JPCRC-Journal of Palliative Care and Rehabilitation Compass
Volume 2, Issue 2 | November-2025
e-ISSN: 3065-8128 Print ISSN: 3065-811X

Elevating Mental Health Nursing: Opposing the Erosion of Specialist Pre-Registration Training in the UK

Dr. Maryam Jafari[1], Dr. Hassan Rezaei[2]
[1]College of Nursing, Tehran University of Medical Sciences, Tehran, Iran
[2]Faculty of Nursing, Isfahan University of Medical Sciences, Isfahan, Iran
Received: 03-09-2025; Revised: 24-09-2025; Accepted: 20-10-2025; Published: 22-11-2025

Abstract
Developing trends in the United Kingdom in nurse education have attracted major concerns in light of what is termed as dilution of specialist pre-registration training of mental health nurses. This trend to the generalization of nursing programs undermines the level of expertise necessary to adequately meet the challenging mental health needs. The specific competencies, standards of treatment, and long-term relational work required by Mental health nursing cannot be developed adequately during such general and non-specialistized curricula. The current paper will propose to preserve and improve specialised mental health nurse education to make sure the profession can continue to serve the UK as mental health problems are increasing. Offering the analysis of the policy evolution, professional guidelines, and educational structures, the discussion demonstrates the threats of de-specialization and promotes the refreshment of the expertise in mental health at the basic training stage.

Keywords: ***Mental health nursing, specialist nurse education, pre-registration training, nurse education reform, de-specialization, United Kingdom, mental health workforce, nursing policy, mental healthcare delivery, professional competencies.***

1.Introduction
Mental health nursing education in the United Kingdom has reached a point of crisis, at the end of which lie a series of unprecedented challenges that are likely to negatively affect many years of work on the emergence of specialized care concerning people experiencing psychological distress. The recent trend in education reforms and especially that as a direct result of the revised standards by the Nursing and Midwifery Council has created a troubling problem wherein the trend has been turning toward blanket models in which competencies are considered to be wider ranged to those that encompass specific mental health competency. This transformation is not just a curricular reform it reflects a key departure in philosophy in that the knowledge and expertise required and the approaches necessary in mental health nursing needed a concerted departure that could not be adequately addressed by generic nursing education(1).

The consequences of this teaching drift are much farther than just in the academic establishment, and they refer to the core of mental health services provision in the United Kingdom. The individual relational and therapeutic aspects of mental health nursing are at risk of becoming relegated or even wiped out as nursing programs put more and more emphasis on physical health-related interventions and standard procedures. This tendency is also set against the background of the growing mental health burden in the population and the increased level of anxiety, depression, suicidal behavior, and complicated forms of psychological traumas, which cannot be addressed using conventional, blanket interventions.

The fate of recovery education, according to the historical experiences of other countries, especially the case of Australia in adopting a comprehensive nursing education model, offer bleak lesson on what happens to the country once it abandons a specialized approach to the preparation of mental health nurses. The cases of other countries illustrate that one-dimensional ways are mostly ineffective in preparing graduates who are ready to work in the reality of mental health practice, which results in the workforce shortage, decline in the quality of care, and overall outcomes of the vulnerable groups that need mental health services. The Australian model that was initially treasured as more holistic and flexible has strongly been criticized, and there are demands to restore specialized training pathways(2).

The sense of urgency in relation to the given concerns cannot be expressed strongly enough since the direction, which the problem takes currently, can potentially lead to the time when the field of nursing will create a generation of graduates who will have formal qualifications but will not have the specific knowledge and the expertise in terms of therapeutics to offer effective mental health care. This learning gap has disastrous consequences in the

way the service users, families and communities that require the aid of skilled mental health nurses in times when they are the most vulnerable. Their possible outcomes are more depends on the restricted practices, less therapeutic involvement, more cases of treatment withdrawal, and, as the final result, avoidable corrosion of mental health outcomes of different populations.

Moreover, the trend toward generic nursing training does not take into consideration the existence of epistemological and ontological principles that are the roots of effective mental health nursing practice. Compared to other specialties in the field of nursing that frequently adhere to standardized, measurable procedures, however, mental health nursing is performed within layered webs of relationships where the establishment of beneficial therapeutic relationships, cultural awareness of others, and sensitivity regarding human psyche becomes the hub of a successful practice. Such advanced skills cannot be acquired after a few classes or as a result of a shallow modular training programs but must be the subject of long-term intensive training that encompasses students in the details of the theoretical and practical bases and methods of special mental health knowledge.

2.The Professional Identity Crisis of Mental Health Nursing

The way of systematically diluting mentally specific content in the curriculum of nursing curricula is itself a massive risk to the nurture and sustenance of professional identity among mental health nurses. Professional identity formation is a complicated psychological and social process that defines how people establish an accurate sense of the role, duties, and specific contributions to the healthcare system(3). This process of identity formation has had as its basis, among mental health nurses, exposure to specialized areas of knowledge such as psychopathology, therapeutic communication, crisis intervention, trauma-informed care and recovery-oriented practice models that make their practice unique among specialized areas of nursing practice.

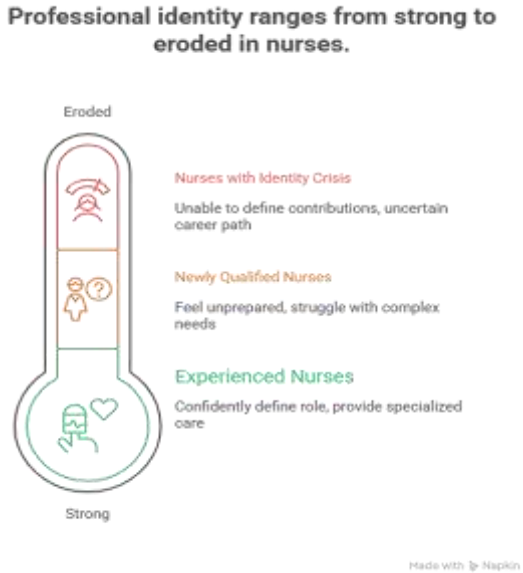

FIGURE 1 Professional identity ranges from strong to eroded in nurses

The current pedagogical reforms have destabilized this process of identity formation by interpolating single-health learning content into generic packages diluting their intensity and volume of knowledge in the mental health specific learning experiences, and highlighting generic competencies that do not represent the subtle psychosocial understanding of the mental health nursing practices in its relationship-oriented practice. This division makes students confused as regards their professional role and leads to what researchers call professional identity crisis, i.e. inability of graduates to define their individual contributions to healthcare teams and uncertainty in the career path they follow.

The impacts of degraded professional identity are not limited to the individual practitioners and do reach the rest of the mental health nursing workforce and eventually on the deliverance of the quality care to the service users. It has been shown time and again that nurses who have a good professional identity have greater job satisfaction and are more professionally committed and most importantly committed to staying with their specialty of choice. On the other hand, individuals with little-defined or confused professional identity tend to develop burnout or

Volume 2, Issue 2 | November-2025
e-ISSN: 3065-8128 Print ISSN: 3065-811X

pursue other career notions or deliver attendant care that is insufficiently specialized to yield the most favorable clinical consequences in mental hospitals.

Further, professional identity loss compromises the bid to endorse special resources, research grants, and policies to influence better mental health care. In the event that mental health nurses are unable to clearly define their special domain of knowledge and therapeutic input, other professions will take on those roles, which will further diminish the presence of the nursing voice in the multidisciplinary approach. Such professional devaluation is coming when what the healthcare system needs most is the powerful voices of nurses clamoring against fee-for-service models, complicity in the medicalization of human beings, and person-centered and recovery oriented mental health care.

The consequences of identity erosion are especially felt in newly qualified mental health nurses who complain of having been ill-prepared to the nature of their duties which they have undertaken even when they have gone through approved education enters. Such graduates report feeling like imposters, fears regarding their abilities, and a struggle of finding therapeutic relationships with service users with complex and multifaceted needs necessitating advanced clinical reasoning and intervention expertise. The resulting professional insecurity does not only impact the wellbeing of the individual practitioners, but also impacts the quality and continuity of the care of vulnerable populations(4).

The educational institutions have a heavy burden to overcome this crisis by renewed investments in advanced specialized mental health nursing programs which equip the student with the ability to have a strong conceptual framework of their profession, exposure to more areas of specialization, and numerous options of acquiring and practicing advanced therapeutic skills with experienced supervision. This necessitates a shift away of the checkbox methods of education towards the more immersive and more holistic education experiences because it takes into account how complex and how sophisticated the task of mental health nursing practice is.

3.Therapeutic Relationships the Foundation of Mental Health Nursing Excellence

The relationship between the nurse and the patient is the key component on which all successful mental health nursing interventions thrive and the reason why the profession is different than others since it focuses on meaningful interpersonal relationships that have an element of healing. It is a complex form of relationship going beyond mere interaction in the professional realm; it is a complex level of human psychology, trauma response patterns, attachment patterns and healing patterns that further sets up a safe space for exploration, healing, and growth, that is to be created by a nurse. This means that therapeutic relationship skills have to be developed through long periods of theoretically informed training followed by best practice with experienced mentorship two factors which are being sidelined in the generic nursing education models.

Mental health nursing therapeutic relationships are complex ethical and legal environments that need the expert understanding of setting boundaries, power relations, cultural issues, and risk assessments systems. Such relationships may include people who feel deep psychological distress, who are psychotic, in, between, or severely depressed or experiencing any trauma responses, or who, in some other way, have impairments that appreciably limit their capacity to share an ordinary medical interaction. Mental health nurses need to become advanced skills in the area of reading nonverbal signals, maintaining an effective therapeutic boundary, handling demanding patients, and keeping a sense of hope and engagement in situations where progress is slow or even set back.

The loss of academia training has the potential of generating graduates who have not achieved a depth of knowledge to maneuver through such complex relationship zones in a highly capable way. The generic nursing preparation, which teaches aspirants to care with reference to standard practices and quantifiable outcomes, does not equip them sufficiently to work within the amorphous, process-centred setting of therapeutic relationships. Students may receive fundamental methods of communication but do not experience more advanced skills that include transference and countertransference, use of self in the therapeutic context, motivational interviewing, trauma-informed engagement patterns, and recovery-based development of relationships that constitute the foundation of expert care of the mind(5).

Moreover, the relationships between therapists in case of mental health tend to be long-term, and nurses must be consistent, offer hope, and stay active even despite the recurrent crises, treatment denial, or seeming ineffectiveness of interventions. This extended time consuming relational work requires emotional endurance, professional maturity and more advanced knowledge on the processes involved in recovery that can not be achieved with any short lived clinical placement experiences and cursory exposure to the concepts of mental

health. Students require long-term exposure to the theory and practice of therapeutic relationships, and this should be done with the corrective influence of trained mentors capable of demonstrating successful forms of relationships and giving their advice with regard to the emerging difficulties in this process.

FIGURE 2 Poor Training Impacts Mental Health System

The ripple effect of poor preparation in therapeutic relationship skills goes well beyond individual practitioners competence in service user outcome, family satisfaction and effectiveness of the mental health system as a whole. A number of studies continue showing a significant predictive effect of the quality of therapeutic relationships on treatment engagement, symptom improvement, recovery outcomes, and service user satisfaction with a wide range of mental health populations. Nurses must have the skills to create and sustain good working relationships at all times; otherwise, they increase the isolation of the service user, decreasing treatment adherence and compromising overall outcomes, which eventually lead to crisis and repetitive hospitalization(6).

The education of mental health nurses should thus shift the focus to competency building regarding the therapeutic relationship by meeting the needs of building the conceptual background combined with the long-lasting opportunities of the supervised practice program. It involves exposure to various forms of treatment, knowledge of cultural influences in forming relationships, ability to traumatic effects on trust and involvement, the ability to learn crisis de-escalation, motivational focus, and goal formation more therapeutic orientation. Unless nursing turns to this kind of special preparation, the nursing profession will be faced with the risk of graduating an increasing number of nurses lack technical skills alone who will, in truth, be incapable of offering any significant mental health care at all.

4.The case of Cultural Competence and Diversity in Mental Health Care Delivery

Mental health nursing is a practice that is now being undertaken in a significantly more diverse cultural setting where there is an advanced level of awareness and knowledge required of how cultural backgrounds and cultural belief systems, migration processes and social attribution impact on mental health experiences, referral patterns, and help-seeking behaviors, and engagement patterns in the endeavor of treating clients. Cultural competence in mental health nursing goes much further than just a superficial knowledge of the existence of other ethnic groups to a profound knowledge of the influence of culture on the way distress is conceptualized, the relationship patterns in a family, how spiritual beliefs and peoples think and believe, expectations in gender relationships, and what constitutes sound help and healing. It is a specialized area of knowledge that needs lengthy education preparation efforts to attain and it cannot be effectively covered by using generic cultural awareness courses or microdoser diversity trainings(7).

The cultural-psychological domain sets very special engineering tasks for nursing preparation, related to the knowledge of how cultural issues drive the expression of symptoms, the choice of treatment, the expectations concerning family participation in the treatment, and the development of goals in the recovery process. Mental health nurses are in need of realizing challenging abilities to perform culturally responsive assessments with awareness of how cultural backgrounds might impact the manifestation of psychological distress with awareness

Volume 2, Issue 2 | November-2025
e-ISSN: 3065-8128 Print ISSN: 3065-811X

to shun pathologizing usual manifestations of culture but still be sensitive to actual mental health conditions that need addressing. This involves subtle knowledge on the cultural differences in expressing emotions, seeking of help, family structure and spiritual activities among other things which have tremendous influence on the experience of mental health.

Inclusion of comprehensive, more than demographic-level, cultural competence development should thus be substantially included into contemporary mental health nursing education as an essential component in recognizing the critical need to access the potential and actual historical trauma, inequity in systems, migration stressors, and cultural adaptation difficulties to discontinuously disproportionate impacts on the prevalence of mental health outcomes in diverse groups. Students should learn special expertise concerning the culturally-specific psychological issues, cultural healing, language obstruction, and religious issues affecting the connection with the Western psychological services. This should involve the practical skills on how to work with interpreters, cultural assessment, work with traditional healers and promotion of culturally responsive changes to services.

There is the failure to deliver appropriate preparation in cultural competence in mental health nursing education, which is a factor that leads to substantial differences in mental health outcomes between the representatives of various cultural backgrounds, and research studies continue to show income and minority legal representatives report poorer levels of engagement, more dropout, and worse treatment outcomes, as well as increased mortality rates when treated by culturally unprepared nurses. Such differences indicate limits not only at the individual practitioner level but also in the systems to identify and respond to the specialized knowledge needs to be an effective cross-cultural mental health practitioner(8).

Additionally, cultural competence in mental health nursing needs constant enhancements and ripples in the career of the practitioners, since the cultural terrains keep on changing and new groups of people demand mental health services. Educational programs are thus required to formulate roots of lifetime cultural education and on the other hand; offer adequate knowledge and skills relative to local demographic factors. This is an insight into the needs of mental healthcare in refugees and asylum seekers, LGBTQ+ affirming practice, culturally responsive crisis interventions, and community cultural leaders and organisations.

Concept development in cultural competence also needs to reflect critically and look at individual biases, assumptions and privileged stands that unknowingly may develop barriers in forming effective therapeutic relationships with the representative of other cultures. The students pursuing a nursing career in mental health require secure environments to understand their own cultural identities; to investigate unconscious prejudices, and to learn techniques of cultural humility that allow them to communicate freely and respectfully with people of different cultures. This advanced self-awareness practice is not one that can be attained through a mere diversity training but needs a long-term reflective contact with the ideas of cultural competence within regular learning courses.

5.EBP in Specialty Mental Health Education and Prep

The adoption of the evidence-based practice principles in specialized mental health nursing education is a very important field in the preparation of practitioners capable of navigating the tricky terrain of modern mental health solutions yet still keeping the fidelity of the work with relationships with patients and recovery-oriented care. Evidence-based mental health nursing involves much more than straightforward implementation of research evidence; it consists in advanced expertise in the evaluation of all types of evidence, quantitative research, qualitative investigations, service user experience data, and practice-based evidence used to make decisions in complicated, individualized care cases.

Students of mental health nursing are required to acquire skills in the evaluation of the research evidence which takes into consideration all the peculiarities of work in the mental health sphere such as studies on various populations, interventions addressing the complex psychological phenomena, and outcome beyond symptom reduction outcomes such as quality of life, improvement in functions, and meeting the goals of recovery. This needs expert knowledge about the research approaches suitable in studying mental health phenomena, about the challenges in measurements applicable in the process of psychological assessment, and also the ethical considerations applicable to mental health research participation(9).

Service user views into evidence-based practice principles also need to be considered in the application of evidence-based practice principles in mental health nursing because such perceptions and experiential knowledge are also sources of valid evidence that can be used in making practice decisions. The students will have to be

trained on methods of collecting and integrating service user feedback, knowledge of the lived experience concept on mental health intervention, and how to balance evidence to research findings alongside with individual preferences and cultural implications and recovery plans. This person-oriented evidence-based practice signifies the values and principles inherent to modern approaches to mental health nursing and makes it possible to keep the interventions chosen at the level of credible scientific evidence.

Moreover, the evidence-based practice in the field of mental health nursing needs to meet the fact that numerous psychological interventions may need to be adapted and personalized to meet special conditions, cultural environments, and individual reactions that might not be fixed in general research practices. Students should have the ability to modify evidence-based assistance in keeping the key components of the therapeutic along with surveillance of first-individual reactions to assistance and educated modifications to be made, depending on the continuous analysis of effectiveness and acceptability.

Therefore, modern mental health nursing education should equip the students with an adequate background in research literacy and critical appraisal, as well as working out of the evidence-based practice principles in the context of therapeutic relationships. This involves encountering varied modalities of interventions, knowledge of implementation science, and acquiring practice appraisal and quality improvement skills allowing lifelong learning and adaptation in the course of professional lives.

6.Suppression of Critical Discourse and Intellectual Autonomy

The modern environment of nursing education has been relegated to a more commercialized system borrowing heavily in the context of institutional settings, where scholarly processes take a second-seat to the process of market positioning and financial profitability. Such market-oriented mindset cultivates deep contradictions between the scholarly mission of critical thinking and the requirements of business to uphold institutional status, funding, and enrolments. This is a setting in which academic staff who try honestly to raise an alarm about the quality of the education being provided, about the sufficiency of the curriculum or the adequate preparation of the professions are routinely engaged in a sort of hazardous landscape in which intellectual probity is judged to be institutional betrayal or professional brand abuse.

Higher education has also been commodified making it such that nursing schools are now profit making institutions with student satisfaction surveys, graduation and placement rates becoming more important than high educational standards and realistic readiness to come to work as a nurse. This change provides striking motives to faculty not to touch upon controversial matters, to reduce critical evaluation of institutional processes and to embrace dissident voices that may criticize teaching methods and point out limiting weaknesses in schooling. The effect is that an academic environment based on a real scholarly discussion of educational efficacy becomes progressively limited by economic interests instead of being governed by ideals of truth-seeking and professional performance(10).

Any faculty member who feels brave enough to raise his objections to educational watering down, insufficient clinical preparation or lowest common denominator professionalism have to face the risk of being called a trouble maker, scrutinized by administration or ostracized in their institutional circles. This silencing process also functions through both the avenues of formal evaluation in terms of performance and promotions and the informal pressures which include social isolation, exclusion in selection into important committees and not so-obvious retaliation which may ultimately destroy academic careers. The result of such cumulative effect is a chilling effect, a trend once again is self-censorship of issues by faculty so that they do not end up publicly criticizing institutional practices at times when such criticism would be in the best interest of the general population.

Actual critical discourse within the ranks of nursing academia is especially disastrous in such a tight-knit subject as mental health nursing, where in the case of education gaps resulting in a shorter falling short of expectation, the effects of this realization fall upon the patients in forms of compromised care and even, in certain cases, detrimental and even devastating results on the most needful parts of the population rather soon. A culture of disagreement in curricular shortcomings, unacceptable standardization, or loss to general content results in a loss of valuable feedback channels that could be used to support substantial changes to education quality. This silencing in institutions does not allow the strong scholarly debate needed to uphold educational standards and guarantee that nursing programs really teach graduates how to handle the challenges of the present-day practice.

Additionally, the academic conformism culture neglects the introductory principles of academic inquiry that is supposed to be the guiding idea of educational establishments. Universities and colleges are the spaces which

Volume 2, Issue 2 | November-2025
e-ISSN: 3065-8128 Print ISSN: 3065-811X

historically developed around defying the accepted wisdom, critiquing the established practices and through the rigor of inquiry they promoted knowledge in advancing understanding by critiquing the presumed frameworks. When nurses working in faculty positions inside such institutions lack the both the opportunity to make honest criticisms of the educational practices in which they work without the fear of professional reprisal, these institutions have lost their way and have turned into credentialing mills whose educational processes are focused on passing students, rather than the attainment of meaningful improvement in knowledge.

The key to the solution lies in the basic acceptance that academic freedom and intellectual honesty are fundamental premises in the excellence of education and not some elements that are threats to institutional stability. Nursing schools need to develop safeguards to protect faculty members when they become involved in raising some valid questions concerning the educational quality, provide repeatable forms of responding to curricular weaknesses, and generate cultures that protect those faculty members who engage in critical inquiry, as opposed to institutional allegiance. It is because of such commitments where nursing education can serve its purpose to produce competent practitioners who can deliver safe and effective care to dependants of professional nursing services.

7.Conclusion and Future work

The facts brought forward in this extensive analysis demonstrate that mental health nursing education is a crisis that is immediate and that has to be addressed with a decisive determination on the part of all interested parties in the field of nursing, regulatory authorities, and health systems. The erosion of focused content, the weakened training in therapeutic relationships, the shoving aside of cultural competence development and the silenced critical academic discussion combine to form a perfect storm endangering the bread-and-butter of quality mental health care delivery itself. In the context of special mental health services, this crisis goes way beyond academic issues and includes the essential concerns of professional responsibility, ethical duty towards vulnerable groups, and the feasibility of maintaining high-quality professional services in a variety of different communities. It is high time that we stop gradual reform and adopt a holistic re-conceptualization in terms of mental health nursing education which respects not only the complexity and sophistication of mental health nursing but also the specialized body of knowledge demanded by this important field of healthcare.

The after effects of the persistence inaction will travel across the healthcare systems generations to come and have trickledown effects such as workforce shortages, diminished clinical outcomes, higher health care expenses and even collapse of community-based mental health care that relies on qualified nursing practitioners. The latest trends connected with genericization can be discussed not only as one of the educational policy decisions, but as the major choice about the type of healthcare system in which people would like to live. Once mental health nursing is deprived of specialized identity and preparation, the following gap cannot be minimized by other fields helping vulnerable populations lack access to even that aspect of treatment which does the most good in coping with complex psychological distress and laying the basis of long mental wellness: relationship-based and recovery approaches to treatment.

Roads to Education Enlightenment

Efforts to restore specialized mental health nursing curriculum will have to be organized in several spheres, and changes in the primary regulation that directly addresses the specifics and peculiarities of mental health nursing and safeguards the knowledge base from which these professionals operate must be the first step in such an endeavor. Such a shift should entail an extensive overhaul of education requirements so that ample time is available to cover specialized content, so that clinical placements are required in a variety of mental health environments, and so that therapeutic relationship competencies are tested extensively and cannot be taken down to a series of checkboxes. The educational institutes will need to re-promise to employ professors with specialized mental health skills, engage in investing in higher-order simulation laboratories whose focus is on mental health-related scenarios, and establish collaboration relations with community mental health-related agencies that can offer realistic settings to students learning.

Moreover, the profession needs to put in place an effective quality assurance system that is more than what is being done in the form of current accreditation to incorporate evaluation of graduate readiness, lifetime career and outcome tracking mechanisms, and a systemic assessing of the outcomes of patients served by various educational models. This involves the necessity of creating new measures of the relational and therapeutic aspect of mental health nursing practice without neglecting the obligation of competence and safety of the nursing practice.

Research Programmes should be initiated to record the achievements of specialised and general education to have evidence based advice in future in the policy choices and educational investments.

The transformational process should also deal with the economic and political reality that led to the movement to genericization such as poor funding of specialized education, and flaws in work force planning or flawed systems of efficiency that think it can reduce the cost at the expense of quality. This necessitates political campaigning towards the government bodies which fund these healthcare procedures, healthcare institutions, and informative units such as schools and colleges so as to prove the economical long term returns of investing in specialized mental health nursing training, yields such as limited hospitalization, enhanced client satisfaction, and cost minimization on turnover rates of staff.

Acknowledgement: Nil

Conflicts of interest

The authors have no conflicts of interest to declare

References

1. Norman I, Ryrie I. The future of mental health nursing education in the UK: debates and directions. J Psychiatr Ment Health Nurs. 2013;20(1):1–3.
2. Griffiths P, Robinson S. Specialist mental health nursing roles and the implications of generic nurse training. Int J Nurs Stud. 2010;47(10):1280–1285.
3. NMC (Nursing and Midwifery Council). Standards for pre-registration nursing education. NMC Publications. 2018;1(1):1–98.
4. Hurley J, Lakeman R. Specialist vs generalist preparation in mental health nursing: a critical appraisal. Int J Ment Health Nurs. 2011;20(3):178–186.
5. Jackson D, Hutchinson M, Peters K. Erosion of mental health nursing education: consequences for clinical practice. Nurs Educ Today. 2014;34(6):833–837.
6. McAllister M, Happell B, Flynn T. Reclaiming our identity: the need for mental health nursing specialisation. Int J Ment Health Nurs. 2014;23(5):471–475.
7. Barker P. Mental health nursing and the rise of genericism: resisting erosion of specialist identity. Br J Nurs. 2009;18(16):964–966.
8. Woodbridge G, Fulford KW. Whither mental health nursing? The role of education in sustaining practice. J Psychiatr Ment Health Nurs. 2010;17(9):803–810.
9. Stevens JA, Browne G, Graham I. Educating nurses for mental health practice: resisting simplification. J Psychiatr Ment Health Nurs. 2012;19(7):579–585.
10. Rennison S. Rethinking pre-registration nursing: supporting mental health nursing identity. Ment Health Nurs. 2017;37(2):14–18.