma or degree.

☐ No preference

☐ Other ....

....

Q34 What would be the most important reason for you to undertake additional post registration training? Please tick one box only:

☐ To improve your practice

☐ For your personal development

☐ To give you greater confidence in your practice To improve your CV

☐ To develop a career pathway

☐ To get promoted and gain a salary increase

☐ Other ....

....

Section 6: Demographic Information

The information you provide in this section will give us the demographic profile of our sample. This information will remain completely confidential and anonymous.

For Questions 34-39 please tick the relevant boxes as appropriate:

Q35 What is your gender?

☐ Male

☐ Female

Q36 What is your age group?

☐ 18–29

☐ 30–39

☐ 40–49

☐ 50–59

☐ 60+

Appendix III. Indicative Focus Group Schedule

Based on your experience, what are your education and training needs?

Prompt box
Can you tell me more about..   Can you describe X in more detail   In relation to X, can you describe in more detail why it is important

Can you describe the positive aspects of current education and training services provided by the HSE?

Prompt box
Can you tell me more about..   Can you describe X in more detail   In relation to X, can you describe in more detail why it is important

Can you describe the barriers to completing education programmes (both short and long)?

Prompt box
Can you tell me more about..   Can you describe X in more detail   In relation to X, can you describe in more detail why it is important

Any other issues I have not discussed thus far that you think are important?

Prompt box
Can you tell me more about..   Can you describe X in more detail   In relation to X, can you describe in more detail why it is important

Thank You

Appendix IV. Stand Alone Modules, Certificates, Diplomas and Masters Options for Mental Health and Intellectual Disability Nurses approved by the NMBI

Programme Title	Programme Provider	Award	Website	Approval Start	Approval End
Advanced Care Planning	University College Cork	Stand Alone Module	UCC	25 May 2017	25 May 2022
Advanced Leadership	Royal College of Surgeons in Ireland	MSc Postgraduate Cert Postgraduate Diploma	RCSI	23 Mar 2015	23 Mar 2020
Advanced Practice Nursing/Midwifery with Prescribing	National University of Ireland Galway	MSc	NUIG	30 Aug 2012	06 June 2019
Advanced Research Methods for Healthcare Professionals	University College Cork	Stand Alone Module	UCC	25 May 2017	25 May 2022
Ageing and Older People: Bio Psychosocial Perspectives	University College Cork	Stand Alone Module	UCC	07 May 2015	07 May 2020
Ageing, Health and Environment	Dundalk Institute of Technology	MSc Post Graduate Certificate Post Graduate Diploma	DKIT	07 May 2015	07 May 2020
Applied Health and Wellness Coaching	St. Angela's College Sligo	Postgraduate Diploma	STAC	7 June 2016	7 June 2021
Bachelor of Nursing Science (BNS)	Dublin City University	BSc(Hon)	DCU	07 Sept 2017	07 Sept 2018
Basic Cognitive Behaviour Skills for Nurses	RCNME Connolly Hospital	Certificate	ONMSD	25 Feb 2016	25 Feb 2021
Child Protection and Welfare	Athlone Institute of Technology	Special Purpose Award	AIT	08 Aug 2013	08 Aug 2018

Clinical Audit for Healthcare Professionals	University College Cork	Stand Alone	UCC	07 May 2015	07 May 2020
Clinical Health Sciences Education	Trinity College Dublin	MSc Post Graduate Diploma	TCD	12 Feb 2014	12 Feb 2019
Clinical Research	Royal College of Surgeons in Ireland	Post Graduate Certificate	RCSI	14 July 2016	14 July 2021
Cognitive Behaviour Skills for Practice	Waterford Institute of Technology	Certificate	WIT	29 Jan 2015	29 Jan 2020
Cognitive Behavioural Therapy	University College Cork	Postgraduate Diploma	UCC	25 May 2017	25 May 2022
Cognitive Psychotherapy	Trinity College Dublin	Post Graduate Diploma	TCD	07 May 2015	07 May 2020
Cognitive Therapy	Trinity College Dublin	MSc	TCD	25 Feb 2016	25 Feb 2021
Cognitive Therapy and Motivational Interviewing for Practice	Waterford Institute of Technology	Post Graduate Diploma MSc	WIT	25 Feb 2016	25 Feb 2021
Community Health	University College Dublin	MSc	UCD	02 June 2016	02 June 2021
Contemporary Approaches to Dementia across the Continuum of Care	University College Cork	Stand Alone	UCC	07 May 2015	07 May 2020
Contemporary Issues in Gerontological Nursing	University College Cork	Stand Alone	UCC	07 May 2015	07 May 2020
Contemporary Palliative Care Practice	Dundalk Institute of Technology	Certificate	DKIT	09 Feb 2017	09 Feb 2022

Dementia	Trinity College Dublin	MSc Post Graduate Certificate Post Graduate Diploma	TCD	07 May 2015	07 May 2020
Diabetes Nursing	RCNME Connolly Hospital	Certificate	HSE	25 Feb 2016	25 Feb 2021
Diabetes Nursing	RCNME Tullamore	Certificate	HSE	23 Mar 2017	23 Mar 2022
Effective Chronic Disease Management Strategies for Health Care Professionals	National University of Ireland Galway	Stand Alone Module	NUIG	14 July 2016	14 July 2021
Engaging Students in their Learning	National University of Ireland Galway	Stand Alone Module	NUIG	14 July 2016	14 July 2021
Ethical Controversies in End of Life Care	University College Cork	Stand Alone Module	UCC	07 May 2015	07 May 2020
Gerontological Nursing	Trinity College Dublin	MSc Post Graduate Diploma Post Graduate Certificate	TCD	24 March 2016	24 March 2021
Gerontological Nursing	University College Dublin	MSc	UCD	02 June 2016	02 June 2021
Global Perspectives on Clinical Specialist and Advanced Practitioner Roles in Nursing or Midwifery	University College Cork	Minor	UCC	07 May 2015	07 May 2020
Health Protection (Infection Prevention and Control) Online	University College Cork	Postgraduate Certificate	UCC	23 Mar 2015	23 Mar 2020
Health Protection/ Public Health	University College Cork	Post Graduate Diploma	UCC	17 Sep 2015	17 Sep 2020

Health Sciences (Mental Health, Community and Inpatient Care)	National University of Ireland Galway	MSc Postgraduate Diploma	NUIG	02 June 2016	02 June 2021
Healthcare Education	University College Dublin	Postgraduate Certificate	UCD	07 May 2015	07 May 2020
Human Factors in Patient Safety	Royal College of Surgeons in Ireland	MSc Post Graduate Diploma Certificate	RCSI	25 Feb 2016	25 Feb 2021
Independent Study in Advanced Nursing or Midwifery Practice	University College Cork	Stand Alone Module	UCC	07 May 2015	07 May 2020
Introduction to End of Life Decision Making	University College Cork	Stand Alone Module	UCC	07 May 2015	07 May 2020
Leadership / Nursing Leadership	Munster Technological University	Diploma	MTU	02 June 2016	02 June 2021
Management for Healthcare Professionals	Waterford Institute of Technology	Certificate	WIT	23 Mar 2017	23 Mar 2022
Mental Health	Trinity College Dublin	MSc Post Graduate Diploma Post Graduate Certificate	TCD	04 Sep 2014	04 Sep 2019
Mental Health Child, Adolescent and Family Strand	Trinity College Dublin	MSc Post Graduate Diploma Post Graduate Certificate	TCD	04 Sep 2014	04 Sep 2019
Mental Health Psychosocial Interventions Strand	Trinity College Dublin	MSc Post Graduate Diploma Post Graduate Certificate	TCD	04 Sep 2014	04 Sep 2019
National Return to Nursing Programme	RCNME Nationally	Supplemental	HSE	07 Sept 2017	07 Sept 2019

Nurse Education	University College Dublin	MSc	UCD	01 May 2015	01 May 2020
Nursing	Munster Technological University	Master of Science	MTU	02 June 2016	02 June 2021
Nursing	Royal College of Surgeons in Ireland	BSc (Hons) Degree Certificate	RCSI	07 Jun 2012	07 Sept 2019
Nursing	University of Limerick	MSc Post Graduate Diploma	UL	08 June 2017	08 June 2022
Nursing	University College Dublin	MSc	UCD	13 Oct 2016	13 Oct 2021
Nursing	Waterford Institute of Technology	MSc Post Graduate Diploma	WIT	20 Mar 2014	20 Mar 2019
Nursing - Education and Training Module	Royal College of Surgeons in Ireland	Post Graduate Diploma	RCSI	25 May 2017	29 Jan 2020
Nursing (ACCS)	Letterkenny Institute of Technology	Bachelor of Science	LYIT	24 March 2016	24 March 2021
Nursing (Advanced Practice Nursing)	UCC, UCD, TCD, NUIG	MSc	UCC UCD TCD NUIG	15 Mar 2018	15 Mar 2023
Nursing (Advanced Practice)	University College Dublin	MSc	UCD	02 Oct 2015	02 Oct 2020
Nursing (Advanced Practice)	University College Dublin	Post Graduate Certificate	UCD	02 Oct 2015	02 Oct 2020
Nursing (Child and Adolescent Mental Health)	National University of Ireland Galway	Post Graduate Diploma	NUIG	04 Sep 2014	04 Sep 2019

Nursing (Clinical Practice)	University College Dublin	Master of Science	UCD	02 June 2016	02 June 2021
Nursing (Community Mental Health Nursing)	St. Angela's College Sligo	Post Graduate Diploma	STAC	25 May 2017	25 May 2022
Nursing (Infection Prevention/Control Nursing)	Royal College of Surgeons in Ireland	MSc Post Graduate Diploma Post Graduate Certificate	RCSI	29 Jan 2015	29 Jan 2020
Nursing (Mental Health and Community Inpatient Acute Care)	National University of Ireland Galway	Post Graduate Diploma	NUIG	04 Sep 2014	04 Sep 2019
Nursing (Nurse/ Midwife Prescribing)	Royal College of Surgeons in Ireland	Certificate	RCSI	08 Aug 2013	08 Aug 2018
Nursing (Nurse/ Midwife Prescribing)	National University of Ireland Galway	Certificate	NUIG	08 June 2017	08 June 2018
Nursing (Prescription of Medication with Health Assessment)	University College Dublin	Professional Diploma	UCD	12 Feb 2014	12 Feb 2019
Nursing (Prescription of Medication)	University College Dublin	Professional Diploma	UCD	12 Feb 2014	12 Feb 2019
Nursing (Psychosocial interventions in Mental Health Care)	University of Limerick	Master of Science Post Graduate Diploma	UL	15 Sept 2016	15 Sept 2021
Nursing (with Speciality Area)	University College Cork	MSc Post Graduate Diploma	UCC	07 May 2015	07 May 2020
Nurse/Midwife Prescribing	University of Limerick	Certificate	UL	12 Oct 2017	12 Oct 2022
Nurse/Midwife Prescribing of Medicinal Products	Trinity College Dublin	Certificate	TCD	22 Jan 2018	22 Jan 2023

Nursing / Professional Nursing	Trinity College Dublin	Master in Science Post Graduate Diploma	TCD	24 Mar 2016	24 Mar 2021
Nursing Advanced Practice	Trinity College Dublin	Master in Science	TCD	12 Oct 2017	12 Oct 2022
Nursing and Healthcare Quality Improvement	University College Cork	MSc	UCC	22 Jan 2018	22 Jan 2023
Nursing Education	National University of Ireland Galway	MSc Post Graduate Diploma	NUIG	12 Oct 2017	12 Oct 2022
Nursing Studies	University College Cork	BSc (Hons) Degree	UCC	07 May 2015	07 May 2020
Nursing Studies for Clinical Practice	Waterford Institute of Technology	Bachelor of Science (Honours)	WIT	15 Sept 2016	15 Sept 2021
Nursing/Midwifery (Advanced Practice)	National University of Ireland Galway	Post Graduate Diploma	NUIG	08 June 2017	08 June 2018
Nursing/Midwifery (Applied Professional and Clinical Development)	Royal College of Surgeons in Ireland	Post Graduate Certificate	RCSI	20 March 2014	20 March 2019
Nursing/Midwifery (Applied Professional and Clinical Development)	Royal College of Surgeons in Ireland	MSc	RCSI	29 Jan 2015	29 Jan 2020
Nursing/Midwifery (Medicinal Product Prescribing)	Royal College of Surgeons in Ireland	Professional Certificate	RCSI	22 Jan 2018	22 Jan 2023
Occupational and Environmental Health and Safety	National University of Ireland Galway	MSc Higher Diploma	NUIG	07 May 2015	07 May 2020
Person Centred Care (Older People)	University College Dublin	MSc Post Graduate Diploma	UCD	02 June 2016	02 June 2021

Practice Enhancement for Nursing	University College Cork	Stand Alone Module	UCC	07 May 2015	07 May 2020
Psychosocial Interventions	RCNME Connolly Hospital	Certificate	HSE	29 Jan 2015	29 Jan 2020
Psychosocial Interventions for Practice	Waterford Institute of Technology	Certificate	WIT	25 Feb 2016	25 Feb 2021
Quantitative Methods and Data Analysis for Healthcare	Trinity College Dublin	Post Graduate Certificate	TCD	22 Jan 2018	22 Jan 2023
Recovery Principles, Values and Practices in Mental Health	University College Cork	Stand Alone Module	UCC	07 May 2015	07 May 2020
Rehabilitation of the Frail Older Person (Gerontological Nursing)	Royal College of Surgeons in Ireland	Optional Module	RSCI	15 Sept 2016	15 Sept 2021
Research Methods	University College Cork	Stand Alone Module	UCC	07 May 2015	07 May 2020
Return to Nursing Practice	RCNME Kerry General Hospital	N/A	HSE	17 Sep 2015	17 Sep 2020
Return to Nursing Practice	RCNME Tallaght Hospital	N/A	HSE	29 Jan 2015	29 Jan 2020
Return to Nursing Practice	RCNME Limerick	N/A	HSE	23 Mar 2017	23 Mar 2022
Return to Nursing Practice	RCNME Louth	N/A	HSE	09 Feb 2017	09 Feb 2022
Return to Nursing Practice	Cork University Hospital	N/A	HSE	13 Oct 2016	13 Oct 2021
Return to Nursing Practice	Hermitage Medical Clinic	N/A	Hermitage Medical Clinic	07 May 2015	07 May 2020
Return to Nursing Practice	St. Vincent's University Hospital	N/A	HSE	07 May 2015	07 May 2020

Return to Nursing Practice	Milford Care Centre	Supplemental	Milford Care Centre	22 Jan 2018	22 Jan 2020
Return to Nursing Practice Programme	Mater Misericordiae University Hospital	N/A	HSE	02 June 2016	02 June 2021

Science in Behaviours of Concern (Across the Life Span)	Athlone Institute of Technology	Higher Diploma	AIT	25 Feb 2016	25 Feb 2021
Working in Partnership with Families in Mental Health	University College Cork	Stand Alone Module	UCC	07 May 2015	07 May 2020
Information correct from the NMBI website: 31/11/2018					

Appendix V. HSeLanD programmes applicable for Mental Health and Intellectual Disability Nurses

(Correct as of 30/11/2018)

ANTT Aseptic Non Touch Technique

Assessment in the Care of Older Persons

Breaking the Chain of Infection

Care of adults and children with asthma - an elearning education programme for healthcare professionals.

Clinical Audit

Communicating with People who have an Intellectual Disability

Guide To Fluid Balance

Hand Hygiene for HSE Clinical Staff

Healthcare Records Management

Informing and Supporting Families of Children with Disabilities

Integral valve oxygen cylinder guide

Introducing HSE Procurement Cards

Introducing You to the HSE Best Practice Guidance for Mental Health Services

Introduction to Infection Prevention and Control

Introduction to Writing for Publication

Managing Feeding, Eating, Drinking & Swallowing (FEDS)

Managing Health and Safety in Healthcare : Chemical Agent Hazards

Medicines Management

MUST Training (Malnutrition Universal Screening Tool)

Safe Prescription and Administration of medications in Midland Regional Hospital TULLAMORE

Service Planning

The Early Identification of Memory Problems in Older Persons

The flu vaccine – it's a lifesaver

Venepuncture

National Incident Management System (NITS) Training for Incident Entry

First Steps in Ethnic Equality Monitoring for Health Services

Good Information Practices

ICT Training

Using Basic Functions with Excel 2010

Formatting and Working with Text in Word 2010

Getting Started with Excel 2010

Getting Started with Outlook 2010

Getting Started with PowerPoint 2010

Getting Started with Word 2010

HR Issues

Dignity at Work

Equality and Diversity

HR Competencies: Business Acumen and Relationship Management

HR Competencies: Leadership and Ethical Practice

Health and Safety

Display Screen Equipment: Assessor's Module

Display Screen Equipment: User Awareness

Health, Safety and Security

Integral valve oxygen cylinder guide

Managing Health and Safety in Healthcare : Chemical Agent Hazards

Managing Health and Safety in the Healthcare Setting

Manual Handling and People Handling e-learning Theory Module

Communication and Personal and Professional Development

Communication

Communication with Consideration

Equality and Diversity

First Steps in Ethnic Equality Monitoring for Health Services

HSE Effective Complaints Handling

HSE Effective Complaints Investigation

Personal and People Development

Personal Development Planning

Children

An Introduction to Children First

An Introduction to the Healthy Childhood Training Programme

Infant Mental Health

Growth Monitoring

Nutrition

Brief Interventions with Parents

Mental Health

Assisted Admissions in relation to the Mental Health Act, 2001

Authorised Officer eLearning Programme

Overview of the Involuntary Admission Process 'MHA 2001' eLearning Programme (Rev. 4)

Understanding the Mental Health Act Administrator Role

Risk management

Do the Right Thing: HSE Risk and Incident Management

Preceptorship

Online Pre Preceptor Preparation (Kerry)

Appendix VI. Mental Health and Intellectual Disability Specific Programmes or Conferences run by CNMEs/CNEs/CMEs in Cork and Kerry

CNE Cork University Hospital

In addition to Basic Life Support Training, Documentation Training, Venepuncture Training and Manual Handling Training, the CNE CUH provided the following programme specifically for mental health services:

- The Acutely Ill Patient

A series of educational sessions for all the staff in Acute Mental Health Unit was facilitated on recognising physical deterioration in the ill/unstable patient.

CME Cork University Maternity Hospital

According to the CME prospectus 2019, the following mental health specific programmes are provided:

- Infant Mental Health 2 Day Masterclass

CNE Mercy University Hospital Cork

- MUH CNE hosted a two day Intellectual Disability Nursing Conference in May 2018.

Kerry CNME

According to the CNME prospectus 2017, the CNME Kerry provided the following programme specifically for mental health services:

- Recognising the Acutely Unwell Medical Patient/Sepsis (Mental Health Services)

Appendix VII. Governance Group of the Project

Chairperson	Carmel Buckley, Area Director, NMPD HSE South
Members of Group	Anne Walsh, Director, Nursing & Midwifery Planning & Development Unit, HSE South, Cork/Kerry Mary O'Mahony, Area Director, Kerry Mental Health Services Bernie O'Sullivan, Director of Services, Cope Foundation, Cork Susan Wall, Director of Services, St Raphael's Hospital, Youghal, Co Cork Ned Kelly, Area Director, Cork Mental Health Services James O'Mahony, Interim Area Director, Child and Adolescent Mental Health Services, Cork
Project Officer: NMPDU Cork/Kerry	Daniel Newman

Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service

Nursing & Midwifery Planning & Development Unit Cork and Kerry