

Abstract

The future of the nursing workforce is a multifaceted issue, combined with the needs of a specific patient group makes this even more complex and highlights the need for forward planning to ensure safe, competent practitioners.

The purpose of this paper is to discuss the current perinatal competencies; including limitations and implications for student nurses in England, as well as the consequences of these for the future perinatal workforce.

Introduction

Perinatal mental health problems are those which occur during pregnancy or in the first year post-partum, and affect up to 20% of women. If left untreated it can have significant and lasting effects on the mother and her family as well as affecting the child's emotional, social and cognitive development. The NHS *5 Year Forward View for Mental health: One Year On* (NHS England, 2017) sets out a clear commitment that specialist perinatal services will be available to all women and their families who need them by 2020/21. To achieve this ambition a significant amount of financial and human resource is required.

Key guidance and literature will be examined including the *Perinatal Competency Framework* (HEE & The Tavistock and Portman NHS Foundation Trust, 2016), *The Five year Forward View for Mental Health'* (NHS England, 2016), *Standards for Pre-registration Nursing Education* (NMC, 2010), *Essential Skills Clusters* (NMC, 2010) as well as the standards and draft *Standards of Proficiency for Registered Nurses* (NMC, 2017).

Background

The area of perinatal mental health nursing is one which is gaining increasing momentum and recognition within national policy. The costs of perinatal mental health are thought to be around £8.1 billion or around £10,000 per birth, yet less than 15% of localities provide effective services for women and 40% offer no service at all (LSE & Centre for Mental health, 2014). It is therefore not surprising that it has been identified as an area of need for existing mental health provision given that almost 25% of women who died between six weeks and a year after giving birth did so as a result of mental health related causes (MBRRACE, 2015) and suicide

is the second leading cause of maternal death after cardiovascular disease (NHS England, 2016).

In 2015 an additional £375 million funding was announced to begin to align national perinatal services with agreed standards by the RCPsych College Centre for Quality Improvement (Independent Mental Health Taskforce, 2016; MMHA, 2015). In 2017 Public Health England (PHE) recommended to Clinical Commissioning Groups that perinatal mental health should have its own dimension under the '*Better mental health: joint strategic needs assessment*' with the overall aim of meeting the needs of an additional 30,000 women with perinatal mental health problems by 2020/21 (Independent Mental Health Taskforce, 2016). It also aims to improve outcomes for both mothers and their children, reduce inequality and reduce the associated societal costs (PHE, 2017)

Indeed, the perinatal workforce is an identified area for growth according to '*Stepping Forward to 2020/21*' (HEE, 2017) and is expected to expand by 250% within nursing and midwifery alone.

To this end, it is vital that Approved Education Institutions (AEIs) and the professional regulatory bodies are able to keep up with the pace of change in order to provide curricula which prepares competent registrants who are able to face the challenges of a demanding and complex health care system.

That withstanding, the issue of competence is complex and multi-faceted. The expectation from patients to be cared for by a competent, if not clinically excellent nurse is well documented (Carney & Bistline, 2008; Franklin & Melville, 2013). The concept of competence within nursing is a complex and multifaceted issue (Leung, Trevena & Waters, 2016), despite this clinical competence remains the focus of both student and qualified nurses alike. Competence and professional preparation remains a key aspect of creating and maintaining an employable and sustainable workforce (Newton, Henderson, Jolly & Greaves, 2014).

From the perspective of the Nursing and Midwifery council (NMC) *Standards for Competence for Registered Nurses* (NMC, 2014), the definition of competence is vague and relates to the standards which nurses must meet but does not explicitly define this despite numerous references to the term 'competence'. Within the *Standards for Pre-registration Nursing Education* (NMC, 2010) competence is defined as "*the combination of skills, knowledge and attitudes, values and technical*

abilities that underpin safe and effective nursing practice and interventions
However, it is argued that whilst competence relates to the skills, knowledge and attitudes, competency is the ability to contextualise these and perform within a practice situation. According to Newton et al (2014) learning does not occur until there is the opportunity to apply the theory to a practical situation, which is where competence becomes competency.

Literature review

Given the national impetus for more robust and accessible perinatal services, it is vital that student nurses; who are the largest feeder into the national nursing workforce (House of Commons Health Committee, 2018) are adequately prepared and competent.

This links well with the current shift in higher education towards the need for academic staff to develop students' employability (Mason et al. 2002). Van der Heijde and Van der Heijden (2006) argue that employability is essential for career success and that students must be adequately prepared to respond to the needs of the work environment. This is supported by The Quality Assurance Agency (QAA 2006) who argue that the pursuit of academic excellence and the pursuit of enhanced employability skills do not have to be in conflict with each other. There is no evidence that embedding employability skills into the curriculum threatens academic standards.

The Perinatal Mental Health Competencies Framework (HEE & The Tavistock and Portman NHS Foundation Trust, 2016) sets out an ambitious range of knowledge, skills and behaviour competencies for all health and social care professionals involved in the care of mothers and families, from pre-conception to postnatal care. The framework is intended to standardise perinatal mental health competencies to ensure that the workforce is '*suitably skilled and confident to identify need and deliver care to women who experience mental health issues during the perinatal period*'

However, the framework fails to address the competencies required from the emerging workforce; that is those 140,000 student nurses (NAO, 2016) currently undertaking their pre-registration nursing education. Arguably, when planning future workforce requirements it is essential that student nurse competencies are aligned to the demand.

The current *Essentials Skills Clusters* (NMC, 2010) for registered nurse and midwifery education makes no mention of any specific perinatal mental health competency outcomes for students. In addition, the existing *NMC Standards for Competence for Registered Nurses* (NMC, 2010) makes limited reference to any specific mental health perinatal competencies required from registered nurses. Furthermore, the proposed *NMC Standards of Proficiency for Registered Nurses* (NMC, 2017) whilst acknowledging that registered nurses must be able to meet the fundamental care needs of people across their lifespan, does not make any specific recommendations about perinatal mental health competencies.

Perhaps then one might assume that the *NMC Standards for Competence for Registered Midwives* (2009) would offer clear proficiency expectations around perinatal mental health, yet they make just one mention of “supporting women who have postnatal depression and other mental illnesses”.

Moreover, *The Core Skills Education and Training Framework for Mental Health* (Skills for Health & HEE, 2016) which set out the core skills and knowledge for those working with people with mental health issues, states that Tier 2 staff (staff who have regular contact with people who have a mental health problem) need only have an awareness of the mental health issues that may occur during pregnancy and understand the importance of perinatal support. Interestingly, there are no perinatal mental health core skills associated with Tier 3 staff; those who support people with a mental health problem. Arguably this is woefully inadequate given the potentially severe biopsychosocial distress or even fatalistic outcomes for mother and child. This falls way short of the *Perinatal Mental Health Competency framework* (HEE & The Tavistock and Portman NHS Foundation Trust, 2016).

That withstanding, the *‘Five year Forward View for Mental Health’* (NHS England, 2016) attempts to address the gaps, and proposes to strengthen the mental health workforce in order to support women through the perinatal period by committing to significant financial investment. Whilst this is encouraging news, there is no mention of any specific competencies or proficiencies which will up-skill the workforce. Furthermore, the proposal makes no mention of the emerging workforce; those student nurses who frequently join the employment market at the point of registration.

This begs the debate as to how student nurses can be sufficiently educated and clinically prepared to join the work force as proficient and competent registrants who are committed to delivering high quality, compassionate perinatal mental health care.

Discussion

High quality compassionate care is about people, and it is vital that the right people with the right skills at the right time are available to provide care (NHS England, 2013). Arguably, the current situation in relation to perinatal mental is untenable and despite promises of investment, the proposals appear to offer solutions from a short term perspective without the inclusion of students to ensure sustainability within the workforce. Only by aligning the pre-registration nursing curriculum to specific perinatal mental health competencies, which embed the *Perinatal Competency Framework* (HEE & The Tavistock and Portman NHS Foundation Trust, 2016), can it be ensured that student nurses are adequately prepared to meet the unique perinatal mental health needs of both service providers, patients and their families.

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