

SUSTAINING AND IMPROVING INTERNATIONAL MENTAL HEALTH NURSE RECRUITMENT IN SRI LANKA: A PILOT PROJECT EVALUATION REPORT (August 2023).

EXECUTIVE SUMMARY

This project aimed to deliver an NHS Mental Health programme to qualified Sri Lankan nurses with an interest in being upskilled in mental health nursing knowledge and skills, preparing them for potentials of working overseas in the UK.

NHS Innovation funding enabled a collaboration between the North-West and East of England regions for focused activity relating to international recruitment projects.

On 9th May 2022, a Memorandum of Understanding between the UK Government and the Democratic Socialist Republic of Sri Lanka was formed for health care co-operation, achieving international health care workforce recruitment to the UK¹.

NHS England in the East of England had established contacts in Sri Lanka, so mutually beneficial training and recruitment opportunities were able to be advanced during 2023. An initial scoping visit was undertaken in March 2023, with North West and East of England members attending.

Curriculum development with UEA commenced September 2022, and was completed ready for the first cohort delivery commencing February 2023.

A first cohort began online (using Microsoft teams) in February 2023, delivering 6 of the 12 sessions to six Sri Lankan nurse participants. An in-country week to deliver the second half of the course took place in May 2023, at the General Sir John Kotelawala Defence University (KDU).

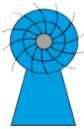
Following review of the curriculum content, and the experience of the Sri Lankan nurses, a revised model of delivery was proposed and tested during an intensive one-week face to face delivery in August 2023. Additional support was also provided for Official English Language Test for Health care Professionals (OET) training, from Special Language Course team Director Bethan Edwards.

Whilst the number of nurses being trained in Sri Lanka are of significant volume, those ready to achieve the necessary mental health nursing experience, to adequately prepare them for working in the NHS has proven more challenging. This is largely due to their training only having four weeks of mental health experience, and a lack of confidence in their ability to speak, engage and converse in English.

This NHS Mental Health programme, as a pilot project has achieved development of a 12 session NHS mental health curriculum and established base line assessment of the mental health skills requirements associated with nurse training across two partnership universities in Sri Lanka, and the central Institute for Mental Health hospital.

The NHS MH programme course content has a considerable level of detail that can be used flexibly, and in multiple ways as it remains free to use as required, to enhance mental health knowledge, skills, and service

¹ <https://www.gov.uk/government/publications/memorandum-of-understanding-between-the-uk-and-sri-lanka-on-healthcare-cooperation/memorandum-of-understanding-on-the-recruitment-of-sri-lankan-healthcare-professionals-between-the-government-of-the-democratic-socialist-republic-of-sri-lanka> (accessed 18/8/2023)



level advancements. For example, the North West are working to adapt the course content to continue to upskill and educate international nurses in mental health skills and knowledge once recruited to the UK.

Adapting the course to a one week intensive face to face delivery approach, has proven useful in terms of encouraging early nurse graduates of the potential to gain additional mental health nursing experience, and then to join the recruitment campaign and achieve the full blended NHS MH programme to prepare them for working overseas. Working intensively in English helped build their confidence to read, speak and engage in English, through the full in person weeks course delivery approach.

In summary, this pilot project has achieved and has cemented relationships with key University settings in Colombo Sri Lanka, including a government and a private university setting.

Interest and enthusiasm from Sri Lankan nurses to work overseas is high, yet achieving the mental health experience and English language OETs has proven more challenging and delayed potential recruitment to the original target.

Recommendations are to achieve a staged and more focused approach to delivering mental health training and building English language confidence in Sri Lankan nurses.

- 1. To focus activity on the marketing and advertising needed to recruit interested participants. This can be achieved through delivering a series of workshops both at the Institute for Mental Health hospitals, with qualified clinicians, and at mixed sessions with new graduates and practitioners at the University settings.
- 2. To focus delivery on an intensive week of NHS Mental Health programme education, targeted to those practitioners with adequate experience of mental health, plus preparing them for interview and recruitment process.
- 3. To consider an agreed timetable of activity throughout the year, focusing on amalgamation of phases 1 and 2 at roadshow events, and then followed by the intensive delivery week. This mapping needs to take place to accommodate the University exam periods, graduation events and post-graduation events and workshops already taking place throughout the Sri Lankan academic year.

The project report was commissioned and funded by: NHS England, East of England

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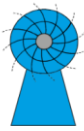
- Professor Sally Hardy, Director Norfolk Initiative for Coastal and rural Health Equalities, Anchor Institute, Faculty of Medicine and Health Sciences, UEA.

Additional team members involved were

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PROJECT REPORT v1 August 2023

Sustaining and improving international mental health nurse recruitment in Sri Lanka: A pilot project evaluation report.

Background

Sri Lanka is an island country in South Asia, formerly known as Ceylon.

The island lies in the Indian Ocean and has a population of nearly 22 million (as of 2022). The country is divided into 9 provinces and 26 districts.

The country's population is rapidly ageing and the percentage of those over 65 years of age increased from 3.7% in 1970 to 10.8% in 2019. There is also a raising increase in females, many of whom are unemployed.

Over 70% are Buddhist, with 12.6% identified as Hindu, and less than 10% Islamic. Roman Catholicism is at 6% and is associated with the historical occupation of the Portuguese, Dutch and British invaders during the 16th Century onwards. Majority of the population are Sinhalese, with a smaller percent Tamil (largely located in the northern province).



On the 4th February 1948, Ceylon became independent of British colonialism, and in the 1970s, a new generation of radical Tamils (largely in the North of the island) began to attack Sri Lankan government taking Sri Lanka into a civil war. War ended in May 2009, bringing an end to 25 years of hostilities.

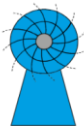
Boxing Day 2004, a tsunami destroyed the coastline in the south, leaving 100,000 homeless, and killing 30,000 people. Ongoing trauma of this event is still spoken of today.

Throughout 2022 the country experienced a worsening economic situation leading to public unrest and unstable government. This is now slowly improving due to Sri Lankan Prime Minister resigning in May 2022. The current (8th) president is Ranil Wickremesinghe who also holds several ministerial positions, including the Minister of Finance, Minister of Defence, Minister of Technology and Minister of Women, Child Affairs and Social Empowerment.

Health care in Sri Lanka

Ancient Kings of Sri Lanka were keen to support health of the population and invested in hospitals and sanitation systems. The Portuguese colonized Sri Lanka in 1505, and introduced a more western approach to health care, then later the Dutch, then the English continued to expand this colonisation, including a military emphasis to hospital-based care.

Traditional Ayurvedic practice remains an important aspect of Sri Lankan culture and embraces homeopathy and meditation. A large percentage of Ayurvedic practitioners work privately.



Ayurveda treatments such as Abhyanga, Shinohara and Panchakarma (Ayurveda cleanse) for detoxification, rejuvenation and weight loss remain a specific tourist attraction.

Since 1950's, health care in Sri Lanka is publicly funded, remaining largely free health care system. Quality of care is an issue, with an emergent private healthcare system, mainly delivered through general or family practitioners, who are a first point of contact for those who can afford to pay.

The greatest challenge to Sri Lankan health care is government funding. A growing economic crisis (inflation at 30%), means the government no longer has the financial reserves to continue to import necessary medicines, fuel and food stuffs, therefore free health care is seen to be in decline (Sarkar, 2022).

Training of health care professionals is monitored and managed by the Ministry of Health, except for medicine, which comes under the Ministry for Higher Education (Fernando, 2000). Outgoing Sri Lanka trained health care professionals is a growth trend.

Government funded nurse training enables nurses to work once qualified in either government or private hospitals. Training is free of charge because it is government funded through competitive application. Working conditions (patient: staff ratio) is much higher in government facilities, with many hospital and clinic sites having been built during colonialism.

Government training has placed a cap (5%) on the number of male nursing students per cohort, to address the high unemployment rates for females, in contrast to strategies elsewhere which aim to address the feminization of the profession through increasing numbers of male nurses.

Private training is an option for nurses but means they can only work in private hospitals. These nurses are more likely to wish to relocate abroad, as much of their training is delivered in English and includes consideration of the NHS model. Training is funded by the students themselves, usually through loans, and is an option for those who are unsuccessful in applying for government grant funded education. Private nurse training is delivered through private training institutions.

Both routes (private and government funded nurse training) provide fundamentals of mental health in their training and includes a four-week placement in the Institute of Mental Health hospital in Colombo.

The National Institute of Mental Health (Angoda Mental Hospital) is the largest psychiatric hospital in Sri Lanka, and covers acute and intermediate care, forensics, physio-geriatric, long term, and adolescent psychiatry, plus a halfway house.

The Hospital has dedicated religious space, secure outdoor facilities, OT activities and onsite dentist and a shop. Every ward has an identified nurse in charge, and a mental health hotline was being managed by nurses. The hospitals are short staffed, and staff are expected to work long hours, stay behind for additional shift when asked, and work 24 hours plus as a result.



Photographs of The Institute for Mental Health Angoda Hospital, Colombo Sri Lanka (May 2023)

The NHS East of England's Mental Health Training Programme

Balancing an individual's right to migrate against meeting the demands for a skilled health workforce in-country, therefore, requires a fine balance of managing this highly skilled human resource (V11²)

A pilot project was funded by NHS England innovation funds, to develop and deliver a mental health training curriculum (NHS Mental Health Module) to internationally educated nurses with a bachelor's degree in nursing, piloting this programme for use in Sri Lanka.

The project aimed to deliver and assess the first two cohorts of the Mental Health module with nursing students in Sri Lanka, as a starting point to explore and facilitate recruitment of internationally educated Sri Lankan nurses.

On 9th May 2022, a Memorandum of Understanding between the UK Government and the Democratic Socialist Republic of Sri Lanka was formed for health care co-operation, achieving international health care workforce recruitment to the UK³.

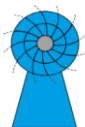
The objective was to consider a beneficial process from which to prepare nurses to make informed decision to work in NHS mental health services as Registered Nurses Mental Health. For the pilot project 2 NHS mental health Trusts were active participants, being the North West NHS Trusts and Norfolk & Suffolk NHS Trust.

Dayani Bayai, at NHS England, East of England had established contacts in Sri Lanka, so training and recruitment opportunities were able to be advanced during 2023. An initial scoping visit was undertaken in March 2023, with North West and East of England members attending.

The NHS MH curriculum built upon work achieved through an existing international mental health curriculum programme funded by the EU, and led by Anglia Ruskin University (Nolan & Brimblecombe, 2019). The

² https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-colombo/documents/publication/wcms_876322.pdf (accessed 24/8/23)

³ <https://www.gov.uk/government/publications/memorandum-of-understanding-between-the-uk-and-sri-lanka-on-healthcare-cooperation/memorandum-of-understanding-on-the-recruitment-of-sri-lankan-healthcare-professionals-between-the-government-of-the-democratic-socialist-republic-of-sri-lanka> (accessed 18/8/2023)



international mental health curriculum was revised and updated by the University of East Anglia, then mapped against NMC and Skills for Health Mental health core competencies.

Curriculum development with UEA commenced September 2022, and was completed ready for the first cohort delivery commencing February 2023. This curriculum mapping process produced a 12-session programme, consisting of core theoretical, legal, skills-based components, plus personal and professional career potentials (e.g., leadership, research, and critical reflection).

- Knowledge, skills, and aptitude developments for mental health nursing practice provided over a spiral curriculum (each session builds upon the next)
- 3 x Clinical Skills focused sessions.
- Professional knowledge advancements (mental health and psychiatric focus)
- Theoretical components (psychological and social constructs)
- Legal requirements (political acts of parliament, safety/safeguarding)
- Personal and career potentials (research, leadership, and critical reflection)

Box 1: NHS Mental Health Curriculum core content.

A blended learning experience was planned, offering the first six sessions to be delivered online (via Microsoft Teams), with a second face to face week of training in person, in Sri Lanka. At the close of the programme delivery, a certificate of achievement was offered, and a small celebration event with local partners invited to participate.

Two universities were identified as Sri Lanka partners, one being a government (military) University, General Sir John Kotelawala Defence University (KDU), and the second a private university, the International Institute of Health Sciences (IIHS). Both universities are situated in Colombo as the Sri Lanka capital.

SRI LANKA MENTAL HEALTH STEPS TO DELIVERY
Scoping of curriculum by UEA
Delivery model & duration outlined
Producing a set of NHS recruitment entry criteria and process
Agree a blended approach to delivery including both virtual and face to face sessions
A certificate of completion of the NHS Mental Health Module
Access to a Computer Based Test (CBT) interactive platform to all internationally educated nurses undertaking the course
Support for English language training and Official English Language Test (OET) preparation and practice

Table 1: Steps to delivering a mental health training and recruitment pathway in Sri Lanka

The first cohort began participation working online (using Microsoft teams) in February 2023, delivering 6 of the 12 sessions to six Sri Lankan nurse participants. However, connection problems, and financial implications and cost of data sharing when trying to download the power point presentations led us to understand the

issues of trying to deliver online learning to Sri Lanka. Plus, the scheduling of the delivery to coincide with Sri Lanka lunchtimes, did not work with staff shifts.

Feedback indicated that commencing the sessions later, such as 3 or 4pm (+4.30hrs) would have enabled participants to then get home before attempting to connect to the online session whilst either travelling home, or whilst still at work.

The second face to face delivery aspect for cohort 1 was delivered in country as an intensive face to face weeks delivery of the course in May 2023, at the General Sir John Kotelawala Defence University (KDU).

Students undertook a training needs analysis collated by the NW NHS team and showed small advancement in their knowledge and confidence in mental health, with significant improvements in their confidence to converse and engage in English language.

Recorded messages from each of the eight participants were also captured and are currently being used by the NW in a campaign to further recruit overseas nurses to the NHS in the northwest⁴.



To date, two of the original cohort 1 have been recruited to work in the East of England. Of those in our second cohort, 2 are very keen to move to the UK, and all participants have a future dream of being able to work overseas. Whilst this figure did not match the original and anticipated higher numbers of international recruitment targets set by the UK government, there have been significant learnings and lessons derived from our work in Sri Lanka.

Second delivery: cohort 2

A second visit to Sri Lanka was planned for August 2023, and due to misalignment of project priorities, alongside internal staff changes, NHS NW and NSFT collaboration was ceased.

⁴ <https://www.lscft.nhs.uk/international-nurse-recruitment/sri-lanka-nurse-campaign>

Following review of the curriculum content, and the experience described by the first cohort of the Sri Lankan nurses, a revised model of course content delivery was proposed and tested during an intensive one-week face to face delivery in August 2023.

Additional support was also provided for Official English Language Test for Health care Professionals (OET) training, from Special Language Course team Director Bethan Edwards. The two Universities, at KDU and IIHS identified potentially 25 persons to join this second cohort.

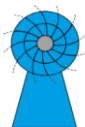
However, on reaching Sri Lanka to commence the delivery, at IIHS there were OSCEs taking place, and confusion as to who was required to attend the NHS Mental Health programme for the week, so a variety of different students attended across the weeks course delivery, despite being promised a cohort of 25 on the morning we arrived. There were three core participants who completed the week and received a certificate. Two additional students were able to join for the latter half of the week and are captured in the photograph below but did not receive the certificate of achievement. In total over 15 different students attended individual days of training at IIHS.



At KDU, additional staff scheduled to attend were unable to be released from their clinical work. One participant attended, despite having worked a full 24-hour shift. Others also had to accommodate working outside of the course delivery. A core of five students completed the weeks programme and received certificates (captured in the photograph below).



Despite disappointing low numbers, those in attendance reported the significant value of learning more about mental health skills and knowledge and learning and speaking in English for the entire week. This experience had really helped them understand the broader implications of mental health across physical health and throughout the lifespan (birth to death).



However, many of the second cohort had only the four weeks exposure to mental health and were therefore too early for consideration of then taking them through additional steps towards NHS recruitment offers.

Evaluating the learning associated with cohort two was achieved by a simple statement in intent at the start of the week's programme, which were used to measure learning over the weeks with new reflection statements of what they had learnt.

Statement of intent (what are you curious about?)	Weeks evaluation (what have I learnt?)
<i>How to provide care for mental depressed children</i>	<i>Recovery is very unique and its different from person to person</i>
<i>How to continue post care after recovery for people with long term mental health</i>	<i>Recovery takes time, and it works, but we should trust the process until the destination is reached</i>
<i>How to apply the knowledge regarding what we learn here in clinical practice, and in England</i>	<i>It helps to find who you are – as a person – to be a mental health nurse</i>
<i>How to perform elderly care (above aged 60)</i>	<i>Social support, family support this network should be very effective and good quality</i>
<i>How is the medical ongoing management of patients achieved in England</i>	<i>Self-care is important, mind body connections and reflective practice</i>
<i>How should we perform more individualised based care in Sri Lanka</i>	<i>Mental health advocacy</i>
<i>Cultural and social influences</i>	<i>How important that you know your culture, bias and be non-judgemental through reflective practice</i>
<i>Different therapeutic approaches and how to apply these</i>	<i>Understanding the patient's viewpoint and know about their preferences as well</i>
<i>What is a mental health nurse - overall</i>	<i>it's a role that is based on humanity – be your own nurse</i>
<i>How to act when the person is aggravated</i>	<i>I learnt how important it is to be a critical thinker in a hospital set up and remain calm</i>
<i>What is the connection between genetics and mental health</i>	<i>I learnt how to apply knowledge to the patients' situations</i>

Table 2: Statements of intent and learning from cohort 2 NHS MH course evaluation (August 2023)

NHS Recruitment process

Selection criteria devised for the recruitment element of the project meant that additional exposure and experience of mental health nursing in their home country enabled the transition to the UK easier and therefore many of this second cohort were encouraged to seek additional experience and then to speak with us again about potentials for work overseas.

- Be a registered nurse with a BSc (many nurses in Sri Lanka are trained to Diploma level)
- Worked in MH for at least 6 months (many nurses have only four weeks experience during their training)
- Able to commit to and complete the NHS MH Module (i.e., one week/5 days of intensive face to face delivery)
- 100% attendance required (achieving time away from work)
- Mock English Test at level 6.5 or B2/C1 equivalent (evidence needed – English Score)



- Able to submit application to NMC.
- Pass English language at required level.
- Complete MH CBT within 6 months of module start date.
- Want to live and work in the UK as a registered MH nurse.
- Have family or contacts in the chosen area of the UK as an additional support system.

Box 2: Selection criteria guidelines for NHS UK recruitment

All participants were invited to undertake interview preparation and ask questions about the recruitment process. One of the NHS Module delivery teams, Clinical Educator Shiju Selvadas was able to speak of his own experience of undertaking overseas migration and recruitment to the NHS. His story of overcoming the testing process, many times failing to pass and the associate strain on his family, and the financial outlay were a meaningful contribution to enhance the delivery team's credibility with the Sri Lankan students.

Lessons from the field

Operational advancements

Exposure to mental health within the nurse training in Sri Lanka is minimal, and social stigma is high in terms of people being ostracised from their families and society. Despite this the candidates were all keen to learn more of how to address and challenge mental health issues in Sri Lanka, including sharing their own stories and family backgrounds of learning disability, social taboos, and generational differences.

There is a significant hierarchical culture across nursing and medicine, where the nursing voices, as leaders and champions for change is seldom heard or acted upon. Senior clinicians are hardworking and committed to their profession, and provide great physical care to patients, yet little was witnessed as to the potential therapeutic engagement with patients, outside of walking to the gardens, or helping them eat and dress.

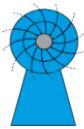
There was a noticeable lack of clinical nursing leadership, where nurses were influencing service improvement, leading research, or promoting recovery, as this was very much seen as the domain of the medics.

Several workshops, visits and sessions were provided in addition to the face-to-face NHS MH course delivery, which further cascaded the potential interest in and engagement with practitioner's post qualification. There was a hunger for knowledge, yet reticence to speak forth in English, and a strong desire to please and get things correct, with approval from local senior staff present.

Delivering the NHS MH course in person reaped more gains than attempts to capture high numbers through online delivery, with the bonus of students being more willing to converse and engage in English as the week progressed.

Pipeline/level of candidates

Undertaking the NHS MH course delivery to two groups, and with future cohorts forthcoming, the knowledge and skills associated with mental health nursing values, addressing social stigma, human rights, and recovery were all significant learning for Sri Lankan nurses, who were eager to know more to support and enable person centred care delivery.



Confidence in the student participants engagement with English language, and their fluency as the week progressed was remarkable. At IHS much of their teaching is undertaken in English, but they remain reluctant to use their English when initially meeting and engaging with us in the classroom setting, until prompted and made comfortable (without feeling there is a pass or fail associated with their ability to converse in the classroom setting). Once the initial hierarchical assumptions were addressed, the level of engagement, sense of fun and shared learning was considerable

For many there is concern the UK is merely poaching the staff who are needed in Sri Lanka, and therefore emphasis on work being achieved through the MH course programme to achieve advanced local knowledge and expertise was a greater achievement than achieving high recruitment targets. Certainly, during our second visit and cohort delivery, practitioner was not being given permission to attend, as the need for personnel to cover the clinical work was an overriding priority.

Pilot project achievements

Identified from across the visits and work achieved, the following checklist has been collated to capture project achievements. These are:

- ✓ Develop relationships with key stakeholders in the UK.
- ✓ Introduce NHS MH course delivery team to familiarize course content to local context.
- ✓ Stakeholder mapping exercise: students, Government sector mental health lecturers, Universities, represented groups of psychiatry, public health, maximizing mutual benefit and long-term sustainable programmes of collaboration.
- ✓ Updates on Module development, flexibility in delivery models and free access to all
- ✓ Clarify further selection criteria for progressing to overseas recruitment in NHS Mental Health settings.
- ✓ Promote MH nursing in Sri Lanka, as everyone's business.
- ✓ Promote MH nursing as a respected profession in Sri Lanka and potential learn and return approach to skills advancements, through student and staff exchange programmes.
- ✓ Sign MOU for long term sustainability with NHS and HEIs
- ✓ Marketing activity and mapping to Sri Lanka graduates' timelines
- ✓ Preparation and Interview practice opportunities for candidates for the NHS MH module
- ✓ Visit and engagement with local Sri Lanka MH Hospital and MH units for ongoing skill development and service improvement opportunities.

Adapting the course to a one-week intensive face to face delivery approach, has proven useful in terms of encouraging early nurse graduates of the potential to gain additional mental health nursing experience, and then to join the recruitment campaign and achieve the full blended NHS MH programme to prepare them for working overseas. Working intensively in English helped build their confidence to read, speak and engage in English, through the full in person weeks course delivery approach.

This pilot project has achieved and cemented relationships with key University settings in Colombo Sri Lanka, including a government and a private university setting. The additional stakeholder meetings that have taken place during both visits have opened additional avenues for longer term sustainable programmes of work, where mutual benefit can be enhanced, in terms of local knowledge advancements, educational collaborations and service level improvement projects.



Interest and enthusiasm from Sri Lankan nurses to work overseas is high, yet achieving the mental health experience and English language OETs has proven more challenging and delayed potential recruitment to the original target.

Recommendations

Recommendations are therefore identified to achieve a staged and more focused approach to delivering mental health training and building English language confidence in Sri Lankan nurses.

First, is to focus activity on the marketing and advertising needed to recruit interested participants in the cohort numbers to make overseas and in person delivery by a co-facilitation team (academic paired with a clinician) advantageous and cost effective.

This can be achieved through a) delivering a series of workshops both at the Institute for Mental Health hospitals, with qualified clinicians, and at mixed sessions with new graduates and practitioners at the University settings. b) creating a poster to have displayed at partner institutions locally, advertising the NHS MH module and associated booking form

Second, is to focus delivery of an intensive week of NHS Mental Health programme education, targeted to those practitioners with adequate experience of mental health, plus preparing them for interview and recruitment process. Working to achieve interest and sign up from stage 1 process identified above. Potential for setting up an International Mental Health Academy is another recommendation that will further cement and accrue a mutually beneficial engagement between practice partners and the University. (Refer to Appendix 4: page 19 below)

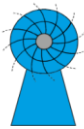
Third, is to consider an agreed timetable of activity throughout the year, focusing on amalgamation of phases 1 and 2 at roadshow events, and then followed by the intensive delivery week. This mapping needs to take place to accommodate the University exam periods, graduation events and post-graduation events and workshops already taking place throughout the Sri Lankan academic year.

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APPENDIX ONE

Report on the Sri Lanka visit (29th May – 2nd June 2023)

Highlights

It was an absolute privilege to be able to visit in person and better understand the Sri Lanka health and nursing context.

Working with students in person, at the Kotelawala Defence University (KDU) site proved invaluable to the increased interactions and encouraging them to interact and learn with us in English language. Despite their initial reluctance to share their experiences, talking in English, as the week progressed they became more relaxed and allowed their personalities, interests and experience to be revealed.

Paul Linsley and Shiju were a great complimentary team, providing personal experience of international recruitment, and lecturing expertise. They became the main point of contact for students throughout the week, and the rapport, mutual respect and interactions over the course of the week were warm with strong friendship bonds forming quickly. Interactions with the students were highly positive, influenced and as a result of us interacting with them prior to the in-person visit (via the on-line course teaching), which helped create a sense of familiarity.

Course content feedback from cohort 1

There was far too much course content provided on the slides, and these were tended to be used merely as a starting point to discussion and helped focus each day on particular themes using the course module structure prepared. However, much of the content was familiar to the students, and their key interest was learning more about the UK Laws, and NHS context.

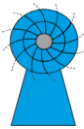
What to improve

Any online learning was asked to be pushed back to commencing at 2pm Sri Lanka time, which would be better suited to their shift patterns. Enabling the students to return home or find somewhere suitable to access internet. At present we have been delivering the course at 9.30am (1pm Sri Lanka), which proved problematic to participants who were working in the morning.

Whilst the initial delivery method of one week online, and one week in person, it is recommended that the majority of the course be delivered in a revised intensive face to face method, using online preparatory session to introduce the programme and course team. Online methods could also be used to assessment and evaluation at the commencement and conclusion of the course.

Recommendations

- 1) Produce a translated English- Tamil & Sinhala crib sheet with key phrases and course related content (invite Dr Kalpani to double translate)
- 2) Condense the teaching themes to provide alternative format of teaching, focused on face-to-face interactions
- 3) Amend the focus on course training to include more English interaction, to help students achieve IELTS/OETS requirements



Sri Lanka MH module delivery report

It was an honour to work with such a great team during the Sri Lankan project, and I value that opportunity very much.

Having conversations with the nurses was especially beneficial since we were able to openly discuss various issues and differences in patient care delivery in Sri Lanka. It was encouraging to see how open they were to collaborate and interacting with us, and their confidence appeared to grow every day. Paul's teaching method, which included using scenario-based learning and encouraging group discussions, was very popular among the nurses. Beccy's contribution to the teaching sessions was incredible. Given that several of the nurses reported feeling more confident in their communication abilities following these sessions, it is clear that this unique approach had a profound effect on them.

Sally's talk on research and scholarship opportunities really motivated the nurses.

It was great to see the strategic team, including Gabby, Paul J., Sally, and Dee, actively interacting with important people across the nation and building connections that would support efficient and open hiring procedures in the future. We will be able to find and recruit skilled nurses from Sri Lanka to the UK, which will be advantageous to both healthcare systems.

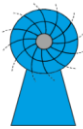
Jackie and Sam were amazing, helping nurses with their NMC processing, applications, and interviews.

I was incredibly moved by the nurses' consistent commitment to attending these sessions. It was a great chance for me to tell my story, and it inspired the nurses and gave them a chance to talk to me about their own experiences. The sharing of experiences and thoughts sparked motivation to move forward and finish their NMC registration.

Recommendations

- 4) It would be great if we could make accommodations for the following cohort to lessen their load. With this service, their comfort and wellbeing would be guaranteed, enabling them to participate completely in the sessions without the additional stress of travel arrangements.
- 5) A suitable approach to honouring the nurses' commitment and effort would be to plan a celebratory gathering, such as an evening meal, in a hotel. The hotel location would be an ideal setting for the event, giving everyone who attended a pleasurable and memorable experience.

Shiju (30/6/2023)



APPENDIX 2: NORTH WEST REPORT July 2023

Background

High vacancy rates across the Mental Health Nurse workforce in the North-West and East of England created ongoing workforce challenges. Innovative solutions were needed to accelerate and increase the pipeline of Mental Health nurses.

NHS Innovation Funding became available and a collaboration between the North-West and East of England regions was initiated by senior representatives within NHSE, with funding secured for international recruitment projects.

A Memorandum of Understanding on the recruitment of healthcare professionals between the Government of the Democratic Socialist Republic of Sri Lanka and the UK Government had just been signed. NHSE in the East of England had contacts in Sri Lanka, so an opening arose to explore mutually beneficial training and recruitment opportunities.

The North-West established a Mental Health International Recruitment Collaborative across 5 Mental Health Trusts:

- Lancashire & South Cumbria Foundation Trust
- Mersey Care NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Greater Manchester Mental Health NHS Foundation Trust
- Cheshire & Wirral Partnership NHS Foundation Trust Trusts.

Lancashire & South Cumbria NHS Foundation Trust took the lead in project management of the NHS recruitment programme, whilst Norfolk & Suffolk NHS Foundation Trust in the East of England, worked with the University of East Anglia, to finalise an international curriculum focusing on mental health skills and knowledge.

The solution was to design and develop an NHS Mental Health programme, to deliver to up to 50 Sri Lankan nurse in two cohorts, and to recruit those nurses to work in the UK. Higher Education Institutions (HEIs) in Sri Lanka were identified to partner with and explore the training and transition needs for Sri Lankan nurses to work as registered mental health nurses in the UK. The University of East Anglia were procured to work alongside NHS Clinical staff to understand the gap, design and deliver an NHS Mental Health Module. This would form part of the recruitment process for Sri Lankan nurses.

A 12 session Module was developed to be delivered both online and in person across 6 weeks to support their transition to the UK.

Nurses were required to have at least 6 months experience in mental health before applying.

What were the challenges?

Working as a collaborative worked well for most of the project with a Project Manager appointed to establish governance across the regions, with regular project team meetings and monthly Project Boards. The collaborative successfully delivered the Mental Health Module to the first cohort of nurses both online and in person in Sri Lanka. However, with a change of direction in international recruitment, Norfolk & Suffolk Trust departed the collaboration early prior to delivery to a second cohort.

Working alongside Sri Lankan HEIs provided an insight into the mental health curriculum of the nursing diploma and BSc, enabling the education team to address any gaps and develop a tailored post graduate Mental Health Module. However, working alongside two HEIs did not generate the levels of interest we had anticipated, and delays in attracting adequate numbers to a first cohort resulted in a delay to project timelines.

Delivering the Module online was challenging due to connectivity issues, and it was difficult to build the engagement and rapport with the students. The final 6 sessions of the Module were delivered in person in Colombo and the 6 nurses who attended had an excellent experience and were all committed to their learning and are looking forward to working in the UK.



The English language level of applicants was often not to the required standard; therefore, we introduced online English Language support via the British Council, providing vouchers for the nurses to attend lessons at any time 24/7 to fit around their work shift patterns.

What were the results?

The design and delivery of a Mental Health Module which can be utilised within Trusts to advance knowledge and upskill international nurses.

Raising awareness at the HEIs and National Nurse Training School in Sri Lanka of the opportunity to work in the UK for NHS Mental Health Trusts, and promotion of mental health as a respected profession in Sri Lanka.

Delivery of the Module to 6 nurses who were successfully interviewed and offered roles in the Trusts. Feedback detailed below from the nurses demonstrates the impact felt from participating in the Module:

“Thank you for giving us such a great opportunity to learn and understand the Mental Health Nursing in NHS, UK. The team was excellent.”

“Staff was very friendly and helpful. Teaching methods were excellent.”

What were the learning points?

The nurses found the in-person delivery much more accessible and enjoyable than the online teaching. Although they did appreciate the opportunity to meet the team online first and have an introduction to the Module.

The benefits of in-person training cannot be underestimated. Conversations during the Module delivery days enabled a sharing of experiences across countries and generated motivation for the nurses to complete their English Language and CBT and continue with their journey to working in the NHS.

The teaching methods were engaging, with scenario-based learning and group discussion, which allowed the nurses to not only advance their knowledge of mental health theory and practice in the UK but also allowed them to develop their English and communications skills.

Flexible support with English language studies is important for the nurses to fit in around their work and family commitments.

It was important to establish a Memorandum of Understanding with HEI partners which incorporated ethical standards for the international recruitment of healthcare staff.

Next steps and sustainability

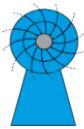
Pending success of the marketing campaign, delivery to cohort 2 is planned in September.

The Mental Health Module has been shared in the North-West as part of another international recruitment opportunity.

To extend the use of the Mental Health Module, the Practice Education Team in Lancashire & South Cumbria are reviewing the content to adapt for delivery to all new international nurses in the Trust.

Jackie Cooper, Project Manager, Jackie.cooper@lscft.nhs.uk

To see the other case studies in this series: visit the NHS England website and the FutureNHS platform at: [Mental Health & Learning Disability - International Recruitment - FutureNHS Collaboration Platform](#)



APPENDIX 3: Certificate of Achievement



CERTIFICATE

OF COMPLETION

PROUDLY PRESENTED TO

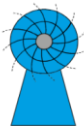
Name

For attending the NHS Mental Health Module including
Mental Health Nursing Practice, Mental Health across a lifespan, Safe Practice,
Mental Health Law & Therapeutics
on
04/08/2023 - 16/08/2023



Gabrielle Irwin
Head of Nursing and Workforce,
International Recruitment Lead (EoE)
NHS England and NHS Improvement – East of England

Sally Hardy
Professor ,NICHE, Anchor Institute at the Faculty of
Medicine and health Sciences,
University of East Anglia



APPENDIX FOUR: PROPOSAL FOR AN INTERNATIONAL MENTAL HEALTH ACADEMY

ESTABLISHING AN INTERNATIONAL MENTAL HEALTH NURSING ACADEMY (Draft 1) AUGUST 2023

It is now well established that mental health is a global health problem, causing significant unnecessary deaths, loss to economy and a rising tide of anxiety and depression in our children and young people.

According to the World Health Organisation mental health is a major priority area, with fewer people than ever receiving the support they need to improve their health and wellbeing.

People with an identified serious mental illness are dying earlier than the general population, and 40% higher risk of developing serious physical disease, such as cardiovascular and metabolic diseases.

- 1 in 4 adults have a diagnosed serious mental health issue
- 1 in 5 of the world's young people have a mental health condition.

People are living in areas affected by conflict, natural disasters associated with climate change are on the increase and our children and young people are especially vulnerable to mental distress associated with their social conditions and circumstances.

A lack of trained mental health workers, plus the social and cultural stigma associated with mental illness, remain a major barrier to people coming forward to receive the care they need to improve their health and wellbeing.

Mental health affects everyone. Therefore, it is in everyone's interest to understand and manage the mental health crisis in a collaborative way, to maximise social change efforts.

By forming an **International Mental Health Nursing Academy (IMHNA)**, collaborative efforts can bring together interested and proactive partnerships to initiate change on a global scale.

Forming an International Mental Health Nursing Academy aims to co-create mental health shared knowledge, skills, and expertise across a series of connected organisations, educating and supporting nurses to care for their nation's mental health and wellbeing.

An IMHNA, will connect and engage nurses, working across our health and social care settings, to learn more about mental health care practice associated with their local context, from and with each other.

Offer a significant spread of support for those working in mental health contexts, offering self-care/wellbeing strategies, mentoring, coaching and supervision opportunities

An infrastructure of interconnected practice partners, who can collectively raise awareness, share information, and address mental health inequalities at scale through shared education events, training courses, webinars and workshops.

Forming an online community of practice, where relevant topics are debated and explored, bringing in speakers for sharing knowledge and expertise

Expectations of the IMHNA



If you have an effective partnership (e.g., An MOU) with UEA and are working to promote mental health research and education advancements, you can apply to join the IMHNA.

Application is through a letter of recommendation, offering willingness and a commitment to promote global mental health awareness, safe and effective practice activity, promote research and education advancements

Organisational commitment : Each organisation will commit to identifying key personnel, to become part of the IMHN Steering Committee. The organisation will agree to sharing events with students and practice/industry partners, and to hosting 2 webinars per year on relevant mental health topics of interest (as identified by the IMHN Steering committee).

Individual commitment: Personnel interested in joining the IMHNA are doing so to share their knowledge and expertise willingly with others. Are a registered nurse/practitioner and or student, who acts with professional integrity and have a clear association with the approved organisations identified above (from which they will be able to access local activities and network of support).

IMHNA Steering committee: Chaired as a 2-year rotation, the IMHNA committee will meet a minimum of twice a year, online, to identify and establish the annual calendar of events and review IMHNA activities.

The committee will seek to approve organisation and individual applications to the IMHNA, based on shared activity and professional participation.

How to join?

Please indicate your organisations willingness to collaborate in the IMHNA by completing the following

- a) Please identify a person to join the IMHNA committee to complete the following information and return this form to S.Hardy@uea.ac.uk by 31 September 2023.

NAME:

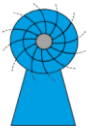
CONTACT EMAIL:

JOB ROLE:

ORGANISATION:

STUDENT POPULATION:

SUGGESTED WEBINAR TOPICS:



NICHE
Anchor Institute

NHS
England
East of England

UEA
University of East Anglia

- Can deliver
- Would wish to see offered

COUNTRY:

STATEMENT OF INTEREST:

Any further comments or queries? (e.g., population mental health needs, research interests, education developments, student exchange potentials, etc)