

Task 3 Written Report

Role within Health and Social Care: Mental Health Nurse

Module:	Academic and Employability Skills
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Introduction

Mental health nursing is a specialist field within UK health and social care that supports people who experience mental illness, emotional distress, or crisis, across inpatient and community settings. The work is clinical, relational and safeguarding-focused, and it links closely with wider services such as primary care and social care. NHS England notes that mental health nursing is emotionally demanding yet highly rewarding, requiring evidence-based interventions alongside compassion and careful judgement (NHS England, 2022). This report describes the role of the Mental Health Nurse and explains three essential skills: therapeutic communication and de-escalation, risk assessment and safeguarding judgement, and multidisciplinary teamwork and care coordination. It then outlines three strategies to develop each skill, using Harvard referencing.

Role of the Mental Health Nurse

A Mental Health Nurse (MHN) is a registered nurse who assesses, plans, delivers and evaluates care for people with mental health conditions. Typical duties include building therapeutic relationships, assessing mental state, identifying risk, administering and monitoring medication, encouraging participation in therapeutic activities, and updating patient records (National Careers Service, n.d.). MHNs work in many environments such as hospitals, community teams, crisis services, prisons and residential settings (Prospects, n.d.).

MHNs deliver person-centred, recovery-focused care by listening to service users, involving families where appropriate, and supporting strengths and goals (NHS England, 2022). Safety is central: MHNs identify and respond to distress, including suicidal ideation and self-harm, and escalate concerns when risk increases (National Careers Service, n.d.). Professional standards require nurses to preserve safety, practise effectively, keep clear records and raise concerns about vulnerable people (NMC, 2018). Mental health care is usually delivered within an MDT, so MHNs also coordinate with partners across health and social care to reduce fragmentation and support safe transitions (NHS England, 2022; Prospects, n.d.).

In addition, MHNs often support people with complex needs such as trauma, substance misuse, or coexisting physical health problems. They must notice physical health deterioration, support healthy routines, and advocate for equitable access to services (NHS England, 2022). Record keeping is not optional; it is a professional requirement that supports continuity, legal accountability and safe decision-making across the team (NMC, 2018).

Essential Skills for Mental Health Nursing

To carry out these responsibilities safely and compassionately, mental health nurses need strong employability skills as well as clinical knowledge. This report focuses on three skills consistently reflected in UK role descriptions and professional standards (NMC, 2018; National Careers Service, n.d.; Prospects, n.d.).

Therapeutic Communication and De-escalation

Therapeutic communication is essential because it enables engagement, assessment and collaborative care planning. The NMC Code expects nurses to use appropriate verbal and non-verbal communication and to check understanding (NMC, 2018). In mental health settings, communication includes de-escalation: staying calm, validating emotions and offering choices to reduce distress.

For example, when a service user becomes agitated on a ward, skilled verbal de-escalation can reduce risk and avoid restrictive interventions. When supporting someone with psychosis, clear, respectful communication helps maintain dignity while gathering information needed for safe care.

Therapeutic communication also shapes shared decision-making. In mental health care, people may feel powerless or stigmatised. A nurse who explains options clearly, checks understanding and respects preferences can improve engagement and adherence. This is especially important when discussing medication side-effects, crisis plans, or community support, where misunderstanding can lead to relapse or missed appointments.

Risk Assessment and Safeguarding Judgement

Risk assessment and safeguarding judgement are essential because mental health presentations can change quickly and risk can escalate. MHNs must identify when people are at risk and respond to distress (National Careers Service, n.d.). The NMC Code requires action without delay when there is a risk to safety, and escalation of safeguarding concerns (NMC, 2018).

In practice, this means assessing suicide and self-harm risk, recognising relapse indicators, monitoring medication side-effects and identifying safeguarding issues. For example, in severe depression, a nurse may assess suicidality and coordinate access to recommended interventions using NICE guidance (NICE, 2022).

Good risk judgement requires gathering information from multiple sources, not only the immediate conversation. For example, an MHN might compare the current presentation with previous records, speak to carers (with consent or lawful justification), and consider protective factors such as support networks and coping strategies. Using a least restrictive approach means balancing rights and safety, documenting the rationale clearly, and reviewing risk frequently as the person's situation changes.

Multidisciplinary Teamwork and Care Coordination

Teamwork and care coordination are essential because recovery is supported by combined clinical and social interventions. MHNs routinely liaise with professionals within an MDT, including psychiatrists, psychologists, occupational therapists and social workers (Prospects, n.d.). NHS England highlights partnership working across the wider system, including social care, to deliver timely and least restrictive support (NHS England, 2022).

Effective teamwork relies on accurate information-sharing and documentation so colleagues can make safe decisions (NMC, 2018). Poor coordination can lead to gaps in follow-up, missed risk and reduced engagement, especially during transitions between inpatient and community services.

Collaboration is also practical: coordinating referrals, arranging follow-up, and ensuring that care plans are shared in a way the service user can understand. Effective teamwork reduces duplication and supports smoother discharge planning, which is a known pressure point in mental health services. When teams communicate well, they are more likely to notice early warning signs and intervene before a crisis escalates.

Strategies to Improve Each Skill

The skills above can be developed deliberately through practice, feedback and structured learning. Three strategies are proposed for each skill below.

Strategies for Therapeutic Communication

Strategy 1 - Simulation and role-play with feedback: Practise crisis conversations (for example, suicidal ideation, self-harm urges, or agitation) in simulation. Immediate feedback helps refine pacing, tone, boundary-setting and de-escalation, so the nurse can apply safer techniques in real situations.

Strategy 2 - Reflective supervision: Use supervision and short structured reflections to identify what worked, what escalated the interaction, and how emotions affected communication. NHS England stresses the value of feedback and reflective development in mental health nursing practice (NHS England, 2022).

Strategy 3 - Structured tools: Use SBAR for handovers and teach-back to check understanding during education or discharge planning. These tools reduce ambiguity and align with the NMC expectation to communicate effectively and keep clear records (NMC, 2018).

Strategies for Risk Assessment and Safeguarding

Strategy 1 - Targeted CPD and policy learning: Complete training in suicide prevention, safeguarding and least restrictive practice. Linking learning to local escalation pathways improves confidence in what to do next when risk rises.

Strategy 2 - Case reviews and reflective debriefs: Join post-incident reviews and MDT debriefs. These sessions highlight how risk developed over time, what early indicators were missed, and what system changes could prevent recurrence.

Strategy 3 - Evidence-based care planning and audit: Use NICE guidance to support treatment planning for conditions such as depression (NICE, 2022). Then audit your own documentation against NMC standards for accuracy and clarity (NMC, 2018). This strengthens accountability and continuity.

Strategies for Teamwork and Care Coordination

Strategy 1 - Shadowing and interprofessional learning: Shadow colleagues such as occupational therapists or social workers to understand their assessments and language. This improves referrals and reduces misunderstandings (Prospects, n.d.).

Strategy 2 - Purposeful MDT participation: Prepare concise updates, speak up about risk changes, and follow through agreed actions. Consistent participation builds trust and improves coordination, especially during admission and discharge planning.

Strategy 3 - Digital coordination habits: Document promptly in electronic records, record decisions and rationales clearly, and share information securely. The NMC expects responsible digital communication and clear records (NMC, 2018), and these habits help the team respond quickly when risk changes.

Conclusion

Mental health nurses provide person-centred care that combines therapeutic engagement, medication monitoring, risk management and partnership working across health and social care (National Careers Service, n.d.; NHS England, 2022). This report identified three essential skills: therapeutic communication and de-escalation, risk assessment and safeguarding judgement, and MDT teamwork and care coordination. Developing these skills through simulation, reflective supervision, targeted CPD, case review learning, and strong documentation supports safer care and better service user experiences, aligning with UK professional standards (NMC, 2018).

References

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