Integrating Mental Health Nursing in the Undergraduate Nursing Curriculum

Ann Michelle Hartman, DNP, RN, CPNP

Duke University School of Nursing, Durham, NC, USA

Beth Cusatis Phillips, PhD, RN, CNE

School of Nursing, Duke University, Durham, NC, USA

Teaching nursing students how to care for clients with mental health problems has been a part of nursing education programs for years. Although research has consistently shown that mental health is not a preferred area for a desired career, several studies have demonstrated that didactic preparation and clinical experiences positively influence students’ attitudes toward mental health nursing (Happell & Gaskins, 2012). However, changes in the mental healthcare system (including decreased inpatient beds and funding cuts for mental healthcare in the US) created challenges for schools of nursing. With a decrease in inpatient mental health facilities (Lutterman, Shaw, Fisher, & Manderscheid, 2017), nursing schools lost clinical sites for students’ learning opportunities. In addition, the role of the RN in these settings has become more administrative, so students do not have the opportunity to have RN role models to learn how to care for mental health clients. Furthermore, mental health clients are found in every healthcare setting, not just inpatient facilities (Loveland, 2016; Barry & Ward, 2017). Students cared for mental health clients in maternity units, oncology units, pediatrics, and the intensive care.

In order to meet the needs of clients in all areas of healthcare, students must learn about mental health concepts throughout the nursing programs. Teaching mental health concepts across nursing curricula will more appropriately prepare students for caring for the mental health needs of clients from all populations and developmental levels.

In preparation for integrating Mental Health concepts and content throughout the curriculum, the faculty examined key documents such as the Baccalaureate Essentials (American Association of Colleges of Nursing, 2008) and NCLEX-RN Test Plan (National Council State Boards of Nursing, 2018) to identify included mental health components. Also, faculty reviewed previous NCLEX results in the areas of mental health and mental illness. The faculty who taught the Mental Health course developed a detailed curricular map of how content could be distributed across the lifespan, on a wellness to illness continuum, and across multiple care settings. Pertinent mental health objectives were added to all clinical courses. In addition, mental health components were also added to each clinical evaluation and in the nursing care plan templates used in each course. Expert guest lectures, simulations, case studies, inpatient and outpatient clinical activities were all utilized to ensure content and concepts was covered.

Summative feedback from students collected through end of program surveys and focus groups from two cohorts of ABSN students indicated a lack of awareness of what mental health concepts were covered and how mental health had been threaded throughout the curriculum. The students perceived that this material has not been covered adequately. Students often failed to recognize concepts as part of mental health, such as therapeutic communication or stress because they were taught in concert with other concepts. The faculty did not explicitly name each concept as mental health. T-test scores demonstrated no significant difference in NCLEX pass rates or ATI scores in eight cohorts, approximately 560 students.
Going forward, we will continue regular review this content to ensure that it is retained in the curriculum and work with content experts to explore ways to consistently embed concepts. Concepts will be placed strategically within the program to enhance student learning and solidify knowledge acquisition. The course faculty will be more direct in labeling mental health content and concepts when they are being presented in the curriculum and are looking to develop a standard icon or symbol that can be incorporated into course lectures to be a visual reminder to students. In addition, faculty across courses will reiterate learned concepts and build on them from one semester to the next.

Title:
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References:


Abstract Summary:
This presentation will describe the outcome of an innovative curricular design which integrates mental health contents across the generalist, undergraduate nursing curriculum in place of a free-standing mental health nursing course.

**Content Outline:**

1. **Introduction and Background**
   - Current challenges/opportunities in mental health nursing education
     1. Didactic and clinical preparation positively influence students' attitudes toward mental health nursing
     2. Changes in the mental healthcare system created challenges for nursing schools
     3. Students are caring for mental health clients in units across acute care settings and in the community.
     4. Integrating mental health concepts across the curricula will more appropriately prepare students for caring for the mental health needs of all clients across care settings and developmental levels.

2. **Integration of content**
   - Preparation work for integration- review Essentials and NCLEX_RN Test Plan, developed curricular map
   - Revision of course objectives, clinical evaluations, and nursing care plans
   - Specific activities: guest expert lectures, simulation, case studies, observation inpatient, outpatient AA

3. **Evaluation**
   - Review sources of evaluation- NCLEX and ATI scores, student feedback
   - Findings
     1. No significant differences in pass rates or scores
     2. Lack of awareness by the students regarding what mental health concepts were covered and how they were threaded
     3. Faculty did not explicitly name each concept as mental health

4. **Going forward**
   - Continued re-evaluation to ensure it is retained
   - Engaging content experts to help assist with consistency in embedding concepts
   - Deliberate labeling and scaffolding of content to increase student awareness
First Primary Presenting Author

Primary Presenting Author

Ann Michelle Hartman, DNP, RN, CPNP
Duke University School of Nursing
Assistant Professor
Durham NC
USA

Author Summary: Dr. Hartman is an assistant professor and ABSN Program Director at the Duke University School of Nursing. Michelle has taught in undergraduate nursing programs for over 10 years as well as graduate nursing programs. Michelle was involved with the Curriculum Pathway Initiative at Duke and was the program's first Chair of the Curriculum Committee. Michelle’s scholarship interests include supporting diverse learners in undergraduate education and impacts of global clinical experiences on health science learners.

Second Secondary Presenting Author

Corresponding Secondary Presenting Author

Beth Cusatis Phillips, PhD, RN, CNE
Duke University
School of Nursing
Associate Professor
Durham NC
USA

Author Summary: Dr. Beth Cusatis Phillips is an associate professor at Duke University School of Nursing and is the Interim Director of the Institute for Educational Excellence. Beth has been teaching in undergraduate nursing programs since 1996, currently teaching in the ABSN and MSN programs. Beth’s research focus is on clinical decision making abilities of undergraduate nursing students. Beth has served on the school’s Curriculum Pathways Initiative and on the ABSN Curriculum Committee since its inception.