NIPEC
Northern Ireland Practice & Education Council

A Mental Health Nursing Model for Northern Ireland

Partnering for Wellbeing and Enabling Recovery

Project Initiation Document

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1.0 Introduction

1.1 In October 2024, Professor Maria McIlgorm, Chief Nursing Officer (CNO), requested Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to conduct a programme of work, to inform the strategic direction and development of a new professional Mental Health Nursing Model, which delivers better outcomes and meets the future needs for our population in Northern Ireland (NI). The aim, objectives and methodology for this programme of work are outlined within this document.

1.2 Mental health is undeniably one of the most pressing challenges of our time, with statistics indicating that at least one in four individuals will grapple with mental health issues during their lives. In Northern Ireland, mental health nursing has consistently been at the forefront of providing care across all stages of life and in a variety of settings. Encouragingly, the past two decades have witnessed significant advancements in treatment options, fostering recovery and empowering individuals to effectively self-manage or live well with their mental health needs.

1.3 The document serves as the foundational blueprint for the development of a Mental Health Nursing Model for NI. It articulates the rationale for a robust and contemporary model to guide and support mental health nursing practice. The document outlines the project plan, specifying key points, such as; enhancing patient outcomes, promoting evidence-based care, and fostering professional development within the mental health nursing workforce. Furthermore, it details the project's ambitions, scope, measurable milestones, tangible products and deliverables. A clearly defined governance structure ensures accountability and effective oversight. This represents a formal and binding agreement, signifying the shared commitment and collaborative partnership between the CNO office, Executive Directors of Nursing, and NIPEC towards the successful delivery of this vital model.

1.4 This programme of work is driven by the fundamental goal of developing a model which fully leverages the value and contributions of every mental health nurse, and all nurses involved in delivering mental health care. While registered mental health nurses form the core of this workforce, it is crucial to acknowledge the vital roles played by all registered nurses across the health care system, such as midwives, health visitors, adult and children's nurses, who are also actively engaged in providing essential mental health support.

1.5 This work is in consideration of the nursing staff contribution across all settings, inclusive of, within the independent sector working and the impact of all nurses, wherever they work.

1.6 A Steering Group will be convened, co-chaired by Suzanne Pullins, Executive Director of Nursing and Midwifery, Allied Health Professionals and Divisional Director Paediatric, Women`s Services and Corporate Support, Northern Health and Social Care Trust and Professor Linda Kelly, Chief Executive, NIPEC. Appendix 1 presents the Terms of Reference. Steering Group membership are representative of senior nurses in HSC Trusts, Public Health Agency (PHA), Department of Health (DoH), Royal College of Nursing (RCN), Royal College of Midwifery (RCM), Education Providers, Primary Care, GP Federation, Independent Sector, from the Regional Service User Consultant (SPPG), Staff Side and representation from the Directors of Human Resources (HR) Forum will also be represented on the Group. (Appendix 3).

2.0 Strategic Context and Background

2.1 This review is strategically positioned within the evolving landscape of mental healthcare in NI, recognising the imperative for mental health nursing to align with the NI in 2026[1], and to ensure that the HSC has the right people and the right leadership to deliver safe, high quality services now and meet the challenges of the future (DoH, 2018). The focus is on a proactive model, emphasising promotion, prevention, and addressing the broader social determinants impacting mental health. This entails designing services that facilitate early intervention and foster mental and emotional well-being across all life stages, underpinned by a commitment to getting it right first time, every time. Thus, creating an environment that consistently supports effective recovery through evidence-based interventions and genuine partnership with individuals, their families, carers and communities is crucial.

2.2 Furthermore, this approach necessitates addressing health inequalities, particularly the often-overlooked relationship between physical and mental well-being. Parity of esteem, continues to be a major concern with continuing inadequate provision and worsening outcomes. Hence the need to address the inequalities between mental and physical healthcare. As a result, patients with severe mental illness die 10–20 years prematurely and have a high rate of cardiometabolic complications as well as other physical illnesses (Mitchell et al., 2017)[2]. All clinicians should be aware that inequalities in care are adversely influencing mental health outcomes. Resources and education are required to address this gap. Improving access to mental health and well-being support

[1] Department of Health (2018) *Health and Social Care Workforce Strategy 2026. Delivering For Our People*. Belfast: DoH.

[2] Mitchell, A.J., Hardy, S. and Shiers, D. (2017*) Parity of Esteem: Addressing the inequalities between mental and physical healthcare*. British Journal of Psychological Advances. V. 23, 196–205

requires a fundamental shift in the current model of provision, adopting innovative ways of working and also addressing the legacy of mental health challenges inherent in NI.

2.3 The Mental Health Strategy 2021-2031, demands a radical and fresh approach, mirroring the ambitions set out in the *Health and Wellbeing 2026: Delivering Together 2026*[3] and the principles of *Systems, Not Structures (2016)*[4] from the Bengoa report. The strategy is person-centred, takes a whole life approach and has a whole system focus. The key aim is to ensure long-term improved outcomes for people's mental health. Recognising the critical drivers of increasing demand for mental health services, the growing complexity of presentations, and the significance of comorbidities. This strategy also acknowledges the expectation for mental healthcare to be considered a core service. It embraces technological advancements to deliver mental healthcare in innovative ways, ensuring the highest quality and promoting safety.

2.4 This project's framework is firmly rooted in the CNO *Vision for Nursing and Midwifery (*DoH, 2023)[5], aligning with the priorities established within the NI Mental Health Strategy (DoH, 2021), mental health workforce and workload planning. Likewise, in the *Nursing and Midwifery Task Group (NMTG) Report*[6] which seeks to optimise the contribution of nursing in improving population outcomes, which will mean that future mental health nursing care will reflect a population health approach, ensuring the right care, by the right person, in the right place, with the right level of skill and of course, most importantly delivering the right experience and outcomes for persons, families, carers and communities. It also supports the Health Minister`s launch *Health and Social Care NI-Three Year Plan* which outlines a series of initiatives based on the three pillars of; Stabilisation of services, accelerated Reform to make strategic changes and the Delivery of safe, sustainable, high quality health and social care (DoH, 2024)[7].

2.5 In addition, the NMC (2020)[8] recognises the health and well-being nurses is essential to safe and effective care and is committed to supporting professional culture where staff feel valued, supported and are able to thrive. This is vital not only for their own resilience and safety, but also for delivering compassionate, person centred care. Subsequently, by supporting the wellbeing of our profession helps sustain a workforce that is capable, confident and empowered to meet the needs of those experiencing mental health difficulties.

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[3] Department of Health (2016) *Health and Wellbeing 2026: Delivering Together.* Belfast: DoH.
[4] Department of Health (2016) *Systems, Not Structures*: *Changing Health and Social Care.* Belfast: DoH
[5] Department of Health (2023) *Shaping Our Future A Vision for Nursing and Midwifery: 2023-2028*. Belfast: DoH
[6] NMTG (2020) *Nursing and Midwifery Task Group: Report and Recommendations*. Belfast: DoH
[7] Department of Health (2024) *Health and Social Care NI-Three Year Plan.* Belfast: DoH
[8] Nursing Midwifery Council (2020) *Regulate Support Influence Strategy 2020-2025.*NMC: London

2.6 The Ministers three-year plan *Health and Social Care NI Reset Plan (2025)*[9] sets out to stabilise our system through driving efficiencies, valuing workforce, reducing waiting lists in line with Programme for Government commitments. To drive reform through prevention by working closely with all partners to develop a holistic model of primary care which is focused on early intervention, through the expansion of Multi-disciplinary Teams (MDTs). It clearly outlines improving the delivery of services of integrated care, with the current resources over a whole system approach. This will reduce the level of unwanted clinical variation and optimise the community and neighbourhood delivery. Further measures are also to be taken to progress the establishment of a Regional Mental Health Service ((RMHS).

2.7 Action 31 of the Mental Health Strategy 2021–2031, sets out the development of a RMHS with a key objective of providing people across NI with equitable access to high quality, regionally consistent but locally based mental health services, working across primary and secondary mental healthcare and with the full integration of the community and voluntary sector. The establishment of the RMHS is expected to enhance the quality and accessibility of mental health services and lead to improved outcomes for individuals who use them. It will also serve as a key enabler for the development and implementation of regional solutions to address emerging system-wide pressures. This project is closely aligned with the wider work of the RMHS. It supports the drive for greater consistency and integration by establishing mechanisms that foster connection and collaboration among people, services, and systems at regional, trust, and local levels. As it complements several of the RMHS's priority workstreams, ongoing, clear, and effective communication will be critical to ensuring alignment and maximising impact across both programmes.

3.0 Aim and Objectives

The landscape of mental health care is constantly evolving, as outlined in the mental health strategy, demanding innovative approaches to meet the complex needs of people across all stages of life.

3.1 Aim

The aim of this project is to develop a new person, family, carers, community and population centred model for mental health nursing practice across the lifespan in NI

[9] Department of Health (2025) *Health and Social Care NI Reset Plan.* Belfast: DoH

3.2 Objectives

The objectives are as follows, to:

I. Examine the contribution of mental health nursing to meeting the health and wellbeing needs of people, families, communities and the NI population; consider the current model and impact;
II. Centre mental health nursing practice in evidence by identifying the latest research, clinical insights, proven therapeutic strategies and practice essential for delivering effective nursing mental healthcare;
III. Develop a Mental Health Nursing Model for consideration, that is responsive to the needs of people, families, carers and communities across the life course;
IV. Identify processes and systems to enable a resourced, suitably skilled nursing and midwifery workforce, to meet the needs of the population, providing the right care, at the right time by the right person in the right place. This objective acknowledges the crucial role of a skilled and motivated nursing workforce in delivering exceptional care in multi-professional and multi-agency environments.
V. Consider the future education and continuing professional development needs along the career pathways which equips the profession with the right knowledge, skills, and competencies necessary to address the evolving needs of the population; ensuring a sustainable model for the future.
VI. Create a clinical ownership and accountability model which incorporates good governance and collective leadership in monitoring and measuring outcomes of care for people, families, carers, communities and populations.

4.0 Scope

4.1 The scope of this project aims to comprehensively examine the landscape of mental health nursing care across the lifespan. This will include a detailed exploration of the various roles within mental health nursing, inclusive of primary care, secondary care and specialist services. As well as; mental health care delivered by health visitors, adult and children's nurses. In addition to midwives, with a particular focus on perinatal and post-natal mental health care. Furthermore, the project will delve into the contributions of mental health nurses in the care of older adults and the interdependencies with and across older people services.

5.0 Methodology Overview

5.1 Phase 1 Discovery & Data Analysis:

The initial phase will focus on a comprehensive analysis of existing quantitative data. This will encompass:

5.1.1 Population Health Data: Examination of relevant epidemiological metrics and trends.

5.1.2 Service Data: Analysis of service utilisation patterns, demand data, allocation and caseload management approaches, including service models and their impact on mental health nursing practice.

5.1.3 Professional Development Data: Evaluation of existing professional development approaches, post qualifying learning, therapeutic competencies, inclusive of professional development forum/communities of practice quality improvement approaches.

5.1.4 Outcome Data: Assessment of current professional care indicators, monitoring and care outcomes analysis.

5.1.5 Workforce Data: Analysis of workforce demographics, workforce distribution, retention/leavers and workforce skill mix.

5.1.6 Clinical Leadership and Governance Structures: qualitative analysis of the existing leadership framework and governance mechanism.

5.2 Phase 2: Experiential Analysis & Stakeholder Engagement:

This phase will prioritise the collection and analysis of qualitative data, centred on the lived experiences of key stakeholders. This will be achieved through:

5.2.2 People and Family: Gathering insights from individuals who use mental health nursing services, their families and carers regarding their experiences, perceptions, and need.

5.2.3 Staff: Engaging with a diverse array of mental health care professionals across various environments and settings to understand their perspectives on service delivery, challenges, and opportunities for improvement.

5.2.4 Expert Workshops and Discussions: Facilitating structured dialogue with educators, researchers, and specialist nurses, inclusive of primary care, secondary care and specialist services involved in quality and safety to leverage their specialised knowledge and expertise.

5.3 Phase 3: Formulation of a New Mental Health Nursing Model:

The final phase will focus on the synthesis of data from phases one and two, alongside a robust literature review.

5.3.2 This evidence-based process will facilitate the development of a new mental health nursing model, explicitly framed within the principles of Right Care, Right Time, Right Person, and Right Place. This iterative process will ensure the model is both theoretically sound and practically implementable.

6.0 Project Governance Structure

This project will adhere to the guidelines outlined in this Project Initiation Document (PID). In overall terms the project will be accountable to the CNO and CNMAC, governed through Mental Health Nursing Review Strategic Steering Group. This will provide regional leadership and hold the project management group to account for project deliverables. The project management governance structure is set out in figure 1.

6.1 Figure 1: Project Governance Structure

6.2 Mental Health Nursing Review Strategic Steering Group

The Mental Health Nursing Review Strategic Steering Group will oversee and lead the primary objectives and deliverables outlined in this PID (thereafter referred to as the Steering Group). The key terms of reference for the Steering

Group are detailed in Appendix 1 of this document. Membership will comprise senior system leaders, including representatives from education, primary care, the independent sector, and departmental nominations from the nursing workforce and mental health policy group. Importantly, the steering group will also include nominations from the lived experience group and early career mental health nurses. (Appendix 2).

6.3 Expert Reference Group

This diverse panel, drawing on the unique perspectives of practitioners from Scotland and Ireland, alongside experts in mental health nursing research and education. Crucially, the inclusion of individuals with lived and living experience of mental health care ensures that the proposed model remains grounded in the realities of those it seeks to serve. The group's primary function will be to rigorously scrutinise product developments, providing critical feedback and acting as a vital sounding board throughout the process. (Appendix 3).

6.4 Project Management Group

This group will play a pivotal role in the daily implementation of the project, ensuring that activities are in accordance with the objectives specified in the PID. (Appendix 4).

6.5 Trust Focus Workshops

The project will initiate Trust Focus Workshops, hosted by each individual Trust and inclusive of all areas of nursing expertise. These will be co-chaired by the Trust consultant nurses from the project management team. This will serve as focused hubs for in-depth exploration and analysis. (Appendix 5).

6.6 Mental Health Nursing Engagement Groups

The successful development of a new model for mental health nursing hinges on the active and meaningful participation of nurses working directly in the field in all settings. To ensure this, a structured engagement process within each Trust is paramount. These groups will act as crucial conduits for feedback and expertise, directly influencing the model's development. The cumulative knowledge shared within these groups will be integral to delivering a truly effective and impactful model for mental health nursing. (Appendix 6).

7.0 Project Deliverables

This final deliverable synthesises the findings from the project plan to create a practical, evidence-based roadmap for improving mental health nursing and people, family, carers, communities and population outcomes. The model will include recommendations, aligned to the CNO ‘Shaping the Future Vision’ adhering to the principle of delivering "right care, at the right time, in the right place, by the right person." This report, including recommendations, will be submitted to the CNO as commissioner of this work for consideration. Appendix 7 presents the project timescales and workplan. The project is underpinned by five key deliverables. (Appendix 8).

8.0 Stakeholder Analysis and Engagement

This will involve from the outset a comprehensive stakeholder analysis to include policy makers, academics and researchers. Engagement approaches will ensure representation from diverse perspectives, including: Citizens with Lived Experience: Point of Care Practitioner ensuring active engagement from mental health nurse practitioners/specialisms and those with responsibility and accountability for meeting the outcomes of service provision. Early Career Mental Health Nurses: Broader Nursing Contributions for example from Health Visitors, Adult Nurses, Children’s Nurses, and Midwives. It is also expected that the Trust Focus Groups will leverage their networks to proactively engage a larger stakeholder audience in order to ensure specialist interest perspectives are incorporated into the design of the model.

9.0 Resources

9.1 NIPEC Professional Nursing Support:

NIPEC will provide essential professional project management support to the project steering group. This includes oversight of Trust Focus Groups and ensuring adherence to project timelines and objectives. This support is integral to coordinated project execution and is a prerequisite for maintaining momentum and accountability.

9.2 Trust Mental Health Consultant Nurses:

Active and substantive engagement of mental health consultant nurses is paramount. This encompasses:

- Co-chairing and leading Trust Focus Groups within the new service model development framework;
- Leading and participating within their respective Trust's mental health nursing engagement groups;
- Contributing to the overall project management team.

It is projected that a minimum of one (1) day per week of each mental health consultant nurse`s time is a requisite for effective participation and project advancement. This protected time is crucial and non-negotiable for ensuring the requisite expertise and input.

9.3 NIPEC Administration and Technical Team:

Will be strategically deployed to support the technical aspects of the project. Specifically, these resources will be utilised in:

- Development and maintenance of a project-specific webpage;
- Design and administration of online surveys to gather relevant data and feedback;
- Project management support;
- Publication development.

9.4 General System Resources:

The success of this project hinges significantly on the timely availability and accuracy of data provided by various internal and external stakeholders. Crucially, we are reliant on information and statistical outputs from diverse teams and agencies, including, but not limited to, key datasets held by the Department of Health Workforce Team, the Policy Team, and the Strategic Planning and Performance Group (SPPG).

The project's direction is also interdependent on expertise, guidance and availability of the expert reference group.

10.0 Project Risk and Issue Management

Within the project's overall governance framework, a critical component is the proactive management of potential risk to its successful delivery. To this end, NIPEC, as part of its project management arrangement, will ensure the maintenance of both a risk register and an issue log. The risk and issue's log will document problems as they arise, and NIPEC working with the Project Team will actively identify and mitigate potential risks before they escalate. These registers and logs will be living documents, regularly updated and forming a key element of reporting to the project steering group as well as providing crucial updates to the Chief Nursing Office.

It's important to acknowledge that at the onset of this project, a primary risk centres around resource availability, particularly securing dedicated time from the mental health consultant nurses who are essential to the execution and support of various project stages over the next year. This upfront recognition allows for strategic planning and the development of mitigation strategies to address this key vulnerability.

11.0 Equality and Governance Screening

11.1 This project has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. The screening has identified specific equality impacts for; disability/people with complex needs, age/older people, ethnicity, gender and dependents. The project outlines the mitigations and the way these will be addressed. The equality screening has been published and can be accessed via the Equality Screening - Business Services Organisation (BSO) Website.

11.2 Human Rights detailing that the project will consider and mitigate risks associated with: Article 2 (Right to life) in the event of unsafe task delegation; Article 8 (Private and family life) where intimate/invasive care occurs in the home by unfamiliar staff; and Article 14 (Non-discrimination) where certain groups may be more likely to receive delegated care and therefore experience the associated issues. These will be addressed through the proposed recommendations and mitigation measures being put in place.

11.3 The governance framework explicitly includes equality assurance through:

- Co-production with people with lived experience including disabled people, carers and targeted engagement with advocacy groups.
- Risk assessments to include equality aspects in relation to areas like communication, cultural preferences including gender-sensitive care, capacity, home environment and privacy.
- Workplace or staff impacts, such as; training time, scheduling, and wellbeing.
- Mitigations against any potential issues have been put in place, to offset any experience of barriers in accessing services, communication or decision-making processes. These include; meetings will be held online during the working week, organised in advance, providing flexibility and offered a choice of meeting dates, times and venues, platforms, individual and group settings. These will be mutually agreed whilst being mindful of potential challenges to optimise engagement, communication and inclusivity.

11.4 In addition, to ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Corporate Governance areas, the project plan, its aims and objectives and outcomes will be examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

11.5 A summary of these considerations and any action required will be documented. See Appendix 9.

12.0 Dissemination

Communication and consultation processes will be used as appropriate to ensure effective engagement with key stakeholders.

13.0 Evaluation

Ongoing evaluation of the management of the project will be conducted through NIPEC. The evaluation will address the achievements of the objectives outlined in the project plan and the project management process.

Appendix 1

DRAFT TERMS OF REFERENCE

Mental Health Nursing Review Strategic Steering Group

PURPOSE OF THE GROUP

The Project Steering Group is responsible to:

1. Agree the purpose of the project and provide a regional and professional perspective.
2. Agree a project plan, timescales and methodology for the project.
3. Provide expertise; oversee the implementation of the project and review of the outcomes.
4. Ensure communication and dissemination of information relevant to the project within each of the participating organisations/professional groups.
5. Contribute to a final project report.
6. Contribute to on-going implementation, monitoring and evaluation of the project outcomes.

MEMBERSHIP OF THE GROUP

Representation will be sought from senior nurses and midwives in HSC Trusts, DoH, PHA, Education Providers, Primary Care, GP Federation, Independent Sector, from the Regional Service User Consultant Lead, RCN, RCM, Staff Side and representation from the Directors of Human Resources will also be invited to join the Steering Group on a co-opted basis.

If a member is unavailable, he/she should nominate an appropriate member of staff to attend on his/her behalf, providing the relevant required information in advance for the alternate member to attend and participate appropriately.

Members of the Group will:

- Contribute their professional perspective to the review of the model for delivery of Mental Health Nursing.
- Participate in respectful debate, providing constructive challenge.
- Provide, manage and analyse information related to the review, ensuring confidentiality when required.
- Participate in shared learning across organisations.
- Consult with individuals of appropriate expertise as required to inform the review of the model.
- Participate in electronic activity related to the production of a final report.

CHAIRING ARRANGEMENTS

The Project Steering Group will be co-chaired by Suzanne Pullins, Executive Director of Nursing, and AHPs, and Divisional Director Paediatric, Women`s Services and Corporate Support, NHSCT and Professor Linda Kelly Chief Executive, NIPEC.

QUORUM

Quorate membership is 50% of the total membership number. The quorum should also reflect a balance of individuals from each organisation.

FREQUENCY OF MEETINGS

Meetings will be arranged in order to complete the activity which will be defined in an agreed work plan.

RECORD OF MEETINGS

NIPEC are responsible for agenda setting, record keeping and circulation of relevant papers in collaboration with the Co-chairs of the Groups.

Appendix 2

Mental Health Nursing Steering Group Membership	
Name	**Role/ Organisation**
Suzanne Pullins	Co-chair, Executive Director of Nursing and AHPs, and Divisional Director Paediatric, Women`s Services and Corporate Support, NHSCT until October 2025
Gill Murphy	Co-chair, Interim Executive Director of Nursing and AHPs, and Divisional Director Paediatric, Women`s Services and Corporate Support, NHSCT from October 2025
Professor Linda Kelly	Co-chair Chief Executive, NIPEC
Rodney Morton	Associate Senior Professional Officer, NIPEC until July 2025
Damien Branigan	Associate Leadership Centre from July 2025
Geraldine McKendry	Project Lead, NIPEC
Mary Frances Mc Manus	Deputy Chief Nursing Officer, DoH
Frances Dundee	Nursing Officer Mental Health, DoH until August 2025
Paul Canning	Nursing Officer Mental Health, DoH from August 2025
Sonia Glendinning	Nursing Officer Public Health, DoH
Siobhan Rogan	AD Nursing MH and LD Services, PHA
Helen McNally	Nurse Consultant MH & LD, PHA
Eilish Deeney	Nurse Consultant MH & LD, PHA
Dr Dale Spence	Midwife Consultant, PHA until August 25
Eilidh McGregor	Children`s Nurse Consultant
Lynn Long	Director, RQIA
Gavin Quinn	Head of Regional Mental Health Services, DoH
Heather Stevens	Mental Health Director, DoH
Fiona McCausland	Deputising obo Heather Stevens, Mental Health Directorate, DoH
Mark McGuicken tbc	Director of Disability and Older People, DoH
Nigel Chambers tbc	Learning Disability, DoH
Eileen McEneaney	GP Federation
John McGarvey	AD, Professional Nursing Services, WHSCT
Brendan McGrath	Nursing Workforce Lead, HSC Trust
Arlene Taylor	Consultant Nurse AMH, NHSCT
Leoni Dunne	Consultant Nurse CAMHS, NHSCT
Stacey Martin	Consultant Nurse MH, BHSCT
Dr Katrin Lehmann	Consultant Nurse CAMHS, BHSCT
Karen Gordon	Consultant Nurse MH, SEHSCT
Karen Coombes	Consultant Nurse CAMHS, SEHSCT until July 2025
Cathy Bassett	Consultant Nurse CAMHS, SEHSCT from November 2025
Theresa Hamilton	Consultant Nurse AMH, SHSCT
Laura McMullen	Consultant Nurse CAMHS, SHSCT
Louise McMahon	Consultant Nurse AMH, WHSCT
Edel O'Neill	Consultant Nurse CAMHS, WHSCT
Rosaline Kelly	Senior Nurse Professional Practice RCN NI
Ethel Rodrigues	Unison Senior Lecturer, UU
Maura McKenna	Regional Trade Union Forum
Jacqui Reid	HR, representing Human Resources Directors Forum
Dr Marie O`Neill	Senior Nursing Lecturer, UU
Pauline McCarthy	Senior Nursing Lecturer, QUB
Jane Killough	Alternating representation, Senior Nursing Lecturer, QUB
Dr Will Murcott	Senior Nursing Lecturer, OU

Paul Canning	Senior Education Manager, CEC until August 2025
Janet McCusker	Senior Education Manager, CEC from August 2025
John Morgan	Service User Consultant, Community Care Division (CCD)
Tracey Ritchie	Inspire, Community & Voluntary Sector Representation

Appendix 3

Mental Health Nursing Expert Reference Group Membership	
Name	**Role/ Organisation**
Siobhan Rogan	AD Nursing MH and LD Services, PHA
Gavin Quinn	Head of Regional Mental Health Services, DoH
Dr Marie O`Neill	Senior Lecturer, UU
Karen Greene	Deputy Chief Nursing Officer, DoH Ireland
Kelly Mofflin	Deputy Chief Nursing Officer, DoH Ireland
Mark Richards	Associate Chief Nursing Officer, Scottish Government
Stewart Reid	Policy Lead, Scottish Government
John Morgan	Service User Consultant, CCD

Appendix 4

Mental Health Nursing Project Management Group	
Name	**Role/ Organisation**
Rodney Morton	Associate Senior Professional Officer, NIPEC until July 2025
Damien Branigan	Associate Leadership Centre from July 2025
Geraldine McKendry	Project Lead, NIPEC
Siobhan Rogan	AD Nursing MH and LD Services, PHA
Eilish Deeney	Nurse Consultant Mental, MH & LD, PHA
Frances Dundee	Nursing Officer Mental Health, DoH until August 2025
Paul Canning	Nursing Officer Mental Health, DoH from August 2025
Helen McNally	Nurse Consultant Mental, MH & LD, PHA from July 25
Arlene Taylor	Consultant Nurse AMH, NHSCT
Leoni Dunne	Consultant Nurse CAMHS, NHSCT
Stacey Martin	Consultant Nurse AMH, BHSCT
Dr Katrin Leghmann	Consultant Nurse CAMHS, BHSCT
Karen Gordon	Consultant Nurse AMH, SEHSCT
Karen Coombes	Consultant Nurse CAMHS, SEHSCT until July 2025
Cathy Bassett	Consultant Nurse CAMHS, SEHSCT from November 2025
Theresa Hamilton	Consultant Nurse AMH, SHSCT
Laura McMullen	Consultant Nurse CAMHS, SHSCT
Louise McMahon	Consultant Nurse AMH, WHSCT
Edel O`Neill	Consultant Nurse CAMHS, WHSCT
Dr Marie O`Neill	Senior Nursing Lecturer, Ulster University

Appendix 5

HSC Trust Focus Workshops		
Names	**Role/ Organisation**	**Date**
Stacy Martin Dr Katrin Leghmann	Consultant Nurse AMH, BHSCT Consultant Nurse CAMHS, BHSCT	10th June 2025
Arlene Taylor Leoni Dunne	Consultant Nurse AMH, NHSCT Consultant Nurse CAMHS, NHSCT	24th June 2025
Theresa Hamilton Laura McMullin	Consultant Nurse AMH, SHSCT Consultant Nurse CAMHS, SHSCT	5th September 2025
Karen Gordon Cathy Bassett	Consultant Nurse AMH, SEHSCT Consultant Nurse CAMHS, SEHSCT	23rd September 2025
Louise McMahon Edel O`Neill	Consultant Nurse AMH, SEHSCT Consultant Nurse CAMHS, SEHSCT	30th September 2025

Appendix 6

Mental Health Nursing Engagement Group, NHSCT	
Name	**Role/ Organisation**
Arlene Taylor	Consultant Nurse AMH, NHSCT
Leoni Dunne	Consultant Nurse CAMHS, NHSCT
tbc	Service User Consultant, NHSCT

Mental Health Nursing Engagement Group, BHSCT	
Name	**Role/ Organisation**
Stacey Martin	Consultant Nurse AMH, BHSCT
Dr Katrin Lehmann	Consultant Nurse CAMHS, BHSCT
Martin Daly	Service User Consultant, BHSCT

Mental Health Nursing Engagement Group, SEHSCT	
Name	**Role/ Organisation**
Karen Gordon	Consultant Nurse AMH, SEHSCT
Cathy Bassett	Consultant Nurse CAMHS, SEHSCT
Alan Dagg	Service User Consultant, SEHSCT

Mental Health Nursing Engagement Group, SHSCT	
Name	**Role/ Organisation**
Theresa Hamilton	Consultant Nurse AMH, SHSCT
Laura McMullen	Consultant Nurse CAMHS, SHSCT
Lara Sutton	Service User Consultant, SHSCT

Mental Health Nursing Engagement Group, WHSCT	
Name	**Role/ Organisation**
Louise McMahon	Consultant Nurse AMH, WHSCT
Edel O`Neill	Consultant Nurse CAMHS, WHSCT
Brian Toner	Service User Consultant, WHSCT

Project Timescales and Workplan

Appendix 7

Projects Phases	Phase 1: Discovery & Data Analysis					Phase 2: Experiential Analysis & Stakeholder Engagement				Phase 3: Towards Action Model Formulation & Implementation Plan						
Activity	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
Draft Project Initiation Document (PID) and seek CNO approval																
Develop ToR for all Project Groups																
Establish Project Management Group																
Establish Expert Reference Group																
Establish Steering Group																
Establish and agree workplan																
Schedule Project Group meetings																
Undertake Population Needs Analysis																
Gather and analyse Workforce data																
Gather and analyse Service Data																
Undertake strategy and policy review																
Design and complete MH Nursing Workforce & Student Surveys																
Host Higher Education & Development Group																
Host Lived Experience Focus Groups																
Host Students & Early Career Nurse Focus Group																
Undertake Governance Leadership & Outcomes Group																
Collate all workstream report findings																
Draft a report with recommendations																
Final Steering Group meeting to agree final project report																
Final report to CNO																

Appendix 8

Project Deliverables	
Project Deliverable One: Setting the Context: Establishing Population Needs, Policy, and Professional Foundation.	• Provide a comprehensive overview of the current state of mental health nursing. • Analyse population mental health needs and their impact on nursing practice. • Offering recommendations for aligning practice with current needs.
Project Deliverable Two: What Matters: What we think and need.	Incorporating 3 key perspectives: • Service user/carer perspectives. • Practitioner perspectives. • Formulating future perspectives.
Project Deliverable Three: Who we are and what we do: - Defining Our Identity, Exploring Practice Models and Articulating Professional Development and Workforce Needs.	• Comprehensively analyse the mental health nursing workforce and care models. • Workforce and professional development training analysis. • Showing mental health nursing careers opportunities.
Project Deliverable Four: Knowing how we are doing: Ensuring Quality: Leadership, Governance, and Outcomes**.**	• Supporting quality learning and accountability in mental health nursing, focusing on three key areas; leadership, governance, quality systems/ quality indicators for safe systems of care to standards in mental health nursing.
Project Deliverable Five: Envisioning the Future: A New Service Model**.**	• To create a practical, evidence-based roadmap for improving mental health nursing care and person centred outcomes. • It achieves this through three key components; literature review of future models, examination of national and international practices and development of a proposed new model for consideration.

Appendix 9

Outcome of Screening Assessment	
Screening Assessment	**Comments**
Risk Management questions	
• Have any risks been identified? If no - no further action is required. If yes then, • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them?	
Privacy Impact Assessment questions	
• Will the project/initiative use personal information and/or pose genuine risks to the privacy of the individual? • Will the project/initiative result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way?	
Personal and Public Involvement questions	
• Will the project/initiative require input from people with lived experience or carers? Consider the NIPEC Involvement and Co-production Strategy. The level of involvement required and appropriate within the project.	The project Steering Group membership includes, the Regional Service User Consultant Lead. Additional local representation will also be sought from each HSC Trust Service User Consultant. This participation will form membership of the local HSC Trust Engagement Group, led by the Consultant Nurses; AMH and CAMHS.

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We invest in people Silver

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