

Spotlight



Stephen Jones

Professional Lead for Mental Health

Each quarter, our 'Spotlight' section will look at a different area within the NERP directorate.

This month, we interviewed Stephen Jones - Professional Lead for Mental Health

1. What's your background?

I joined the RCN as professional lead for mental health in January 2021. Prior to this appointment, I worked in the South London Mental Health and Community Partnership (SLP), driving the advancement of senior nursing careers across Oxleas, SLAM and SWLStG NHS Trust's. Before joining as professional lead, I was the [RCN mental health representative](#) for workforce and careers development. This representation gave me an introduction to the workings of the RCN.

In 2015, I shaped and commenced a bespoke HEE funded clinical-academic pathway, consolidating my practice at Oxleas NHS, while commencing a full-time PhD at the University of Greenwich. I practiced as a registered mental health nurse in the acute inpatient setting, recovery and rehabilitation service, crisis and home treatment and single point of access (assessment and triage).

Now in the final write-up stages of my doctoral research, I explored the influence senior nurse leaders have on mental health nurses towards implementing recovery-orientated practices.

2. What does your role involve at the RCN?

The portfolio for mental health at the RCN is huge and has a very wide scope. All things mental health, not just mental health nursing, come my way.

The key areas of focus right now are driving the UK-wide parity-of-esteem agenda, supporting the mental wellbeing of the nursing workforce, as well as supporting, developing and promoting the work of the RCN Mental Health Forum. I aim to represent the voice of our members and the profession of mental health nursing within the college, across the UK and globally.

3. What have you been working on recently?

Since joining back in January, I really started hitting the ground running.

One of the first pieces of work I took up was around the emotional and psychological wellbeing of the nursing and midwifery workforce. I am providing strategic leadership to this area of work within the RCN, sitting under the nursing and employee relations strategy board.

As you can imagine, this part of my role has been very busy. Our members have been through many challenges over these past 18 months. As part of this work, we wrote a piece to help members understand and respond to the issues of moral distress. The importance of understanding the issue of [moral distress](#) was also recently added to the [Principles for return to service – staff recovery and patient safety](#).

I have had the pleasure of being part of the UK 'One Voice Coalition' – a collaboration of professional bodies and associations jointly representing over one million members. The purpose of the group is to work together as 'one voice' to help steer organisations to support the mental wellbeing of all health and social care workers. I was honoured to be a signatory on the recently published [One Voice - Joint statement on health and care staff wellbeing](#).

Our message for promoting the mental wellbeing of nursing workforce has also had international reach. I had the fantastic opportunity to represent the RCN at this year's [annual global summit #EndPJParalysis](#). The title of our talk was 'stronger together – mental wellbeing through and beyond Covid-19'.

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4. How are you engaging with members and how has this shaped your projects?

There is so much I can say in response to this question, but I'll keep it as brief as I can. One of my key aims is to support, grow and develop the mental health forum. The committee are an excellent group of individuals and have really worked as a team this year. Ellie Gordon is the new chair and has a strong facilitative and enabling approach, aligning to my own leadership style. Supporting me in my role, as well as the mental health forum, are the [RCN mental health representatives](#). This group of experts have really helped shape the way in which our members influence the trajectory of mental health at the RCN.

Another big and ongoing piece of work has been around the Mental Health Act Reform in England and Wales. Nurses have a once in a generation opportunity to truly influence the direction of mental health care, now and for the future. We have created a webpage to outline the work we have done to influence the [Mental Health Act review](#).

Without the combined input of our members and staff, our extensive influence on the MHA review would not have been possible. The department of health and social care held over a dozen workshops as part of the consultation process; having multiple members of the RCN consistently present at every single one! The DHSC have been so impressed by our members' engagement, a bespoke implementation workshop, just for the RCN, is going ahead on the 12 August.

Our members sit in various roles, in a multitude of settings; be it clinical or not. One group we have been working closely with, through the mental health forum, is the Mental Health Nurse Academics UK. Careers in clinical academia and nursing education is something our members value and want us, the RCN, to help develop. To celebrate the achievements of our nurse academics and promote academic careers, we jointly founded the new [doctoral thesis Repository](#) for mental health nurses.

In the ever-changing and evolving environment that is health and social care, we need to be responsive to the needs and concerns of our members. In April, several members made contact with the RCN, raising concerns about the national rollout of an under-evaluated intervention in mental health and police services. Through the mental health forum we hosted a members meeting to identify the key concerns and take action. Dozens of members joined and guided by their extensive expertise, we published a position statement on the [national rollout of Serenity Integrated Mentoring \(SIM\) and other similar models in England](#).

5. What does the future hold for you?

My key objective is to help build and develop the mental health forum. With a membership of over 13,500, the knowledge and expertise within this group is incredible. Mental health is such a wide and diverse field of practice. No one person or committee is able to be fully representative of all members.

Endeavouring to grow and enable the wider voice of the mental health forum, the committee and I have revitalised our ways of working. We have established a number of subgroups within the forum, which are fully interconnected with the committee and governance processes. One of these subgroups is a BAME group and another a lived-experience group (nurses with lived experience of mental illness). These two subgroups in particular, will help to ensure we have the RCN's [equalities and inclusion strategy](#) at the heart of everything we do through the forum.

The mental health forum committee and I are in the process of planning a long-term engagement plan with the wider forum membership, aiming to capture and highlight the wide-scope and USP of mental health nursing. On that note, I am reminded of an oft-quoted African proverb:

'If you want to walk fast, go alone. If you want to walk far, go together'.