REPORT OF
THE WORKING GROUP
ON THE ROLE OF THE
MENTAL HANDICAP NURSE
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ROLE OF THE MENTAL HANDICAP NURSE

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CHAPTER I

INTRODUCTION

Terms of Reference

1. The Working Group was established by the Department of Health in July, 1995 to review the role of the mental handicap nurse from a health service management perspective in preparation for the development of a Diploma Programme in Mental Handicap Nurse Training. The findings of the Working Group will form the basis of discussions with the organisations representing mental handicap nurse interests in the first instance. The Terms of Reference of the Working Group are as follows:

- To define the role of the Mental Handicap Nurse in the context of the health services provided to clients with a mental handicap and taking account of current policy in the delivery of services.

- To define the competencies and skills required for safe practice in mental handicap nursing.

- To estimate Mental Handicap Nurse manpower numbers to meet current and future requirements.

- To make a recommendation as to the appropriate title under which a Mental Handicap Nurse should register.

2. The Working Group was aware that in its report on "The Future of Nurse Education and Training in Ireland" An Bord Altranais had recommended that pre-registration nurse education and training should comprise a common core programme for a period of eighteen months followed by eighteen months specialisation in the chosen discipline. The report referred to the reservation expressed by the Department of Health regarding this recommendation on the basis that while a degree of commonality of
knowledge applies across all divisions of nursing, such commonality does not apply to the same extent to clinical experience. Consequently the Working Group did not consider the examination of generic or common foundation programme training in the case of the mental handicap nurse discipline to be within its terms of reference.

Members

2. The members of the Working Group were:

Dr Michael Mulcahy  Adviser on Mental Handicap Services  
(Chair) Department of Health

Mr Jimmy Gilmartin  Administrator  
Sisters of La Sagesse  
Cregg House  
Sligo

Mr Tony Harmon  Assistant Programme Manager  
Special Hospitals Programme  
Eastern Health Board  
Dr Steevens Hospital  
Dublin 8

Mr Brendan Sutton  Chief Executive  
Cheeverstown House  
Templeogue  
Dublin 6

Bro. Alfred Hassett  Provincial  
Brothers of Charity Service  
Kilcornan Centre  
Clarinbridge  
Galway

Sr Sheila Ryan  Administrator  
Daughters of Charity Services  
Lisnagry  
Limerick

Ms Nuala Leonard  Nursing Director  
Hospitaller Order of St John of God  
St Mary's  
Drumcar  
Co Louth
Ms Maura Nash  
Head of Client Services  
COPE Foundation  
Bonnington  
Montenotte  
Cork

Sr Geraldine Henry  
Service Quality and Education Officer  
Daughters of Charity Services  
Navan Road  
Dublin 7

Mr Michael Kirwan  
Assistant Chief Nursing Officer  
St Canice’s Hospital  
Kilkenny

Dr Patricia McCarthy  
Deputy Clinical Director  
Daughters of Charity Services  
Navan Road  
Dublin 7

Mr Tom Beegan  
Nursing Adviser  
Department of Health

Ms Frances Fletcher  
Assistant Principal  
Mental Handicap Services Division  
Department of Health

Ms Sheila McMahon  
Assistant Principal  
Personnel Unit  
Department of Health

Mr Brendan Ryan  
Higher Executive Officer  
Mental Handicap Services Division  
Department of Health (Secretary)

4. The Working Group met on eleven occasions.

Submissions

5. Submissions were invited from Health Boards and Agencies involved in the provision of services to persons with a mental handicap, mental handicap nurse training schools, An Bord Altranais and organisations representing nurses. A total of seventeen submissions were received.
A list of the submissions received is at Appendix A.

**Acknowledgements**

6. Research on the employment of Registered Mental Handicap Nurses (RMHNs) was carried out by the Working Group, with the assistance of the Health Research Board. The objective of the research was to establish the number of RMHNs currently working in the services providing care to persons with a mental handicap and to identify the service areas in which they were employed. The results of this research are set out in Chapter 4. The Members of the Working Group wish to acknowledge the assistance of Ms Sharon Moore, Health Research Board, in carrying out the research project and all of the Health Boards and mental handicap agencies who completed the research questionnaire, and, in particular, the three mental handicap agencies in which the questionnaire was piloted.

7. The Working Group wishes to acknowledge the assistance and advice given to it by Mr. John Turnbull, UK Department of Health, who made copies of the 1994 UK Report of the Learning Disability Nursing Project available, and who attended the Working Group's meeting on 21 February 1996, where he provided additional briefing material and an overview of the development of services to persons with a mental handicap in the UK.

8. The Members of the Working Group would like to express their appreciation of the range and quality of the submissions received from individuals and organisations involved in the provision of services to persons with a mental handicap.

9. The Members of the Working Group also wish to record their appreciation of the assistance they received from Mr Brendan Ryan, Secretary to the Working Group.
CHAPTER 2

SUMMARY OF RECOMMENDATIONS

Chapter 3, Paragraph 5
1. The Working Group agrees that the RMHN is an essential and integral element of the multi-disciplinary team required to deliver the services which persons with a mental handicap require.

Chapter 4, Paragraph 9
2. The Working Group recommends that continuing/specialist education should be an integral part of the on-going development of the RMHN.

Chapter 5, Paragraph 3.8
3. The Working Group recommends that further comprehensive research should be undertaken to establish the information requested in questions 9, 10, 11 and 12 of the research questionnaire in a more meaningful manner.

Chapter 5, Paragraph 6.1
4. The Working Group recommends that there is a need for an additional 60 RMHN training places to be provided in 1997. This does not take account of the effect which the implementation of the proposed diploma course will have on current services.

Chapter 5, Paragraph 6.2
5. The Working Group recommends that the level of any increase required after 1997 should be reviewed in 1997, with account being taken of the level of developments in services and the capacity of the nursing schools to respond to any further increase in the numbers entering training.

Chapter 6, Paragraph 2
6. Given the current level of debate concerning the terminology in general use i.e. mental handicap; intellectual disability; learning disabilities; etc. the Working Group
recommends that the Department of Health, taking account of the views of the various interested parties and any relevant recommendations which may be contained in the report of the Commission on the Status of People with Disabilities, should give further consideration as to the terminology to be used.

Chapter 6, Paragraph 2

7. The Working Group recommends that, in the meantime, the term Registered Nurse (Mental Handicap) be used.

Chapter 7, Paragraph 4

8. The Working Group recommends that the Galway model should be adopted leading to the initial entry to third level education for the RMHN.

Chapter 7, Paragraph 8

9. The Working Group recommends that provision should be made for existing mental handicap nurses, where they wish to do so, to acquire a third level qualification.
CHAPTER 3

DEFINING THE ROLE OF THE MENTAL HANDICAP NURSE

Definition
1. The Working Group considers the definition of Mental Handicap Nursing to include "assisting the person with a mental handicap and their family to acquire and maintain the necessary skills that would enable the person with a mental handicap to lead a life that is as normal as possible, given the person's ability, and to do this in a skillful way in an environment that maintains the quality of life that would be acceptable to all persons".

2. The current policy which underpins the delivery of services to persons with a mental handicap is set out in the report of the Review Group on Mental Handicap Services - Needs and Abilities - which was published in May, 1991. That report set out sixty-one recommendations on the delivery of services to persons with a mental handicap. The philosophy underlying these recommendations was "the right of every person with an intellectual disability to as fulfilling and normal a life as possible".

3. The role of the mental handicap nurse has been evolutionary, reflecting the needs of persons with a mental handicap, the challenges they face and the supports which they require to meet those challenges in a changing world. A prime characteristic of the role is a commitment to working on a hands on basis, often for long periods, with clients who may present with complex medical needs and personal and social difficulties.

Philosophy and Role
4.1 The Working Group considers that the role of the nurse in mental handicap and the philosophy on which it is based is as follows:

4.2 Philosophy: The syllabus of nurse training within the field of mental handicap is based on a philosophy which recognises and accepts that persons with a mental handicap
have the same rights and human values as anyone else in society (based on United Nations Charter on the Rights of the Mentally Handicapped 1968; and the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities 1993).

This philosophy of care contains a number of implicit principles encompassing:

- Persons with a mental handicap have the same rights, and in so far as possible, the same responsibilities as other members of society.

- Persons with a mental handicap have a right and a need to live within the community like other people and they have a right to receive those services necessary to meet their specialised and changing needs.

- Persons with a mental handicap should receive, if and when necessary, professional assistance and services which will allow recognition, development and expression of the individuality of each person.

4.3 **Role:** Nurses who work with persons with a mental handicap have a diversity of roles, on a continuum from intensive physical nursing of persons with a severe degree of handicap to supportive guidance in the management and habilitation of children, adolescents, adults and elderly. The care of persons with a mental handicap forms part of the nursing profession as a whole, yet it is specialised and very different from other forms of nursing.

4.4 The above philosophy and role is largely based on An Bord Altranais Syllabus for the Education and Training of Student Nurses - Mental Handicap.
4.5 The Registered Mental Handicap Nurse (RMHN) today works with persons with a mild, moderate, severe or profound mental handicap, some of whom would also have challenging behaviour and/or additional handicaps, from infancy up to old age. The RMHN provides services in a wide variety of settings such as Assessment and Early Intervention Services, Pre-school, Special Education, Developmental Day Units, Respite Care, Vocational Training, Adult Special Care Units, Long-term Training Centres and Residential Services including community based group homes and community support services.

5. The Working Group considers the RMHN to be an essential and integral element of the multi-disciplinary team required to deliver the services which persons with a mental handicap require. This is also a consistent theme which is contained in all of the submissions received by the Working Group.
CHAPTER 4

DEFINING THE COMPETENCIES AND SKILLS REQUIRED

1. The Working Group acknowledges the fact that the skills, knowledge and attitudes of the RMHN have changed in the light of the developments in the provision of services as set out in "Needs and Abilities" and the Health Strategy "Shaping a Healthier Future".

Skills and Competencies

2. The skills and competencies required by an RMHN as outlined by An Bord Altranais in their Syllabus for the Education and Training of Student Nurses are currently the base requirements necessary for the RMHN in today's mental handicap service, but must be subject to continuing review by both An Bord Altranais, the mental handicap nurse training schools and the broader mental handicap services.

3. The majority of persons with a mental handicap who need professional help, require a mixture of both health and social care to enable them to live as independently as their ability will allow whether in their own homes, in residential care or in community based settings. The RMHN is competent to provide for the day to day needs of the person with a mental handicap. Developmental and educational programmes are devised by the RMHN to help individuals with a mental handicap to increase their competence and level of self direction through a partnership approach. The RMHN promotes independence and enhances the individual's opportunities for participation and inclusion into the broader community. Mental handicap nurse training schools should be encouraged to explore the options of providing additional clinical placements for their student nurses in services provided by mental handicap agencies who have not traditionally been involved in the training of RMHNs provided they meet with the criteria of An Bord Altranais. The close links forged between education and practice should ensure that the education of nurses continues to evolve in parallel with changing philosophies and practice.
4. The education and training programme ensures that nurses are prepared to respond to the health needs of persons with a mental handicap. The educational preparation and training of the RMHN enables him/her to play a key role in the promotion of good physical and mental health, the detection of ill health, the care of illnesses and the identification of conditions which may impair the health and social well-being of each individual person.

5. Some people with a mental handicap have more complex needs. Appropriate intervention for persons with challenging behaviours necessitates specialised skills in programme design, implementation, management and evaluative techniques. An in-depth knowledge of the psychological, physical and environmental factors which cause challenging behaviours is required.

**Characteristics**

6. Irrespective of where the person with a mental handicap is cared for, certain personality characteristics are required of the care giver. The RMHN has been identified as requiring flexibility, resilience and a very high level of commitment to provide an environment where new experiences and achievements are recognised, and where responsibility and autonomy are developed at levels unique to each individual's potential.

7. The RMHN should also be a competent manager and develop his/her leadership, advocacy and management skills to enable the services to be provided in the most appropriate manner. Whether working in residential centres, workshops, day centres, in the home, in the community services, in clinics or hospitals, the nurse has a central co-ordinating role in dealing with everyday living skills, behavioural difficulties, unit management, client and parent counselling and home making.

**Community Settings**

8. The development of community based settings is in line with the recommendations of "Needs and Abilities" which stressed that such accommodation should be domestic in scale and as homelike as possible. The Working Group considered that the additional
skills required of the RMHN working in community settings included home management and training the person with a mental handicap to perform household duties and pursue recreational activities.

*Continuing Education*

9. The Working Group recommends that continuing/specialist education be an integral part of the on-going development of the RMHN. This view was supported by the submissions received by the Working Group. This education should be in specialist areas in mental handicap nursing as well as skills updating.
CHAPTER 5
ESTIMATING THE RMHN MANPOWER NUMBERS
TO MEET CURRENT AND FUTURE REQUIREMENTS

1. The Working Group was aware, when it commenced its work, that the general perception throughout the mental handicap services was that there was a shortage of RMHNs. This is reflected in the difficulty which health boards and voluntary mental handicap agencies have in filling nursing posts. The unavailability of RMHNs was cited as the main reason why Registered General Nurses and Registered Psychiatric Nurses are employed in the mental handicap service.

2. In order to estimate the mental handicap nurse manpower requirements to meet current and future service needs the Working Group agreed that it was necessary to establish the number of nurses currently employed in the mental handicap services, the qualifications they possessed and the services in which they were employed. Research was carried out by the Working Group with the assistance of the Health Research Board.

3. Research

3.1 A questionnaire was drawn up by the Working Group with the objectives of establishing:
(a) the number of RMHNs working in services for people with a mental handicap;
(b) the areas in which they were employed;
(c) the reasons why a person with a RMHN qualification was preferred over other candidates;
(d) the number of posts where having a RMHN qualification was seen as essential;
(e) whether there were posts open to professionals who did not have an RMHN qualification simply because of the non-availability of RMHNs;
(f) areas where perhaps RMHNs were not employed and where it would be an advantage to have them;
(g) posts confined to RMHNs at this time, which could be opened up to other grades of qualified staff.
3.2 Before circulating the questionnaire it was piloted during January 1996 in (a) St. Michael's House, Dublin; (b) Cheeverstown House, Dublin and (c) the Galway County Association, Galway. As a result a number of changes were made to the questionnaire, which was then circulated to the Health Boards, direct-funded mental handicap agencies and some Section 65 funded mental handicap agencies on 7 February 1996. The remaining Section 65 funded mental handicap agencies were circulated via the relevant Health Board. The questionnaire is at Appendix B.

3.3 A total of 93 questionnaires were issued, from which 76 (82%) were returned up to 20 June 1996. The results show that there are 3,386 registered nurses, from all divisions of the register, employed in the mental handicap services. Of these, 2,020 (59.7%) have an RMHN qualification with 1,666 (49.2%) having a single RMHN qualification and 354 (10.5%) having a dual qualification (one of which is RMHN). In addition, there are 1,185 professional staff and 2,988 care staff employed within the mental handicap service. 356 (17.6%) of the nurses with a RMHN qualification hold management positions. 36 of the agencies have either a Head of Nursing or a Director of Nursing Service, of which 20 have a RMHN qualification. There are 8 mental handicap schools of nursing which employ 30 tutors, of which 76.7% have an RMHN qualification and 18 (60%) are registered nurse tutors.

3.4 Of the 2,020 RMHNs, a total of 1,918 are employed in the service categories used in the National Mental Handicap Database. Table 1 sets out the distribution of RMHNs within these service areas.
It can be seen from this table that the single largest group (588 or 30.7%) work in adult residential services for clients with a severe mental handicap. All told adult residential services account for 54.6% of all RMHNs currently employed, while a further 9.2% work in community hostels for adults. In the day care services 8.2% are employed in adult activation and adult day centres, 6.9% in special units for adults, including challenging behaviour and 5% in child education and development centres. 5% are employed in the respite care services. None of the agencies reported having any RMHNs working in such service categories as sheltered employment services, enclave within open employment or open employment services. 77.2% of RMHNs work in services which care for persons with a moderate and severe mental handicap with only 2.1% working with persons with a mild mental handicap.
3.5 Table 2 sets out the number of RMHNs employed in each Health Board area, within the Health Board's own services and Section 65 funded mental handicap agencies.

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Profound</th>
<th>Total</th>
</tr>
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<tr>
<td>Eastern Health Board</td>
<td>4</td>
<td>101</td>
<td>199</td>
<td>33</td>
<td>337</td>
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<tr>
<td>Midland Health Board</td>
<td>1</td>
<td>14</td>
<td>21</td>
<td>2</td>
<td>38</td>
</tr>
<tr>
<td>Mid-Western Health Board</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>North Eastern Health Board</td>
<td>10</td>
<td>17</td>
<td>11</td>
<td>4</td>
<td>42</td>
</tr>
<tr>
<td>North Western Health Board</td>
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<td>7</td>
<td>42</td>
<td>40</td>
<td>89</td>
</tr>
<tr>
<td>South Eastern Health Board</td>
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<td>20</td>
<td>10</td>
<td>79</td>
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<tr>
<td>Southern Health Board</td>
<td>2</td>
<td>13</td>
<td>14</td>
<td>3</td>
<td>32</td>
</tr>
<tr>
<td>Western Health Board</td>
<td>0</td>
<td>3</td>
<td>15</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
<td><strong>242</strong></td>
<td><strong>232</strong></td>
<td><strong>19</strong></td>
<td><strong>547</strong></td>
</tr>
</tbody>
</table>

The data revealed that the direct funded mental handicap agencies employ 1,271 RMHNs accounting for almost two thirds of all RMHNs. However, account must be taken of the fact that the direct funded agencies are the largest service providers with seven of these agencies actually having their own training schools which would give them more access to RMHNs. In the Mid Western Health Board for example the three main service providers are direct funded agencies. The data also shows that the direct-funded mental handicap agencies employ a higher percentage of RMHNs to other nurses than any of the health boards.

3.6 Table 3 outlines the number of RMHNs in direct-funded mental handicap agencies and health board regions working in residential day and support services.
It can be seen that residential services account for 76.4% of all RMHNs employed in the mental handicap services. In fact over half (52.6%) are employed by the 14 direct-funded mental handicap agencies. Support services account for only 5.9% of RMHNs.

3.7 In question 8 of the questionnaire agencies were asked the principal reason why nurses who have an RMHN qualification were preferred over other candidates. Nine service areas were defined and a choice of six reasons were given. Overall the majority of agencies said the principal reason why a RMHN was preferred over other qualified staff was either the holistic approach which they offered in the care of persons with a mental handicap or the special training which they had received. The flexibility of the RMHN was seen by one agency as being essential for posts in generic, vocational and activation centres. A number of agencies gave other reasons why they had chosen RMHNs above other candidates as follows:

* Because of clients medical needs
* Counselling skills
* Qualifications and interview performance
* A RMHN with special skills in nursing the elderly
3.8 Research
In designing the questionnaire the Working Group tried to establish the number of posts where an RMHN qualification was seen as essential and whether there were posts being filled by individuals without an RMHN qualification because of the non-availability of qualified RMHNS. The Working Group also asked whether there were areas in the services where RMHNS were currently not employed and where it was considered that it would be an advantage to have them and whether there were posts currently confined to RMHNS which agencies considered could be filled by other grades of staff. This information, as it was set out in the questionnaire, was qualitative in nature and this was reflected in the small number of answers received. However an analysis of the 32 agencies which supplied quantitative data on question 9 indicates that there are 1,163 posts in these agencies for which the RMHN qualification is considered essential. 22 of these posts are not actually filled by RMHNS, primarily in the home support/respite services. The Working Group considers that, given the importance of the issues concerned, further comprehensive research should be undertaken to establish this information in a more meaningful manner.

4 National Mental Handicap Database

4.1 The National Mental Handicap Database contains information on 25,883 persons with a mental handicap. 15,975 persons are aged 20 years and over. The changing age structure among those with a moderate, severe or profound mental handicap has major implications for service providers. Decreasing numbers in the younger age categories will have ramifications for the educational services. The high prevalence rates among young adults means that the pressure currently being experienced by adult day services will increase as this group ages and requires residential services. The services are therefore increasingly concerned with adults and ageing.

5 5 Year Plan

5.1 The Department of Health is currently preparing a five year development plan based on the needs identified by the National Mental Handicap Database. It is clear that if
services are to be developed to meet these needs over the next number of years, a key factor in this development will be the availability of appropriately trained staff.

6. **RMHN Manpower Requirements**

6.1 Based on the information which has emerged from the research, the profile of this population group emerging from the National Mental Handicap Database and the expected increase in numbers requiring services and in particular residential services and services for the elderly, in the foreseeable future, it was clear to the Working Group that a substantial increase was required in the number of training places for RMHNs over the next few years. There are currently 370 student nurse places including pre- and post- registration training places, with an average of 120 qualifying each year in the eight mental handicap training schools throughout the country. The Working Group estimates that there is a need for an additional 60 RMHN training places to be provided in 1997. In recommending this increase the Working Group has taken account of the following factors:

- existing shortage
- impact of expected developments in services
- career breaks/job sharing
- need to make provision for post basic training
- transfer of persons with a mental handicap from psychiatric hospitals and other inappropriate care settings.

6.2 This estimate does not take account of the effect which the implementation of the proposed diploma course will have on current services. In considering the manpower requirements the Working Group was of the opinion that it could only estimate the additional number of training places which should be provided in 1997. The level of any increase required after 1997 should be reviewed in 1997. This review would have to take account of the level of development in services and the capacity of the nursing schools to respond to a further increase in the numbers entering training.
CHAPTER 6

THE APPROPRIATE TITLE UNDER WHICH A MENTAL HANDICAP NURSE SHOULD REGISTER

Title

1. The question of the title under which a mental handicap nurse should register was addressed in all of the submissions received by the Working Group. All of the submissions requested that the word "nurse" be retained in the title. There were various interpretations of what other words should be included in the title such as Registered Mental Handicap Nurse; Registered Learning Disability Nurse; Registered Nurse for Mental Handicap; Registered Nurse for the Intellectually Disabled; Registered Nurse (Mental Handicap).

2. The Working Group discussed this matter at some length. It concurred with the general consensus that the term "nurse" should remain in the title. It considered that the term "mental handicap" in the title had been accepted by nurses, service providers, persons with a mental handicap, parents and friends of persons with a mental handicap and the general public. If any change in the terminology were to be considered then the opinions of a wide range of people would have to be elicited. Given the current level of debate concerning this issue, the Working Group recommends that the Department of Health, taking account of the views of the various interested parties and any relevant recommendations which may be contained in the report of the Commission on the Status of People with Disabilities, should give further consideration as to the terminology to be used.

In the meantime however, the Working Group recommends that the term Registered Nurse (Mental Handicap) be used.
CHAPTER 7

DEVELOPING A DIPLOMA PROGRAMME

1. The Working Group was set up to review the role of the mental handicap nurse in preparation for the development of a diploma programme in Mental Handicap Nurse Training. In order to do so the Working Group considered it was essential to examine the diploma programmes which are currently available.

Model

2. A model in general nurse training was set up in University College, Galway in October, 1994 at Diploma level and extended to three other general nurse training sites and one psychiatric nurse training site in 1995. The Galway model involves third level lectures in the Biological and Social Sciences in 1st year and the award of a third level diploma for those who qualify for registration.

3. All programmes must adhere to the relevant provisions of the Nurses Act 1985, the Rules of An Bord Altranais, EU Directives and the requirements of the third level institution. Under the Galway model all students will be supernumerary in the clinical areas.

4. The Working Group was aware that a number of mental handicap agencies were in the process of agreeing programmes with various third level institutions. A sub-committee was set up to look at these various programmes in the context of the Galway model. Since the Galway model is recognised by the NUI, An Bord Altranais and the Department of Health, the Working Group recommends that the Galway model be adopted as a course leading to the initial entry to third level education by the RMHN.
Initiatives

5. During the course of its deliberations the Working Group became aware of initiatives to establish university involvement in mental handicap nurse education at post registration level. It was felt by the Working Group that continued access to post-registration training courses in mental handicap nursing by nurses from other divisions of An Bord Altranais's Nursing Register would continue to play an important part in the provision of an adequate number of trained RMHNs to meet future service needs.

Preliminary Recommendation

6. On the 11th March, 1996 the Working Group made the following recommendation to the Secretary of the Department of Health.

"The Working Group on the Role of the Mental Handicap Nurse wish to make a recommendation that, based on its findings to date, planning for the introduction of University (including other 3rd level training establishments e.g., Regional Technical Colleges) based pre-registration training should be initiated as soon as possible. The Members of the Working Group are anxious that progress in this matter should be expedited in advance of its final report."

7. The Department of Health responded on the 20th May, 1996 as follows:

"The Department is willing to commit to the introduction of third level involvement in pre registration mental handicap nursing training and education in 1997, barring unforeseen difficulties in the overall funding arrangements but only on the basis that the report of your group is fully completed. This report is regarded as an essential building block which should ensure the best possible alignment with service requirements in the implementation of a training and education programme involving third level. The Department is committed to the fastest possible transition to the new programme for all four divisions of the register. The aim is to have this transition completed with startups in all areas, including the Mental Handicap area, fully on stream by 1998."
Existing RMHNs

8. The Working Group also considered the position of existing RMHNs who may wish to acquire a third level qualification. It was noted that the requirement for employment as a nurse continues to be registration on the register maintained by An Bord Altranais and that the possession of a third level diploma is not a requirement for employment. The Working Group considers that it is important that a person holding the RMHN qualification only should not be discriminated against in the future by employing authorities. The Working Group recommends therefore that provision should be made for existing mental handicap nurses, where they wish to do so, to acquire a third level qualification. In this context the Working Group is aware of the Minister for Health's publicly stated commitment to ensuring that one year degree programmes are developed for and made available to existing registered nurses as well as to holders of the Diploma in Nursing. The Working Group welcomes and supports this commitment.
Submissions to the Working Group were received from the following:-

1. Nurse Teachers Group in the Services of the Mentally Handicapped Person.
2. The Irish Nurses Organisation, 11 Fitzwilliam Place, Dublin 2.
4. Midland Health Board, Arden Road, Tullamore, Co. Offaly.
5. Registered Mental Handicap Nurses, Daughters of Charity Services, Lisnagry, Limerick.
7. Eastern Health Board, Dr. Steevens Hospital, Dublin 8.
9. SIPTU, National Nursing Council, Liberty Hall, Dublin 1.
10. Stewart's Hospital, Palmerstown, Dublin 20.
12. Sisters of La Sagesse, Cregg House, Sligo.
15. Western Health Board, Merlin Park, Galway.
17. COPE Foundation, Bonnington, Montenotte, Cork.
Questionnaire
Role of the Mental Handicap Nurse

Please complete entire questionnaire in typeform

1. Name of Agency: ____________________________________________

2. (a) Total number of registered nurses (all divisions of register): ________

   (b) Number of nurses with single RMHN qualification: ________

   (c) Number of nurses with RMHN plus other nursing qualification: ________

3. Number of professional staff (other than registered nurses) employed: ________

4. Number of care staff (other than Registered nurses) employed: ________

5. (a) Is there a Head of Nursing/Director of Nursing Services? ________

   (b) If so does she/he have the RMHN qualification? ________

   (c) How many RMHN’s are employed in management positions (i.e. above Staff Nurse position)? ________

6. If School of Nursing please indicate
   (a) number of tutors employed: ________

   (b) number who are registered Nurse Tutors: ________

   (c) number of tutors with RMHN qualification: ________

7(a) Areas where RMHN’s are currently employed:

   Services

   Number of RMHN nurses

   Insert No. of nurses in box which is applicable to majority of clients (Please Type)

   RESIDENTIAL SERVICES

   Mild  Moderate  Severe  Profound  Total

   [ Residential units

   - children

   - adults ]

   [ Community hostels

   - children

   - adults ]
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Profound</th>
<th>Total</th>
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<tbody>
<tr>
<td>Special unit/challenging behaviour</td>
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<td><strong>DAY SERVICES</strong></td>
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<td>Child Education and Development Centre</td>
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<td>(Programme for children with severe or profound mental handicap)</td>
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<td>Special intensive day service</td>
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SUPPORT SERVICES

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<tr>
<td>Home support</td>
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<tr>
<td>Respite</td>
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<td>Other</td>
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</table>

7(b). If other services are provided (excluding Residential, Day and Support services) please enclose a brief description of these services below:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

3. Please indicate in the box provided the *principal reason only* why RMHN was preferred:

   a) To provide a holistic approach to care through education, training, development and nursing care
   b) Flexibility
   c) Organisation and management skills
   d) Because they are specially trained
   e) Other

   Services
   Reason

RESIDENTIAL SERVICES

Children

[ Residential units

Community hostels

Special unit/challenging behaviour ]

Adults

[ Residential units

Community hostels

Special unit/challenging behaviour ]
DAY SERVICES

[ Child Education and Development Centre
  (Programme for children with severe or profound mental handicap) ]

[ Generic vocational training (e.g. FAS, work experience, VEC. CERT)
  Special vocational training centre - such as short term training
  Activation centre/adult day centre
  (Programme for adults with a high dependency) ]

[ Programme for the aged ]

[ Special high support day service
  (e.g. related to challenging behaviour)
  less than 1:1 staff ratio
  Special intensive day service
  (e.g. relating to challenging behaviour)
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[ Sheltered work centre - may include
  long-term training schemes
  Sheltered employment centre (receives pay and pays PRSI)
  Enclave within open employment
  Supported employment
  Open employment ]

[ Other ]
SUPPORT SERVICES

[ Home support

Respite

Other ]

9. Are there posts in your organisation where RMHN is an essential qualification?

Yes [ ] No [ ]

If Yes, please indicate the number of such posts in each service:

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<th>Services</th>
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<tr>
<td>RESIDENTIAL SERVICES</td>
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[Home support

Respite

Other ]

Total for all services

10. Are there posts open to individuals who are not RMHN's solely by reason of the non-availability of qualified RMHN'S?

Yes [ ] No [ ]

If yes, please indicate these posts:

________________________________________

________________________________________

________________________________________

11. Please indicate areas within your service where RMHN's are not currently employed and where you would consider that it would be an advantage to have them:

________________________________________

________________________________________

________________________________________

12. Are there positions currently confined to RMHN's which you consider could be filled by other grade of qualified staff?

Yes [ ] No [ ]

If yes, please indicate these posts:

________________________________________

________________________________________

________________________________________