INTRODUCTION

"It is undoubtedly true that the seeds of the future are sown in the present and that the directions of their growth and development derive from the past." (Robinson, 1986, p.537)

My paper is based on the philosophy that we must not forever be concerned with remedial education and obsolescence of skills, but, we must see continuing education as a preventative intervention process. Health professionals as well as consumers are becoming increasingly verbal about the inadequacies of the health care system and it is clear that improvement is necessary. There are many directions to the improvement of the mental health care system, and one is through the evaluation of priorities for continuing education of mental health nurses. Evaluation of priorities is a process that provides information about the necessity and feasibility of an educational intervention. This paper presents evaluation of priorities in continuing education for mental health nurses and focusses at the "strategic" level of evaluation. The results of such evaluation are potentially helpful to administrators and continuing education planners in making decisions concerning the future direction of continuing education for mental health nurses in Australia.

Based on my research in 1989 in the area of priorities for continuing education for mental health nurses in Western Australia this paper presents the results and the implications of the findings for theory and concludes with implications for practice.

THE MENTAL HEALTH NURSE

I will begin by looking at the concept of mental health nursing. Historically, mental health nursing has mainly been practised in large institutions where models of care have been custodial and task orientated. However, the concept of mental health nursing has changed recently. In recent years mental health professionals have attempted to redefine their roles in response to the changes taking place. Greater efforts have been made to enhance standards of services
within the preventative, institutional and community spheres. The Australian Nursing Federation (1988) describes the role of the nurse as that which encompasses the promotion of health, the prevention of ill health and care of physically and mentally ill and disabled people of all ages in all health care settings.

The role of the mental health nurse is complex and constitutes various competencies. These competencies are used as an essential framework in the educational preparation and evaluation of mental health nurses both at undergraduate and postgraduate levels. The nurse's roles as manager, policy maker, teacher, and researcher are essential to facilitate the role of the nurse as clinician.

CONTINUING EDUCATION FOR MENTAL HEALTH NURSES

Merton (1958) explains that in order to achieve full professional status an occupational group must exercise autonomy within its defined area of practice. This implies that in order to exercise autonomy nurses need to identify and articulate their areas of practice and be competent to implement such practice. Provision of opportunity for professional development for all registered mental health nurses then needs to be seriously considered. Professional development is a continuing education for the whole person, dealing with aesthetic senses as well as technical and professional education. Within the context of continuing education "development" implies a process of personal and professional growth. The College of Nursing Australia (1987) adopts the view that each professional nurse accepts responsibility and accountability for practice. The College argues that competencies in practice are required to meet the goal of improved health care. Competence to practise is dependent upon updating knowledge and skills through continuing education.

Suter et al (1981) have defined continuing education for health professionals as entailing processes aimed at improving health care outcome through education, either by individual efforts or as part of activities, products and services developed by continuing education facilities. They emphasise that learning may result in the maintenance or enhancement of professional competence and performance and in the health care organisation it results in effectiveness and efficiency.

Needs for continuing education vary with each individual nurse and these are dependent on many factors. Such factors can be described as the work environment, the maturity and responsibility of the person concerned, the specific deficiencies perceived, the richness of the learning opportunities available, and the duration spent in the career.

The avenues for continuing education in mental health
nursing are many and varied. It is the mental health services and individual mental health nurse's responsibility to decide and promote, on the basis of existing competencies and on future health care goals, what aspects of continuing education are most appropriate. What objectives and priorities in continuing education should be defined and implemented are organisational responsibilities.

BACKGROUND OF THE STUDY

The standard of care, the level of motivation of staff, the degree of burn out, inadequate well qualified nurses and inadequate resources, were just few pointers which triggered my enthusiasm to undertake this research. I observed that the educational focus of nursing at both basic and post basic levels has been seen to leave the registered mental health nurses at a disadvantage when compared to their professional colleagues from other branches of nursing. The inadequacy of mental health education is supported by a similar observation made by Sellick (1986).

Brooking (1985) has stated that, although developments are taking place in all branches of nursing they are most rapid in general nursing. She proposes that one way to break this vicious circle is by providing high level education. Styles (1982) equally supports the notion that nurses need to prove systematically and convincingly that there is a strong correlation between the quality of continuing education and the quality of nursing practice. She further challenges nurses to develop new, creative and innovative continuing education. Continuing education has the advantage of promoting a broader range of abilities in the cognitive, psychomotor and affective domains.

Although a substantial amount of learning is taking place within the Mental Health Services and the community, Smith (1987), has reiterated that nurses have often abandoned the learning opportunities available to them within their work environment. Nurses demonstrate inadequate involvement in continuous learning. It is thus desirable that Departments of Health, professional organisations, educational institutions, administrators and educators create and promote a climate which is conducive to learning. Continuing education of mental health nurses needs to take a new direction as many nurses currently within the profession are ill-equipped to function within the expanding health care arena. Simms (1985) supports the notion that ongoing education needs to be innovative and challenging and to ensure that the participants play an active role in their own learning. Mental health nurses require direction and guidance and specialised continuing education programmes implemented.

Lack of educational provision and research, according to Brooking (1985), have adversely affected mental health nursing at all levels. I believe that in order to promote a
positive public image of the psychiatric nurse adequate education provision and research should be made available in order to raise the standard of nursing care. Hrudka (1986) observes that there is a need to exercise responsibility to ensure the community, through its government, provides sufficient funds to give appropriate preparation for the future mental health nurses.

THE RESEARCH

The research sought to determine priorities in continuing education for mental health nurses in Western Australia through the application of the Delphi technique. A total of 27 experts (12 nurse managers, five clinical nurses, six educationalists, two medical officers and two allied medical officers) were selected for this study and were invited to participate on the basis of their knowledge, abilities and professional experiences. They were also approached as individuals rather than as representatives of agencies or organisations.

Four rounds of questionnaires were implemented. Round I constituted identification of the most important issues in the field of continuing education for nurses within the mental health area, in Western Australia. A total of 273 items were generated from this round and they were subsequently categorised into 36 statements. These statements were incorporated in each of the questionnaires for Rounds II, III and IV, and panel members were requested to rate these.

THE FINDINGS

Thirty six broad priority statements emerged from the 273 items which were generated in the first round, and were categorised into 17 "Process Priority", 9 "Research Priority" and 10 "Content Priority". The final round identified a total of 17 statements as "extremely important" priorities and 12 statements as "very important" priorities.

At the conclusion of the study, the three highest priority statements were as follows:

Process Priority: "Allow sufficient funds to provide organised continuing education programmes at inservice, post-basic and post-graduate levels".

Research Priority: "In order to ascertain appropriate continuing education programmes for mental health nurses it is necessary to research into client/community needs within the mental health areas".

Content Priority: "Develop practice-based education programmes, for example, 'interpersonal skills', 'counselling skills', 'communication skills', 'group
therapy', 'administrative skills', and 'team building'.

Fourteen other statements, which are presented and discussed later in my paper, represent the highest priority items for the group at the conclusion of the study.

The overall findings of my study indicate a very strong need to promote continuing education strategies for mental health nurses in the areas of process priority, research priority and content priority. The 36 broad statements identified, although at different levels of priorities, demonstrate that there are deficiencies in continuing education for mental health nurses. If the study is repeated in other states of Australia, would the findings be congruent with that of Western Australia? Based on Beaumont (1990), Baldwin (1987, Smith (1987), Hrudka (1986), Sellick (1986), Brooking (1985) identification of deficiencies in continuing education for mental health nurses in Australia, I believe there would be similarities.

IMPLICATIONS AND FUTURE DIRECTIONS

The findings of my study indicate that there is a strong need to develop and implement a plan of action in relation to priorities for continuing education for mental health nurses. As a result of this study several recommendations can be made. National cohesive continuing education strategies for mental health nurses should be implemented. The top ten priorities are presented here and implications for implementation are discussed.

Priority 1

"Allow sufficient funds to provide organised continuing education programmes at inservice, post basic and post graduate levels".

In budgeting for continuing education needs must be identified to justify costs. It must also be demonstrated that continuing education does make a difference in patient care. Various approaches to funding need to be explored, including collaborative effort with other health care professionals and educational institutions.

There is no doubt that additional money is required to increase the efficiency of the health care system. Money is required for the enhancement and promotion of continuing education. National policies should be structured in such a way that specific identified funds are set aside for continuing education.

Within the constraints of the shrinking dollar there is a desirability to ensure that effective and quality health care services are maintained. How to promote and maintain such standard within this financial constraints is a challenge. If additional funds are not available, then,
mental health nurses should be educated in the area of efficient functioning?

Priority 2

"In order to ascertain appropriate continuing education programmes for mental health nurses it is necessary to research into client/community needs within the mental health area".

Research should be conducted to determine what competencies and expertise are required in various areas of mental health services. There is a need to establish standards which are conducive to sound continuing education programmes.

Continuing education should be dynamic and should reflect the characteristics and needs of the consumer in the community at large. There are apparent trends emerging in the Australian community. There is the increasing ageing and chronically ill population. There are trends such as migrants and mental health issues. Are these trends not indicating that mental health nurses require specific skills in the management of varying psychosocial problems? In an inpatient set-up it is desirable to discharge clients as quickly and effectively as possible. Does this not indicate that nurses need to play a more active part in the assessment of these clients for discharge? Is there not a need for mental health nurses to play a more active part in discharge planning and follow up care? Skills in these areas would need to be correlated with role preparation through dynamic continuing education programmes. Do we also need to look at how autonomous nurses would need to be in the provision of psychosocial care? If yes, then, are there legal and ethical implications which should be looked at? Is there not a need to look into national guidelines and policies in relation to these?

Priority 3

"Develop practice-based education programmes, for example, interpersonal skills, counselling skills, communication skills, group therapy, administrative skills and team building".

Continuing education programme development for mental health nurses should begin by assessing identified needs or problems in the care service delivery setting. The findings then need to be converted into objectives for the purpose of planning and implementation. Objectives should reflect the short-range or immediate outcomes, the intermediate and long-range goals.

Continuing education is essential in order to increase efficiency. There is, no doubt, a need to promote higher levels of skills. It is desirable that these higher level skills, through national collaboration, be provided through recognised and accredited educational programmes. The Professional Organisations and the Nurses Boards, through
national initiative should get together and explore the avenues for these. I believe there is scope for this intervention.

Priority 4
"Identify educational priorities and goals in terms of needs, cost effectiveness and availability of adequate resources within the Health Services, community and educational institutions".

A national working party needs to be set up in order to explore this priority. Establishment of educational priorities and identification of what existing resources are available within the Health Services, community and educational institutions would be essential.

Priority 5
"The Health Department to set up a 'Central Policy Committee' or an 'Advisory Committee' to ensure development of suitable continuing education programmes within the Mental Health area".

A national and state advisory committees would play an important role in assisting with the establishment of priorities and proposing comprehensive guidelines and written policies for continuing education. Interpretation of past achievements, future plans and goals for continuing education would be ensured. These committees would need to have a broad representation and their size would be dictated by their terms of reference, the geographical area and types of health and educational agencies.

Priority 6
"Government funding to be made available in order to allow development of special transition programmes, i.e, from inservice -> post basic -> tertiary".

There is an increasing awareness on the part of mental health nurses that an involvement in continuing education programme is a necessity rather than a luxury. All encouragement should be given to nurses to undertake continuing education programmes and tertiary courses. Allocated Government funding will ensure development of special transition programmes and assist nurses to be relieved from their duties when undertaking tertiary education.

Priority 7
"Provide funded positions for a co-ordinator of continuing education within the mental health area, with inservice education co-ordinators and adequate number of nurse educators within the service area".

There is a need for overall national and state co-ordination of continuing education within the mental health nursing
services. Hence the desirable appointment of a national co-ordinator and state co-ordinators.

It is envisaged that the mental health/psychiatric units would sponsor continuing education both directly and indirectly. In the case of direct sponsor, these units would have an immediate relationship with the learners by providing education programmes. In the case of indirect sponsor, units would need to have adequate and appropriate resources to enable the enhancement of the continuing education programmes. National and state co-ordinator's funded positions would oversee all aspects of continuing education within the mental health division, thus bringing the clusters of direct and indirect continuing education providers under one umbrella.

Priority 8

"Clarify the role of the mental health nurse and identify how this role is perceived in relationship to allied health care workers".

I have observed that there is certain overlap with the role of the nurse and the other disciplines. I also believe that it has become essential to reassess the role of the mental health nurse based on the 'holistic' model of care and with particular reference to the present and future trends in mental health nursing.

There is a perceived problem which clearly exists within the mental health situations. There is the problem of role overlap and potential confusions between the nurses and other disciplines. There is also a potential problem of territoriality. Is this role overlap and territoriality not an expensive venture? Has this not a potential risk for promoting professional jealousy and low moral? How could we then reduce this role overlap and territoriality and within a climate of financial constraints make the services more efficient?

Within the present economic climate in order to promote and maintain efficiency of the services is there not a place for "substitutes and complements" of role within the mental health division? Could we then objectively study the changing role of the mental health nurse? Could we also look at how these changing role complement with the role of the other disciplines? Can other disciplines role and responsibility be substituted by the role and responsibility of the mental health nurse? If yes, then could we look at multiskilling for mental health nurses? These role expansion, could it be more effective in promoting client care and be more economical to the federal government?

Priority 9

"Promote and maintain a caring environment in mental health institutions and increase sophistication in management of therapeutic
Promotion and maintenance of a caring environment would be fostered through an educational climate and by the systematic use of the team approach. Working together with different professions on selected cases would offer an opportunity for interactive instruction. It is essential to create an atmosphere of mutual growth and stimulation. Each basic work unit, besides making provision for its goals, needs to promote a desire to probe, to learn to exchange ideas and be open to constructive criticism.

Priority 10

"Encourage and guide nurses to provide continuing education programmes themselves and be self directive".

Professional mental health nurses have the personal responsibility to become involved in a continuous learning process that builds on their previously acquired knowledge, skills and attitude. Within the mental health services, standards of nursing care are generally drawn from the available knowledge about human behaviour, the norms of the groups who care for the clients and the values of the nurses. It is, therefore, apparent that mental health nurses should get involved in continuing education programmes or in some form of graduate education.

Houle (1980) has stated that to be aware of the value of continuing learning is not the same as to be a continuing learner. There is a continuous need to encourage and guide mental health nurses to provide continuing education programmes themselves and be self directive. Nurses should be guided in how to participate in educational activities and, through performance at work, how to put their acquired knowledge, skills and attitudes into practice.

CONCLUSIONS

My paper has revealed the current concerns in the area of continuing education for mental health nurses in Australia. It has revealed a strong commitment to developing and implementing national strategies for continuing education. With the various changes currently taking place within the mental health services in Australia, and with the recognition that accountability in nursing entails effective practice through continuing education, the challenge to mental health nurses is apparent. It is hoped that, in the very near future, within the mental health nursing division, there will be national and state initiatives and innovative efforts made to address the issues of priorities in continuing education for mental health nurses, thus enhancing client care.

REFERENCES


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