

An Evaluation of the Effect of a Mental Health Clinical Placement on the Mental Health Attitudes of Student Nurses

Louise Chadwick^{1,*}, Joanne Porter²

¹School of Nursing and Midwifery, Deakin University Melbourne Australia

²School of Nursing and Midwifery Federation, Monash University, Gippsland, Melbourne Australia

*Corresponding Author: Louise.chadwick@deakin.edu.au

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Abstract The aim of this study is to evaluate the effect of a mental health clinical placement on student nurses attitudes towards mental illness and mental health nursing. Health holds different definitions for different people. The term health can mean wellness or a state of being. Mental health in our society still is wrought with stigma. It is the use of negative labels to identify someone living with a mental illness. Stigma can be a barrier and may discourage families and individuals from seeking help. In the health care system, these barriers need to be broken, from the first contact with the health profession, these being the nurses. Nurse's attitudes can develop for many different reasons, these being, and lack of knowledge, stigma, and prior experience with mental illness. As a health care profession, we need to start at the beginning, with assessing and encouraging more understanding and tolerance of mental illness with our student nurses. This study used a longitudinal descriptive pre-post survey design to determine the degree to which a clinical placement with a psychiatric/mental health agency changed student nurses' attitudes towards mental illness and mental health/psychiatric nursing. Bachelor of nursing students are required to complete a mental health unit of study within the Bachelor of Nursing Degree. This unit of study required student nurses to complete a 4 week clinical placement in a mental health facility. Students were invited to complete a survey before the clinical placement and at the completion of the clinical placement. Of the (n=184) nurses invited to participate in this study, 65 completed the pre and post clinical placement surveys, giving a response rate of 35%. The results show that there is a statistical significance of .001 in the mean attitude scores towards mental illness for pre and post placement. The attitudes towards psychiatric nursing show a statistical significance of .01. Results from this study support recent literature towards a positive change in student nurses attitudes towards mental illness and mental health nursing on the completion of a clinical placement in a mental health facility.

Keywords Mental health, Attitudes, Nursing Students

1. Introduction

The statistics from the National Survey of Mental health and Wellbeing 2008, state that 1 in 5 Australians will have a mental illness or at least know someone who has a mental illness[1]. The term health can mean wellness or a state of being and thus differs among individuals. Mental health in our society still is wrought with stigma [2]. Stigma can be defined by the use of negative labels to identify someone living with a mental illness. Stigma can act as a barrier and may discourage families and individuals from seeking help [3]. In the health care system, these barriers need to be broken, from the first contact with health professionals, in particular nurses. Nurse's attitudes can develop for many different reasons, including lack of knowledge, stigma, and prior experience with mental illness. [4] Attitudes either negative or positive can affect behavior [5]. Nurse's attitudes towards mental illness can potentially influence patients and how they feel about themselves [6]. As a health care profession, it's essential we concentrate on, assessing and encouraging more understanding and tolerance of mental illness with our undergraduate student nurses entering the workforce. With the shift from hospital based nursing training to university based training in the 1990s, it was realised that the general nursing curricula was inadequate to prepare graduates for all aspects of nursing care within the population. Thus the inclusion of mental health within the Bachelor of nursing curriculum became a reality. With de-institutionalisation in the late 80s, and mental health settings integrating within the general populations, hospital based or community settings, the prevalence and need for education of mental illness is essential. The National Mental health Policy 1992 stated that mental health services be integrated with in the general population to ensure access

and equity for mental health patients [7].

Happell (2001) states that the role of education is to provide a comprehensive program for nursing students of a wide variety of aspects of nursing, including mental health [8]. Providing a comprehensive curriculum to nursing students as stated by [8, 9] will ensure students are given the opportunity to engage and gain knowledge about mental illness thus decreasing the stigma surrounding mental illness. The findings of the Australian Health Ministers Advisory Council (2008), found that there is inconsistencies in the level of mental health education within the curriculum, and reveals that the nursing profession does not fully recognize the importance of mental health and the overall health status of patients. [10] Wynaden [11] further states that this area is a challenge for the health care field and that adequate education of mental illness is needed to ensure that student nurses who are preparing to become graduate nurses are prepared for the challenges that nursing will present once they graduate into the 21st century [11] Attitudes of student nurses has been researched with mixed results [12]. Henderson et al (2007), also found that attitudes towards mental health nursing and mental illness, was influenced by educational exposure prior to clinical practice. Henderson et al (2007) used a different approach to their study, by using a quasi-experimental design, to obtain data in relation to attitudes of student nurses to mental health [11]. With the use of questionnaires and individual interviews, they were able to obtain more specific information on student attitudes. The information obtained was based on self-reported knowledge, skills and attitudes to mental health nursing. The conclusions from this study were that one of the greatest influences on student's attitudes towards mental health nursing and mental illness was a positive clinical placement and theoretical knowledge prior to placement [13].

The usefulness of a theoretical component and a clinical practicum in positively influencing student nurses attitudes towards mental health nursing was also investigated by Happell & Rushworth., [14] The student nurse's first and last day of a clinical component of their course was the focus of this study. Happell used questionnaires with subscales to measure attitudes towards people with mental health illness, attitudes towards mental health nursing, preparedness for mental health nursing and satisfaction with clinical placements. Some theoretical knowledge prior to a clinical placement was found to have a positive influence on student's attitudes towards mental health. [15, 16] Happell, appears in many of the research papers found for this literature review. The work of Happell has evolved over time, including studies from 2000- 2012. All of the work from Happell, has been similar in nature and the findings have been conclusive. There is a need for both a theoretical and practical component to positively influence student nurses attitudes towards mental health. [17, 18] The use of both a clinical component and practical component was identified by Schafer et al as important to enable student nurses to be able to nurse in both a culturally sensitive manner but also will help them prepare for practice once they are registered.

Attitudes of student nurses towards mental illness were a focus within this study and the authors found that the use of a clinical placement in mental health enabled students to demystify preconceived ideas and stereotyping of mental illness. [19] Similarly, Happell found that the inclusion of a clinical placement within the mental health unit of study helped to foster positive attitudes towards mental health nursing. [20]

Within the population who use the health care system, those who present with mental illness present a challenge to the nursing profession. Within the general hospitals, a patient with a mental illness is seen as acting or presenting differently and this challenges existing nursing skills.[21] It has often been found that nurses within the health care system felt that they lacked the skills to adequately care for those with mental illness[22]. Unfavourable attitudes towards mental illness still exist. With the inclusion of mental health within the curriculum, these attitudes towards mental illness can start to be addressed. Researching the attitudes of student nurses will allow for educational institutions to find the gaps within the mental health curriculum in order to improve the delivery and content of mental health curriculum.

2. Methods

A comprehensive review of the literature was undertaken using the following key words entered into the CINAL database; , 'student nurses', 'attitudes', 'mental health'. The search was limited to articles that were 10 years or less. Initially there were 17 articles from this search. Of the 17 there were only 5 articles that were relevant to the topic of student nurses attitudes to mental health. The search included the Scopus database using the same key words, 'student nurses, 'attitudes', mental health' The search was further extended to include articles up to 20 years old. The search was extended to 20 years in order to increase the amount of research articles. From this search, there were 346 articles, however, the articles excluded included did not refer to student nurses leaving 165 articles. Further exclusion criteria included articles that did not refer to attitudes, leaving 51 articles. Both Australian and International articles were included leaving 18 articles that focused on student nurses attitudes towards mental illness.

The articles retrieved had similar aims and outcomes, however, the methodology used differed. Some articles are between 10-20 years old, however, as there is little recent research into this topic. These articles have been chosen, as they highlight the need for both educational and a clinical component to the curriculum. The overall theme of most of the articles highlighted the importance of education preparedness for student nurses completing a clinical practicum in a mental health environment, as well as the importance of a theoretical component. As well as the need for education, the reasons for the attitudes also will be looked at.

2.1. Research Design

This study used a longitudinal descriptive pre-post survey design to determine the degree to which a clinical placement with a psychiatric/mental health agency changed student nurses' attitudes towards mental illness and mental health/psychiatric nursing. Questionnaires were administered to participants at two time points: one before commencing the placement and one on completion. This design was selected as it provides a description of the phenomena and enabled changes in attitudes as a result of an intervention to be monitored over time [23]. The main advantage of using a survey approach is that it is more economical and allowed the researcher to obtain data from a larger sample size [23].

The setting for this study was at a single metropolitan University that offers a Bachelor of Nursing (BN) program. The University comprises three campuses, one based in Melbourne and the other in country Victoria. The number of nursing students enrolled in the Bachelor of Nursing course for the three campuses was approximately 600. The Bachelor Program consists of professional nursing units, and specialized nursing units including a mental health. All units offer theory within the classroom, some units provides practice in laboratories within the University, and other units include a practicum within the clinical setting. The mental health unit within the Bachelor of Nursing Undergraduate degree comprises of 7 weeks theory and a compulsory 4 week clinical placement in either an acute or community psychiatric/mental health care setting. For the present study there were two cohorts of students scheduled for the clinical placement.

The target population for this study was second year students completing the second year of the BN program at this University. For the purpose of this study all 184 students from the class lists of the city and one country campus were invited to participant in the survey as the mental health unit is not offered at the other campus during the timeframe of this study.

Two self-report questionnaires were designed for this study: one administered at the commencement of the placement (pre-test) and the other two weeks following completion of the placement (post-test). The pre-test questionnaire included three sections. Section A requested background information on student gender, year of course, the number of psychiatric/mental health placements students have previously attended, if they had received information about a nursing career in psychiatric nursing, and if so, where did the information come from. Section B included a 10 item scale to assess students attitudes towards mental/health illness; and Section C a five item scale to assess students' attitudes towards mental health/psychiatric nursing. To assess attitudes the attitudes towards mental illness and attitudes towards mental health nursing designed by Happell & Gough (2007) were used (26). This survey tool was adapted by Happell (2008b) from an instrument developed by Wynaden, Orb, McGowan, & Downie [27, 28]. Happell

modified this tool with the input of an expert reference group of nursing academics, consumers, and management. [29] The post-test questionnaire also included three sections. Section A requested details of the type of placement, days spent on placement, students were assigned to a preceptor and/or clinical teacher, and if they had met the Consumer and Psychiatric Nurse Consultant. Part B and C included the same scales administered at pre-test to assess attitudes towards mental health/mental illness and mental health/psychiatric nursing. Two open-ended questions completed the questionnaire that asked students comment on what they liked MOST and liked LEAST about their psychiatric/mental health placement.

SPSS was used and reversed scoring, descriptive and inferential statistical analysis was conducted.

3. Results

Of the (n=184) nurses invited to participate in this study, 65 completed the pre and post clinical placement surveys, giving a response rate of 35%. The summary of sample characteristics presented in Table 1 shows the majority of nurses 75% (n=49) were located on the City campus of the University, with 99% (n=64) in their second year of study, further 95% (n=62) were experiencing their 1st mental health placement. Further 92% (n=60) of participants were female.

Table 1. Sample characteristics

Characteristic	N	%
University campus		
City	49	75.4
Country	16	24.6
Year level		
Year 1	1	1.5
Year 2	64	98.5
Psychiatric placement		
1st	62	95.4
2nd	2	3.1
3rd	1	1.5
Gender		
Female	60	92.3
Male	5	7.7

3.1. Type of Placement

The type of clinical placement varied, and was electronically allocated by the university for each nursing student. The placements have been categorized into 4 main areas: 1. Adult mental health, this consists of acute inpatient hospital settings, and adult community settings. 2. Child mental health, which includes youth and child adolescent's

mental health. 3. Aged mental health, which includes aged care, aged residential and aged assessment and specialist. 4. Specialist area which included Mobile support teams, integrated teams, Community Care Units and Forensic. As shown in Table 2, the majority, 58% (n=38) of students were placed in an Adult mental health facility, followed by specialist areas, 22% (n=14), Aged Care, 12% (n=8) and finally child and adolescent 8% (n=5). An adult mental health facility comprises of patients between the ages of 18-60, with varying types of mental illness presentations. The most commonly seen mental illnesses include such disorders as depression, schizophrenia, Bipolar, anxiety and personality disorders.

3.2. Student Attitudes

In the following section students current attitudes towards mental health / illness and psychiatric mental health nursing was explored. Several items were reversed scored to accommodate for the negatively worded questions. Questions 1, 2, 3, 5, 8, and 10 were reversed scored which then enabled true analysis to be conducted. The responses were divided into two main themes, attitudes towards mental health / illness and attitudes to psychiatric mental health nursing, with the survey results presented in Table 3 and Table 4.

3.3. Attitudes towards mental health/illness

Student nurse attitudes towards mental health and illness

were calculated using the response frequencies and means. Those items that scored above 4 were considered to reflect a positive attitude towards the survey statement on a 7 point Likert scale, ranging from strongly disagrees to strongly agree.

Students did not feel anxious with working with people with mental illness, and did not feel uncertain about how to act towards someone with a mental illness. When asked, students did not feel that people with mental illness were unpredictable, nor was mental illness seen as a sign of weakness. Students responded that they would tell someone if they developed a mental illness. Students indicated that they know someone with a mental illness and agreed that mental illness is not the persons fault. Students agreed that the way people feel can be affected by other people's attitudes towards them.

Table 2. Placement details (N=65)

Details	N	%
Type of placement		
Adult	38	58.4
Aged care	8	12.3
Child and adolescent	5	7.6
Specialist Area	14	21.5

Table 3. Response frequencies and mean item scores on the Mental Health Attitude Scale

Item	Frequency (%)							Item mean
	Strongly agree			strongly disagree				
	1	2	3	4	5	6	7	
I am anxious about working with people experiencing a mental health problem.	4(6.2)	8(12.3)	14(21.5)	14(21.5)	17(26.2)	8(12.3)	0(0.0)	3.86*
I am uncertain how to act towards someone with a mental illness.	0 (0.0)	6(9.2)	15(32.3)	12(18.5)	24(36.9)	6(9.2)	2(3.1)	4.23*
People with mental illness are unpredictable.	1(1.5)	5(7.7)	11(16.9)	13(20.0)	20(30.8)	11(16.9)	4(6.2)	4.46*
Mental illness is not a sign of weakness in a person.	29(44.6)	12 (18.5)	6(9.2)	4(6.2)	3(4.6)	6(9.2)	5(7.7)	5.34
If I developed a mental illness I wouldn't tell people unless I had to.	7(10.8)	11(16.9)	10(5.4)	9(13.8)	9(13.8)	16(24.6)	3(4.6)	4.05*
Someone I know has experienced a mental health problem.	43(66.2)	4(6.2)	0(0.0)	2(3.1)	3(4.6)	5(7.7)	8(12.3)	5.62
When a person develops a mental illness it is not their fault.	25(38.5)	11(16.9)	10(15.4)	12(18.5)	4(6.2)	2(3.1)	1(1.5)	5.48
People with mental illness can't handle too much responsibility.	2(3.1)	14(21.5)	10(15.4)	12(18.5)	16(24.6)	6(9.2)	5(7.7)	3.98*
The way people with mental illness feel can be affected by other people's attitudes towards them.	0 (0.0)	1(1.5)	2 (3.1)	4(6.2)	12(18.5)	18(27.7)	28(43.1)	5.97
People with mental illness are more likely to commit offences or crimes.	3(4.6)	14(21.5)	15(23.1)	12(18.5)	15(23.1)	5(7.7)	1(1.5)	3.63*

* Reversed scored

Table 4. Response frequencies and mean item scores on the Psychiatric Nursing Attitude Scale

Item	Frequency (%)						Item mean
	Strongly agree	Strongly disagree					
	1	2	3	4	5	6	7
Psychiatric/mental health nursing makes a positive contribution to people experiencing a mental health problem.	3(4.6)	2(3.1)	1	1(1.5)	2(3.1)	4(6.2)	5.94
2. I will apply for a graduate program in psychiatric/mental health nursing.	10(15.4)	11(16.9)	10(15.4)	22(33.8)	9(13.8)	0(0.0)	3(4.6)
This clinical placement in psychiatric/mental health nursing will provide valuable experience for my nursing practice.	1(1.5)	1(1.5)	2(3.1)	6(9.2)	7(10.8)	13(20.0)	35(53.8)
I intend to pursue a career in psychiatric/mental health nursing.	7(10.8)	13(20.0)	7	10(8)	21(32.8)	9	13(8)
Mental health services provide valuable assistance to people experiencing a mental health problem	1(1.5)	1(1.5)	2(3.1)	2(3.1)	4(6.2)	25(38.5)	30(46.2)

Table 5. Mean Attitude scores for pre- and post-placement (N = 65)

Measure	Pre-placement		Post-placement		t (df = 64)
	M	SD	M	SD	
Attitudes to Mental Health	46.62	6.90	55.15	8.46	-6.58 ***
Attitudes to Psychiatric Nursing	25.03	5.02	27.02	5.02	-3.56 **

*** p <0.001 ** p <0.01

3.4. Attitudes towards Psychiatric Nursing

Attitudes towards Psychiatric nursing are shown in the Table 4 showing responses to Item 1 were positive, that Psychiatric/mental health nursing makes a positive contribution to people with mental health problems. Responses to Item 2, "I will apply for a graduate program in psychiatric/mental health nursing" were negative indicating that student's prioritize a career in mental health low as a chosen career path. Similarly Item 4, "I intend to pursue a career in mental health nursing" was also negative. Item 3, "This clinical placement in psychiatric/mental health nursing will provide valuable experience for my nursing practice" was positive, showing the value of mental health nursing by students. When asked in Item 5, "Mental health services provide valuable assistance to people experiencing a mental health problem", the responses were positive, again showing the value of mental health nursing placement. There is an acknowledgement of the value of a clinical placement and a value of the mental health services as indicated by mean scores greater than 4 on 3 of the items. There appears to be other priorities in career options for undergraduate nurses.

3.5. Changes in Attitude

Table 5 above, shows that there is a statistical significance of .001 in the mean attitude scores for pre and post placement.

The attitudes towards psychiatric nursing show a statistical significance of .01. In order to identify changes in attitude the mean scores pre and post placement were calculated by using independent T Tests.

3.6. Placement Clinical Model

The clinical model adopted in the majority of the venues comprised of student nurses being allocated 1 preceptor nurse for the length of their clinical placement. Due to the nature of shift work, students found that they would have a number of preceptors over the course of the placement, however, the lead preceptor nurse would be responsible for the students learning opportunities and assessment.[21] The lead preceptor obtains progress reports from the other nurses regarding the student's clinical knowledge, practice and performance, which enables them to perform a detailed final clinical assessment. The majority, 89% (n=58) of the students in this study were preceptored under this model.

An important role within the mental health profession is that of a Psychiatric Nurse consultant. Students were asked to indicate if they had had contact with the Psychiatric Nurse consultant in the post survey. Although the role entails being available for nurses, advising them on specific issues relating to care, policies and procedures within the mental health facility the majority of students 46% (n=30) indicated that they had had no contact with this mental health role.

3.7. Evaluation of Clinical placement

Students were asked for a written response to following 2 questions in the survey, in which 94% (n=61) of the students provided a response. Question one entailed; *“Please briefly state what (if anything) it was that you liked MOST about your psychiatric/mental health clinical placement”*: Question two entailed; *“Please state briefly what (if anything) it was that you liked LEAST about your psychiatric/mental health clinical placement”*. There were three common positive themes identified from the responses which included; gaining communication skills, gaining a better understanding of mental illness, being able to assess a patient using a Mental State Examination.

Students commented on the benefits of having time to develop communication skills while on a mental health placement. Communication skills include talking with the patients, developing a therapeutic relationship and assessment of a patients mental state. Clinical placement gave the students the opportunity to spend time with patients gave the students a clearer understanding of mental illness and the impact on both the patient and the family.

Gaining an understanding of mental illness was highly regarded by the students. Mental health placements provide students with an opportunity to gain insight into mental illness and caring for patients in a mental health facility [30]. The opportunity for students to engage with mental health patients can reduce pre conceived ideas and stigma [31].

Assessment in mental health is a required skill to ascertain the patient’s mental state. The use of a mental state examination as an assessment tool can be daunting to student nurses, putting theory into practice. Communication is essential and observational skills need to be honed in order to complete a mental state examination. The clinical environment gives students the opportunity to practice and implement this assessment skill. Students identified that during the clinical placement, these skills were useful and a better understanding of the assessment was gained.

Written responses to the second question of *“What did they least like about the placement”* identified three common themes which included; lack of skill based activities while on placement and a feeling of having of nothing to do, and a lack of opportunity to experience a wide variety of mental illness. . The environment and skills required in a mental health facility is not task orientated. The principal skill is communication and engaging with the patients. Patients do not necessarily have physical illnesses but it’s their mental state in question. Students find the transition of thinking from a task orientated environment to a communication environment challenging and the comments from the students reflect this.

With the lack of tasks perceived by the students, the perception is that there is nothing to do on a mental health placement. The students perceive that talking with the patients and developing a therapeutic relationship is not a task, whereas in mental health these interventions are essential in order to ascertain the patient’s mental state. [32]

Mental health facilities vary between private hospitals and public hospitals. Students may not experience all facets of mental illness in each type of facility. Private mental health facilities provide an inpatient setting with limited community mental health exposure. Whereas a public mental health facility may provide opportunities for students to experience both an in-patient setting and a community mental health setting. Students perceived this as not being able to experience a wide range of mental illnesses. A discussion of these findings will follow.

4. Discussion

The findings in this study suggest that there are a number of significant changes in attitudes towards mental illness and psychiatric nursing, following the completion of a mental health placement. Comparing scores on the attitude scale before and after a clinical placement demonstrates significant changes in attitudes. The findings support the literature that suggest experience in a mental health setting for student nurses leads to a positive change in attitudes towards mental illness and psychiatric nursing [33]. These findings correlate with recent research findings that undergraduate nursing students tend to initially have negative attitudes towards mental illness and these attitudes become more favorable after the completion of a mental health clinical practicum.

The findings of the pre and post survey indicate that the majority of students who participated in this research were female 92.3% (n=60) while this is indicative of nursing in general which has been seen as being traditionally a female orientated profession; however, more males are choosing nursing as a profession which has been seen recently by the increase in numbers of males enrolling in Undergraduate nursing degrees.

In this study the tertiary University consisted of 3 separate campuses as part of a single school of Nursing. Due to time constraints 2 out of the 3 campuses, where the mental health unit was taught was used. Therefore the participants in this study were categorized into metropolitan and rural. The differences in attitudes from each campus, city or rural were not investigated as each participant was analyzed individually, not on the place of study. In future research it may be beneficial to determine if attitudes towards mental illness differ from a rural or city perspective.

The types of placement were categorized into 4 main headings: adult, child, aged care and specialist area. The types of placement did not appear to be a contributing factor in changing of attitudes as each category was not investigated separately. The comments from the students concentrated on the contact with patients and the staff not the actual mental health service the students were allocated to.

The majority of students received information about mental health nursing and a career in mental health nursing. 73.8% (n=48) Information was given to students from the educators at each clinical placement. However, responses

from students mean (3.86) indicate that mental health nursing as a career option has a low priority for students.

5. Conclusion

The findings in this study add to the findings in recent studies about the attitudes of student nurses towards people with mental illness and mental health nursing. We need to expand the experiences of all nursing students and view mental health as part of the holistic approach. The importance of mental health needs to be seen in this perspective so as to diminish the fears and stigma that society holds. The inclusion of a mental health unit of study in an Undergraduate Nursing Bachelor degree provides students with an exposure to mental health nursing and further develops nursing skills such as communication and mental state, and risk assessment skills, fundamental to nursing. The profile and value of mental health nursing must be raised to equal the standing of other specialist areas of nursing.

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Conflict of Interest

The authors declare that they have no conflict of interest

Author Contribution

Author 1 was responsible for the study conception, literature review, questionnaire development, data collection, analysis and drafted manuscript. Author 2 provided expert guidance and assisted with the literature review, data analysis and editing.. Author 1 made final revisions to the paper and submitted.

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