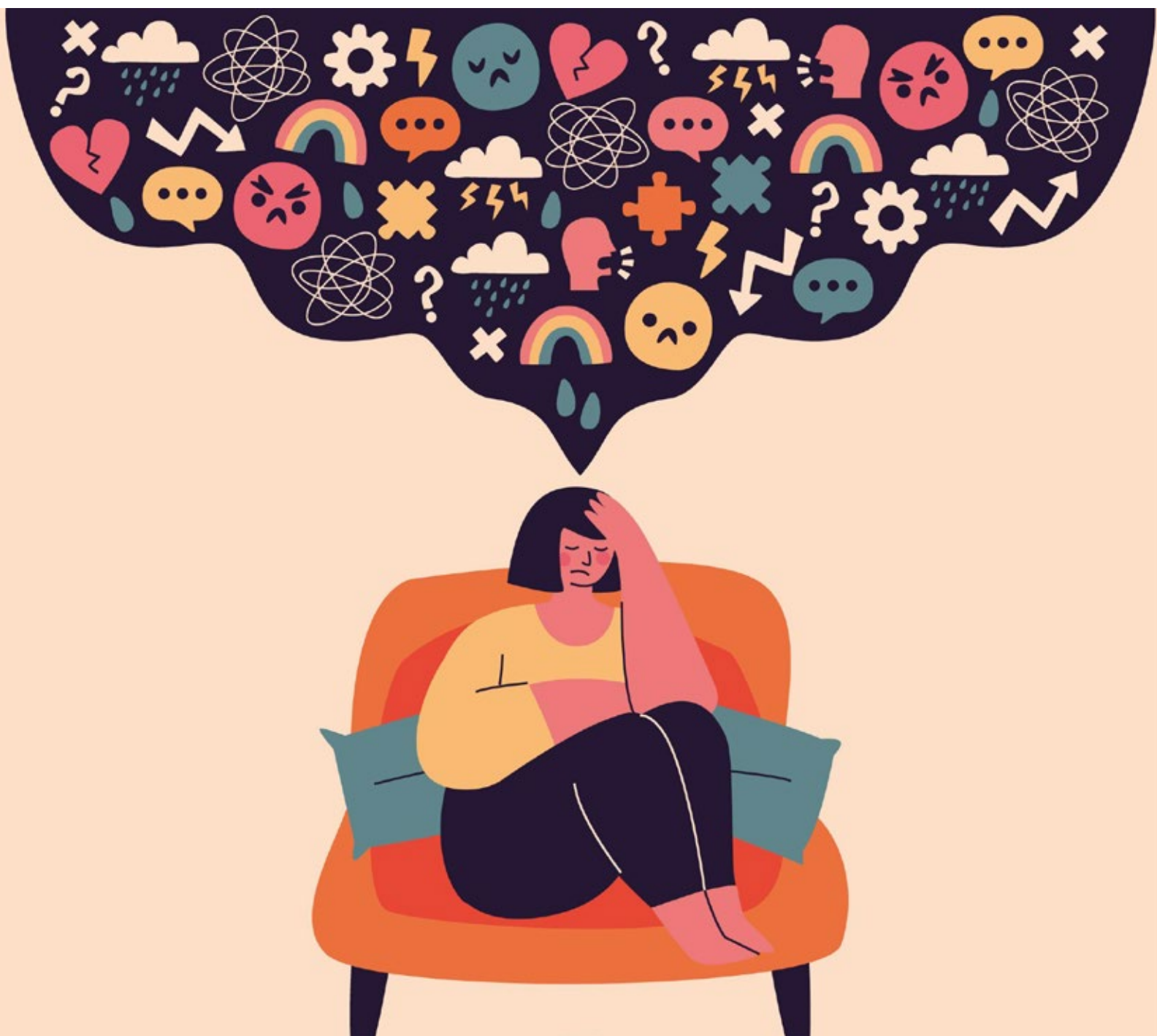




INTERNATIONAL COUNCIL OF NURSES

# THE GLOBAL MENTAL HEALTH NURSING WORKFORCE:

***TIME TO PRIORITIZE AND INVEST  
IN MENTAL HEALTH AND WELLBEING***



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# EXECUTIVE SUMMARY

The world faces grave consequences from the lack of available mental health services and treatment. Mental illness impacts every country, culture and community, with the World Health Organization (WHO) stating that 10% of the global burden of disease is related to mental, neurological and substance use disorders. In low-and middle-income countries, more than 75% of people with mental disorders receive no treatment at all for their disorder. During 2020, as a result of the global pandemic, 93% of countries reported their mental health services were either halted or interrupted (WHO, 2020e). WHO reported a 25% increase in depression and anxiety alone during the pandemic. The Organisation for Economic Co-operation and Development estimates depression and anxiety cost the global economy US \$1 trillion dollars a year.

All nurses have a health care role in mental health and substance use. ICN strongly advocates for the investment of further education and professional development in this area in order to support individuals and communities achieve the highest attainable standard of health which includes physical, mental and social wellbeing.

Whilst all nurses have a role, this report focuses explicitly on nurses who have been educated and prepared in the specialty area of mental health and substance use. Throughout this report, these are referred to as mental health nurses. Mental health nursing is a specialty within the field of nursing that provides holistic care to individuals at risk for or experiencing mental and substance disorders or behavioural problems to promote their physical and psychosocial wellbeing. It emphasizes the use of interpersonal relationships as therapeutic tools and considers the environmental factors that influence mental health. Mental health nurses not only provide physical care, but also use socialization, activation and communication with their patients to create a safe, comfortable environment that promotes positive change.

Mental health nurses, which represent the largest proportion of the mental health care workforce (44%), are vital to improving access to professional mental health care which will not only improve the lives of millions, but also have positive outcomes for the world.

ICN estimates that there are approximately 300,000 mental health nurses across the world. However, the number of nurses working in mental health varies vastly across regions, ranging from 0.9 per 100,000 in Africa to 25.2 per 100,000 in Europe. The report offers a stark reflection on the disparity of available nursing personnel by income level, with low-income countries having 0.4 per 100,000 and high-income countries having 29 per 100,000.

The [\*WHO Mental Health Atlas\*](#) (WHO, 2021b) states that only 31% of countries collect and analyse mental health specific data which adds further complexity to our ability to clearly understand the mental health nursing workforce as well as undertake the necessary mental health nursing workforce planning and development.

To support the mental health of the global community, the International Council of Nurses (ICN) was keen to develop a report which could assist governments, policy makers, nursing associations, nursing educators, and workplaces to review and develop the workforce. To gather the information, ICN undertook the development of a survey with the assistance of mental health nursing experts from across the global. The survey was completed by mental health nurses, specialist mental health organisations, ministries of health, or experts in the area of mental health across 44 low-, middle- and high-income countries with all regions represented.

The following section provides a summary of key points found throughout the document.

## **BUILDING THE MENTAL HEALTH NURSING WORKFORCE**

- Only a few countries have committed to increasing the number of mental health nurses.
- It is essential that countries develop, resource and implement workforce plans that consider mental health nursing.
- There are unique strategies and actions required to grow the mental health nursing workforce.

## **EDUCATIONAL PREPARATION OF MENTAL HEALTH NURSES**

- Mental health needs to be an international and national priority area. This, in turn, should also make it a priority area for educational institutions preparing nurses for practice.
- Improve the alignment between national health priorities and health professional education, including nursing.
- Increase the influence of mental health nurses in high-level decision making to ensure that mental health policies are better aligned with nursing education.
- To ensure all nurses are adequately prepared, accreditation standards and core competencies should be established to ensure that the essential elements of mental health are covered and learning outcomes are achieved.
- Ensure that academic staff have the required competencies to teach mental health curriculum.
- All nurses have roles in mental health and treating mental health disorders and hence, need better education, including more clinical hours.
- Countries should establish and implement a minimum standard for clinical practice hours in mental health.
- Ensure students undertake clinical placements where they can receive expert supervision and relevant professional experience across the continuum of care (i.e. increasing clinical placements in community and other non-hospital settings).
- The skills learned in mental health clinical placements are transferrable to other clinical settings.
- Clinical placements can be enhanced in a more holistic and less biomedically focused environment.
- Clinical placement hours have a clear relationship with future specialisation in mental health care settings. Increasing the number of clinical placement hours in mental health care settings is expected to increase the number of nurses who pursue a specialist career in mental health.
- Post-graduate education is often a requirement for being a specialist mental health nurse.
- There are many benefits linked to post-graduate education that ultimately improve patient outcomes.
- Access to post-graduate education is sometimes difficult due to the limited number of education providers.



## RETENTION OF MENTAL HEALTH NURSES

- Retention strategies are essential to building a sustainable mental health nursing workforce.
- There is high incidence of job dissatisfaction for mental health nurses around the world. Poor job satisfaction is linked to an increased number of mental health nurses leaving the profession.
- Mental health nurses face additional challenges to the general nursing workforce when it comes to retention and sustainability. Strategies to retaining the mental health nursing workforce need to be tailored and targeted. There needs to be a focus on addressing the stigma of working in mental health.
- Many countries are not pursuing strategies aimed at retaining mental health nurses.
- A nurse workforce impact assessment related to mental health services is an important first step to identify effective nurse workforce retention and sustainability actions that are relevant to the country and cultural context.
- There is a need to address organisational culture and barriers to professional practice. Many respondents state that they feel that there are barriers preventing them from working to their full scope of practice or developing further in their career.
- The pandemic has made it more difficult for patients to access mental health services.
- There are significant concerns with heavy workloads and insufficient resources.
- In many countries, mental health nurses have been redeployed to other areas to cover workforce shortages because of the pandemic.
- There is major workforce shortage across the continuum of care. The most severe shortages were reported in child, adolescent, and maternal services.
- Key strategies to consider regarding retaining mental health nurses include:
  - increased remuneration
  - improved staff to patient ratios and better and safer working conditions
  - recognition and appreciation
  - and reduced stigma towards mental health and mental health nursing.

## RECRUITMENT OF OVERSEAS TRAINED MENTAL HEALTH NURSES

- When the recruitment of overseas trained mental health nurses is undertaken, ensure that the process aligns with the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- Overseas educated mental health nurses may require additional support to optimally realise their skills and potential.

## ADVANCED PRACTICE NURSES WORKING IN MENTAL HEALTH SERVICES

- Advanced Practice mental health nurses were identified in 24 countries. However, the role is not as developed as other APN roles.
- Advanced Practice mental health nurses provide quality care and provide an important leadership role to other mental health care nurses. Expansion of the role can be used as an important strategy to improve access to care.
- A master’s degree is the minimum standard of education for the majority of Advanced Practice mental health nurses.

## PRESCRIPTIVE AUTHORITY FOR NURSES IN MENTAL HEALTH

- In several countries, mental health nurses have prescriptive authority.
- Prescriptive authority for mental health nurses may be an important tool in improving access to care.

After reading this report, it will be clear to all that there needs to be urgent investment in mental health nursing. It is ICN’s belief that by strengthening the mental health nursing workforce there will be a much-needed transformation to mental health care. To support progress in mental health nursing, ICN has outlined the following recommendations.

RECOMMENDATIONS	
1.0	<b>Human resources for mental health</b>
1.1	<b>Commit</b> to the actions outlined in the WHO’s Mental Health Report 2022.
1.2	<b>Develop, resource and implement</b> a workforce plan for mental health nurses to provide a clear and concise strategic workforce direction for the country. The workforce plan must include the analysis, forecasting and planning of the mental health nursing workforce supply and demand.
1.3	<b>Improve</b> the collection and reporting of high quality and reliable workforce data to support workforce planning and resource investment.
1.4	International organisations to <b>undertake</b> global mental health nursing workforce projections.
1.5	<b>Commit</b> to increasing the domestic supply of mental health nurses.
1.6	<b>Strengthen</b> the full spectrum of mental health care with a particular focus on primary health care and the community.
There is a need for both urgent action and long-term vision and plan for the mental health nursing workforce. A sufficient number of competent mental health nurses is required to provide communities with access to quality and affordable mental health services when they are required.	
2.0	<b>Mental health nursing education</b>
2.1	<b>Align</b> national mental health policies and priorities with nursing education.
2.2	<b>Establish</b> accreditation standards and core competencies to ensure that the essential elements of mental health are covered and learning outcomes are achieved in nursing education. All nurses have roles in mental health and treating mental health disorders and hence, need competency-based education, including more clinical hours.

RECOMMENDATIONS	
2.3	<b>Ensure</b> that academic staff have the required qualifications and competencies to teach mental health curriculum.
2.4	<b>Establish</b> a process for independent accreditation of education programmes.
2.5	<b>Establish</b> minimum hours for theoretical foundations in mental health in order for students to demonstrate knowledge about the science and art of the nursing profession.
2.6	<b>Establish and implement</b> minimum standard for clinical practice hours in mental health.
2.7	<b>Support</b> students to undertake clinical placements where they can receive expert supervision and relevant professional experience across the continuum of care.
2.8	<b>Promote</b> access to clinical placements in primary health care and community-based models.
2.9	<b>Establish and improve</b> access to post-graduate education for nurses specialising in mental health.
2.10	<b>Consider</b> grants, bursaries or scholarships to incentivize completion of specialist programmes to prepare a mental health nurse.
2.11	<b>Tackle</b> stigma and promote the specialization in mental health as a challenging and rewarding area of work.
2.12	<b>Incorporate</b> development processes to socialize nurses into mental health settings.
<p>A competent workforce is the backbone of any health system. Improving nursing education in mental health has multiple benefits including building competence in caring for the mental health needs of patients. It is also an essential component for building the domestic supply of mental health nurses and addressing issues of myths and misconceptions related to mental health.</p>	
3.0	Recruitment and retention
3.1	<b>Commit</b> to retention strategies for mental health nurses. Mental health nurses face additional challenges to the general nursing workforce when it comes to retention and sustainability. Strategies to retaining the mental health nursing workforce need to be tailored and targeted. For example, there needs to be a focus on addressing the stigma of working in mental health.
3.2	<b>Undertake</b> a nurse workforce impact assessment related to mental health services to identify effective nurse workforce retention and sustainability actions that are relevant to the country and cultural context.
3.3	<b>Address</b> organisational culture and barriers to professional practice. Support mental health nurses to work to their full scope of practice.
3.4	<b>Consider and adopt</b> strategies pivotal to retention including: <ul style="list-style-type: none"> <li>• increased remuneration</li> <li>• improved staff to patient ratios and better and safer working conditions</li> <li>• recognition and appreciation</li> <li>• and reduced stigma towards mental health and mental health nursing.</li> </ul>
3.5	<b>Support</b> opportunities for continued professional development and career progression. These elements are crucial to both mental health nurses and the health care system. It is an essential part of career satisfaction and staff retention. Taking on new challenges encourages engagement with day-to-day responsibilities.
3.6	<b>Address</b> issues of Workplace Health and Safety (WPHS), particularly as they relate to COVID-19.
3.7	<b>Invest and increase</b> the number of nurses working in primary health care and in the community. A balanced, holistic, evidence-based biopsychological approach to care optimises the role of mental health nurses. This will improve nursing satisfaction.

RECOMMENDATIONS	
3.8	<b>Support</b> a person-centred approach to mental health care that respects human rights. This is an important element in reducing moral injury. Moral injury occurs when people fail to uphold their moral values or beliefs. As outlined in the ICN Code of Ethics, nurses are morally and ethically obligated to provide patients with the best care and treatment.
3.9	<b>Increase</b> the voice of mental health nurses in policy development and high-level decision making.
Retention of mental health nurses is essential component of growing the workforce. Retaining mental health nurses will promote cohesion and cooperation of teams, increase efficiency and employee satisfaction. Most importantly, it is linked to improving health outcomes and making the environment a desirable place to work, thereby attracting more nurses into the specialisation.	
4.0 Optimised health care delivery models	
4.1	<b>Consider</b> the establishment of certification processes for recognition of mental health nurses. This will aid in the establishment of a nationally consistent standard of practice. Certification will support the recognition of qualifications, skills, expertise and experience of nurses working in mental health. This will also assist health care providers in the quality assurance of health care providers.
4.2	<b>Support</b> post graduate education for mental health nurses. Post graduate education is linked to improved critical thinking, knowledge and understanding, increased application of knowledge thus leading to improved patient outcomes.
4.3	<b>Support and resource</b> Advanced Practice Nursing (APNs) in mental health to improve access to quality safe and affordable mental health care. APNs can improve overall patient care and service outcomes delivery; improved patient satisfaction and improved health literacy.
4.4	<b>Include</b> specialist mental health nursing in the development of policies and plans. Comprehensive workforce plans will improve the impact on service delivery models.
4.5	<b>Improve</b> resourcing in underserved areas such as maternal, child and adolescent services, and ageing. As the WHO Mental Health report points out, there needs to be a shift from institutionalised care to improved services in primary health care and community settings.
4.6	<b>Consider</b> supporting prescriptive authority for mental health nurses. Prescriptive authority for nurses can improve effective and efficient health care service provision and facilitate the provision of more integrated patient care, increased professional satisfaction and improve the overall quality of the health service. See <a href="#">ICN Guidelines on Prescriptive Authority for Nurses</a> .
4.7	<b>Strengthen</b> models of care that utilize digital technologies to support mental health care. Digital technologies can be used to support the continuing professional development of nurses as well as improving access to care for consumers. An example of improving access to care is the use of telemedicine. This has a particular impact on consumers who can contact mental health nurses remotely.
There is an increased need for health care systems to deliver improved quality of care to deliver better outcomes. Optimising mental health nursing practice is an important investment that leads to effective and innovative models of care that can transform mental health services, particularly for hard to reach and vulnerable populations.	

The recommendations listed above aim for transformation of mental health care by strengthening the mental health nursing workforce. Ultimately it is ICN’s belief that these recommendations will lead to better mental health care for all. ICN supports the vision where mental health is “valued, promoted and protected; where everyone has an equal opportunity to thrive and to exercise their human rights; and where everyone can access the mental health care they need.” (WHO, 2022a)

# INTRODUCTION

The World Health Organization (WHO) reports that mental, neurological, and substance use disorders account for more than 10% of the global disease burden (WHO, 2020d). The lost productivity resulting from depression and anxiety (two of the most common mental disorders), costs the global economy US\$1 trillion each year. WHO also estimates that 71% of people with psychosis do not receive mental health services (WHO, 2022a).



*While the pandemic has generated interest in and concern for mental health, it has also revealed historical under-investment in mental health services. Countries must act urgently to ensure that mental health support is available to all.*



Dévara Kestel, Director of the Department of Mental Health and Substance Use at WHO

COVID-19 and the disruption in critical mental health services have exacerbated mental health problems which predated the pandemic, increasing the global burden of disease. Bereavement, isolation, loss of income and fear are triggering mental health conditions or exacerbating existing ones. According to WHO, the first year of the global pandemic (2020) saw the prevalence of depression and anxiety increase by a massive 25% (WHO, 2022b). During this time, however, 93% of countries reported their mental health services were either halted or interrupted (WHO, 2020e).

Even before the pandemic, there were calls for a 'revolution' in mental health care. The former United Nations Special Rapporteur on the right to health, Dainius Pūras, presented a report in 2017 to the United Nations (UN) Human Rights Council in Geneva. He stated "*Mental health is grossly neglected within health systems worldwide. Where mental health systems exist, they are segregated from other health-care and based on outdated practices that violate human rights. I am calling on States to move away from traditional practices and thinking and enable a long-overdue shift to a rights-based approach. The status quo is simply unacceptable. Mental health policies and services are in crisis - not a crisis of chemical imbalances but power imbalances. We need bold political commitments, urgent policy responses, and immediate remedial action.*" (United Nations Human Rights Office of the High Commissioner, 2017)

WHO (2018) conceptualizes mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. This broad description implies the intimate relationship between mental and physical health. Dr Brock Chisholm, a psychiatrist and the first Director-General of WHO, clearly articulated this with these famous words (Kolappa, Henderson & Kishore, 2013): “without mental health there can be no true physical health”.

The description notes the absence of illness, and yet data collected on mental health around the globe is primarily about mental illness, with little discussion of interventions to promote wellness. Nursing is a holistic, applied science which speaks to a continuum of health, while including illness and end of life care. ICN (Bartz, 2010) describes the “person-centred approach” to nursing care for persons across the life span, including the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Nurses provide care autonomously and collaboratively, in settings from homes, to hospitals, ambulatory care and in community and public health.

There are obvious challenges with providing quality, preventative, curative and affordable mental health services. If countries endorse a continuum of mental health services, a seismic

shift is required. This will involve multiple domains, including regulations, strategies, investments, resources and the workforce roles and competencies.

While each of these elements is vitally important, this report focuses explicitly on mental health nursing roles in interventions along the mental health continuum, from mental health promotion to early intervention, referral to treatment, to treatment and recovery. The majority of the information herein is on nurses educated and prepared in the specialty area of mental health. At the same time, the report recognises that all nurses must be prepared to respond to the mental health needs of diverse populations across the lifespan. With appropriate investment and greater resources in the nursing workforce, significant improvements to mental health service delivery can be made, resulting in tremendous financial gains. WHO estimates for every US\$1 spent on treating common mental health disorders, there is a repay of US\$5 in improved health and productivity (WHO, 2020a). This report recommends investing in the nursing workforce to equip its members with the necessary mental health care skills to achieve the Sustainable Development Goal (SDG) aim of ensuring healthy lives and promoting well-being for all at all ages. It also identifies common challenges to the mental health nursing workforce which impact health and wellbeing in all countries.

## THE IMPACT AND CONSEQUENCES OF THE SHORTAGE OF MENTAL HEALTH CARE PROVIDERS

The world faces grave consequences from the lack of quality, accessible and affordable mental health services and treatment because untreated mental illness, including substance use disorders, impacts every country, culture and individual. Improving access to professional mental health care will not only transform the lives of millions of individuals, but will also have positive outcomes for the world. The following statistics and information demonstrate that mental health conditions and substance-related disorders are widespread, undertreated

and under-resourced (WHO, 2022a). If these can be addressed, great improvements can be made to the health of individuals and communities across the world. Business as usual will not meet the mental health needs in our community. Transformation and investment are needed, particularly in the approach to mental health nursing. The need to invest in mental health nurses is indisputable and urgent.

**Table 1: The global economic and human costs of mental illness**  
 (United Nations Human Rights Council Special Rapporteur, 2017; WHO, 2021a, 2021b, 2021c, 2021d)

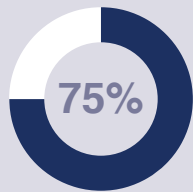
## Bio-medical model

The majority of mental health investments in low-, middle- and high-income countries disproportionately fund services based on the biomedical model of psychiatry.



**\$1 trillion**

Two most common mental health conditions, depression and anxiety cost the global economy \$1 trillion USD per annum.



of chronic mental health conditions begin by age 24, yet the delay between the first appearance of symptoms and intervention is an average of almost a decade.

## Human rights violations

The arbitrary division of physical and mental health and the subsequent isolation and abandonment of mental health has contributed to an untenable situation of unmet needs and human rights violations.



**1 in 7**

10-19 year-olds experience mental health conditions, yet these remain largely unrecognised and untreated.

**<2%**

of global median government health expenditure goes on mental health.



**71%**

of people with psychosis do not receive mental health services.

**10 – 20 years**

People with severe and persistent mental illness die 10-20 years earlier than the general population.

## Exacerbate inequalities

In some countries, the abandonment of specialist mental health facilities has created an insidious pipeline to homelessness, hospitalisation, and prison.



**500,000**

people die from substance abuse disorders each year.



*The right to mental health requires care and support facilities, goods and services that are available, accessible, acceptable and of good quality. Rights-based care and support for mental health is an integral part of health care for all.*



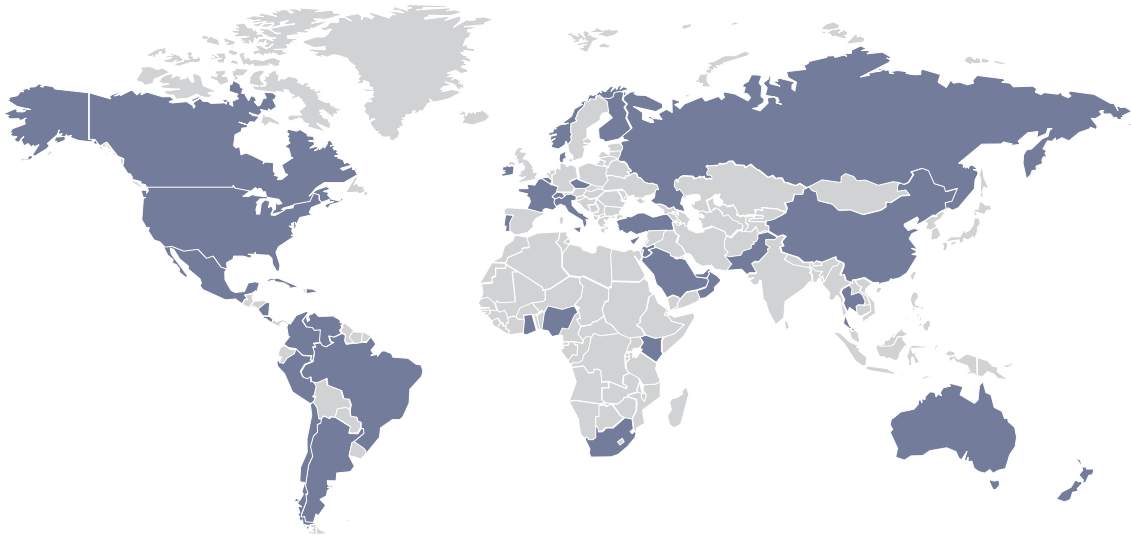
Mr Dainius Pūras, former UN Special Rapporteur on the right to health

## ICN GLOBAL MENTAL HEALTH NURSING SURVEY

A global survey was undertaken by ICN to better understand the nursing workforce and the issues affecting the profession in relation to mental health. The survey was completed by mental health nurses, specialist mental health organisations, ministries of health, or experts in the area of mental health. Although some individuals completed the survey within

a country, in most instances, the primary submitter worked with others to collect and verify the information. Respondents from 46 different countries completed the survey. Whilst we have endeavoured to maintain the accuracy of the information, we recognise that there will be limitations in examining the results.

Figure 1: Responders’ country of origin submitting data to the Mental Health Nursing Survey



### Limitations to the survey

Several documents, including the [\*WHO Mental Health Atlas 2020\*](#), present key challenges in collecting data and information related to mental health services. The most common reason cited is that the data often does not exist, and/or the quality and accuracy of the information

are poor. According to the *WHO Mental Health Atlas 2020*, fewer than one in three countries collect and or compile mental health-specific data, directly impacting the success of strategies, plans, and investments in mental health.



# 01 CHAPTER ONE

## ROLE OF NURSES IN MENTAL HEALTH

### DESCRIPTION OF PSYCHIATRIC-MENTAL HEALTH NURSING USED IN THIS REPORT

Psychiatric-mental health nursing<sup>1</sup> is a specialty within the field of nursing that provides holistic care to individuals at risk for or experiencing mental and substance disorders or behavioural problems to promote their physical and psychosocial well-being. It emphasizes the use of interpersonal relationships as therapeutic tools and considers the environmental factors that influence mental health. Psychiatric-mental health nurses not only provide physical care, but also use socialization, activation and communication with their patients to create a safe, comfortable environment that promotes positive change (adapted from American Psychological Association, 2022). Hildegard Peplau (Gonzalo, 2011) considers nursing to be a “significant, therapeutic, interpersonal process.” She defines it as a “human relationship between an individual who is sick, or in need

of health services, and a nurse specially educated to recognize and to respond to the need for help”. She spoke to nursing in general, noting that skills and competencies of generalist nurses promote mental health while specialist competencies target unhealthy behavioural problems.

Like nurses and advanced practice nurses, mental health nurses practice in a range of settings—including general and psychiatric hospitals, assisted living facilities, long-term care and rehabilitation centres, physicians’ offices, correctional facilities, community mental health centres, and private homes. They work collaboratively with psychiatrists, psychologists, physicians, social workers, and other mental health professionals (American Psychological Association, 2022).

### THE IMPACT OF MENTAL HEALTH NURSES

The health workforce is the most valuable asset in delivering high-quality mental health services. Healthcare professionals have pivotal roles in promoting and preventing mental

conditions, identifying those at risk and providing care for people with mental health conditions. The knowledge, skills and motivations of the workforce significantly affect the

<sup>1</sup> For brevity, psychiatric-mental health nurses will be referred to as mental health nurses.

quality-of-service provision. Therefore, it is essential to maximize efforts to create, support and develop a suitably qualified nursing workforce to meet current and future demands.

The role of nurses in the delivery of mental health care is multi-faceted; nurses are prepared to treat both the mental and physical health of their patients. They are trained and educated to develop a person-centred approach to care, ensuring that the patient receives holistic nursing care and care from the full health care team where needed.

It is vital that nurses are educated and skilled to provide high-quality, evidence-based care for both the physical and mental health of populations. People with severe and persistent mental illness die 10-20 years earlier than the general population. This gap is likely to be even larger in low-middle income countries. Many of these conditions are preventable physical diseases including cardiovascular disease, respiratory disease and infections. Despite the fact that people with severe mental health have higher risks of poor physical health, the majority of these patients receive lower-quality health care than the general population (Australian Governmental National Mental Health Commission, 2016; Liu *et al.*, 2017). This includes all elements of care ranging from health promotion and disease prevention to intervention and rehabilitation.

Health care provision at levels below that of the general population is related to a number of factors. Health system factors include limited system capacity for health promotion and illness prevention, limited access to treatment/s, fragmented delivery of services, insufficient availability of skilled workforce and information infrastructure. Examples include:

- The absence of monitoring of side effects of medications and subsequent follow up (De Hert *et al.*, 2011)
- More complications following health care procedures (Kisely, Campbell & Wang, 2009)
- Less provision of services such as revascularization procedures (Kisely, Campbell & Wang, 2009)
- Fewer prescriptions for appropriate drug treatments (Kisely, Campbell & Wang, 2009)
- Primary care providers attitudes to people with severe mental health conditions (Corrigan *et al.*, 2014)
- The limited focus on addressing the social determinants of health (WHO, 2008)
- The disconnect between mental health services and other health care services (Laursen, Munk-Olsen & Gasse, 2011).

When there are sufficient numbers of nurses with the appropriate experience and skill mix, many of these issues can be addressed. Research indicates that when this is achieved patient outcomes including patient safety are improved as are adherence to treatment and better care (Baker, Canvin & Berzins, 2019; NHS, 2020). These elements not only improve the patient experience but also improve the culture of an organisation and job satisfaction as well as resulting in less turnover of staff (McHugh *et al.*, 2021).

An adequate number of nurses, with the right education, experience and adequate resourcing, can have a profound impact on improving the health and wellbeing of individuals and populations with mental illness.

## STATE OF THE WORLD'S NURSING

Information regarding the global nursing workforce from the WHO *State of the World's Nursing Report 2020* (WHO, 2020c) has been included to provide context for the mental

health nursing workforce. It highlights the workforce challenges facing the nursing workforce. These issues are magnified when it comes to the mental health nursing workforce.

In this report, the global nursing workforce was estimated in 2019-2020 as being 27.9 million nurses. The global shortage of nurses was estimated at 5.9 million nurses with nearly all of these shortages concentrated in low- and lower-middle-income countries. However, much of this information was collected prior to 2018 and that analysis predates the pandemic. ICN believes that the pandemic has exacerbated the existing nurse supply shortfall and estimates that up to 13 million nurses will be needed to fill the global nurse shortage gap (Buchan, Catton & Shaffer, 2020).



# 02

## CHAPTER TWO

### MENTAL HEALTH NURSING WORKFORCE

The workforce data shown here is based on the WHO *Mental Health Atlas* (WHO, 2021b) and the National Health Workforce Accounts (NHWA). The numbers include mental health nurses working across the continuum of care in public and private health care facilities as well as private practice. It counts only mental health nurses who have completed formal training in recognised teaching institutions. The data has

been collected from a survey of 158 countries. The data indicates that, on average, across 158 countries there are 3.8 mental health nurses working per 100,000 population. Compared to the global nursing workforce, which equates to 369 nurses per 100,000 population based on a survey of 191 countries, the mental health nursing workforce equates to 1.03% of the entire nursing workforce.

Figure 2: Percentage of the entire nursing workforce that are reported as mental health nurses (NHWA, 2018)

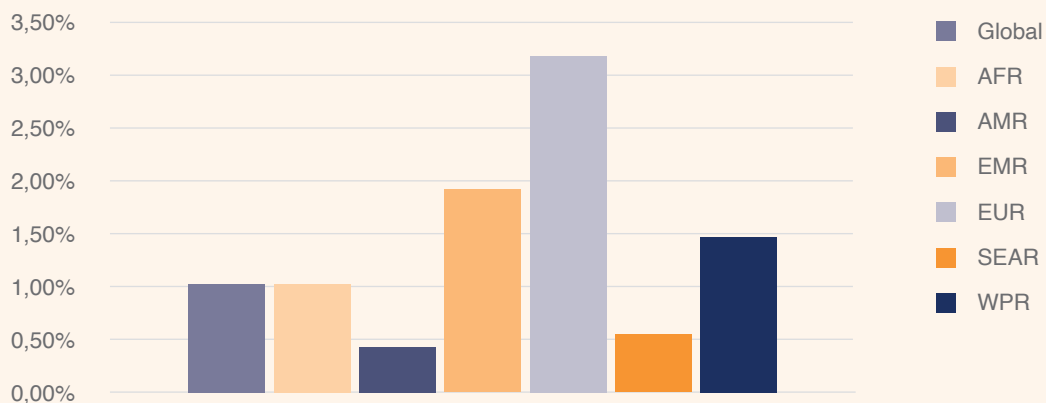
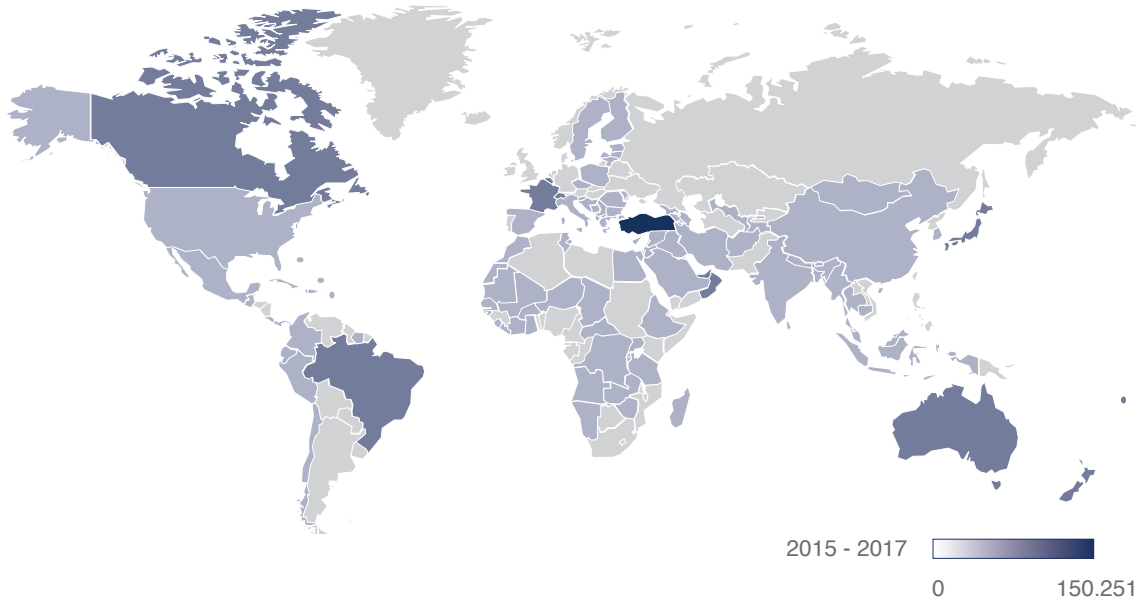


Figure 3: Nurses working in mental health per 100,000 population (WHO NHWA, 2016-2017)



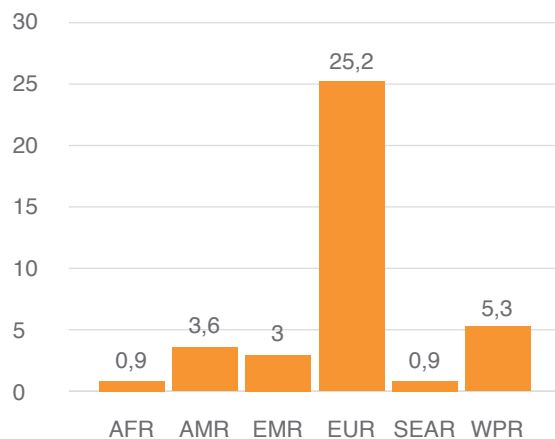
Based on this information, it is possible to estimate the number of mental health nurses working around the world. If 1.03% of the entire nursing workforce are mental health nurses, it is estimated that this equates to 280,000 nurses working as mental health nurses.<sup>2</sup>

A different methodology of calculating this number would be based on the size of the global population in 2018 and the estimated number of nurses of 3.8 per 100,000 population. In 2017, the United Nations (United Nations, 2017) estimated the global population at approximately 7.6 billion. Through this approach, the estimated number of nurses specialising in mental health is approximately 290,000.

### Mental health nurses by region

The data indicates that there are significant and wide variations in the nursing workforce by both region and income. Europe contains significantly more mental health nurses (25.2 per 100,000 pop.) than the African (0.9 per 100,000 pop.) and Southeast Asian (0.9 per 100,000 pop.) regions. This is similar to the wide variations observed in country level data. In 2017, the number of nurses per 100,000 ranged from 1.5 in Fiji to 90.6 in Australia. Similar considerable variations exist in Europe with 2.9 / 100,000 in Spain through to 125.7 / 100,000 in Belgium.

Figure 4: Density of nursing personnel by WHO region, 2018 (# per 100,000 population)

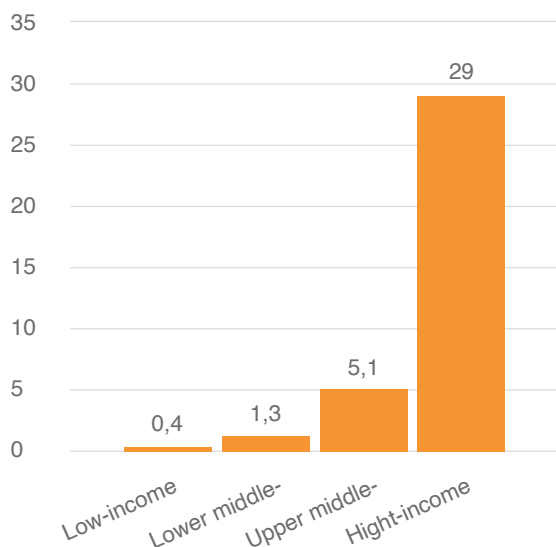


<sup>2</sup> There will be slight issues such as the 'description of a nurse' which may affect the quality of the data as specified in both the *Mental Health Atlas* and the *State of the World's Nursing* report. There may be additional factors to be considered in that there are slightly different countries submitting data to the *State of the World's Nursing* report than those in NHWA for Mental Health. For example, there were 191 countries that submitted data for the *State of the World's Nursing* report, whilst the NHWA only collects data on nurses working in mental health from 158 countries.

## Mental health nurses by country income level

The data indicates that there are many more nurses per capita in mental health settings in upper-middle and high-income countries than in other income levels — ~95% of all mental health nurses can be found in these countries.

**Figure 5: Density of nursing personnel by income level, 2018 (# per 100,000 population)**



The ICN survey data concurs with findings of the Organisation for Economic Co-operation and Development (OECD, 2021) and WHO (WHO, 2021b) that it is extremely difficult to collect workforce data for different categories of the mental health care workforce. Data are often not routinely reported in all countries and there are compatibility of data issues among

countries. For example, our survey found that just over one half of the countries reported having a formal system in place for measuring the number of mental health nurses. These issues make it difficult to estimate the capacity of the mental health nursing workforce. The WHO *Mental Health Atlas* states that only 31% of countries collect and analyse mental health specific data.

### Key points:

- There are estimated to be between 280,000 and 290,000 mental health nurses.
- Weak workforce data and the limited number of countries preparing workforce projections for mental health makes workforce planning difficult.
- It is important to accelerate the collection and reporting of high quality and reliable workforce data to support workforce planning and resource investment.
- There are severe mental health nursing workforce shortages in low and low-middle income countries. Approximately 95% of all mental health nurses can be found in upper-middle and high-income countries.

## HOW MANY MENTAL HEALTH NURSES DO WE NEED TO MEET POPULATION NEEDS?

Mental health nursing shortages are reported in the overwhelming number of countries surveyed. However, due to weak workforce data and the limited preparation of workforce projections for the mental health sector (OECD, 2021), it is difficult to have a clear picture of the real workforce shortage. Mental health services are provided by a diverse group of health professionals and planning often does not take this into account. Most frequently, mental health workforce plans tend to focus on psychiatrists rather than on nurses or other health professionals.

Workforce projections consider a range of factors influencing workforce capacity in a sector, such as average age of the professionals, rate of training, recruitment of foreign workers, capacity for ongoing education or workforce retention rates. Workforce projections provide information on anticipated workforce shortages, as well as opportunities to diminish these shortages. Given the time it takes to educate and recruit new health professionals, workforce projections need to look at multi-year time horizons.

**Key points:**

- With an estimated 71% of people with psychosis not receiving mental health treatment, there is significant need to increase the number of mental health professionals, particularly mental health nurses to meet demand.
- An ongoing assessment of replacement, recruitment and retention rates for mental health nurses by WHO in partnership with countries and professional nursing organisations would advance the fit between country need and nursing workforce estimates
- Planning would be greatly enhanced by an estimate of the gap between the current mental health nursing workforce and the projected demand for current and future services. This can be developed by WHO in partnership with countries and nursing organisations.

**KEY ISSUES RELATED TO WORKFORCE SHORTAGES**

Mental health nursing experts contributing to the development of this publication report significant nursing shortages as health systems struggle to recruit new nurses and retain those who are already part of the system. Several reasons were given for this including (in no particular order):

- the lack of safety and security in the work environment
- social stigma attached to both nurses working in mental health services and those with mental disorders.
- the lack of specific planning for mental health services
- a lack of funding for planning, targeted policy implementation and evaluation of outcomes
- a lack of awareness or political will on the parts of government/policy makers and the public
- limited incentives to study, practice or remain in the specialty area
- burnout, fatigue, and other health issues
- an ageing workforce

**Key points:**

- Workforce shortages limit the capacity to improve access to quality and affordable mental health services.
- Whilst there are similar challenges facing the general nursing workforce, there are added complexities (e.g. stigma, etc.) when it comes to the mental health workforce. This needs to be taken into consideration when undertaking workforce planning.

**WORKFORCE SETTINGS**

Respondents to the ICN survey overwhelming stated that the majority of mental health nurses practice in specialist psychiatric facilities or public hospitals.

**Acute care:** Respondents state that the majority of mental health nurses work in either public hospitals or specialist mental health facilities.

**Public sector:** The survey data suggests that the majority of mental health nurses work in the public sector. Respondents suggest that this may be due to lack of access to data in the private sector (i.e. potential for under-reporting).

**Under resourced areas:** According to respondents, the settings with the lowest numbers of mental health nurses were correctional facilities,

child and adolescent health care services, and long-term care. The lack of sufficient nurses in adolescent mental health settings is of serious concern, especially in light of recent findings regarding increased rates of mental health disorders identified in adolescents post pandemic. This finding is consistent with WHO information which states that the mental health needs of children and adolescents are largely unrecognised and untreated.

**Primary health care:** There was variability of responses on numbers of mental health nurses working in primary health care. In some responses, large numbers of nurses were reported to be working in primary care. In other responses, primary health care was poorly resourced with mental health nurses. The WHO *Mental Health Atlas* states that only 25% of countries have integrated mental health into primary health care.

**Key points:**

- There are chronic mental health nursing shortages across the continuum of care, however they are most pronounced in primary health care and community services (particularly child and adolescent).



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# 03

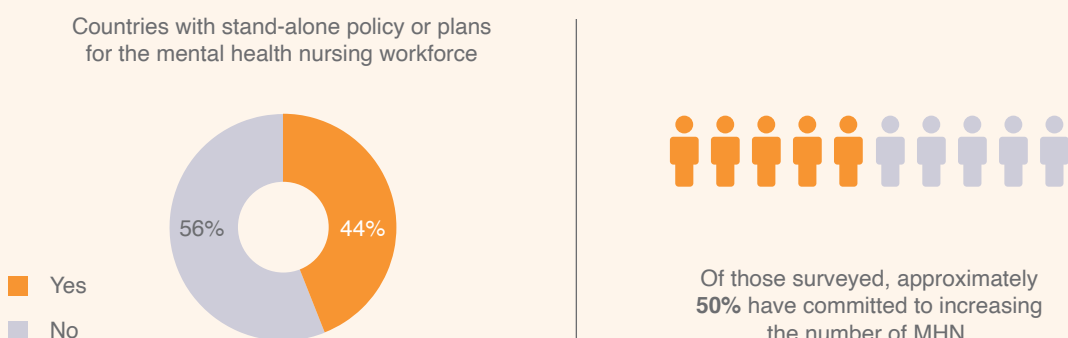
## CHAPTER THREE

### BUILDING THE MENTAL HEALTH NURSING WORKFORCE

While approximately half of survey respondents stated that their countries have committed to increasing the number of mental health nurses, 16% were unsure if their countries planned on increasing the mental health nursing workforce. This means that only one in three respondents was aware that their country was actively pursuing an increase in the mental health nursing workforce. This is particularly concerning given the current workforce shortages of mental health nurses globally. The limited availability of mental health workers has a detrimental effect on the provision of services and access to care. For example, the WHO *Mental Health Atlas 2020* states that in some circumstances (psychosis & depression) service only extends to approximately one in three people.

One of the essential elements of addressing the mental health nursing workforce crisis is to develop requisite policies and plans. Mental health policy is an official statement by a government which defines a vision with a set of values, principles and objectives including an overall plan of action to achieve that vision and improve the mental health of a population. Survey respondents stated that 43% of countries had standalone policies and plans. This is different to the WHO *Mental Health Atlas* which states that 75% of countries have stand-alone policies for mental health. One potential reason for this is that often policies and plans focus purely on the bio-medical model of care and do not have a focus on other health professionals. It should also be noted that only 39% of these policies align with international and regional human rights instruments; human and

**Figure 6: Percentage of countries with stand-alone policy or plans for the mental health nursing workforce**



financial resources allocated for the policies is limited (~29%); and only 19% have indicators to monitor the implementation of their policies and plans (WHO, 2021b).

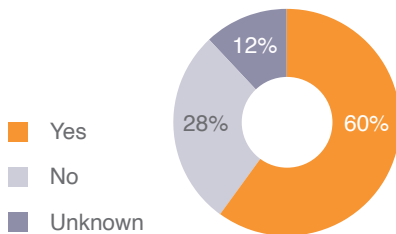
To boost the number of mental health nurses, there are three identified strategies that are being implemented in various countries:

- increasing the domestic supply of nurses through nursing education
- retention of nurses working in mental health
- recruitment of mental health nurses from overseas.

### 1. Increasing the domestic supply of mental health nurses through nursing education:

Increasing the number of nursing students is reported as the priority approach to addressing workforce shortages. Increases in nurses is driven mainly by growing numbers of domestic graduates. In the case of mental health nurses, respondents often stated that the strategy was not mental health specific but was related to nursing in general.

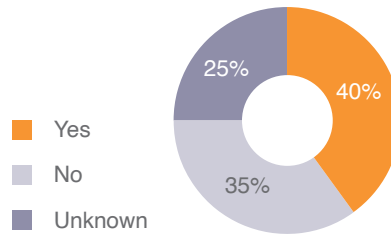
Figure 7: Countries committed to increasing the number of nursing students



### 2. Retention of mental health nurses

Whilst some respondents stated that their governments had committed to retaining nurses, there was scepticism as to whether this would be fulfilled. Others stated that working conditions and resources were extremely poor and that they expect a greater number of nurses to leave the profession in the next few years, which has been a concerning trend over the last few years. The exodus of nurses has been exacerbated during the pandemic with increasing deterioration of conditions. The shockwaves of the pandemic with its impact on mental health nurses' retention will be felt for many years to come.

Figure 8: Countries committed to improving the retention of mental health nurses

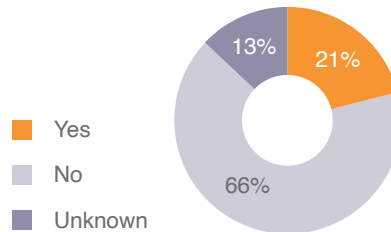


### 3. Recruitment of overseas trained mental health nurses

Only a limited number of countries use overseas recruitment as a strategy to increase the number of mental health nurses. This may be related to:

- many source countries do not have education programmes developing sufficient numbers of mental health nurses
- issues with migration during the pandemic
- there are only certain countries that have a high reliance on migration of foreign trained nurses (e.g. less than half of OECD countries).

Figure 9: Countries committed to recruiting overseas trained mental health nurses to address workforce shortages



#### Key points:

- Countries must develop mental health nursing workforce plans that are adequately funded and have associated targets to monitor progress.
- Due to the length of time to build the mental health nursing workforce, workforce plans need to consider a medium to long term vision.
- There are unique factors that need to be considered in the development, recruitment and retention of nurses in mental health care settings.

# 04

## CHAPTER FOUR

### EDUCATIONAL PREPARATION OF MENTAL HEALTH NURSES

Education is the key driver for increasing the domestic supply of nurses. Information from the *State of the World's Nursing* Report demonstrates that over 95% of countries have an education programme that is three or more years. However, there are various award credentials ranging from a certificate or diploma through to a bachelor's degree.

The quality assurance of nursing education programmes is highly variable. In the *State of the World's Nursing* report, the majority of countries report the existence of education standards and accreditation mechanisms (91%). However, there are a number of quality issues that reduce their effectiveness, which means that they do not adequately meet both population health and health system needs. Key issues identified in the report include lack of clinical practicum time and significant shortages of qualified faculty to educate students.

Nursing education should reflect national health priorities. The WHO Mental Health Action plans (WHO, 2021e) call on all countries to prioritise mental health services due to the enormous burden of disease. The OECD (OECD, 2021) estimates that before the onset of the COVID-19 crisis, almost one in two people experienced

a mental health condition at some point in their lifetime, and one in five people are currently living with a mental ill-health condition. With the added burden of COVID-19, levels of mental distress have increased, with prevalence of anxiety and depression even doubling in some countries.

This level of demand will mean that all nurses will encounter and care for people experiencing mental health issues. Psychological problems arise in all health settings and the general nursing workforce must be prepared to incorporate this as part of their responsibilities to meet the health needs of patients. But in all roles, it is not just about treatment, but also the promotion of good health and wellbeing as well as other prevention elements.

However, there are times that specialist mental health services are required. These services may take place in primary health care, hospitals and psychiatric health facilities, schools, correctional facilities and other areas. This level of care requires the expertise of nurses who have the appropriate skills, expertise and confidence in the area of mental health. The preparation of these nurses is therefore critically important.

## UNDERGRADUATE EDUCATION

As mentioned above, national health priorities and nursing curricula must be aligned with workforce planning. Unfortunately, in many instances workforce planning and education are poorly integrated or aligned.

Nurses are at the forefront of providing health care to individuals at risk for and diagnosed with mental illness in various health care settings, yet WHO (Bennett, 2021) states that many nurses are inadequately prepared in their education to provide mental health care. Mental and physical health are interconnected, and therefore should be closely connected in the undergraduate education of nurses.

According to responses to the ICN survey, 86% of countries require an undergraduate degree to practice nursing. The preparation of nurses in the remaining countries is based on hospital-based training programmes.

The education of mental health nurses varies tremendously between countries and sometimes even within countries. The models include:

**Generalist undergraduate preparation:** Undergraduate nursing education is conducted at a higher education facility primarily in a university. On average, the length of the degree is three to four years. The generalist undergraduate nursing programmes are comprehensive in nature including all areas of speciality within nursing and health care. The amount of mental health content in the generalist undergraduate programmes varies from university to university. Clinical placements are provided in partnership with universities or colleges and a variety of health care facilities.

**Specialist mental health undergraduate preparation:** Specialist mental health education is conducted at a higher education facility, mainly a university or institution, and is on average a three-year degree. The specialist mental health nursing programme focuses mainly on mental health. The amount of information on other speciality areas within nursing and health care varies from university to university. Clinical placements are provided in partnership with universities and a variety of health care facilities.

**Hospital based training:** Hospital-based nursing education is conducted within a health care facility and is on average a three-year training programme. Both education and clinical placement are provided within the health care facility.

**Survey results on undergraduate education:** According to those surveyed, it appears that most countries offer generalist nursing programmes. In these instances, mental health nursing is a compulsory part of pre-licensure education (84% of the time).

All respondents believed that mental health should be included in undergraduate nursing programmes. However, there was a belief that the curricula were currently inadequate and require improvement. Respondents stated that there were inadequacies in both theory and practice. The most common issues cited for this included:

- the lack of accreditation of courses
- limited credit points and/or curriculum dedicated to mental health
- the lack of standards in the approach to mental health education
- the limited number of faculty staff with the professional qualifications in mental health to appropriately teach the curriculum
- the limited number of clinical placement hours required in mental health settings.

**Key points:**

- Mental health needs to be an international and national priority area. This, in turn, should also make it a priority area for educational institutions preparing nurses for practice.
- Improve the alignment between national health priorities and health professional education, including nursing.
- Increase the influence of mental health nurses in high level decision making to ensure that mental health policies are better aligned with nursing education.
- To ensure all nurses are adequately prepared, accreditation standards and core competencies should be established to ensure that the essential elements of mental health are covered and learning outcomes are achieved.
- Ensure that academic staff have the required competencies to teach mental health curriculum.
- All nurses have roles in mental health and treating mental health disorders and hence, need better education, including more clinical hours.

**Accreditation**

Accreditation is seen as important part of improving the quality of education. It is frequently used to evaluate education programmes to determine if they are meeting specific standards set by or within a country. Accreditation is meant to:

- assess the quality of academic programs at universities or other education providers
- create a culture of continuous improvement of academic quality at universities and other education providers
- provide opportunities for dialogue about standards and their potential improvement
- involve faculty and staff in institutional evaluation and planning
- establish criteria for professional certification and licensure.

According to survey responders, only 51% of countries have an accreditation framework/process for mental health in nursing education. Where there is an accreditation framework, these are generally managed by the relevant nursing councils/boards. In two countries, this process was reported to be managed by the government Ministry of Health.

**Key points:**

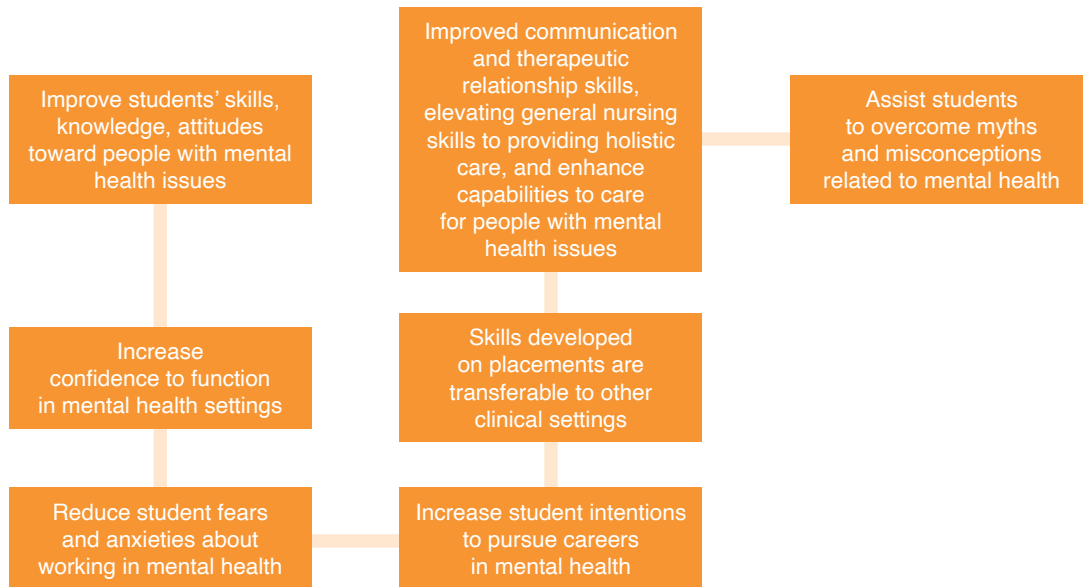
- Standards should be developed for the minimum requirements for undergraduate nursing education programmes.
- Accreditation should be undertaken by an independent authority that has demonstrated expertise in the field.

**Clinical placement in undergraduate preparation**

In its *Global Strategic Directions for Nursing and Midwifery*, WHO emphasises the need for nurses to be educated to bachelor's degree level or higher. A compulsory part of this undergraduate education is the need for clinical placement. Research indicates that clinical placements contribute to improved educational outcomes for undergraduate nursing programmes in the

preparation of students for entry into the nursing profession. Clinical placements enable students to learn essential practice skills and cultivate the social and professional practices of the nursing profession. Some evidence suggests that short block placements of less than two weeks do not provide sufficient experience (Birks *et al.*, 2017).

**Table 2: Benefits of mental health clinical placements** (Happell *et al.*, 2015; Goman, *et al.*, 2020)



The ICN Mental Health survey indicates that there is a large variation of clinical experience requirements for undergraduate mental health nursing education. It ranges from 0 hours all the way through to 2,300 hours. Approximately 45% of the countries responding reported that they require over 100 hours of mental health clinical placement hours.

As such, in many countries, in general nursing undergraduate programmes, mental health nursing is seen as a specialty for those who are interested rather than a core requirement for all nurses. This greatly limits the capacity of graduates to address mental health promotion and early intervention. If a minimum of 80 hours is considered sufficient for exposure to mental health services, approximately two in five countries surveyed have mental health placements that are insufficient. In many instances, mental health clinical practicum is short and learning perfunctory.

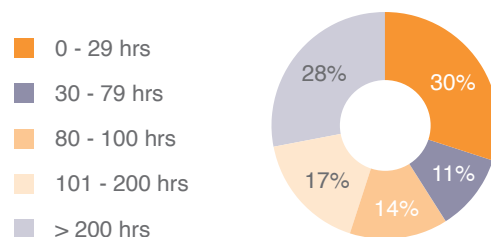
The number of clinical placement hours does not assure quality of learning. Students may spend significant amounts of time in clinical placements and their learning may be insufficient due to inappropriate clinical settings, poor supervision and short placements in numerous settings.

Through a series of interviews, ICN understands that in some circumstances, when students undertake clinical placements in mental

health care settings, there is a tendency for these to be taken in the acute mental health care sector. As a result of not exposing students to nursing's role across the continuum of care, this restricts a student's perception of mental health services and has the potential to limit understanding to a biomedical model of care. Transforming mental health care begins by exposing nursing students to models of excellence across the continuum of care.

At this stage, there appears to be insufficient research on the minimum number of hours for clinical placements in mental health that would be a suitable learning opportunity for students. However, as a result of all nurses encountering patients in their daily work, and the need to increase the number of mental health nurses, ICN believes that it is essential that countries establish a minimum standard above 80 hours that ensures that graduates are safe and ready to practice.

**Figure 10: Required number of clinical placement hours in mental health settings**



**Key points:**

- Countries should establish and implement a minimum standard above 80 hours for clinical practice hours in mental health.
- Ensure students undertake clinical placements where they can receive expert supervision and relevant professional experience across the continuum of care (i.e. increasing clinical placements in community and other non-hospital settings).
- The skills learned in mental health clinical placements are transferrable to other clinical settings.
- Clinical placements can be enhanced in a more holistic and less medically focused environment.
- Clinical placement hours have a clear relationship with future specialisation in mental health care settings. Increasing the number of clinical placement hours in mental health care settings is expected to increase the number of nurses who pursue a specialist career in mental health.

**IMPROVING THE QUALITY OF MENTAL HEALTH EDUCATION**

The educational preparation required for nurses to meet current and future mental disorders and substance use disorders is under strain due to the disconnect in priorities between the education sector and the service system.

If mental health is a national priority area in all countries across the world as strongly recommended by the United Nations Human Rights Commission and WHO, it should also be a priority area for educational institutions preparing nurses for practice. The following are recommended to improve the undergraduate preparation of nurses in mental health:

- include mental health in education accreditation standards
- support competency-based education for mental health
- increase hours of mental health education
- establish minimum standards and increase the number of clinical practicum hours

- ensure faculty staff have the competencies and appropriate qualifications in mental health
- where appropriate, consider developing exchange programmes.

Although not included in the survey, further consideration should also be given to including inter-professional learning in undergraduate education. There are many benefits to inter-professional education that maybe beneficial to producing future mental health nurses. Examples include:

- improved mutual respect and trust between professionals
- improved understanding of professional roles and responsibilities
- enhanced communication between professionals
- increased job satisfaction. (Homeyer, *et al.*, 2018)

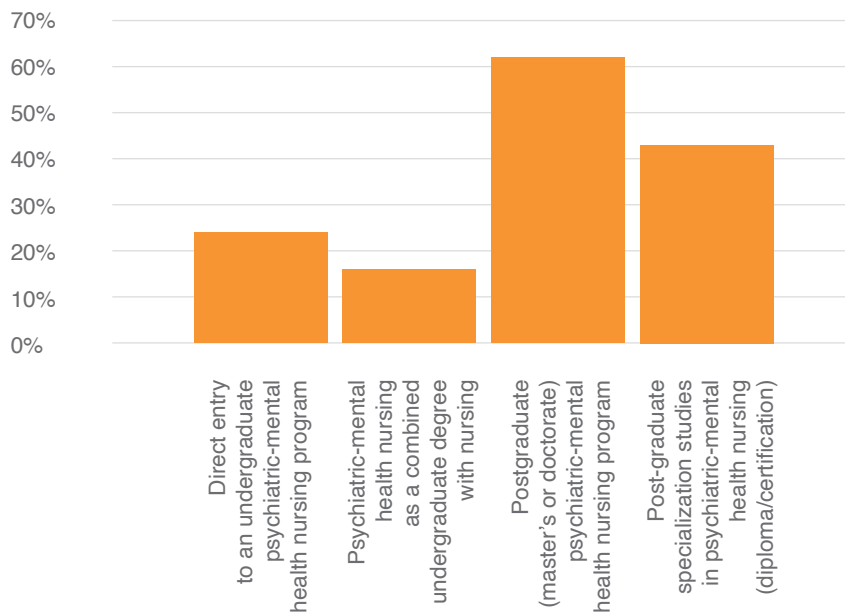
## PREPARATION FOR MENTAL HEALTH NURSING SPECIALIZATION

ICN defines the specialist nurse in the following way, “A specialist nurse holds a current license as a generalist nurse, and has successfully completed an education programme that meets the prescribed standard for specialist nursing practice. The specialist nurse is authorised to function within a defined scope of practice in a specified field of nursing” (ICN, 2020). In the overwhelming majority of cases (95%), survey respondents stated that their country has nurses specializing in mental health.

From the responses to the survey, there is a variety of ways that nurses are prepared for mental health specialization. This includes

(i) direct entry into an undergraduate mental health nursing programme; (ii) after completing a minimum number of hours working in a mental health service; (iii) completion of diploma or certificate in mental health studies; (iv) and a master’s or higher-level degree in mental health. The most common way identified is post-graduate education in mental health. It was recognised that in many countries this is not compulsory, but rather at the discretion of the individual. However, in a number of countries (60% of survey respondents), it is mandatory for master’s qualification or higher to be recognised as a specialist in mental health.

Figure 11: The preparation of nurses for specialisation in mental health



The survey indicates that there are some countries, particularly in Europe, which have under-graduate programmes that specialise in

mental health. In some countries, nurses are considered ‘specialists’ after working in an area for a set period of time.

## POST-GRADUATE EDUCATION

WHO believes that health care should be accessible, safe, efficient, effective and person-centred. Achieving this target requires contribution from all health care professionals, especially nurses as the largest component of all health care workers and responsible for

the delivery and coordination of the majority of patient care. Post-graduate education is an important component of equipping nurses with the knowledge, skills and attributes to improve the quality of health care.



Post-graduate education for nurses is linked to:

- improved quality of nursing care delivered
- improved confidence in clinical practice
- improved leadership and management skills
- improved professional credibility
- improved problem-solving ability and change management

- improved critical thinking skills
  - improved employment opportunities, career development and job satisfaction
  - improved patient outcomes
  - improved patient satisfaction.
- (Abu-Qamar *et al.* 2020; Ng, Eley & Tuckett, 2016)

### Post-graduate education institutions

The ICN survey indicated that there was often only a limited number of universities that provided post-graduate education. In Australia, Portugal, Ireland and USA, there appeared to be a large number of universities providing post-graduate education. China currently has 75 post-graduate education providers specializing in mental health nursing. This could be considered high due to the current size of the workforce, however due to the size of the population, this might be inadequate. Some countries had limited numbers of post-graduate education providers. In many circumstances, this was related to the size of the nursing workforce. There were some countries which did not have any post-graduate education providers.

In this instance, nurses seeking post-graduate education would be required to study outside of their country.

#### Key points:

- Post-graduate education is often a requirement for being a specialist mental health nurse.
- There are many benefits linked to post-graduate education that ultimately improve patient outcomes.
- Access to post-graduate education is sometimes difficult due to the limited number of education providers.

## MENTAL HEALTH NURSING REGISTRATION

One in four respondents to the ICN survey stated that there is a separate registration process for nurses who specialise in mental health. When it comes Advanced Practice

Nurses (APN) specialising in mental health, approximately 42% stated that there is a separate accreditation or credentialing process.

### Certification

Certification is the formal recognition of achievement of pre-established, standardised criteria regarding the knowledge, skills and experience required for practice in a specialty area. Certification ensures recognition of the qualifications, skills, expertise and experience of nurses who are practicing as specialist nurses.

There is currently no standard across the world for the certification of mental health nurses. There may be some benefit in developing this to improve the evaluation of nursing practice from one country to another. In an attempt to address nursing shortages and workforce sustainability, this may be an important strategy to improve workforce mobility.

Almost half of countries surveyed indicated they have a certification process for the recognition of specialist mental health nurses.

# 05

## CHAPTER FIVE

# RETENTION OF MENTAL HEALTH NURSES

The *State of the World's Nursing* report has estimated that there is approximate shortage of six million nurses across the globe. Although the real gap is unknown, it is estimated that some of the most significant shortages occur within the mental health nursing workforce. The evidence for this lies in the fact that mental health is massively underfunded with less than 2% of the global median of health budget allocated to mental health. In addition to this, there are increased issues with the workforce growth models such as increasing numbers of nursing graduates and recruitment of overseas graduate nurses. These strategies may even be futile if retention is not addressed. Retention is an important strategy to building a sustainable nursing workforce.

There are several major challenges associated with poor retention including job dissatisfaction, high workloads, stress, burnout, lack of clarity over job responsibilities, lack of adequate recognition or rewards for accomplishments, lack of growth potential, etc.

Several studies report that job satisfaction for mental health nurses is at the lowest level it has ever been, with many nurses emotionally and physically exhausted. This leads them to consider leaving the profession. There is a negative cycle that is being perpetuated due to poor job satisfaction and turnover – this includes but is not limited to increased workloads, working

with temporary or inadequate numbers of specialist mental health nurses, and insufficient resources. This in turn leads to further turnover of mental health nurses. The pandemic has put extra pressure on the system with further workforce shortages as a result of sickness, quarantining and other policies separating and isolating the individual.

Whilst there are some similarities to the general nursing workforce, mental health nurses face additional challenges when it comes to retention and sustainability. Examples of this include:

- stigma attached to mental health patients
- stigma attached to mental health services
- patient initiated violence or fear of violence
- moral distress and the inability to provide services required due to lack of resources
- emotional and physical exhaustion due to work experiences
- lack of education preparation and readiness for the job
- the level of ability to use and enhance skills within an enabling team (i.e. lack of support for a career pathway in mental health nursing)
- the level of ability to practice autonomously

- the limited ability to develop skillset through access to continuing professional development
- the lack of trust and coordination between physicians and nurses
- the lack of career development opportunities
- poor organisational culture
- lack of financial rewards
- inadequate staffing levels and heavy workloads
- feelings of not being valued for the contribution to health care delivery.

(Adams, Ryan & Wood, 2021; Kameg, *et al.*, 2021; López-López *et al.*, 2019; Roman-Sanchez *et al.*, 2022)

The ICN survey found that approximately two in five (40%) of country respondents are actively pursuing strategies to improve the retention of nurses working in mental health. However, it was noted in a number of comments that the strategies being employed relate to the general nursing workforce without specific actions

related to mental health nurses or was left to the responsibility of individual health care providers rather than a government priority.

#### Key points:

- Retention strategies are essential to building a sustainable mental health nursing workforce.
- There is high incidence of job dissatisfaction for mental health nurses around the world. Poor job satisfaction is linked to an increased number of mental health nurses leaving the profession.
- Mental health nurses face additional challenges to the general nursing workforce when it comes to retention and sustainability. Strategies to retaining the mental health nursing workforce need to be tailored and targeted. There needs to be a focus of addressing the stigma of working in mental health.
- Many countries are not pursuing strategies aimed at retaining mental health nurses.

## KEY DRIVERS TO RETAIN AND ATTRACT NURSES IN MENTAL HEALTH SETTINGS

There is a clear need to explore factors that affect the retention of the current mental health workforce. Whilst there are similar approaches to the general nursing workforce, there are also some actions that are unique to working in mental health care settings. These should be further explored, particularly as they relate to country and cultural context.

When respondents were asked about the priority of certain strategies for improving the retention of mental health nurses, there was widespread agreement on a core group of important policies. Whilst the majority rated better pay as the highest priority, this was just slightly ahead of 'better staff to patient ratios'; 'better and safer working conditions'; 'recognition and appreciation'; and reduced 'stigma towards mental health and mental health nursing'. Other factors considered important included improving organisational culture;

improving access to clinical professional development; and involvement in policy decision making.

Retention is a priority area for developing effective mental health nurses. Addressing issues that negatively impact on retention of the mental health workforce will require focused efforts and integrated approaches in the areas of mental health nurses' wellbeing, working conditions and work satisfaction. Identifying the most effective balance of policies to improve retention of nurses is in part about taking account of the pandemic impact, experiences and motivations of the nurses. A nurse workforce impact assessment related to mental health services is an important first step to identify effective nurse workforce retention and sustainability actions that are relevant to the country and cultural context (Buchan, Catton & Shaffer, 2022).

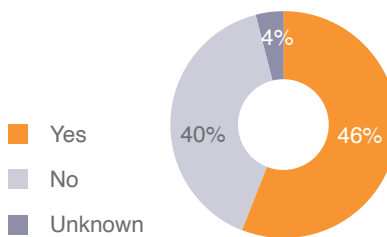
## MENTAL HEALTH NURSING STAFFING LEVELS: FACTORS IMPACTING ON RETENTION

Workload and staffing levels are reported to play a major part in the retention of nurses working in mental health care settings. When surveyed about staffing standards, almost half (56%) of respondents stated that minimum standards existed. Further analysis of these results through the comment section and interviews demonstrated that whilst standards may exist, there were a number of issues. These included:

- lack of adherence to the staffing standards
- the standards and staffing levels were inadequate for safe and comprehensive care
- the standards vary between and within countries

- a misalignment between professional bodies standards, health care providers and government policies in their implementation
- standards exist only for acute care facilities and does not consider primary or community health care.

Figure 12: Countries where standards exist for staffing levels



## IMPACTING FACTORS ON THE RECRUITMENT AND RETENTION

The International Centre on Nurse Migration *Sustain and Retain in 2022 and Beyond* report clearly lays out the challenges that COVID-19 has placed on the entire nursing profession. While it is clear the pandemic did not create the challenges affecting the recruitment and retention of nurses, it has amplified and exacerbated the long-standing problems. Beyond the issues of workload, stress and burnout, the sobering impact of the pandemic can be seen with the loss of life of many nurses around the world.

### 1. Organisational culture and barriers to professional practice

Organisational culture is an important factor in recruitment and retention of staff. Poor workplace culture is likely to push even the best people away from the organisation. There are a range of factors which can affect culture, ranging from understanding of the role of nurses through to organisational leadership. Key factors identified through the ICN survey on culture found:



Almost three in four respondents indicated that they believed that the public has a poor understanding of the roles and responsibilities of mental health nurses.



Over half of respondents stated that they believed that there was poor understanding by other health professionals of the roles and responsibilities of mental health nurses.



Almost two in five respondents stated that mental health nurse leaders have not been included in high-level decision making in their countries.



Approximately one in three respondents stated that there were barriers to working to their full scope of practice in their country.



Almost two in three respondents stated that over the last few years, there has been no improvement in mental health nurses' participation in decision making.

## 2. Changes to the workplace and increased workload

Heavy workloads and limited resources to enable sufficient care has a significant impact on the retention of nurses. Heavy workloads and inadequate time to complete tasks is often correlated with searching for a new job or intending to leave the profession. Mental health nurses seek an organisational culture which values their role, demonstrated through adequate staffing and resources to appropriately undertake their role. There is some concern that heavy workloads amongst the mental health nursing workforce also influence their decision to leave the profession.

The ICN survey found that:



Approximately one in four respondents indicated concerns that due to the financial impact of the pandemic there will be a reduction in the number of mental health nurses.



Approximately half of respondents stated that they believed that future cost cutting in mental health will occur and that there will be a replacement of skilled mental health nurses with an unskilled workforce.



Approximately one in four respondents indicated that they believed that there will be future reductions in pay or entitlements due to fiscal restraints into the future.



Approximately two in five respondents did not have standards for mental health staffing levels.



More than four in five of respondents report workforce shortages across the continuum of care with most shortages occurring in child, adolescent and maternal services

## 3. Impact on service users

Across the world, the pandemic has exacerbated the already existing crisis in mental health. An example of this is the rapid rise (25% increase) in both major depressive and anxiety disorders during the first year of the pandemic. This occurred at the same time that mental health services were either closed or majorly disrupted. This resulted in the widening of the treatment gap for mental health conditions (WHO, 2022a).

Being able to provide successful care and treatment to patients is an important aspect in the recruitment and retention of nurses. Being unable to meet the needs of patients can lead to poor morale and dissatisfaction. The ICN survey found:



Approximately half of respondents surveyed reported existing patients were unable to access care due to service closures.



Almost two in five respondents reported patients were unable to effectively use telehealth services to access treatment.



Almost two in five respondents reported patients could not find a provider who would take on new patients.

WHO (WHO, 2022a) states that there are numerous factors that prevent people for seeking treatment for mental health conditions. The most cited reasons include poor quality of services, low levels of health literacy in mental health, and stigma and discrimination. In many circumstances, there are no mental health services provided, and where there are, they are sometimes unaffordable or simply inaccessible. Numerous people in the community also do not seek treatment because they risk being ostracized or discriminated against.

#### 4. The work environment

The work environment is an important factor in the recruitment and retention of mental health nurses. Several studies have shown that mental health nurses often leave their job when they are dissatisfied with their work environment. COVID-19 has exacerbated some of these issues. For example, a WHO survey (WHO, 2020a) towards the end of 2020 indicated that 93% of countries around the world had either major disruptions or halted mental health services. It is expected that this has had a significant impact on the work environment. The ICN survey has found that:



12% of respondents indicated that there has been forced job losses of mental health nurses in their country as a result of service closures.



54% of respondents indicated that mental health nurses had been required to work in other acute care sectors as a result of ward closures.



30% of respondents indicated that where nurses had been floated to other areas, they had not received sufficient training to feel competent in the care required on that ward.

The above identified issues have a profound impact on the recruitment and retention of nurses. Whilst there are individual challenges, they should also be considered as interrelated and interconnected. No factor occurs in isolation and the combination of these builds challenges for job satisfaction and people wanting to leave their jobs. Retention issues will require strategies which address multiple issues. If actions are undertaken to improve recruitment and retention, it is likely there will be substantial benefits to improving access to safe and quality care.

#### Key points:

- A nurse workforce impact assessment related to mental health services is an important first step to identify effective nurse workforce retention and sustainability actions that are relevant to the country and cultural context.
- There is a need to address organisational culture and barriers to professional practice. Many respondents stated that they felt that there are barriers preventing them from working to their full scope of practice or developing further in their career.
- The pandemic has made it more difficult for patients to access to mental health services.
- There are significant concerns with heavy workloads and insufficient resources.
- In many countries, mental health nurses have been redeployed to other areas to cover workforce shortages because of the pandemic.
- There is major workforce shortage across the continuum of care. The most severe shortages were reported in child, adolescent, and maternal services.
- Key strategies to consider regarding retaining mental health nurses include:
  - increased remuneration
  - improved staff to patient ratios and better and safer working conditions
  - recognition and appreciation
  - reduced stigma towards mental health and mental health nursing.

# 06

## CHAPTER SIX

### RECRUITMENT OF OVERSEAS TRAINED MENTAL HEALTH NURSES

The *State of the World's Nursing Report* indicated that many countries are reliant on foreign-born nurses to address their workforce shortages. According to the report, foreign-born or foreign-trained nursing personnel are mainly found in high-income countries, with a share of 15.2%, compared to a share of less than 2% in countries of other income groups.

Recruitment of foreign-trained nurses can be seen as a short-to-medium-term strategy to address nursing shortages. Despite the benefits that foreign trained nurses can provide to the health system, there are challenges in appropriately integrating them into the workforce. There are issues with the transition of foreign trained nurses. A good example of this is the process of registration and the complexity of registration requirements, adapting to a new nursing workplace (e.g. learning a new language or technical terminology) and to new work environment (e.g. different understanding of roles or responsibilities, or new practice contexts) (Roth, *et al.*, 2021). These are just a few examples of the challenges faced, but it demonstrates that integration into the workforce is complex.

This issue is further compounded for foreign-trained nurses seeking to specialise in mental health. Part of the treatment provided by mental

health nurses is heavily reliant on communication and the therapeutic use of self. This means there is a critical need to understand and treat within an appropriate cultural and emotional context. After interviewing senior nurses in several countries, a common theme was the difficult transition into mental health specialisation due to issues with language and cultural barriers. It is important that these factors are considered, and solutions incorporated into workforce plans where overseas recruitment is needed.

In the ICN survey, one in five countries stated that they were actively trying to recruit additional foreign-trained mental health nurses to address workforce shortages, however, the overwhelming majority of countries are not seeking to recruit mental health nurses from overseas. During the height of the pandemic, one in six countries was fast-tracking work permits or increasing skilled migration programmes for foreign nurses to work in mental health.

When respondents were asked if overseas recruitment of mental health nurses would benefit the current nursing workforce, the responses were split. Whilst 55% said that it would benefit the current service provision, approximately 24% believed that it would not

benefit the current workforce and the remaining 21% were unsure. Through interviews and analysis of the comments, several key points were noted. These include:

- There are issues with language and cultural barriers for overseas recruited nurses.

- The gap between high-income countries and low-middle income countries has been further widened.
- Some countries are completely reliant on overseas educated mental health nurses.
- Overseas recruitment could not fill current gaps alone.

## ETHICAL MIGRATION

Natural nurse migration flow patterns tend to occur from developing countries to developed countries, addressing workforce shortages in developed countries, however exacerbating workforce shortages in developing countries. Nurses migrate across countries mainly for improved quality of life or workforce conditions. With workforce shortages being experienced across all countries, ethical consideration needs to be given to the process and impacts on countries and individuals.

### Key points:

- When the recruitment of overseas trained mental health nurses is undertaken, ensure that the process aligns with the WHO Global Code of Practice on the International Recruitment of Health Personnel. (WHO, 2020b)
- Overseas educated mental health nurses may require additional support to optimally realise their skills and potential.





# 07

## CHAPTER SEVEN

### ADVANCED PRACTICE NURSES WORKING IN MENTAL HEALTH SERVICES

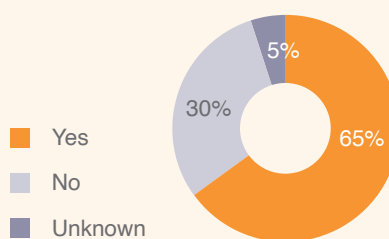
In 2020, ICN described Advanced Practice Nurses (APNs) as, “...enhanced and expanded health care services and interventions provided by nurses who, in an advanced capacity, influence clinical health care outcomes and provide direct health care services to individuals, families and communities. An Advanced Practice Nurse (APN) is one who has acquired, through additional education, the expert knowledge base, complex decision-making skills and clinical competencies for expanded nursing practice, the characteristics of which are shaped by the context in which they are credentialed to practice” (ICN, 2020).

Research (Beck *et al.* 2020; Ricard, Page & Laflamme, 2014) indicates that APNs specialising in mental health have the potential to make significant contributions to enhancing access to quality safe mental health care through innovative approaches. In areas with mental health workforce shortages, particularly psychiatrists and general practitioners, APNs can partially remedy the situation. APNs in mental health are able to provide a full range of services (including assessment; diagnosis and prescribing) across the lifespan and continuum of care. APNs work in both urban and rural areas, provide care in diverse community settings, utilise telehealth services, and

treat vulnerable and marginalised populations (Buerhaus, *et al.*, 2015; Delaney, 2017).

In the *State of the World’s Nursing* report (WHO, 2020c), a total of 78 countries (52% of countries responding to the survey) reported having advanced practice roles for nurses. ICN surveyed countries to understand if they had APNs working in mental health services. Of those surveyed, 28 countries (65%) had APNs working in mental health services.

**Figure 13: Countries with nurse practitioners working in mental health**



Further analysis of the information showed that despite the large proportion of countries with APNs, there were considerable issues in enabling these nurses to make their optimum contribution. This included that APNs were not able to practice at levels similar to other countries; their numbers were very small, often limited to just a few nurses; the mental health APN role

was immature compared to other APN roles; APNs were under-utilised and unable to work to their full scope of practice; limitations in accreditation and recognition of practice; and primary place of work was in the community.

An example of these issues for APNs relate to prescriptive authority for nurses. When asked if Nurse Practitioners (one of the most common type of APNs) could prescribe in their countries, approximately one-third (32%) of respondents stated that they could.

This appears to be consistent with international literature. For example, research from Kaas (2020) found that there has been little development of APN roles across the world. Even in the USA, the role is not as well developed as other APNs. For example, Beck *et al.* (2020) found that only 4% of APNs specialise in mental health. The situation is potentially worse in the UK. In 2018, the Royal College of Nursing records (Allabyrne, 2018) showed that there were 1,196 accredited APNs but none of these worked in mental health care. This figure may not be completely accurate due to the difficulties in identifying the various titles in the UK, but it does demonstrate that APNs working in mental health are limited within the UK.

Those nurses who specialise in mental health care are often highly educated with post-graduate qualifications; within advanced practice this is even more pronounced. In the ICN survey, 95% of countries have a master's level degree or higher for all new APNs. This level of education is an important part off the process of developing these roles.

As highly educated professionals with a broad scope of practice, APNs should be considered as an important strategy in improving access to mental health services around the world. Workforce plans and strategies should encourage the development of the role, particularly to improve workforce supply in all areas but especially in lower resourced areas, rural and remote locations, community settings and other underserved areas.

#### Key points:

- Advanced Practice mental health nurses were identified in 24 countries. However, the role is not as developed as other APN roles.
- Advanced Practice mental health nurses provide quality care and provide an important leadership role to other mental health care nurses. Expansion of the role can be used as an important strategy to improve access to care.
- A master's degree is the minimum standard of education for the majority of Advanced Practice mental health nurses.

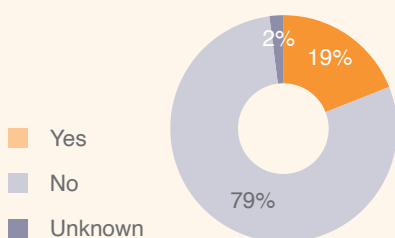
# CHAPTER EIGHT

## PRESCRIPTIVE AUTHORITY FOR NURSES IN MENTAL HEALTH

As the ICN *Guidelines on Prescriptive Authority for nurses* (ICN, 2021) point out, prescriptive authority for nurses has been gaining momentum in many countries across the world. This is not limited to APNs but includes post-basic education nurses. Nurse prescribing is most prevalent in low-middle income countries with approximately 38% of countries supporting this compared to 31% of high-income countries (ICN, 2021). In 2007, WHO (Saxena & Barret, 2007) undertook an examination of nurse prescribing and found that nurses are more likely to be allowed to prescribe and continue prescriptions in low income and African countries.

In the ICN survey, there was no breakdown into income levels for nurses with prescriptive authority. The survey did find that 19% of responders stated that their country authorises nurses to have prescribing rights.

**Figure 14: Percentage of countries with mental health nurses who have prescriptive authority**



Nurses are often the only caregivers for patients with mental illness. Therefore, consideration should be given to enabling nurses to have prescriptive authority. This is potentially a mid- to long-term solution, but should be considered as an important tool in improving access to care.

### Key points:

- In several countries, mental health nurses have prescriptive authority.
- Prescriptive authority for mental health nurses may be an important tool in improving access to care.

# 00

## CHAPTER NINE

### PATH OF ACTION

This report argues for the need to transform and invest in the mental health nursing workforce. The demand for mental health nurses is growing. The converging forces of a pandemic, societal and financial crises, and already large burden of disease are all fuelling the need to prioritise investment in mental health. Growing the mental health nursing workforce to meet demand will require policies and funding decisions across both education and health labour markets. A few of these strategies are outlined below.

It is important that growth in the mental health nursing workforce is built on the context that there are suitable and appropriate jobs. This report aligns with the *WHO World Mental Health Report* (WHO, 2022a) that calls for a scaling up of community-based mental health care, strengthening primary care, de-institutionalising mental health care facilities, improving the integration between health services and offering the full spectrum of mental health services. In this environment, the work of mental health nurses is optimised and the greatest return on investment can be made.

ICN acknowledges that any strategies and action begin with a vision where mental health is valued, promoted and protected. This means that everyone has the right to the highest attainable standard of health which includes access to quality, timely, affordable health care when they need it.

The following recommendations require actions that are coordinated between countries and international stakeholders.

RECOMMENDATIONS	
1.0	<b>Human resources for mental health</b>
1.1	<b>Commit</b> to the actions outlined in the WHO's World Mental Health Report 2022.
1.2	<b>Develop, resource and implement</b> a workforce plan for mental health nurses to provide a clear and concise strategic workforce direction for the country. The workforce plan must include the analysis, forecasting and planning of the mental health nursing workforce supply and demand.
1.3	<b>Improve</b> the collection and reporting of high quality and reliable workforce data to support workforce planning and resource investment.
1.4	International organisations to <b>undertake</b> global mental health nursing workforce projections.
1.5	<b>Commit</b> to increasing the domestic supply of mental health nurses.
1.6	<b>Strengthen</b> the full spectrum of mental health care with a particular focus on primary health care and the community.
<p>There is a need for both urgent action and long-term vision and plan for the mental health nursing workforce. A sufficient number of competent mental health nurses is required to provide communities with access to quality and affordable mental health services when they are required.</p>	
2.0	<b>Mental health nursing education</b>
2.1	<b>Align</b> national mental health policies and priorities with nursing education.
2.2	<b>Establish</b> accreditation standards and core competencies to ensure that the essential elements of mental health are covered and learning outcomes are achieved in nursing education. All nurses have roles in mental health and treating mental health disorders and, hence, need competency-based education, including more clinical hours.
2.3	<b>Ensure</b> that academic staff have the required qualifications and competencies to teach mental health curriculum.
2.4	<b>Establish</b> a process for independent accreditation of education programmes.
2.5	<b>Establish</b> minimum hours for theoretical foundations in mental health in order for students to demonstrate knowledge about the science and art of the nursing profession.
2.6	<b>Establish and implement</b> minimum standards for clinical practice hours in mental health.
2.7	<b>Support</b> students to undertake clinical placements where they can receive expert supervision and relevant professional experience across the continuum of care.
2.8	<b>Promote</b> access to clinical placements in primary health care and community-based models.
2.9	<b>Establish and improve</b> access to post-graduate education for nurses specialising in mental health.
2.10	<b>Consider</b> grants, bursaries or scholarships to incentivize completion of specialist programmes to prepare a mental health nurse.
2.11	<b>Tackle</b> stigma and promote the specialization in mental health as a challenging and rewarding area of work.
2.12	<b>Incorporate</b> development processes to socialize nurses into mental health settings.
<p>A competent workforce is the backbone of any health system. Improving nursing education in mental health has multiple benefits including building competence in caring for the mental health needs of patients. It is also an essential component for building the domestic supply of mental health nurses, addressing issues of myths and misconceptions related to mental health.</p>	

RECOMMENDATIONS	
3.0	<b>Recruitment and retention</b>
3.1	<b>Commit</b> to retention strategies for mental health nurses. Mental health nurses face additional challenges to the general nursing workforce when it comes to retention and sustainability. Strategies to retain the mental health nursing workforce need to be tailored and targeted. For example, there needs to be a focus on addressing the stigma of working in mental health.
3.2	<b>Undertake</b> a nurse workforce impact assessment related to mental health services to identify effective nurse workforce retention and sustainability actions that are relevant to the country and cultural context.
3.3	<b>Address</b> organisational culture and barriers to professional practice. Support mental health nurses to work to their full scope of practice.
3.4	<b>Consider and adopt</b> strategies pivotal to retention including: <ul style="list-style-type: none"> <li>• increased remuneration</li> <li>• improved staff to patient ratios and better and safer working conditions</li> <li>• recognition and appreciation</li> <li>• and reduced stigma towards mental health and mental health nursing</li> </ul>
3.5	<b>Support</b> opportunities for continued professional development and career progression. These elements are crucial to both mental health nurses and the health care system. It is an essential part of career satisfaction and staff retention. Taking on new challenges encourages engagement with day-to-day responsibilities.
3.6	<b>Address</b> issues of Workplace Health and Safety (WPHS), particularly as they relate to COVID-19.
3.7	<b>Invest and increase</b> the number of nurses working in primary health care and in the community. A balanced, holistic, evidenced based biopsychological approach to care optimises the role of mental health nurses. This will improve nursing satisfaction.
3.8	<b>Support</b> a person-centred approach to mental health care that respects human rights. This is an important element in reducing moral injury. Moral injury occurs when people fail to uphold their moral values or beliefs. As outlined in the ICN Code of Ethics, nurses are morally and ethically obligated to provide patients with the best care and treatment.
3.9	<b>Increase</b> the voice of mental health nurses in policy development and high-level decision making.
Retention of mental health nurses is essential component of growing the workforce. Retaining mental health nurses will promote cohesion and cooperation of teams, increase efficiency and employee satisfaction. Most importantly it is linked to improving health outcomes and making the environment a desirable place to work, thereby attracting more nurses into the specialisation.	
4.0	<b>Optimised health care delivery models</b>
4.1	<b>Consider</b> the establishment of certification processes for recognition of mental health nurses. This will aid in the establishment of a nationally consistent standard of practice. Certification will support the recognition of qualifications, skills, expertise and experience of nurses working in mental health. This will also assist health care providers in the quality assurance of health care providers.
4.2	<b>Support</b> post graduate education for mental health nurses. Post graduate education is linked to improved critical thinking, knowledge and understanding, increased application of knowledge thus leading to improved patient outcomes.
4.3	<b>Support and resource</b> Advanced Practice Nursing (APNs) in mental health to improve access to quality safe and affordable mental health care. APNs can improve overall patient care and service outcomes delivery; improved patient satisfaction and improved health literacy.
4.4	<b>Include</b> specialist mental health nursing in the development of policies and plans. Comprehensive workforce plans will improve the impact on service delivery models.

RECOMMENDATIONS	
4.5	<b>Improve</b> resourcing in underserved areas such as maternal, child and adolescent services, and ageing. As the WHO Mental Health report points out, there needs to be a shift from institutionalised care, to improved services in primary health care and community settings.
4.6	<b>Consider</b> supporting prescriptive authority for mental health nurses. Prescriptive authority for nurses can improve effective and efficient health care service provision and facilitate the provision of more integrated patient care, increased professional satisfaction and improve the overall quality of the health service. See <a href="#">ICN Guidelines on Prescriptive Authority for Nurses</a> .
4.7	<b>Strengthen</b> models of care that utilize digital technologies to support mental health care. Digital technologies can be used to support the continuing professional development of nurses as well as improving access to care for consumers. An example of improving access to care is the use of telemedicine. This has a particular impact on consumers who can contact mental health nurses remotely.
There is an increased need for health care systems to deliver improved quality of care to deliver better outcomes. Optimising mental health nursing practice is an important investment that leads to effective and innovative models of care that can transform mental health services, particularly for hard to reach and vulnerable populations.	

The recommendations listed above aim for transformation to mental health care by strengthening the mental health nursing workforce. Ultimately it is ICNs belief that these recommendations will lead to better mental health care for all. ICN supports the vision where mental health is “valued, promoted and protected; where everyone has an equal opportunity to thrive and to exercise their human rights; and where everyone can access the mental health care they need” (WHO, 2022a).

# CONCLUSION

This report aims to provide an understanding of the mental health nursing workforce across the world. Mental health nurses comprise the largest group of health care professionals in most mental health care systems. However there has been a lack of good data and information on nurses and this has made it difficult for countries to evaluate current service provision and plan for the future. It is hoped that by providing an analysis of the nursing workforce, that there can be improved targeted strategies and policies that improve mental health care.

The World Health Organization states that there is an increasing prevalence of mental health problems which has coincided with severe disruptions to mental health services. This means that there are significant gaps in care for people who need it most. Too many people are unable to get the care and support they need for both pre-existing and newly developed mental health conditions.

Part of the challenge for mental health services is the limited number of health care professionals. Our report confirms that there are not enough mental health nurses. Whilst the shortages are a worldwide phenomenon, this problem is exacerbated in low- and middle-income countries.

Respondents to our survey indicated that there are multiple reasons why there are insufficient number of mental health nurses. This ranges from poor planning and regulatory environments, limited incentives to pursue a career in mental health; inadequate education preparation; the lack of reward and recognition and the stigma attach to mental health.

All of these issues point to a very serious problem for mental health nurses and mental health care. If mental health needs are to be addressed appropriately, there needs to be targeted strategies, plans and investment in the mental health nursing workforce.



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