

Supporting nurses on the New Entry to Specialty Practice: Mental Health and Addiction Nursing Programme

Guidance for non-government organisations

The **New Entry to Specialty Practice: Mental Health and Addiction Nursing (NESP)** programme is for registered nurses new to mental health and addiction nursing, including new graduates. Nurses on the programme develop the skills and knowledge for mental health and addiction nursing, through education and professional support.

The NESP Nursing programme is highly structured and employers are required to have a number of elements in place to support nurses on the programme. Most nurses new to mental health and addiction are employed in district health board (DHB) services, which have resources and infrastructure to support them on the programme. However a small but increasing number of new mental health and addiction nurses are employed in non-government organisations (NGOs). To help NGOs understand the level of support required for a nurse on the programme, this resource outlines the programme requirements and best practice recommendations.

About the programme

The NESP Nursing programme is mainly vocational and combines academic and clinical practice components. Four particular areas of required knowledge and skill acquisition are: clinical, cultural, resilience/recovery and organisational systems. During the programme nurses work towards completing a post graduate certificate in mental health and addiction nursing. Please also refer to the Te Pou Skills Matter NESP programme service specification (available from <http://www.tepou.co.nz/training/skills-matter>). Details of local programme providers can also be found on this website and these providers can assist with further information.

Requirements and recommendations

The following lists the factors required for the NESP programme (as defined by the service specifications), as well as factors that are strongly recommended to enable successful completion of the programme. The term 'NESP nurse' is used to refer to the nurse on the programme.

Leadership: It is important that a senior staff member of the organisation oversees the NESP nurse's employment and progress throughout the programme, and liaises with NESP programme coordinators.

Orientation and workplace education: The organisation is required to provide the NESP nurse with opportunities to participate in relevant workplace training, to support their orientation into the workplace culture and practices, and ongoing professional development.

Clinical experience: The clinical component of the programme will usually take place within the NESP nurse's employment environment, as they must be working in a mental health and addiction service for the duration of the programme. However, we recommend clinical placements outside the workplace are also offered, to extend the NESP nurse's learning and experience in different mental health and addiction settings.

Preceptorship: NESP nurses are required to have access to a preceptor at all times while on the programme. Preceptors are designated mental health and addiction nurses who are trained in preceptorship. The primary preceptor is responsible for evaluating the NESP nurse's competence in written form, and supporting the NESP nurse to develop a PDRP (professional development and recognition programmes) portfolio.

Reduced workload: Organisations should allocate a reduced/shared workload for the NESP nurse and preceptor. This is particularly crucial in the first half of the programme, as the NESP nurse orientates, and begins to recognise and engage with complex clinical situations and health care systems.

Professional responsibility: The NESP nurse should have a level of responsibility that reflects their level of professional development in mental health and addiction nursing. Their capacity to hold responsibility will typically increase during the programme. It's important a NESP nurse is not given responsibilities beyond their experience and skills as this has implications for safety and may limit their learning and development.

Professional supervision: Regular professional supervision (either individually or in a group) must be provided (minimum of 20 hours during programme).

Academic study: It is required that the NESP nurse is given time away from the workplace to attend block courses and tutorials.

NGO and DHB partnerships: Te Pou recommends DHBs and NGOs partner to support nurses on the programme. While not a requirement, a partnership recognises the close working relationship between many NGOs and DHBs, and can help meet any gaps in programme support that a NGO nurse might experience. A partnership can create opportunities for learning for the NGO nurse, for example, inclusion in a supervision group, in professional development sessions and in PDRP portfolio development. An NGO nurse may be able to have a DHB placement which broadens their experience and enhances their practice with service users.

Partnerships should be explored case by case, taking into account the resources available and the learning needs of the NESP nurse.

Formalisation of agreement: An agreement should be in place between the NGO and the NESP programme provider. This should reflect the unique features and practices of the individual NGO, the requirements of the funder and the professional development needs of the NESP nurse. A letter of agreement will state the agreed commitments and responsibilities of all parties. This will include the DHB where a partnership is formed between the NGO and DHB.