

WHO-EM/NUR/424/E

Report on the

**Expert group meeting
for the development of
a post-basic psychiatric
nursing programme
in the Eastern
Mediterranean Region**

Amman, Jordan
2–3 October 2013



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

Health system strengthening has been identified as one of the five strategic priorities for the work of the WHO Regional Office for the Eastern Mediterranean with its Member States over the next five years. A paper presented to the 59th session of the Regional Committee for the Eastern Mediterranean in October 2012 identified health system constraints and challenges and delineated the way forward in strengthening health systems in the three groups of countries of the Region. Developing a balanced, motivated, well-distributed and managed health workforce with the appropriate skills mix was one of the priorities identified for strengthening health systems.

The regional strategy for mental health and substance abuse adopted in 2011 identified development of mental health human resources as one of the priorities for promoting integrated service delivery especially in light of the severe shortage of specialized health workforce in the area of mental health. This is also one of the actions identified in the country action framework of the Mental Health Gap Action Programme (mhGAP) launched in October 2008 by the Director-General of WHO as a priority programme.

An expert group meeting for the development of a post-basic psychiatric nursing programme was organized by the WHO Regional Office for the Eastern Mediterranean on 2–3 October 2013 in Amman, Jordan. The specific objectives of the meeting were to:

- Finalize the prototype curriculum for post-basic psychiatric nursing programme based on the regional framework for nursing specialization; and
- Develop an action plan to establish a post-basic psychiatric nursing programme in selected Member States.

Participants included selected Deans of Nursing, experts in psychiatric nursing education, representatives of the WHO collaborating centres for nursing in the Region and a representative from the International Council of Nurses (ICN). WHO staff from headquarters and the Regional Offices for Africa and the Eastern Mediterranean also attended.

The meeting was opened by Dr Akram Eltom, WHO Representative in Jordan. He stated that as many as 450 million people worldwide suffered from some kind of mental or behavioural disorder. One in four families had at least one family member with a mental disorder. Mental and behavioural disorders accounted for 13% of the global burden of disease and for more than 30% of all years lived with disability. At the regional level, more than 11% of the disease burden was attributable to mental disorders, accounting for more than 27% of the years lived with disability. The Eastern Mediterranean Region was in transition, with a rapidly evolving sociocultural ethos. This, combined with unrest, turmoil and complex emergency situations prevailing in a number of Member States, placed an enormous strain on the ability of existing health and social systems to provide for the needs of the populations they were meant to serve and these factors also posed a constant threat to the physical and mental health of the population, especially among the most vulnerable and disadvantaged population groups. Mental health had not yet received much attention and commitments from governments and or health systems. Only 2% of the budget was allocated to mental health in

the Region and yet there were low cost effective interventions available to address mental health.

He noted that a shortfall of all categories of mental health professionals worldwide, as well as lack of focused interventions on mental health had resulted in a 70–85% treatment gap for common mental disorders in low- and middle-income countries, including the majority of countries in the Region. This prompted the WHO Director-General in 2008 to launch the mental health gap action programme (mhGAP). In May 2013 the World Health Assembly adopted a resolution (WHA65.4) calling on WHO to strengthen advocacy and to develop a comprehensive mental health action plan in collaboration with Member States with emphasis on the development of a post basic nursing curriculum with active collaboration of international and the regional centres of excellence.

The Regional Office was taking the lead in the process of addressing the gap in mental health resources. The meeting was organized as part of WHO's mandate to support Member States in developing indigenous capacities for undertaking policy development, planning and development of cost-effective models of care monitoring and evaluation in this neglected area.

The meeting was chaired by Mrs Da'ad Shokeh, Dr Hania Dawani and Dr Elham Naghshbandi on a rotating basis. The meeting methodology and agenda included preparatory work on finalizing the prototype curriculum for the post basic psychiatric nursing programme. The programme was finalized based on the framework for nursing specialization. The meeting was participatory in nature with plenary sessions with key presentations, group work and discussions. The agenda was arranged around two components: the prototype curriculum for psychiatric nursing specialty and action plans to establish the programme in countries with human resources for health crisis. The programme and list of participants are included as Annexes 1 and 2, respectively.

2. TECHNICAL SESSIONS

2.1 Review of the mental health situation in the Eastern Mediterranean Region

Dr Khalid Saeed, WHO Regional Office for the Eastern Mediterranean

Mental health is a major problem worldwide. Unipolar depressive disease is the fourth leading cause of disability-adjusted life years. It also is a significant accompanying disorder of many of the major diseases such as heart disease, diabetes, cancer, HIV/AIDS, tuberculosis, stroke and epilepsy. Its treatment is effective: up to a 60% recovery in the case of depression; 77% of schizophrenics live without a relapse.

WHO has identified some “best buys” for addressing mental health problems: restricting access to retail alcohol; enforcing bans on alcohol advertisements; raising taxes on alcohol; enforcing drink–driving laws; offering counselling; and treating depression with anti-depressant drugs including brief psychotherapy as needed. Also included are the treatment of psychosis with appropriate drugs and offering support, and treating epilepsy with first line

anti-epileptic drugs. These best buys, if adopted, would contribute to the reduction of the burden of disease.

However, available data show average treatment gaps of 32% for schizophrenia, 50–60% for depression and anxiety disorders, 78% for alcohol abuse and dependence. Within the Region the average treatment gap is as follows: Lebanon, 70% for major depression; Iraq, 94% for all mental disorders; Oman, 95% for anxiety disorder and 87% for mood disorders. The overall treatment gap in the Region is estimated to be more than 90%. The problems lie in several factors.

Mental health governance: having outdated national mental health legislation and policies. Stigma and discrimination are significant, leading to inequitable opportunities in education, employment, housing, marriage civil and political rights

Financing: Expenditure on mental health services is a fraction of the total health spending (e.g. based on 6 countries in the Region, 3.7% of the total health budget with a range of 2.0–4.9%).

Mental health services: Mental health is underserved in the Region. There are 6.9 psychiatric beds per 100 000 population. This rate varies between countries from 0.7 to 40.5 per 100 000 population, with higher rates in more wealthy countries.

Human resources: While the Region has on average 9.7 human resources per 100 000, the numbers are inadequate for the task that falls to health services. 2.8% of physicians and 3.4% of nurses have some form of psychiatry and mental health training, a proportion similar to the rest of the world. Only 2.8% of training for medical doctors and 3.4% of training for nurses is devoted to psychiatry and mental health related subjects and there is relatively low use of user and family associations in tackling mental health problems.

Research and evidence gathering: There are few country-specific publications on mental health problems in the Region.

Regional actions are guided by the regional strategy to reduce the mental health gap and the mhGAP Framework. The mhGAP Framework and plan are supported by a number of guidelines, policy tools and training modules.

The discussion that followed confirmed that most of the countries have a significant gap between current mental health service provision and the need and demand for this service. The lack of properly trained physicians, nurses and the other members of the mental health team was strongly expressed. This is aggravated by the lack of education in these areas and a shortage of teachers. Finally the low political commitment; the fact that mental health services are not funded; are seen as an undesirable field to work in by many healthcare workers; and the level of stigma and discrimination that are shown toward persons suffering for mental health problems point to a need for strong advocacy to improve this aspect of healthcare provision.

It was also pointed out that there is need for non-specialized mental health workers who could provide support in areas of mental and physical health care, primary care for mental health. If appropriately used, they could also assist in enhancing access and promoting respect for human rights. These non-specialized mental health workers provide affordable and cost-effective interventions which could generate good health outcomes.

Overall the values and principles of mental health programmes should embrace mental health mainstreaming and integration across a broad range of programmes, place emphasis on social protection and inclusion through affirmative action, respond to expectations and respect cultural relativism while maintaining scientific rigor and promoting intersectoral collaboration and partnerships including flexibility and sustainability perspectives.

The way forward entails strengthening leadership and political commitment for mental health, scaling up integration of mental health in primary health care, strengthening mental health services, identifying and prioritizing vulnerable groups, nurturing partnerships for public education and promotion of positive mental health and enhancing the capacity to produce and use mental health information and research.

2.2 Regional strategic directions for nursing and midwifery

Dr Fariba Al Darazi, WHO Regional Office for the Eastern Mediterranean

What the Region needs is more educated nurses and midwives with expanded skill sets, who are capable of responding to change, greater demands and new priorities in health care and the social realities in the places in which they live and work.

Countries of the Region are grouped into three categories.

- Group1: countries with considerable socioeconomic development over the past four decades with high income
- Group2: middle-income countries with extensive public health service delivery infrastructure, but facing resource constraints
- Group 3: countries with major constraints in improving population outcomes. They also lack resources for health, confronted with political instability, conflict and other complex challenges.

Health challenges include the burden of noncommunicable and communicable diseases; weak health delivery systems, maternal child health problems, mental health problems and substance abuse; providing care to significant numbers of internally displaced populations and refugees; coping with the effects of disasters and emergencies; and improving access to health care.

As indicated earlier, there are wide variations in health status in the Region. Ten countries have identified MDG 4 and 5 as priorities. The health workforce issue remains a challenge with most Group 3 countries having less than one health care worker per 1000 population. Acknowledging the existence of social determinants of health is critical in policy and strategy development for health systems. As well as recognizing that the health system

building blocks include health workforce as well as financing, health technology, health service provision and leadership and governance. Within this context universal health coverage is becoming a greater priority.

In early 2013, a joint regional initiative by WHO, UNFPA, UNICEF and governments was launched to save the lives of women and children lasting until 2015 and beyond. The initiative aims at focusing on the ten priority high burden countries for maternal health to accelerate implementation of the Dubai Declaration which was the outcome of the high level meeting. The accelerated implementation plan has seven key components:

1. National multisectoral, costed plan
2. Social and environmental determinants of health
3. Health system strengthening
4. Prioritization of maternal, child and neonatal health in the design and implementation of humanitarian action programmes
5. Sustainable financial mechanisms
6. Improve coordination and accountability between all partners
7. Monitoring progress and reporting back.

Building on the Global Strategic Directions for Strengthening Nursing and Midwifery, and the 2007 Islamabad Declaration, the Region has developed the following strategic directions for the period 2012–2020 to strengthen nursing and midwifery.

- Human resources planning and policy for nursing and midwifery
- Positive practice environments
- Access and quality education
- Scaling up capacity of nursing and midwifery
- Strengthening regulation capacity
- Research

Ultimately the work at the regional level aims to strengthen nursing and midwifery leadership and increase nurses' participation in policy and strategic decisions, improve quality of education and practice, strengthen nursing and midwifery services and enable nurses and midwives to practice evidence based education and practice.

Regional priorities for nursing specialization are: mental health nursing; community/public health nursing and family health nursing; school health nursing; midwifery; critical care nursing; oncology nursing; gerontology nursing.

2.3 Mental health workforce: global perspectives

Mrs Annette Mwansa Nkowane, WHO headquarters

In 2005 WHO estimated in 144 low- and middle-income countries a shortage of 1.18 million health workers including 55 000 psychiatrists, 628 000 nurses in mental health settings and 493 000 psychosocial care providers. The anticipated cost to correct the shortage is about US\$ 4.4 billion and if unchanged, the mental health worker shortage would increase

from an estimated 1.2 to 1.7 million workers in 2015; an increase of 45%. Shortage of trained mental health workers is one of the key barriers to improving mental health services.

In the area of nursing and midwifery WHO has produced several evidence documents.

Atlas: Nurses in Mental Health 2007. Results outlined in this document relate to the availability, education, training and role of nurses in mental health care. A consistent finding of severe shortage of nurses providing mental health care especially in most low and middle income countries is apparent and that there is lack of adequate pre-service and in-service education

Enhancing nursing and midwifery capacity to contribute to the prevention, treatment and management of noncommunicable diseases (Human resource observer 2012, issue No.13). The document describes the roles of nurses and midwives in policy, advocacy, research, education and practice concerning noncommunicable diseases. This document can be an important reference point for policy-makers, researchers, educationalists, nurses and midwives, and other health-care workers.

A literature review on the involvement of nurses and midwives in screening and brief interventions for hazardous and harmful use of alcohol and other psychoactive substances (Document WHO/HRH/HPN/10–6). The evidence shows the important role of nurses and midwives in this area in primary care settings. This work can be further enhanced through the development of nationally agreed training programmes in screening and brief interventions

To improve nursing and midwifery contribution to mental health, there is a need for development of systematic country plans. National nursing associations should advocate for mental health. Furthermore, a mental health component ought to be integrated into basic and post-basic nursing education and training. It is critical also to increase the quantity of mental health nurses. This is in recognition that nurses and midwives can play a critical role in providing timely, effective and appropriate services. They can assist in safeguarding the human rights of their patients at treatment facilities and in society in general and reduce stigma. Based on the products and collaborative efforts of WHO, the 2007 Atlas, which was a collaborative effort between WHO and ICN, has led to the development of a regional study on mental health education involving 19 Latin American countries and within WHO, partnerships have been established within priority programmes which integrate nursing and midwifery services into primary health care.

2.4 Mental health nursing: initiatives from the International Council of Nurses

Mrs Yukiko Kusano, International Council of Nurses

The vision of the International Council of Nurses (ICN) was outlined: “*to lead our societies toward better health*”. This vision is achieved through several goals including, bringing nursing together worldwide, advancing the nursing profession and influencing health policy globally based on the core values of visionary leadership, inclusiveness, flexibility, partnerships and achievement. ICN embraces the three professional pillars: practice, socioeconomic welfare and regulation.

In support of mental health, ICN has produced a code of ethics for nurses (2012) which stipulates that nursing services to people in need is a fundamental responsibility of nurses and that nursing care is unrestricted by illness. In 2008, ICN produced a statement on mental health which emphasizes the fact that mental health is a crucial aspect of well-being and more focus should be made on promotion and prevention. There are several projects being implemented by ICN and its partners, such as, community management of diabetes and depression, patient safety, nursing in armed conflict and positive practice environments. The *Atlas on mental health nurses* was a collaborative effort between WHO and ICN. In addition ICN advocates for pre- and post-registration in mental health and expanded scope of practice within the primary health care framework.

3. COUNTRY PRESENTATIONS

3.1 Advocating for mental health the Jordanian experience

Mrs Da'ad Shokeh and Dr Hania Dawani

Jordan has an estimated population of 6.3 million and that of refugees is estimated at 2.5 million. This is due to the instability and conflicts in the surrounding countries. The continuing waves of refugees and displaced people has resulted in high prevalence of mental and psychosocial problems and a proliferation of international nongovernmental organizations and UN agencies.

Within the mental health context, there are several categories of health care provider which has led to fragmentation and overlap and duplication of service provision. In Jordan, instead of focusing on primary and community-based care, mental health services and resources have been devoted mainly to long-term inpatient care in psychiatric hospital settings. In general there are 5.3 health professionals per 10 000 population. For mental health professionals (per 100 000 population), there are 1.1 psychiatrists, 3.9 unspecialized nurses, 0.2 psychologists, 0.3 social workers and 0.1 occupational therapists. The faculty of social work at the university level has just been established.

The country faces high prevalence of mental and psychological problems and the attitude towards mental health is negative. In addition to the lack of financial and human resources there is an absence of mental health services to children and adolescents and lack of intersectoral system of collaboration and inadequate complementary services. Not much has been published on mental health in the country and so reliable information on mental health does not exist.

Beginning in 2007, some reforms in mental have been initiated. A policy to establish a mental health unit within the primary health care department in the Ministry of Health has been issued. A national technical committee was established to advise the mental health unit that oversees the implementation of the action plan. The Jordanian Nursing Council is fully participating in mental health initiatives including advocacy, development of a national education scheme for mental health nursing, accreditation and credentialing of specialties for mental health, development of training packages, provision of continuing nursing education

for nurses. Furthermore the Jordanian nursing council supports work on community mental health centres in its strive to integrate mental health within primary health care. Internationally the council has been involved in developing the WHO mhGAP guidelines, contextualization and expansion and review of guidelines on stress related disorders.

In the future, it is envisaged that the Council will continue to develop services to invert the pyramid of service organization and work with the ministry of health in health promotion and disease prevention, and support and build educational capacity for the production of mental health workers.

3.2 Mental health nursing education in Egypt

Prof. Zeinab A. Osman

Psychiatric nursing/mental health nursing is a specialty of nursing with the focus on care for people of all ages with mental illness or mental distress. Nurses working in mental health receive more training in psychological therapies, building therapeutic alliance, dealing with challenging behavior, and the administration of psychiatric medication. In Egypt, the nursing education system has three levels of programmes under the Ministry of Health and Population, although the Ministry of Higher Education awards the diplomas. The university-level Faculties of Nursing are under the Ministry of Higher Education. Since 2005, the technical nursing programme (high school nursing, practical nursing level) has been extended from three to five years. There are 12 nursing institutions offering a two-year programme (technical nursing level), for graduates of regular high school, this is the second level programme. For the third level, nurses are trained at Bachelor's degree level. There are currently 18 university faculties of nursing offering this level and graduates are better prepared to becoming faculty members of nursing schools at all levels. Several options exist for mental health nursing in Egypt.

- Psychiatric mental health nursing course is one of the courses for undergraduate nursing students.
- Post graduate studies in psychiatric mental health nursing
- Master degree specialties in psychiatric mental health nursing across life span and nursing of addicts
- Doctorate degree in psychiatric mental health nursing

3.3 Mental health in Iraq

Dr Vian Naqashbandi

Due to difficult conditions including physical privation, political repression and prolonged conflict. Many Iraqis are traumatized from torture, kidnappings, bombings and other forms of violence. Mental health is stigmatized in the public perception. In addition, mental health problems are often less visible than physical illness. Research shows that 1 in five women and 1 in 7 men are likely to suffer a mental disorder in their lifetime and yet, there only 4 psychiatrists per a million residents, far below what is needed and few nurses are trained in mental health. Mental health is one of the core priorities, alongside maternal care, prevention, control and management of malnutrition and noncommunicable diseases.

Professional mental health services go back to 60 years ago with the establishment of mental hospitals. Training of health workers in some institutions is done in collaboration with Swedish partners. However, mental health education is limited to courses in the college of medicine at the fourth year, in nursing at fourth year (3 credits for theory and 3 credits for clinical teaching). At the technical institute in the second year (2 credits for theory and 3 credit for clinical teaching) and to some limited extent at the post graduate level of education in both medical and nursing colleges.

3.4 Psychiatry mental health nursing in Lebanon

Hanadi Massalkhi

In Lebanon, the number of psychiatric patients and evidence now shows that psychiatric disorders ranked second in the burden of disease. The response is not adequate as there is lack of expertise at the bedside and at academic levels as well. The failure to educate specialized nurses has had a detrimental impact on the quality of psychiatric nursing in the academic and clinical areas. Historically, clinical nursing in psychiatry was identified as the first specialty. A national mental health law has existed since 1946. Currently master degree in nursing psychiatry and mental health program has started. A residency programme with psychiatrists has been in place since 2007. At the graduate psychiatric nursing level, 2 nurses graduated in 2010, 2 in 2012, 4 in 2013. The scope of practice is still not defined in the Order of Nurses and at undergraduate level, one course in psychiatric and mental health nursing is provided; mostly by medical doctors.

There is an apparent lack of bedside, community nursing specialization in mental health. Most nursing staff in mental hospitals are practical nurses and auxiliaries. With no structured training, their competencies are below standard. According to the WHO Atlas, Lebanon has 7.5 psychiatry beds per 100 000 population and there are 10 000 physicians registered in the Lebanese Order of Physicians; out of which only 55 adult psychiatrists and 3 paediatric psychiatrists are currently practicing. Other barriers to mental health relate to stigmatization, lack of job opportunities, poor reputation of mental hospitals, lack of structured specialty programmes, unclear role expectations and lack of financial compensation.

For the future, it is clear that there is a high demand for specialized nursing care, programmes that raise awareness and services for the promotion of mental health and prevention of disorders.

3.5 Placement of mental health nursing in the curriculum, Pakistan perspectives

Ms Ambreen Tharani

In Pakistan, mental health nursing is covered in the last year of the three year diploma course and second year of the post registered nurse bachelor of science in nursing programme. These programmes are regulated by the Pakistan Nursing Council. In the four-year bachelor of science in nursing programme, the mental health nursing course is taught in third year and the curriculum is regulated by Higher Education Commission of Pakistan. There is no special tract for mental health in the master's degree programme.

The role of Aga Khan University School of Nursing and Midwifery in the country is that it provides benchmarks for the national nursing curriculum and participates in development of prescribed nursing curriculum by regulatory body (ies) in Pakistan. The challenges include issues of maintaining consistency in administering the prescribed curriculum, availability of clinical placements and issues of nurses' safety.

4. MENTAL HEALTH NURSING

4.1 Role development: extended, specialist and advanced roles

Ms Fadwa Affara

In this presentation, it was demonstrated that each level of extended practice has its specific scope of practice whether it be diploma or bachelor of science in nursing, including specialist post-basic diploma and up to master's degree in nursing. The extended role is accompanied by advanced tasks that are within the scope of practice but also in the scope of another profession. The role is extended as it includes a skill or area of responsibility that was not previously assigned in that scope of practice. The extended role is characterized by certain attributes including extended accountability, autonomy and delegation.

The expanded role of a nurse specialist goes beyond the level of a nurse generalist. This person is authorized to practise as a specialist with expertise in a specified field of the nursing. Being a specialist, there is greater responsibility, accountability and autonomy and includes the management of specialized care.

With the advanced practice nurse, acquisition of expert knowledge base, complex decision-making skills and clinical competencies for expanded practice has been achieved. A master's degree is recommended for entry level. This stage involves higher levels of clinical autonomy.

4.2 Scope of practice

Ms Fadwa Affara

According to ICN 1998, 2004, the scope of practice is not limited to specific tasks, functions or responsibilities but includes direct care giving and evaluation of its impact, advocating for patients and for health, supervising and delegating to others, leading, managing, teaching, undertaking research and developing health policy for health care systems.

With regard to the scope of practice in mental health nursing, the application of psychiatric nursing knowledge, skill judgment and interventions based on the best available evidence to promote mental health, prevent mental illness, minimize the effects of mental illness and developmental challenges and assist individuals, families, groups and communities to achieve an optimal state of health. This involves inter-professional practice, education, the use of therapeutic interpersonal relationships, coordination and managements of care, and research related to psychiatric nursing.

4.3 Post-basic psychiatry mental health nursing programme prototype macro-curriculum

Mrs Maraim Al Mulla

The draft zero document was presented to the group. The programme presented was a 12 month diploma of 43 credits. The programme is designed to progressively provide an opportunity to integrate theory and practice. The programme aims at preparing professional competent nurses to be specialized in mental health nursing who are able to function in a wide range of settings such as hospitals and in the community. The programme should be able to provide a foundation for further education and training in mental health nursing. The various components of the programme such as the vision and philosophy were outlined. In addition, the proposed conceptual framework was presented and there was extensive discussion around the framework. Competencies expected of the graduates from the programme were also described and an outline of semesters and credit hours were also outlined. This macro-curriculum was a subject of review and discussion in group work.

4.4 Trends and concepts in mental health nursing education

Professor Cheherezade Ghazi

Concepts and trends in mental health nursing education at the undergraduate level were described in the presentation. Examples of implementation of the mental health concepts throughout the undergraduate programme were given starting from the first year with the course on humanities on psychology, basic concepts and theories in communication; in the second year, sociocultural aspects of care, adult and geriatric care and effect of illness are addressed; in the third year, social psychology is taught; and in the fourth year, cultural anthropology is taught. Module descriptors, course credentialing, summative assessments as examples were also shared.

5. GROUP WORK

5.1 Prototype macro-curriculum: post basic psychiatric mental health nursing

The groups were divided and tasked with looking at the various components of the draft curriculum (mission statement, broad competencies, conceptual framework, courses and sequence of courses), The responses in these areas will be used as the basis for updating the macro-curriculum.

5.2 Development of an action plan to establish the programme in countries in human resources for health crisis

In groups, participants were given a template to outline the action plan for implementing mental health nursing specialization in countries in human resources for health crisis. The template consisted of the following domains: strategy, activity, time-frame, outcomes and responsibility.

6. CONCLUSIONS

It was evident from the discussion that specialization in mental health nursing remains a priority in the Region, after having been identified as such during the third meeting of the Regional Advisory Panel on Nursing held in Tunisia in September 1995. There is an urgent need for preparing nurses with specialization in mental health nursing because of the changing social content of the countries in the Region, including civil strife and conflicts, the changing demographics and the shortage of mental health workforce.

The participants in the meeting further developed the various components of the zero draft prototype macro curriculum of the post-basic psychiatric mental health nursing programme (mission statement, expected competencies of the graduates, conceptual framework and sequence of courses) and endorsed the proposed changes. It was agreed to use the revised prototype macro-curriculum to develop the micro-curriculum.

The participants acknowledged a need to focus on establishing a specialty mental health nursing programme in selected Member States with shortages in mental health workforce.

7. RECOMMENDATIONS

Following discussions about the situation of mental health nursing in the Region and the critical need for qualified mental health professionals, especially nurses, the expert group made the following recommendations.

To Member States

1. Promote networking and collaboration between regional centres to expand the pool of nurses available to deliver specialty mental health nursing programmes.
2. For countries in complex emergency situations, prepare urgently general nurses with extended mental health nursing competencies, including psychosocial support interventions, with assistance from regional centres.

To WHO

1. Using the input and feedback from expert group participants, finalize the prototype macro-curriculum for specialty mental health nursing including the glossary of terms.
2. Set up a small task force from the expert group to work virtually on developing the micro-curriculum
3. Finalize the action plan to establish a specialty mental health nursing programme in selected Member States.
4. Support Member States in implementing the specialty mental health nursing programme in countries with human resources for health crisis.

Annex 1**PROGRAMME****Wednesday 2 October 2013**

08:30–09:00	Registration	
09:00–09:30	Opening session	
	Opening remarks	Dr A. Eltom WR Jordan
	Objectives of the meeting, expected outcomes and method of work	Dr F. Al-Darazi
	Introduction of participants	
09:30–11:00	Plenary session 1	
	Strategic directions for nursing education in the Region	Dr F. Al-Darazi
	Mental health workforce: global perspectives	Mrs M. Nkowane
	Mental health nursing: initiatives from the International Council of Nurses	Mrs Y. Kusano
	Mental health in the Region: current situation and the way forward	Dr K. Saeed
	Discussion	
11:30–13:00	Plenary session 2	
	Advocating for mental health: the Jordanian experience	Mrs D. Shokeh and Dr H. Dawani
	Lebanon	Dr H. Massalkhi
	Pakistan	Dr A. Tharani
	Egypt	Dr Z. A. Osman
	Iraq	Dr V. Naqshbandi
	Palestine	M.S. Awad
	Discussion	
14:00–15:30	Plenary Session 3	
	Scope of practice as a foundation for curriculum development	Ms F. Affara
	A framework for the development of nursing specialties and advanced practice	Mrs M. Al-Mulla
	Development of the macro-curriculum prototype for a post-basic psychiatric nursing programme	
15:45 – 17:15	Group work: Curriculum prototype for a post-basic psychiatric nursing programme	
17:15–17:30	Summary of Day 1	

Thursday 3 October 2013

08:30–09:30	Group feedback and consensus	Ms F. Affara
09:30–10:00	Development of the micro-curriculum	Prof. C. Ghazi

prototype: a course example

Discussion

10:30–12:00	Group work: Developing an action plan to establish the programme in countries in human resources for health crisis	Ms M.Nkowane
12:00–13:00	Group feedback and consensus	
14:00–15:00	Recommendations and next steps	
15:00–15:30	Closure of the meeting	

Annex 2

LIST OF PARTICIPANTS

MEMBERS OF THE REGIONAL ADVISORY PANEL ON NURSING

Dr Batool Al-Mohandis
Nursing Education and Policy Consultant
Manama
BAHRAIN

Professor Cheherezade Ghazi
Dean
Faculty of Nursing
British University of Egypt
Cairo
EGYPT

Professor Awatif Osman
Dean Faculty of Nursing Sciences
University of Medical Sciences and Technology (UMST)
Khartoum
SUDAN

Dr Atf Gherissi*
Assistant Professor
High School of Science and Health Techniques
Tunis University ElManar
Tunis
TUNISIA

Dr Fatima Al-Rifai
Federal Director of Nursing
UNITED ARAB EMIRATES

Mrs Fawzia Hassan Youssef
Nursing and Midwifery Consultant
Aden
REPUBLIC OF YEMEN

* Unable to attend

**REPRESENTATIVES OF WHO COLLABORATING CENTRES FOR NURSING IN
THE REGION**

Mrs Fatima Jamali
Director, WHO Collaborating Centre for Nursing Development
Chairperson, Nursing Division
College of Health Sciences
University of Bahrain
Manama
BAHRAIN

Professor Arwa Oweis
Dean of Nursing
Jordan University of Science and Technology
Irbid
JORDAN

Mrs Mariam Al Mulla
Head of Post-Basic Psychiatric Nursing Programme
College of Health Sciences
University of Bahrain
Manama
BAHRAIN

COUNTRY PARTICIPANTS

AFGHANISTAN

Dr Kymia Azizi
Director of Nursing Education Programme
Ghazanfar Institute of Health Sciences (GIHS)
Ministry of Public Health
Kabul

Mrs Batool Erfani
Dean of Nursing Faculty
Kabul Medical University
Kabul

EGYPT

Dr Zeinab Abdel-Halim Osman
Faculty of Nursing
Cairo University and Kaser Alaini University
Cairo

ISLAMIC REPUBLIC OF IRAN

Dr Fatima Oskouie
Associate Professor School of Nursing and Midwifery
Dean, Center for Nursing Care Research
Teheran

Dr Masoud Fallahi Khoshknab
Deputy for Nursing
Ministry of Health and Medical Education
Member of Faculty of Nursing
Teheran

IRAQ

Dr Vian Naqshbandi
Dean
College of Nursing
Hawler Medical University
Erbil

Professor Baadia Muhamed Najib
Member of Midwifery Programme
Hawler University
Baghdad

Dr Hoshyar Amin Ahmed
Head of Medical Sector Committee
Erbil Polytechnic University
Erbil

JORDAN

Professor Muntaha Gharaiba
Professor of Nursing
Jordan University of Science and Technology
Irbid

Mrs Daad Shokeh
Advisor to HRH Princess Muna for Council and Nursing
Amman

Dr Hania Dawani
Director of Professional Services
Jordanian Mental Health Nurse Consultant
Amman

LEBANON

Dr Hanadi Massalkhi
Psychiatry and Mental Health
Nursing Policy and OPD Coordinator
American University of Beirut Medical Center
Beirut

LIBYA

Dr Zainab Hariba Assawiei
Director of Nursing Department
Ministry of Health
Tripoli

Ms Basma Mohammed Salim
Head of Nursing
Member of the Faculty
Higher Institute of Nursing
Tripoli

PAKISTAN

Dr Ambreen Tharani
Assistant Professor
Psychiatric Nursing
Aga Khan University School of Nursing
Karachi

PALESTINE

Dr Mariam S. Awad
Dean of Nursing and Health Sciences
Bethlehem University
Bethlehem

SAUDI ARABIA

Dr Elham Al Nagshabandi
Post Graduate Coordinator for the Master Program
King Abdulaziz University
College of Nursing
Jeddah

SOMALIA

Dr Hawa Abdullahi Elmi
National Manager RMNCH
Training
Mogadishu

SOUTH SUDAN

Dr Nyachuat Lam Deng
Teaching Staff at JACNOM
Juba

SUDAN

Dr Khalda Ahmed Mohamed
Director nurses for primary health care
Ministry of Health
Khartoum

UNITED ARAB EMIRATES

Dr Sana Hawamdeh
Associate Professor of Psychiatric Mental Health Nursing
Sharjah University
Sharjah

OBSERVERS

Dr Raeda Abu Al Rub
Deputy Director
Jordan University of Science and Technology
Amman
JORDAN

OTHER ORGANIZATIONS

INTERNATIONAL COUNCIL OF NURSES (ICN)

Ms Yukiko Kusano
ICN Consultant
Nursing and Health Policy
Geneva
SWITZERLAND

WHO SECRETARIAT

Dr Akram Ali Eltom, WHO Representative, Jordan

Dr Fariba Al-Darazi, Coordinator a.i., Health Workforce Development and Regional Adviser for Nursing, Midwifery and Allied Health Personnel, WHO/EMRO

Dr Khalid Saeed, Regional Adviser, Mental Health and Substance Abuse, WHO/EMRO

Mme Margaret Loma Phiri, Regional Adviser for Nursing and Midwifery, WHO Regional Office for Africa, Ouagadougou, Burkina Faso

Mrs Annette Mwansa Nkowane, Technical Officer, Nursing and Midwifery, WHO headquarters

Dr Hayfa Elamin, Medical Officer, WHO Somalia

Ms Asia Osman, WHO Somalia, Hargeisa

Mrs Halima Sheikh, WHO Somalia, Garowe

Ms Fadwa Affara, WHO Consultant

Mr Karim El Hadary, IT Specialist, WHO/EMRO

Mrs Abla El-Solamy, Administrative Assistant, WHO/EMRO

Ms Sara Georgi, Programme Assistant, WHO/EMRO



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int