informa
healthcare

Nursing Students' Attitudes about Psychiatric Mental Health Nursing

Lauren Hunter, RN, MS, Tayler Weber, RN, MS, Mona Shattell, PhD, RN, FAAN, and Barbara A. Harris, PhD, RN

School of Nursing, DePaul University, Chicago, Illinois, USA

The purpose of this study was to describe Masters entry nursing students' attitudes about psychiatric mental health clinical experiences; preparedness to care for persons with mental illness; students' perceived stigmas and stereotypes; and plans to choose mental health nursing as a career. A 31-item survey was administered to pre-licensure graduate nursing students who were recruited from a Masters entry nursing program from a university in a large city in the Midwestern US. Results indicated that clinical experiences provide valuable experiences for nursing practice, however, fewer students think that these experiences prepare them to work as a psychiatric mental health nurse and none plan to pursue careers as psychiatric mental health nurses. The findings support conclusions from other studies that increasing the amount of time in the clinical setting and adding specific content to the curriculum, particularly content related to the importance of psychiatric mental health nursing and the effects of stigma, may assist the profession's efforts to recruit and retain psychiatric mental health nurses. Further research is needed to determine the effectiveness of these strategies and to identify the best ways to implement them.

INTRODUCTION

Major depression is now the leading cause of disability and is anticipated to become the second leading burden of disease worldwide (World Federation for Mental Health, 2008). According to the National Alliance on Mental Illness (2013), one in four people in the USA has a mental illness. These numbers have serious implications for psychiatric mental health nursing, as more persons are diagnosed with mental illness, the greater the need for psychiatric mental health nurses (PMHN). Nurses are the providers who spend the most time with patients and their families, who know the intricacies of their patients' families, and who have connected with family units in a way that other health professionals typically have not (Dempsey & Ribak, 2012). More than 86% of psychiatric mental health nurses feel they are able to spend more time with patients than physicians can (Janssen, 2011).

Despite the centrality of the psychiatric mental health nurse's role in addressing the unique needs of persons with mental illness, there has been a limited focus on the recruitment and retention of PMHNs in the USA (Delaney & Shattell, 2012). The average age of a registered nurse is 47, while the average age of a PMHN is 50 (Health Resources and Services Administration, 2013); only 13% of the PMHN workforce is under the age of 30 and half of the psychiatric mental health nursing workforce will retire over the next 10 years, indicating that the replacement of retiring PMHNs may not be possible (Hanrahan, 2009). These statistics indicate a potential shortage of PMHNs that is made worse by the trend of newly graduated nursing students pursuing careers in specialty areas other than psychiatric mental health nursing (Delaney & Shattell, 2012). In the USA, less than 1% of nurses select psychiatric mental health nursing as their practice area (Stuart, 2002). It is critical that nursing programs develop strategies to prepare nurses for meeting the mental health needs of clients as well as encouraging students to consider this area of practice.

LITERATURE REVIEW

The literature identifies two factors that may contribute to reluctance on the part of new graduate nurses to enter psychiatric mental health nursing. First, a lack of understanding about the contributing factors of stigma can be a principle barrier to promoting psychiatric mental health nursing (Stuhlmiller, 2005). Society holds outdated beliefs about mental illness (Halter, 2008). A central theme of stigma of mental illness is a perception that persons with mental illness are dangerous, unpredictable, incompetent and unlikeable (Alexander & Link, 2003). Persons with mental illness experience stigma and the healthcare professionals taking care of them also experience 'stigma by association' (Halter, 2008). As long as this stigma exists, the possibility of consumers of mental health services receiving optimal care is severely diminished (Happell, 2005), as is the vision of psychiatric mental health nursing as a satisfying, worthwhile area of practice.

Address correspondence to Mona Shattell, School of Nursing, DePaul University, 990 West Fullerton Ave, Chicago, Illinois 60614, USA. E-mail: mona.shattell@gmail.com

RIGHTS LINK

If nursing education does not address stigma, it is possible that nurses will hold the same stigmatizing attitudes as have been found in the general public, including beliefs that persons with mental illness are not only in control of their illness but that they caused it (Ilic et al., 2013). Similarly, nurses, as society in general, may react to persons with mental illness with anger and believe that help is not deserved (Romem, Anson, Maymon, & Moisa, 2008). None of these beliefs encourage nurses to enter practice settings with persons with mental illness.

According to Happell and Gough (2007), although most undergraduate, pre-licensure nursing students report being relatively well informed about mental illness, they also have negative stereotypes towards mental illness and consumers of mental health services. Alexander and Link (2003) found that personal and professional contact with persons with mental illness might reduce stigma. Individuals who have family or friends with mental illness perceive these individuals as less dangerous, and desire less social distance from them, and these extend to professional relationships, and people who work or volunteer in mental health facilities show lower negative attitudes and perceived dangerousness from persons with mental illness (Alexander & Link, 2003). Happell and Gough (2009) report that nursing education can positively influence these attitudes. Once student nurses have completed their mental health nursing clinical experiences, many of them describe positive shifts in attitudes towards persons with mental illnesses. Karimollahi (2011) described undergraduate, pre-licensure students maturing as they recognize persons with mental illness are like any other persons requiring care.

Undergraduate pre-licensure nursing students perceive mental health nursing as stressful (Karimollahi, 2011). Student nurses report intense anxiety stemming from fear of the unknown, media effects, peer effects, fear of violence, and erroneous beliefs (Karimollahi, 2011). The media depicts persons with mental illness as fearful, that they possess childlike perceptions of the world, or that they are responsible for their illness and therefore weak (Ilic et al., 2013). Anxiety is caused by students' perceived lack of preparation for work in mental health settings compared with medical-surgical settings, but interactions with persons with mental illness can reduce students' fears and apprehension (Happell & Gough, 2009). Undergraduate students also receive negative information from their peers regarding acute care psychiatric units, further perpetuating existing fears (Karimollahi, 2011). A negative clinical experience can have a detrimental effect on a student's view of mental health nursing, making it unlikely that they will choose psychiatric mental health nursing as a career. No studies could be found that examined the attitudes and beliefs of Masters entry, pre-licensure graduate nursing students and their plans to choose psychiatric mental health nursing as a career. The purpose of this paper is to report findings from our study on Masters entry nursing students' attitudes about mental health clinical experiences; preparedness to care for persons with mental illness; students' perceived stigmas and stereotypes; and plans to choose mental health nursing as a career.

THEORETICAL FRAMEWORK

The theoretical framework that guides this study is the Tidal Model of Mental Health Nursing. The Tidal Model is a nursing theory developed by nurses and persons with mental illness to describe and provide direction for persons with mental illness involved in the process of recovering their lives (Barker & Buchanan-Barker, 2010). The Ten Commitments reflect the essence of the values inherent in the model and include statements that reflect valuation of activities, such as respecting the experientially gained wisdom of the person with mental illness and actualizing this respect through true collaboration between nurse and person. The Ten Commitments were used in this study to guide the selection of pre-existing instruments that address aspects of mental health nursing practice that are necessary to both optimum client outcome and nurses' satisfaction with practice (Tidal Model, 2000).

MATERIALS AND METHODS

Sample and Setting

A quantitative descriptive design was used. The study sample consisted of 30 Masters entry, pre-licensure graduate nursing students who were recruited from a university in a large city in the Midwestern US. The students had Bachelor degrees in disciplines other than nursing. They were enrolled in a Masters entry pre-licensure nursing program, and had already completed a mental health nursing clinical course.

Data Collection and Analysis

Study participants completed the self-administered paper-and-pencil *Nursing Students' Attitudes about Psychiatric Mental Health Nursing* questionnaire that combined the Medical Students' Attitudes about Psychiatry and Psychiatric Patients Questionnaire (Calvert, Sharpe, Power, & Lawrie, 1999) and the Psychiatric/Mental Health Clinical Placement Survey for First Day of Placement (Hayman-White & Happell, 2005), which examine: (a) students' perception of clinical experiences; (b) students' preparedness for mental health nursing; (c) students' stigmas and stereotypes of persons with mental illness; and (d) students' attitudes towards psychiatric mental health nursing. Calvert et al. (1999) and Hayman-White and Happell (2005) determined reliability and internal consistency of the measures. The *Nursing Students' Attitudes about Psychiatric Mental Health Nursing* questionnaire has 31 items and is divided into two main components: (1) individual background characteristics such as gender, ethnicity, age, self/family/friend with a mental illness, and anticipated clinical specialty post graduation (7 items); and (2) attitudes and perceptions to examine attitudes regarding clinical experience, perceived preparedness,

stigmas and stereotypes, and psychiatric mental health nursing (24 items). Each statement in the *Nursing Students' Attitudes about Psychiatric Mental Health Nursing* questionnaire, in the attitudes and perceptions section, scored using a 3-point Likert-type scale, where 1 indicates that the respondent 'disagrees', 2 indicates they are 'neutral', and 3 indicates that the respondent 'agrees'.

Procedure

A total of 95 potential participants were informed about the study via an e-mail that contained information about the study and a link to the *Nursing Students' Attitudes about Psychiatric Mental Health Nursing* questionnaire. A total of 30 students completed the questionnaire, yielding a response rate of 32%. The demographic data and the *Nursing Students' Attitudes about Psychiatric Mental Health Nursing* items were analyzed using frequency distributions. The University's Institutional Review Board approved the study.

RESULTS

Demographics

Participants were predominately female (90%), Caucasian (87%), and in their mid-20s to early 30s (57% were between the ages of 25 and 34). A majority of participants' undergraduate degrees were in the liberal arts and social sciences (53%), or health sciences (37%); 7% had degrees in business and 3% in education. Most (77%) reported either knowing someone with a mental illness or having a mental illness themselves. Participants reported divergent views regarding their intended area of practice post-graduation: emergency care was the most frequently intended specialty post-graduation (37%); critical care was the second most selected specialty (30%), followed by obstetrics (20%), pediatrics (17%), and 'undecided' (17%). Students displayed little interest in medical-surgical nursing (7%) and community/public health (7%) and none planned to pursue mental health nursing (students could select more than one response).

Students' Attitudes towards Psychiatric Mental Health Nursing

Clinical experience is discussed in the context of students' attitudes, knowledge, and feelings about their mental health clinical course. Students' responses indicate that their clinical experiences provided valuable experience for future nursing practice (97%), and that they had a better understanding of mental illness after their mental health clinical course (97%); however, less than one-half (47%) believed that these experiences prepared them to work as a PMHN. Nearly all students felt safe (90%) and supported by nursing staff (87%) during their clinical experiences. Most students (97%) felt uncertain while interacting with persons with mental illness, although when asked specifically about anxiety, only 24% reported feeling anxious during interactions with persons with mental illness. Nearly two-thirds (64%) of students had a good understanding of the role of PMHNs, but only 34% reported feeling confident in their ability to care for persons with mental illness.

Stigmas and stereotypes were assessed by beliefs about persons with mental illness. Most participants (87%) believed that mental illness was not a sign of weakness. However, almost half (47%) of students said they would not tell someone they had a mental illness unless it was absolutely necessary to do so. Most students (93%) agreed that persons with mental illness could be affected by others' attitudes, and deserved the empathic understanding of others (93%), however, one-third (33%) of students believed that persons with mental illness were difficult to work with. Nearly all (97%) of the students thought that psychiatric mental health nursing makes a positive contribution to persons with mental illness; more than half (63%) believed that PMHNs treat the whole person. All students (100%) believed that psychiatric mental health nursing was an important part of nursing education, and has relevance to other areas of nursing. Most students (87%) believed that psychiatric mental health nursing is a challenging career choice.

DISCUSSION

The findings from this study reveal information about Masters entry students' attitudes towards mental health nursing, including plans to pursue practice in this area after graduation, as well as information about perceptions of clinical experiences, sense of preparedness for psychiatric mental health nursing, and stigmas and stereotypes about persons with mental illness. This study appears to be one of the first that looks at these phenomena among students in an entry-level program at a Masters level. The findings in most areas are congruent with existing literature, and serve to illuminate emerging strategies for facilitation of positive attitudes towards mental illness and psychiatric mental health nursing.

Participants in this study communicated an appreciation for psychiatric mental health nursing, and an understanding of PMHNs' positive contributions to persons with mental illness. This is encouraging as one factor implicated in lack of preference for psychiatric mental health nursing practice is stigma by association (Halter, 2008), in which those associated with persons with mental illness are subject to similar stigmatizing stereotypes; this does not appear to be at play in this study. Such stigma does not appear to be operative in this group of students, yet this finding is at odds with the finding that none of them plan to pursue psychiatric mental health nursing, even as a second or third choice. It is, however, congruent with Halter's (2008) finding that out of 10 specialty areas, psychiatric mental health nursing was ranked last by 122 practicing nurses, as well as in a similar conclusion drawn by Happell and Gaskin (2013), in their systematic literature review of undergraduate nursing students' attitudes towards mental health nursing.

While evidence suggests that negative clinical experiences are a common reason for ranking psychiatric mental health nursing as the least preferred career choice post-graduation (Stevens & Dulhunty, 1994), that does not appear to be the case in this study, with close to 90% reporting feeling safe and supported in the clinical setting. There are other aspects of clinical experience that may facilitate development of more positive attitudes towards this practice area that may have shaped the students' positive assessments of their clinical experiences, including amount of clinical time, with greater amounts of clinical time more likely to facilitate the development of more positive attitudes (Happell & Gaskin, 2013). However, students in this study completed a total of 60 h of mental health clinical experience, as compared with the 120 h for critical care experiences. Other factors that increase quality of the clinical experience, such as faculty support and active involvement in patient care (Henderson, Happell, & Martin, 2007; Waite, 2006) may also contribute to the development of more positive attitudes. Future studies should determine the relative impact of number of clinical hours versus quality of the clinical experience in shaping attitudes toward the practice area.

Another factor in the development of positive attitudes toward this area of practice is student perception of persons with mental illness. In this study, the vast majority of students showed some indication of positive and accepting attitudes towards persons with mental illness in their agreement with statements that mental illness is not reflective of personal weakness. However, almost half would not choose to reveal their own mental illness to others, suggesting shame or fear of others' judgments that may be rooted in negative views of persons with mental illness. Stereotypes of persons with mental illness as dangerous and difficult to work with are not uncommon among the public and Happell (2009) and others suggest that students may bring these learned and embedded attitudes with them as they enter professional education programs (Romem et al., 2008; Theriot & Lodato, 2012). Negative stereotypes can also raise fear and anxiety about work with persons with mental illness to the point that the student may not be able to make full use of the learning opportunities in the clinical area (Ganzer & Zauderer, 2013), which could, in turn, limit opportunities to use the clinical experience to reflect on and change attitudes. Only about a quarter of this sample identified anxiety during interactions with persons with mental illness that may indicate that their clinical experience was at least in part effective in decreasing the anxiety that may be a result of negative stereotypes. In a qualitative study of Dutch nursing students by Hoekstra, van Meijel and van der Hooft-Leemans (2010), students reported some awareness of their own negative evaluations of persons with mental illness and expressed a desire for more guidance and support in their educational program for reflecting on and addressing these beliefs. Strategies to assist students to recognize and address these are important to develop and investigate empirically.

A further factor to consider is perception of preparedness for practice in psychiatric mental health. In this study, over half of the students felt that they were not adequately prepared for practice in this area and the vast majority expressed uncertainty about the ability to interact with persons with mental illness. This is congruent with Waite's (2006) finding that 14 of 15 new psychiatric mental health nurses felt that they had not had adequate preparation for practice in their educational preparation. Happell and Gough (2007) demonstrated a relationship between perceptions of preparedness and interest in pursuing practice in mental health and suggest that attention to theoretical dimensions of psychiatric mental health nursing education may be key to addressing this. They suggest that theory courses can be redesigned to explicitly address the negative attitudes towards persons with mental illness that students may bring with them; if this can be done, anxiety may be decreased and learning and, ultimately, preparedness for practice, may increase (Happell & Gough, 2007).

Happell (2009) identified trends strongly suggestive of a link between greater amounts of theory and increased student perceptions of preparedness for practice and increased valuation of the practice area. She studied 784 undergraduate nursing students attending eight universities with a range of 30–160 h of psychiatric mental health nursing theory in the curriculum, finding an association between increased perceptions of preparedness and attendance at universities with greater than 100 h of theory. The participants in this study received 30 h of theory, which is at the bottom of the range. However, Happell (2009) suggests that the amount of theory is not the only factor to be considered, but notes that there is little research into what those other dimensions are or how they impact student attitudes about the practice area or preparedness for practice. Happell, Welch, Moxham and Byrne (2013) suggest that increasing student exposure to recovery approaches to mental health care can raise student interest in the practice area. It may be that recovery approaches facilitate students' abilities to understand and appreciate the humanness of patients and by viewing the patient as an active participant in his or her own care, enable students to appreciate the optimistic and dynamic nature of practice in this area. In addition, inclusion of service users in theory courses have been found to hold promise in providing students with guided opportunities to reflect on beliefs and attitudes (Blackhall & Schafer, 2012), as does the guided use of simulated illness experiences, such as auditory hallucinations (Hamilton Wilson et al., 2009). Further studies should assess for the presence and impact of these factors in curricula.

Although this study offers important insights about Masters entry students' beliefs and perceptions of psychiatric mental health nursing as a career, the study has several methodological issues that should be considered. First, the study has a small sample size. Second, the sample was a convenience sample from only one Masters entry nursing program. Third, the study was a quantitative descriptive study, which may not have captured all of the perceptions and attitudes that masters entry students have toward working with persons with mental illness. Future research should include larger samples of Masters entry students

to further illuminate how these phenomena operate in this type of nursing program, and should include qualitative components that may contribute to a more comprehensive and deeper understanding of attitudes and values. Additional research could also compare various programs in different locales. Given that many of the studies in this area have been done outside of the USA, it would be also be useful to design studies to develop a clearer picture of these phenomena in the USA. That said, the study has some implications for nursing education.

Nursing education must reinforce the importance of psychiatric mental health nursing. This may be an uphill battle when the curriculum implicitly communicates diminished value of the area through fewer clinical hours than in other areas. Further, curricula may emphasize topics, such as technical skills and understanding of mental illness, when the need for PMHN must be equally stressed. Of note, Happell and Gaskin (2013) caution that changing student attitudes toward practice may not result in more nurses entering this area of practice. They direct attention towards the need to empower psychiatric mental health nurses to promote a more positive view of their practice area.

There is no doubt, however, that there is a need to determine the most effective ways to assist students to become aware of their attitudes towards persons experiencing mental illness, as well as to determine the best ways to provide students with opportunities to change and refine these attitudes towards persons with mental illness. Attitudinal shifts may increase preference for this area of practice, but more importantly, may help to combat negative views and lack of knowledge of mental illness. If these are not explicitly addressed in the curriculum, stigma will persist and the care of patients with mental illness may be compromised in all areas of nursing practice. Implementing such strategies may be a particular challenge for masters entry programs in which the need to include graduate level nursing content may limit hours available to extend clinical and related theory content. Promising strategies to be explored would be those that maximize existing theory and clinical curricula to provide a more comprehensive picture of the psychiatric mental health nursing role, and to include components such as service user involvement in course lectures, guided critical reflections, and simulations of illness experience.

CONCLUSION

The findings from this study support the conclusions of other studies that the psychiatric mental health area of nursing practice is one of the least preferred areas and that students' attitudes towards persons with mental illness are not consistently positive. Future research should further explore attitudes toward mental illness and mental health nursing practice in Masters entry programs and develop a more complete picture of attitudes and contributing factors, particularly in the USA, where this area of research is less developed. Specific curricular strategies to increase students' readiness and desire to work with persons with mental illness should be explored. Nurses should treat the whole person, and without adequate attention to mental health issues, persons with mental illness may not receive the care that they deserve. Mental illness exists in all domains of nursing, and it is our hope that it is appreciated, understood, and responded to effectively and compassionately by new nursing graduates.

Declaration of Interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

REFERENCES

Alexander, L. A. & Link, B. G. (2003). The impact of contact on stigmatizing attitudes toward people with mental illness. *Journal of Mental Health*, *12*(3), 271–289.

Barker, P. & Buchanan-Barker, P. (2010). The Tidal Model of Mental Health Recovery and Reclamation: Application in acute care settings. *Issues in Mental Health Nursing*, *31*(3), 171–180.

Blackhall, A. & Schafer, T. (2012). Service user involvement in nursing students' training. *Mental Health Practice*, *16*(1), 23–26.

Calvert, SH., Sharpe, M., Power, M., & Lawrie, SM. (1999). Does undergraduate education have an effect on Edinburgh medical students' attitudes to psychiatry and psychiatric patients? *Journal of Nervous and Mental Disease*, *187*(12), 757–761.

Delaney, K. R. & Shattell, M. M. (2012). Registered nurse workforce trends for new entrants age 23–26: Hope for the psychiatric nursing workforce shortage. *Issues in Mental Health Nursing*, *33*, 340–341.

Dempsey, A. & Ribak, J. (2012). The future of the psychiatric mental health clinical nurse specialist: Evolution or extinction. *Nursing Clinics of North America*, *47*(2), 295–304.

Ganzer, C. A. & Zauderer, C. (2013). Structured learning and self-reflection: Strategies to decrease anxiety in the psychiatric mental health clinical nursing experience. *Nursing Education Perspectives*, *34*(4), 244–247.

Halter, M. J. (2008). Perceived characteristics of psychiatric nurses: Stigma by association. *Archives of Psychiatric Nursing*, *22*(1), 20–26.

Hamilton Wilson, J. E., Azzopardi, W., Sager, S., Gould, B., Conroy, S., Deegan, P., et al. (2009). A narrative study of the experiences of student nurses who have participated in the Hearing Voices that are Distressing simulation. *International Journal of Nursing Education Scholarship*, *6*(1), 1–15.

Hanrahan, N. P. (2009). Analysis of the psychiatric-mental health workforce in the United States. *Journal of Psychosocial Nursing*, *47*(5), 34–42.

Happell, B. (2005). Mental health nursing: Challenging stigma and discrimination towards people experiencing a mental illness. *International Journal of Mental Health Nursing*, *14*(1), 1.

Happell, B. (2009). Influencing undergraduate students' attitudes toward mental health nursing: acknowledging the role of theory. *Issues in Mental Health Nursing*, *30*, 39–46.

Happell, B. & Gaskin, C. J. (2013). The attitudes of undergraduate nursing students towards mental health nursing: a systematic review. *Journal of Clinical Nursing*, *22*, 148–158.

Happell, B. & Gough, K. (2009). Nursing students' attitudes to mental health nursing: Psychometric properties of a self-report scale. *Archives of Psychiatric Nursing*, *23*(5), 376–386.

Happell, B. & Gough, K. (2007). Undergraduate nursing students' attitudes towards mental health nursing: Determining the influencing factors. *Contemporary Nurse*, *25*, 72–81.

Happell, B., Welch, T., Moxham, L., & Byrne, L. (2013). Keeping the flame alight: Understanding and enhancing interest in mental health nursing as a career. *Archives of Psychiatric Nursing*, *27*(4), 161–165.

Hayman-White, K. & Happell, B. (2005). Nursing students' attitudes toward mental health nursing and consumers: Psychometric properties of a self-report scale. *Archives of Psychiatric Nursing*, *19*(4), 184–193.

Health Resources and Services Administration. (2013). *The U.S. nursing workforce: trends in supply and education.* Rockville, MD: Bureau of Health Professions.

Henderson, S., Happell, B., & Martin, T. (2007). So what is so good about clinical experience? A mental health nursing perspective. *Nursing Education in Practice*, *7*, 164–172.

Ilic, M., Reineke, J., Bohner, G., Rottgers, H., Beblo, T., Driessen, M., et al. (2013). Belittled, avoided, ignored, denied: Assessing forms and consequences of stigma experiences of people with mental illness. *Basic and Applied Social Psychology*, *35*(1), 31–40.

Hoekstra, H., van Meijel, B., & van der Hooft-Leemans, T. (2010). A nursing career in mental health care: Choices and motives of nursing students. *Nursing Education Today*, *30*, 4–8.

Janssen. (2011). *The current and future practice of psychiatric nursing*. Raritan, NJ: Ortho-McNeil-Janssen Pharmaceuticals Inc.

Karimollahi, M. (2011). An investigation of nursing students' experiences in an Iranian Psychiatric unit. *Journal of Psychiatric and Mental Health Nursing*, *19*, 738–745.

National Alliance for Mental Illness. (2013). *Mental illness facts and numbers*. Retrieved from http://www.nami.org/factsheets/mentalillness_factsheet.pdf.

Romem, P., Anson, O., Kanat-Maymon, Y., & Moisa, R. (2008). Reshaping students' attitudes toward individuals with mental illness through a clinical nursing clerkship. *Journal of Nursing Education*, *47*(9), 396–402.

Stevens, J. A. & Dulhunty, G. M. (1994). *Nurse education does not produce mental health nurses: Curricula in need of new direction*. Proceedings of the Australian and New Zealand College of Mental Health Nursing 20th Annual Convention, Brisbane.

Stuart, G. (2002). Psychiatric nursing: A specialty in spasm. *Journal of the American Psychiatric Nurses Association*, *8*, 1–2.

Stuhlmiller, C. (2005). Promoting student interest in mental health. *Journal of the American Psychiatric Nurses Association*, *11*(6), 355–358.

Theriot, M. T. & Lodato, G. A. (2012). Attitudes about mental illness and professional danger among new social work students. *Journal of Social Work Education*, *48*(3), 403–423.

Tidal Model. (2000). *The ten commitments*. Retrieved from http://www.tidal-model.com/Ten%20Commitments.htm

Waite, R. (2006). The psychiatric educational experiences of advance beginner RNs. *Nurse Education Today*, *26*(2), 131–138.

World Federation for Mental Health. (2008). *Making mental health a global priority*. Occoquan, VA: Author.