

'No health without mental health': where are we now?

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The number of people seeking help for mental health issues is rapidly increasing across both voluntary and statutory services (NHS England, 2021). There are several contributing factors such as the COVID-19 pandemic, the cost of living crisis and increased poverty (British Medical Association (BMA), 2023). This rising trend of mental health needs applies across the Child and Adolescent Mental Health Services, as well as the Adult, Older Adult and Specialist Mental Health Services (NHS England, 2021).

While it is recognised that this increase is in part due to a reduction in the stigma surrounding mental health problems (Henderson et al, 2020), services are unable to meet the current demand in a timely fashion. The most recent estimates suggest a waiting list at 1.2 million people (BMA, 2023); however, there is commitment to long-term planning, increased finance and service improvement, with an additional £2.3 billion a year pledged for mental health services by 2023/24 (NHS England, 2023a).

Perceptions of the meaning of 'mental health' appear to vary. The UK Government (2011) has provided a useful framework, with positive mental health being defined as

'wellbeing'. Positive mental health/wellbeing has an impact on both mental and physical health and the two cannot be viewed in isolation (Clark and Clarke, 2014). It is anticipated that effective wellbeing services will result in a lower number of referrals to NHS mental health services at all levels (UK Government, 2011). Tertiary mental health services will continue to provide the care of those with mental illnesses/disorders under the medical supervision of psychiatry (UK Government, 2011). This move towards a 'holistic' or bio-psycho-pharmaco-social (BPPS) model of care (Clark and Clarke, 2014) has implications for healthcare professionals, and to some extent, wellbeing workers, as physical and mental health cannot be viewed in silos (Hext et al, 2018; Baker and Clark, 2020).

Over a decade after the UK Government (2011) asserted 'no health without mental health', this paper proposes a model to address the education and training needs of volunteers, mental health/wellbeing workers and healthcare professionals. Terminology will be clarified between wellbeing/positive mental health and mental illness/disorder, and the medical model of psychiatry.

Wellbeing

Wellbeing is defined as the combination of living functionally and feeling well (Huppert, 2009). While it is recognised within this definition that negative emotions and experiences are a part of life, wellbeing is preserved if these aspects do not have such an impact on a person's life as to interfere with their ability to function in day-to-day life. Thus, wellbeing can be considered synonymous with positive mental health. The World Health Organization (WHO) defines positive mental health as 'a state of wellbeing in which the individual realises 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' (WHO, 2001).

Wellbeing services largely comprise services that involve non-healthcare workers (including the voluntary sector) who are fundamental in maintaining positive mental health in communities. These are the services where health promotion and prevention of both mental and physical illness should take place in order to prevent

Abstract

Mental health services are under unprecedented pressure with overwhelming referrals and a current waiting list of 1.2 million people of all ages. The cross-government White Paper 'No health without mental health' was launched 12 years ago detailing the importance of wellbeing services in the creation of mentally healthy communities through health promotion and illness prevention. While primary care, community services and psychiatry are pivotal in the treatment of mental illness/disorder, mental health care per se is on a continuum, and a great deal of work can be undertaken in communities by wellbeing services to prevent avoidable referrals. This paper proposes a broad framework of education and training for wellbeing/positive mental health services, primary and community care, and nurses working in Community Mental Health Treatment Teams and Home Treatment Teams to ensure all those working with potentially vulnerable adults and children are regulated and meet national standards for mandatory mental health education and training.

Keywords: Positive mental health • primary and community care • psychiatry • wellbeing

access to mental health services (Singh et al, 2022). Examples of these are a variety of counselling services via GPs, predominantly Improving Access to Psychological Therapies (IAPT), workplaces, education, privately funded or voluntary organisations such as the Samaritans, Alcoholics Anonymous, Rethink, SANE, MIND, Young Minds and many more. The level of mental health training for these workers is generally unregulated and there is no clear guidance as to what training and education should comprise and what should be mandatory (Caulfield et al, 2019). This contradicts evidence highlighting the importance of empowering non-specialist health workers (Caulfield et al, 2019).

The increase in the number of people turning to non-healthcare workers such as health and wellbeing coaches has seen the subsequent growth of this aspiring profession (International Coaching Federation, 2023). This raises questions as to how regulated these individuals are and the nature and rigor of education and training that they have received (Aboujaoude, 2020). The evidence suggests that there is no specific or mandatory mental health education, training or assessment process involved (NHS England, 2023b).

In contrast, counsellors are considered a well-established profession that is regulated by the British Association for Counselling and Psychotherapy (BACP), with all counsellors and psychotherapists having graduated from a BACP-approved course to be able to register and display the BACP registered status (BACP, 2023). However, there is both full membership and accredited status of the BACP, with some members working towards registration through accreditation of required supervised hours, so that some ambiguity remains.

The Department for Education (2020) encourages schools and colleges to promote positive mental health and wellbeing. Teachers, teaching assistants, university and college lecturers, and academic staff in general have no requirement to receive mental health training, which is only implemented at the discretion of the school, college or university governing body or the headteacher/principal.

This lack of basic mental health training for the wide range of individuals working in wellbeing services may inevitably lead to an increase in referrals to mental health professionals at a later stage. There appears to be very limited ability to identify the early signs of physical or mental health illness or to conduct accurate and rigorous risk assessments (Singh et al, 2022). Further, organisations involved in the care and education sectors that commit to basic mental health training for their staff often rely on courses of a 1- or 2-day duration, some of which are online, with no exposure to in-depth case studies and real-life experiences. One example is the Mental Health First Aid training (MHFA) (MHFA England, 2024). While such courses raise awareness among staff as to what the issues are for people experiencing mental health problems, they do not equip individuals with specialist mental health fundamentals such as triage assessment or risk assessment/management skills.

Primary and community care for mental illness

Mental illness/disorder is defined in the International Classification of Diseases (WHO, 2019) as: 'a clinically recognisable set of symptoms or behaviours associated in most cases with distress and with interference with personal functions'. General practitioners (GPs), community and practice nurses, health visitors and social workers provide a vital bridge between wellbeing and tertiary mental health services, where more serious and enduring mental illnesses/disorders are managed and treated within psychiatric services during acute episodes. It is important to note that most mental illnesses/disorders are managed and treated in the community by GPs, Community Mental Health Teams (CMHTs) and Home Treatment Teams (HTTs). Only the most unwell receive treatment in acute in-patient mental health facilities, while HTTs provide an acute and intensive service in the patient's own home for a limited time. Waiting lists for CMHT referrals are at a record high, which places added responsibility and increased workload on to already over-stretched community nursing teams, particularly regarding the care of older adults (NHS England, 2019).

At present, 18.6% of the UK population is aged 65 years or older and they comprise a large proportion of the community nursing caseloads. This has risen from 9.2 million (16.4% of the population) in 2011 to 11 million (18.6%). In the next 50 years it is predicted that there will be an additional 8.4 million people aged 65 years or older (Office for National Statistics, 2021). The risks associated with increased age are well documented and include increased physical health problems and multiple comorbidities; chronic pain; poly-pharmacy and consequent side-effects; change in relationship status and independence; loss of mobility and flexibility; change in work and financial status; and social isolation (Jaul and Barron, 2017). Such issues are congruent with compromised mental health status (Baker and Clark, 2020). There were about 1.4 million older adults who were chronically lonely and isolated prior to the COVID-19 pandemic (Age UK, 2020). It is important to note that the impact of the pandemic and imposed social restrictions, which were far-reaching, remain on-going with both physical and mental health dimensions for many older adults (WHO, 2022). This group of individuals are less likely to seek help for their mental health needs, and in many cases, are suffering from a significant level of diagnosable mental illness (Baker and Clark, 2020).

Pre-registration nurse education programmes for registered nurse (RN) (adult) students provide only a minimal level of mandatory component in the care of people with either mental illness, learning disability, or both (Nursing and Midwifery Council (NMC), 2023). The standards for competency for RN (adult) state that they must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with mental health problems, people with physical disabilities, people with learning disabilities, older people, and people with long-term problems such as cognitive impairment (NMC, 2021).

It is contestable whether the standards of competency are achieved by the time of nurse registration.

Complex presentations

Mental illness is seldom straight forward or 'text book' in its presentation, with complexity added through a myriad of physical co-morbidities including long-term conditions, dementia, physical and/or emotional trauma, endocrine disorders and/or neurodiversity (Bahorik et al, 2017). Diagnostic overshadowing (whereby signs and symptoms are ignored and attributed to the primary condition) is a very real issue in more complex patients. Advanced assessment skills, knowledge and expertise are required to avoid diagnostic overshadowing and subsequent issues surrounding patients who have dual or multiple diagnoses (Ajibade, 2021).

For many years, the health care of people with learning disabilities, including their mental health has been the responsibility of generic NHS services (Department of Health, 2001; National Institute for Health and Care Services, 2016) with specialist services at a minimum. This patient group often provides challenges to clinicians at all levels due to physical co-morbidities, diagnostic overshadowing and challenging behaviour (Care Quality Commission, 2017; Baker et al, 2020). This may lead to more serious mental health issues being unrecognised or diagnosed at each stage of the mental health journey. A lack of training and education for mental health/wellbeing workers, community nurses and even CMHTs results in less than optimum care for minority groups (Clark et al, 2017). The importance of understanding the limitations of one's own scope of practice at all levels cannot be over-emphasised (NMC, 2021).

Education and training needs Wellbeing services

The growing waiting list for NHS mental health services necessitates a call for the implementation of a standard education and training framework for mental health/wellbeing workers. Teachers, counsellors, voluntary organisations and IAPT therapists should be able to carry out basic risk assessments if an adult or child presents with potential mental health needs, making appropriate referrals in a timely fashion (Clark et al, 2017).

The BPPS (bio-psycho-pharmaco-social) model may be used as an initial triage tool. It is a recognised and widely utilised approach for the assessment of both physical and mental health (Clark and Clarke, 2014; Hext et al, 2018; Baker and Clark, 2020). The model takes into consideration four aspects of health: biological, psychological, pharmacological and social – both at an individual level and in interaction with the given environment. Using this model at an early stage of the patient's journey, professionals in various settings would be able to make an initial assessment of the presentation of the individual. Appropriate education and training regarding common conditions and when to refer could inform a decision following assessment.

Education and training should be given in the identification of individuals who have suffered psychological and/or physical trauma, which may or may not always be known

to mental health/wellbeing workers initially. Research shows that individuals who have suffered any kind of trauma are particularly at risk of further trauma and mental illness/disorder as a result (Center for Substance Abuse Treatment (US), 2014).

Mental health/wellbeing workers should also be expected to be confident in the delivery of evidence-based health promotion because overwhelming evidence stresses its importance in the prevention of mental and physical illness (Singh et al, 2022).

All mental health/wellbeing workers involved in delivering psychological therapies should be able to recognise the first signs of mental and physical illness and when help should be sought, as mental health needs fall outside of their scope of practice. The difference between counsellors, coaches and psychotherapists continue to be discussed in the literature (Jordan and Livingston, 2013). It is the responsibility of those practitioners involved to ensure that they are adhering to national standards, are clinically competent in their scope of practice and able to refer to specialists when necessary.

Primary care and community teams

Calls have been made throughout the years for a mandatory component of continuing professional development (CPD) in the care of patients with mental health problems and/or learning disabilities for RNs (adult) (Hicks and Clark, 2011; Clark et al, 2017; Hext et al, 2018; Xyrichis et al, 2018; Baker and Clark, 2020). However, this remains at the discretion of individual employers and there is still no mandatory requirement from the NMC to address this (NMC, 2021).

The demise of the 'dual trained nurse' (nurses with both Adult and Mental Health NMC registration) has occurred over recent years, indicating the need for RN (adult) to have a greater level of mental health education at both pre- and post-qualification levels, and vice-versa for RN (mental health) (Hext et al, 2018). Anecdotal evidence suggests that education in mental health for RNs (adult) at all levels varies across universities and NMC curriculum requirements are subject to differing interpretations.

There has been guidance over the years to enable high-quality patient care and enhance the professional development of a wide selection of healthcare professionals through competency frameworks, such as in multiple sclerosis (While et al, 2007), diabetes (Trend UK, 2015), learning disability care for adult nurses (While and Clark, 2014) and midwives (Beake et al 2013), learning disability care for mental health nurses (Clark et al, 2017) and clinical research staff (Manalo et al, 2020). Issues regarding education and training across the wellbeing and mental health continuum would suggest the need for the development of assessed competency frameworks by relevant professional bodies at each level of the continuum.

Table 1 outlines a benchmark of areas for competency development across wellbeing, primary care, CMHTs and HTTs. It is based on competencies for HTTs (King's College London with South West London & St George's Mental Health NHS Trust, 2013) which were developed utilising the standard process of a literature search, focus groups and a pilot study prior to successful implementation (While et al, 2007)

Table 1. Benchmark of areas for competency development across wellbeing, primary care, community mental health teams and home treatment teams

Wellbeing/positive mental health	Primary care and community teams	Community Mental Health Teams and Home Treatment Teams
<ul style="list-style-type: none"> • Learning disabilities • Neurodiversity • National Institute for Health and Care Excellence (NICE, 2022) guidelines for suicide and self-harm • Risk assessment and management • Bio-psycho-pharmaco-social (BPPS) assessment • Basic knowledge of common conditions and when to refer • Working with individuals that have suffered physical or psychological trauma • Basic psychological interventions • Recovery/social inclusion/equality, diversity and inclusion (EDI), and cultural aspects of mental health • Multidisciplinary/multiagency working • Communication • Alcohol and street drugs • Health promotion of physical and mental health • Working with families/ carers • Personal and professional development <p>If applicable:</p> <ul style="list-style-type: none"> • Older adult mental health, associated issues and dementia <p>Schools and colleges:</p> <ul style="list-style-type: none"> • Child and adolescent mental health <p>Coaches:</p> <ul style="list-style-type: none"> • Recognised national qualification 	<ul style="list-style-type: none"> • Learning disabilities • Neurodiversity • NICE (2022) guidelines for suicide and self-harm • Risk assessment and management • BPPS assessment • Basic knowledge of common conditions and when to refer • Working with individuals that have suffered physical or psychological trauma • Basic psychological interventions • Recovery/social inclusion/ EDI and cultural aspects of mental health • Multidisciplinary/multiagency working • Communication • Alcohol and street drugs • Health promotion of physical and mental health • Working with families/ carers • Personal and professional development • Older adult mental health, associated issues and dementia • Care planning/ implementation/ evaluation • Clinical skills • Understanding medication • Capacity/consent and legal issues <p>Additional specialist education and advisor/teacher to wellbeing</p>	<ul style="list-style-type: none"> • Learning disabilities • Neurodiversity • NICE (2022) guidelines for suicide and self-harm • Risk assessment and management • BPPS assessment • Basic knowledge of common conditions and when to refer • Working with individuals that have suffered physical or psychological trauma • Basic psychological interventions • Recovery/social inclusion/EDI and cultural aspects of mental health • Multidisciplinary/multiagency working • Communication • Alcohol and street drugs • Health promotion of physical and mental health • Working with families/ carers • Personal and professional development • Older adult mental health, associated issues and dementia • Care planning/ implementation/ evaluation • Clinical skills • Understanding medication • Understanding restrictive practice • Capacity/consent and legal issues <p>Additional specialist education and advisor/teacher to primary care</p>

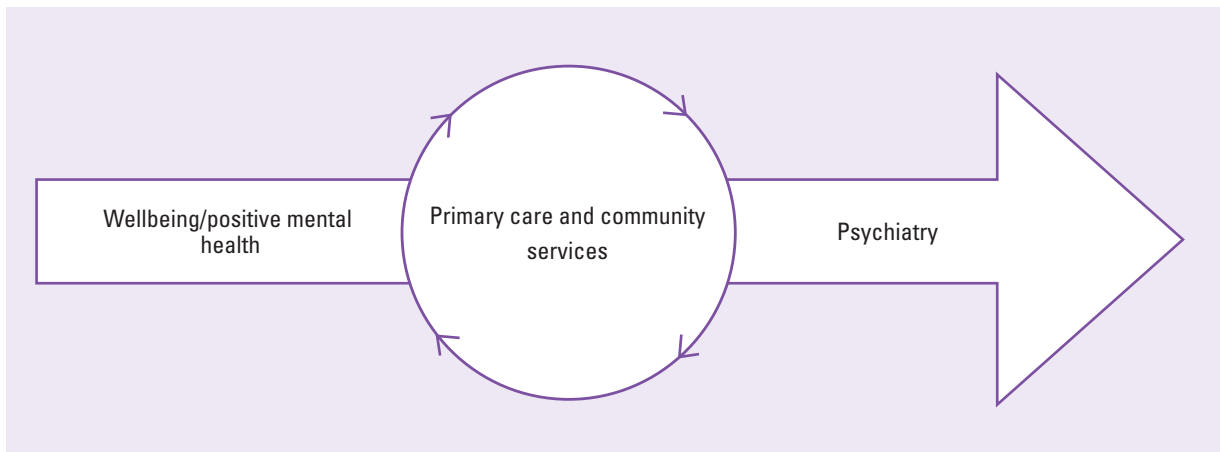


Figure 1. Diagram showing continuum of wellbeing through to psychiatry

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Key points

- Referrals to mental health services are rising
- Wellbeing/positive mental health and mental illness/disorder are on a continuum
- Good wellbeing services can help reduce physical and mental illness
- Not all wellbeing workers are professionally regulated
- Primary and community care provides the bridge between wellbeing and psychiatry
- Education/training through a competency framework is needed across the continuum.

CPD reflective questions

- When did you last receive mental health education or training?
- Reflect on patients whom you have seen with mental health/psychiatric problems and how this challenged you
- What are your learning needs and how can you address them?
- Reflect on what would be key to improving wellbeing and mental health services across the continuum.

across several London HTTs and have been only minimally adapted for this purpose.

Conclusion

A decade on from 'No health without mental health' (UK Government, 2011), it is concerning that many of those working in wellbeing services with vulnerable people of all ages in the UK remain unregulated. These workers are considered key for health promotion and the prevention of both physical and mental health illness/disorder (UK Government, 2011). National professionally regulated standards that include robust training in health promotion and prevention, triage assessment and recognition of the first signs of mental and physical illness should apply to all those working in the plethora of wellbeing services.

Primary care and community teams serve as a bridge between wellbeing and tertiary psychiatric services and should conform to a set of professionally approved standards regarding the care of patients with mental health and psychiatric problems. Regular education and training updates should be provided as a component of a mandatory curriculum. Primary care and community teams provide the vital link for patients once they are well enough to be discharged from tertiary in-patient psychiatry and return to community and wellbeing services in its many forms.

Primary care and community teams have the key role of maintaining a steady, constant flow between the three key stages of mental health care (Figure 1). Wellbeing/positive mental health services should serve as a foundation and support for more specialist NHS mental health care, but this can only be achieved if investment is made into professional regulation, education and training through competency development.

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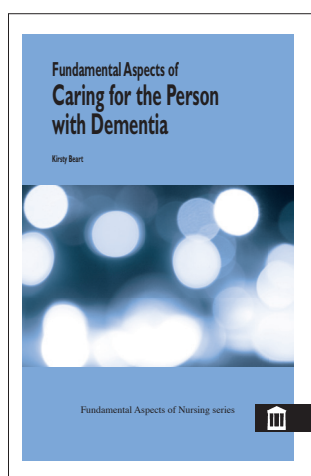
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- Aboujaoude E. Life coaching is unregulated and growing rapidly. Should it be reined in? *Psyche*. 2020. <https://psyche.co/ideas/life-coaching-is-unregulated-and-growing-rapidly-should-it-be-reined-in> (accessed 30 April 2024)
- Age UK. Loneliness research and resources. 2020. <https://tinyurl.com/vxs9wqw> (accessed 30 April 2024)
- Ajibade B. Assessing the patient's needs and planning effective care. *Br J Nurs*. 2021;30(20):1166–1171. <http://doi.org/10.12968/bjon.2021.30.20.1166> Medline
- Bahorik AL, Satre DD, Kline-Simon AH, Weisner CM, Campbell CI. Serious mental illness and medical comorbidities: findings from an integrated health care system. *Journal of Psychosomatic Research*. 2017;100:35–45. <http://doi.org/10.1016/j.jpsychores.2017.07.004>. Epub
- Baker E, Clark LL. Assessing the impact of social distancing and isolation on the mental health of older adults during the global Covid-19 pandemic using a bio-psycho-pharmaco-social approach. *Br J Community Nurs*. 2020;25(5):2–7. <https://doi.org/10.12968/bjcn.2020.25.5.231>
- Baker E, Xyrichis A, Clark L. Restrictive practices: how do we know when we have gone too far?. *International Emergency Nursing*. 2020;50:1. <https://doi.org/10.1016/j.ienj.2020.100852>
- Beake S, Clark LL, Turner T, Bick D. A mixed methods study to develop and pilot a competency assessment tool to support midwifery care of women with intellectual disabilities. *Nurse Educ Today*. 2013;33(8):901–906. <https://doi.org/10.1016/j.nedt.2012.08.007>
- British Association for Counselling and Psychotherapy. BACP membership. 2023. <https://www.bacp.co.uk/membership/home/> (accessed 30 April 2024)
- British Medical Association. Mental health pressure in England. 2023. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/mental-health-pressures-data-analysis> (accessed 30 April 2024)
- Care Quality Commission. Brief guide: positive behaviour support for people with behaviours that challenge. 2017. <https://tinyurl.com/yaq8r6zo> (accessed 30 April 2024)
- Caulfield A, Vatansever D, Lambert G, Van Bortel T. WHO guidance on mental health training: a systematic review of the progress for non-specialist health workers. *BMJ Open*. 2019;9(1):e024059. <https://doi.org/10.1136/bmjopen-2018-024059>
- Center for Substance Abuse Treatment (US). Trauma-informed care in behavioral health services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. Report No.: (SMA) 14-4816
- Clark LL, Clarke T. Realising nursing. A multimodal approach to psychiatric nursing. *J Psychiatr Ment Health Nurs*. 2014;21(6):564–571. <https://doi.org/10.1111/jpm.12159>
- Clark LL, Merrick I, O'Driscoll F, Lycett H, White R, White A. Template for action for patients with intellectual disabilities in mental health services. *British Journal of Mental Health Nursing*. 2017;6(6):279–285. <https://doi.org/10.12968/bjmh.2017.6.6.279>
- Department for Education. Promoting and supporting mental health and wellbeing in schools and colleges. 2020. <https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges> (accessed 30 April 2024)
- Department of Health. Valuing people: a new strategy for learning disability for the 21st Century. 2001. <https://www.gov.uk/government/publications/valuing-people-a-new-strategy-for-learning-disability-for-the-21st-century> (accessed 30 April 2024)
- Henderson C, Potts L, Robinson EJ. Mental illness stigma after a decade of Time to Change England: inequalities as targets for further improvement. *Eur J Public Health*. 2020;30(3):497–503. <https://doi.org/10.1093/eurpub/ckaa013>
- Hext G, Clark LL, Xyrichis A. Reducing restrictive practice in adult services: not only an issue for mental health professionals. *Br J Nurs*. 2018;27(9):479–485. <https://doi.org/10.12968/bjon.2018.27.9.479>
- Hicks A, Clark LL. Care for people with an intellectual impairment or mental health problems: moving forwards. *Nurse Educ Pract*. 2011;11(3):165–167. <https://doi.org/10.1016/j.nepr.2010.10.007>
- Huppert FA. Psychological well-being: evidence regarding its causes and consequences. *Appl Psychol Health Well-Being*. 2009;1(2):137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>

- International Coaching Federation. ICF coaching snapshot: future of coaching. 2023. <https://coachingfederation.org/research/global-coaching-snapshots> (accessed 30 April 2024)
- Jaul E, Barron J. Age-related disease and clinical and public health implications for the 85 years old and over population. *Front Public Health*. 2017;5:335. <https://doi.org/10.3389/fpubh.2017.00335>
- Jordan M, Livingstone JB. Coaching vs psychotherapy in health and wellness: overlap, dissimilarities, and the potential for collaboration. *Glob Adv Health Med*. 2013;2(4):20–27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3833547/>. <https://doi.org/10.7453/gahmj.2013.036>
- Kings College London with South West London & St George's Mental Health NHS Trust. Development of a competency assessment tool for home treatment teams; 2013
- Manalo M, Wilson D, Gregory S, Clark LL. Development of a core competency framework for clinical research staff. *J Interprof Educ Pract*. 2020;18. <https://doi.org/10.1016/j.xjep.2019.100301>
- Mental Health First Aid England. Mental health training online and face to face. 2024. <https://mhfaengland.org/> (accessed 30 April 2024)
- NHS England. The community mental health framework for adults and older adults. 2019. <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/> (accessed 30 April 2024)
- NHS England. Update on mental health services. NHS England and NHS Improvement Board meetings held in common 2021. <https://www.england.nhs.uk/wp-content/uploads/2021/11/board-item-5-251121-update-on-mental-health-services.pdf> (accessed 30 April 2024)
- NHS England. NHS Mental Health Implementation Plan 2019/20 – 2023/24. 2023a. <https://www.england.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/> (accessed 30 April 2024)
- NHS England. Health and wellbeing coaches. 2023b. <https://www.england.nhs.uk/personalisedcare/workforce-and-training/health-and-wellbeing-coaches/> (accessed 30 April 2024)
- National Institute for Health and Care Excellence. Mental health problems in people with learning disabilities: prevention, assessment and management. 2016. <https://www.nice.org.uk/guidance/ng54> (accessed 30 April 2024)
- National Institute for Health and Care Excellence. Self-harm: assessment, management and preventing recurrence. 2022. <https://www.nice.org.uk/guidance/ng54> (accessed 30 April 2024)
- Nursing and Midwifery Council. Standards for education and training. Part 3: standards for pre-registration nursing programmes. 2018. <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-nursing.pdf> (accessed 30 April 2024)
- Nursing and Midwifery Council. Adult nursing: field specific competencies a new version of the test of competence for nurses and midwives. 2021. <https://www.nmc.org.uk/globalassets/sitedocuments/registration/toc-14/toc-14-blueprint---adult-nursing.pdf> (accessed 30 April 2024)
- Nursing and Midwifery Council. Part 3: Standards for pre-registration nursing programmes. 2023. <https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-for-pre-registration-nursing-programmes.pdf> (accessed 14 May 2024)
- Office for National Statistics. Overview of the UK population. 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/2020> (accessed 30 April 2024)
- Singh V, Kumar A, Gupta S. Mental health prevention and promotion-a narrative review. *Front Psychiatry*. 2022;13:898009. <https://doi.org/10.3389/fpsy.2022.898009>
- Trend UK. An integrated career and competency framework for diabetes nursing. 2015. <https://tinyurl.com/pdfru3bb> (accessed 30 April 2024)
- UK Government. No Health without Mental Health: a cross-government mental health strategy for people of all ages. 2011. <https://www.gov.uk/government/publications/no-health-without-mental-health-a-cross-government-outcomes-strategy> (accessed 30 April 2024)
- While AE, Clark LL. Development of a competency tool for adult trained nurses caring for people with intellectual disabilities. *J Nurs Manag*. 2014;22(6):803–810. <https://doi.org/10.1111/jonm.12002>
- While A, Ullman R, Forbes A. Development and validation of a learning needs assessment scale: a continuing professional education tool for multiple sclerosis specialist nurses. *J Clin Nurs*. 2007;16(6):1099–108. <https://doi.org/10.1111/j.1365-2702.2007.01693.x>
- World Health Organization. Mental Health and COVID-19: Early evidence of the pandemic's impact. 2022. https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1 (accessed 30 April 2024)
- World Health Organization. The World health report : 2001 : Mental health : new understanding, new hope. 2001. <https://iris.who.int/handle/10665/42390> (accessed 30 April 2024)
- World Health Organization. International Statistical Classification of Diseases and Related Health Problems (ICD). 2019. <https://www.who.int/standards/classifications/classification-of-diseases> (accessed 30 April 2024)
- Xyrichis A, Hext G, Clark LL. Beyond restraint: Raising awareness of restrictive practices in acute care settings. *Int J Nurs Stud*. 2018;86:A1–A2. <https://doi.org/10.1016/j.ijnurstu.2018.06.006m>

Fundamental Aspects of Caring for the Person with Dementia

By Kirsty Beart



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This book has been written with the intention of helping its readers to understand the perspective of the person who has been labelled as suffering with dementia, as well as that of the carers and the professionals. It is split into two sections to help the reader identify the parts they need to read at different times or for varying purposes. Section 1 offers information and debate about the theoretical issues and explanations of dementia and memory loss. Section 2 moves into the more practical side of this text. Many areas of concern for carers and professionals alike are similar and this section brings their ideas and perspectives together so that they might be able to benefit from each other.

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