



Royal College of Nursing
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Royal College of Nursing submission to the Labour Party Health and Care Policy Commission on Mental Health: the way forward

Introduction

- The Royal College of Nursing (RCN) is the voice of nursing across the UK and a professional association and trade union. We welcome the opportunity to contribute to this consultation.
- Mental health nurses work across many settings, within both the NHS and in wider health and social care, including the independent and charity sector, as well as custodial settings.

Key issues and recommendations

- **Supporting a skilled mental health nursing workforce:** The RCN is seriously concerned about cuts to the number of mental health nurses, and the broader nursing workforce, over the last five years. Moreover, the RCN is extremely worried that the current Government proposals to replace the NHS bursary with a student loan system will impact directly on those wishing to be a mental health nurse, comprising the future supply of the mental health nursing workforce. Having a highly skilled nursing workforce across health and care services is crucial for the effective delivery and quality of care for mental health services. **The RCN encourages approaches to develop and educate nursing staff to manage both the mental and physical health of patients so that a more integrated approach could be achieved.**
- **Parity of esteem between physical and mental health:** Governments, the NHS and independent providers must ensure that the **commitment to parity of esteem is directly reflected in funding, commissioning of services, workforce planning and patient outcomes.**
- **Funding and commissioning:** There is a significant gap between some of the policy commitments and the provision of, and access to, services, leaving vulnerable service users without vital support. There must be a drive towards developing more **integrated care pathways** for physical and mental health services to ensure at risk service users do not fall through the gaps. **Involving service users** in how mental health services are planned and delivered will be crucial to this. Moreover, there must be **transparent mechanisms** in place to ensure that funding is reaching mental health services. **Clear lines of accountability** are important to ensure funding commitments are delivered on.
- **Improving patient experience:** Delivering of high quality and safe care must underpin the future development of mental health services. Improving patient experience must be at the heart of this. **Providers should look at moving to an**

outcomes-based commissioning model to support integrated and person centred services.

- **Mental health promotion in public policy:** There is a gap between some of the commitments made within the mental health policy frameworks and the provision of and access to services. **Better coordination of public policies will be crucial to ensuring mental health is embedded, alongside continuing to build public and professional awareness of mental health.**

1. How can we best identify and address the root causes of mental distress in our society?

The RCN believes more must be done to impact on the broader social determinants of health and their corresponding impact on health outcomes to address and identify causes of mental distress. There is a plethora of evidence outlining the impact of structural and social determinants and the links between employment and poverty, ageing and social isolation, and the impact of drug and alcohol addiction as significant root causes in poor mental health¹.

A nursing workforce fit for purpose

Policy to consider

The RCN believes a clear, sustainable and long-term approach to workforce planning strategy is required to meet the future demand for the mental health nursing workforce. This should take into account the nursing workforce for children and young people, including Health Visitors and school nurses, learning disabilities nurses, community nurses, and nurses working within custodial settings to ensure the holistic vision of promoting and improving better mental health and wellbeing.

The RCN believes a skilled mental health nursing workforce is central to delivering high quality and safe care to service users. With the demand for health and social care services set to increase in the future, action must be taken now to ensure workforce planning and service design are in sync to meet the needs of service users.

Central to this will be the development of a robust nursing workforce that has the capacity, skill mix and knowledge to support more effective health promotion and prevention alongside treatment and care. This will require investment in different areas of the nursing workforce to support early identification and intervention of mental health conditions.

There is a disconnect between workforce planning and service design. The RCN is seriously concerned about cuts to the number of mental health nurses as well as learning disability nurses, as noted above. The RCN has previously outlined how band 7 and 8 nurses have been disproportionately hit by the cuts to the mental health workforce. From April 2010 to April 2015 the NHS lost 641 band 6 nurses, 930 band 7 nurses and 503 band 8 mental health nurses². This would indicate that senior nurses are being downbanded or losing their jobs, and being replaced with nurses on lower bands or health care assistants who cannot offer the same skills as those on higher bands. The loss of experienced nurses is hugely worrying, the loss of these skills (at these pay bands) has serious implications for service users.

Moreover, a large proportion of the mental health nursing workforce is over 50, which has implications for the future mental health workforce. This is a concern for mental health services, because many of these nurses will have a retirement age of 55 and are therefore close to leaving the profession, resulting in mental health settings seeing a drop-off in the number of nurses in the next few years. It is also likely that many of those looking to retire in the next few years will be the most experienced and skilled senior nurses.

¹Michael Marmot, *Strategic review of health inequalities in England post-2010*, February 2010

² Data request to HSCIC, NHS hospital and community health services provisional statistics: Qualified nursing, midwifery & health visiting staff in England by area of work and pay band as at the last day of each specified month, February 2016

Support for student nurses

The RCN has fundamental concerns with the plans to remove NHS funding for student nurse training and implement a new system of student loans and fees which will see future nursing students facing debts of up to £59,000. We believe the Government has not adequately addressed the risks to future security of the NHS workforce. There is a risk that the proposals could deter potential nursing students from applying and result in shortages. There is also a risk that an “open market” approach could result in uneven distribution of students across nursing specialisms (including mental health) or geographic locations.

Maximising the capacity of the mental health nursing workforce

Practice learning is central to developing a safe and effective mental health nursing workforce and therefore requires investment in an infrastructure to enable this to be of the highest quality. The RCN is aware that support for students in practice placements is already problematic³ and have significant concerns on whether capacity can be extended on a cost neutral basis. All learning placements must be sufficiently resourced to enable a high quality learning environment to be developed.

Policy to consider

The RCN believes that NHS providers must invest in the current mental health nursing workforce through ensuring access to continuing professional development (CPD). This should include developing both their clinical expertise alongside their leadership skills. The RCN has developed a number of training resources to help upskill nurses and other health and care professionals working with different service users in different settings.

Band 6, 7 and 8 mental health nurses **should be developed to move into advance practitioner roles to deliver effective recovery-led care in mental health services.** In the long-term, this will be cost effective, providing more seamless care to patients and preventing re-admission and unnecessary lengthy stays in hospital.

Case study

The RCN has developed a **Clinical Leadership Programme**⁴ for nurses who are currently working in bands 6 and 7 or equivalent. The programme is designed to develop clinical leadership capabilities of future nursing leaders and prepare nurses to manage a process of change in their clinical environment.

More action is needed **to upskill nurses working in other clinical areas and other health and care professionals to improve their awareness and understanding of mental health and wellbeing.** For example, the *Mental Health Core Skills Education and Training Framework* developed by Skills for Health is a welcome step forward⁵.

³ The RCN Mentorship project report (2015) <https://www.rcn.org.uk/professional-development/publications/pub-005454>

⁴ Royal College of Nursing, Clinical Leadership Programme. Available [here](#).

⁵ Skills for Health, *Mental Health Core Skills Education and Training Framework*, expected publication June 2016

New nursing roles

The RCN welcomes increased support and recognised training for health care support workers. However, the RCN is clear that the development of new roles within the mental health nursing workforce must not come at the expense of registered nurses. **The RCN strongly believes that there is a distinct role for the graduate educated nurse, at both Bachelor and Master's degree level, in assessment and care planning and making appropriate clinical decisions** in order to ensure services are delivering high quality care and we would caution against the substitution and dilution of skills of registered nurses.

There also needs to be an understanding of the impact new roles and approaches to professional training will have on support for practice learning. For example, the nursing associate role will require registered nurses to facilitate learning and skills development for this new group of staff. It is not clear how this is to be resourced. Similarly, with the new apprenticeships model there has been no information received to date about how these will be supported to develop in practice and the impact of this on the registered nursing workforce.

National commitment and local change

Policy to consider

A place based approach could help identify and address some of the main root causes of mental distress. A place-based approach targets an entire community and aims to address issues that exist at the neighbourhood level, such as poor housing, social isolation, poor or fragmented service provision that leads to gaps or duplication of effort, and limited economic opportunities. By using a community engagement approach to address complex problems, a place-based approach seeks to make families and communities more engaged, connected and resilient. This should help facilitate a drive towards developing integrated care pathways to address both physical and mental health needs.

At a national level, developing better mental health services has been a key priority with the publication of the Mental Health Five Year Forward View alongside previous announcements to transformation care for people with learning disabilities⁶ and children and young people's mental health and wellbeing⁷. However, this ambition at national level still needs to be imbedded into the planning and delivery of local mental health services.

One way to promote mental health and wellbeing is through **better utilisation of local mechanisms such as Joint Strategic Needs Assessments (JSNAs) and their corresponding joint Health and Wellbeing Strategies (JHWS)**, and assessing the extent to which mental health promotion and prevention is prioritised.

Better data collection

There is currently no way of monitoring the number of nurses and skill mix in services delivered by independent providers.

⁶ NHS England, *Transforming care for people with learning disabilities*, January 2015

⁷ Department of Health, *Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing*, 2015

Policy to consider

Better data collection from those providing NHS care, under the new NHS Digital data collection process, may help improve the understanding of the size and demand in this sector in future planning cycles

In addition, the RCN believes better data must be developed and collected to monitor and assess service user outcomes for mental health services. This is particularly pertinent in relation to the impact of waiting times for mental health services and their impact on improving health outcomes.

Policy to consider

More could be done to link and interrogate existing data to identify high risk service users. For example, better use of hospital admissions data by measuring suicide rates and self-harm could help to identify at risk service users.

2. What measures can we take to promote awareness of mental health in our society and ensure it works alongside policies in other areas?

Policy to consider

Equality and health impact assessments should consider the impact proposals on mental health and wellbeing, and set out the risk and mitigation strategies to address negative impacts.

Coordinated public policy

RCN members have told us that coordination across education, social care and health varies, and communication between services and agencies is often fragmented and bureaucratic.

Changes to how public policy is developed to look at how they would impact on mental health would be a welcome step forward. Other initiatives in public settings such as housing, road building and infrastructure are assessed for their potential impact on community health.

Building public understanding of mental health

More needs to be done to improve the knowledge, skills and confidence of people to understand and promote mental health and wellbeing across all sectors of society.

Policy to consider

Better monitoring, evaluation and learning from previous initiatives, for example, *A time to Change*⁸, should help inform future policies to promote awareness of mental health.

⁸A time to change: <http://www.time-to-change.org.uk/about-us>

3. What action should be taken to ensure that those groups which are at greater risk from suffering from mental health problems (e.g. LGBT, BAME) in our society are given the help they need?

Policy to consider:

Common to all approaches is the need to improve how at risk service users are identified and offered support.

There has been a recognition that different service user groups require different approaches when interacting with health and care services to account for language barriers and cultural sensitivities.

The RCN believes the **primary and community nursing workforce will be central to developing a more tailored and responsive approach to harder to reach groups given their role in local communities.** This should be coupled with more investment in nurse education and development to be able to offer a more holistic, person-centred approach to the mental health needs of the UK's cultural populations including BAME. This will be need to be underpinned by overall greater investment in mental health services that includes a targeted approach to identification and early intervention for diverse communities.

In relation to Lesbian, Gay, Bisexual and Trans (LGBT) communities, the RCN believes that tackling institutional forms of discrimination and disadvantage remains central to delivering better health care outcomes for all communities. Collaboration with charity partners to identify the needs and plan services for this particular group will be important. In addition, **general upskilling for health and social care professionals will also do much to raise awareness and deliver better care to this group.** For example, the RCN East Midlands region have delivered training on caring for transgender people to staff at Nottinghamshire Healthcare NHS Foundation Trust as well as providing training to Nottinghamshire Police.

Key resource

Alongside Proud, the RCN developed a [guide for caring for lesbian, gay, bisexual or trans clients or patients](#). One of its key recommendations stressed that clients and their partners or significant others must be treated with dignity and respect, irrespective of their gender identity, sexual orientation or any other protected characteristic.

4. How can we share best practice across local/devolved authorities in policy development?

Local engagement

Meaningful engagement with local communities is crucial in the planning, commissioning and delivery of mental health services. This should be underpinned by utilising local intelligence from Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies and providing service users and health and care professionals with the opportunity to co-design/co-produce service pathways, across different clinical settings. For example, the new Greater Manchester Combined Authority have developed an integrated Mental Health and Wellbeing Strategy⁹. It has set out a clear vision to improve child and adult mental health, an innovative approach toward service integration and a shift towards greater mental health promotion and prevention.

In addition, better and more effective best practice sharing must be promoted and encouraged to generate a culture of learning and sharing. For instance, communities of practice offer an opportunity to bring together health and social care professionals, commissioners, academics and service users and provide a space to exchange knowledge and examples of best practice in a safe, open and supportive way. This could inform policy development and create a culture of shared learning and improvement. The Better Care Exchange¹⁰ brings together knowledge and best practice from a range of programmes including: the Better Care Fund Programme, the Vanguard Programme, Integration Pioneers and the Integrated Personal Commissioning Programme.

⁹ Greater Manchester Combined Authority, Mental Health and Wellbeing Strategy, February 2016. Available here: www.gmhealthandsocialcaredevo.org.uk/assets/Mental-Health-Strategy.pdf

¹⁰ Better Care Exchange. More information available at: <http://www.scie.org.uk/health-social-integrated-care/better-care/exchange/>

5. Given that half of all mental health problems begin by the age of 14, what steps should be taken to improve early intervention in mental health?

The RCN believes that everyone that works with children and young people, including teachers, youth workers, social workers and health professionals, for example, should have a level of mental health training¹¹.

Experiences in early childhood and during education lay critical foundations for the entire life course. School nurses, health visitors, children's nurses and specialist children's mental health nurses are at the forefront of providing care to children and young people with mental health problems, and they provide a key role in helping to identify and support children and young people and their families to a point of recovery.

Health Visitors

Policy to consider

The RCN is clear that **investment in Health Visitors and health visiting services must continue, and will likely have to increase.** Failure to do so will result in intervention rates dropping and poorer health outcomes for children and young people.

Health Visitors make a significant contribution to the health and wellbeing of families and local communities through child health development programmes, generic health promotion across the lifespan, and community health. They provide invaluable support during pre and post pregnancy for women, in conditions such as postnatal depression; and monitor and assess the health and wellbeing of all infants and young children, and work closely with other health services, including schools, to ensure that the child's health needs are met.¹²

The RCN supported the previous Coalition Government's aspiration to recruit 4,200 more health visitors as part of their Sure Start Health Visitors campaign¹³. However, we are very concerned by reports from RCN members that since responsibility for commissioning Health Visiting transferred to local authorities in October 2015, services have been pared back with early warning indications that this is resulting in cuts to health visiting services

The funding settlement for public health is inadequate for councils to be able to provide the level of service required, and in some cases to fulfil their statutory duty to deliver the Healthy Child Programme.

School nurses

The RCN believes restoring the emphasis on early intervention in schools and the community should help to ease pressure and prevent some of the resulting distress for children and young people. We know the level of support available varies between schools, and often depends on staff knowledge, awareness of need and staff capacity. While many schools aim to provide a good level of basic support, they are unable, in the majority of instances, to provide the specialist emotional support that some looked after

¹¹ Royal College of Nursing, Safeguarding children and young people – every nurse's responsibility, 2014

¹² Royal College of Nursing, *The RCN's UK position on health visiting in the early years*, July 2011

¹³ Department of Health, *Help children get off to the best possible start*, 2012.

children require. As such, there must be much greater emphasis on skilling and effectively resourcing services at the grass roots of children and young people health.

School-based care has been suggested as a possible solution¹⁴ and school nurses are perfectly placed to provide early intervention mental health care.

However an RCN survey of school nurses shows that without substantial investment in school nursing, it won't be possible to provide effective mental health support¹⁵.

Case study

A School Nursing Team working across the boroughs of Hounslow and Richmond developed an interactive mobile app as a platform for delivering information and advice on healthcare issues to young people of secondary school age. What was different about the app was that it offers a safe and discreet place for young people to access health information and enables the school nurse teams to engage directly with young people to provide safe and reliable information on health and wellbeing. Further information on the intervention is available [here](#).

Smaller caseloads for specialist community public health school nurses (SCPHN) would help to develop more meaningful relationships with children and young people and their families, support earlier interventions and better outcomes. Also, **the RCN sees more effective collaboration between the 0-19 children and young people's workforce as a valuable approach to take forward.**

In addition, **Personal, Social, Health and Economic (PSHE) education is not currently included in the national curriculum.** The RCN believe this is essential to equip children and young people with the tools they need to navigate their lives and school nurses are ideally placed to support them in the health aspects of this.

Child and adolescent mental health services (CAMHS)

There is an urgent need for nurses working in all tiers of CAMHS but especially at Tier 3 (psychiatric nurses) and Tier 4 (community and in-patient specialist children's and young people's mental health nurses) to receive standardised specialist training delivered in a way that is accessible and consistent across the country. This will ensure we have the workforce in place to provide the high level of care and support with children and young people will need to recover from episodes of poor mental health.

However, the dilution of nursing staff skill mix across the country due to cuts and downbanding is resulting in the loss and devaluation of senior skills and experience. Consequently the CAMHS workforce is becoming smaller and less experienced, while demand for CAMHS continues to grow. **Service providers must invest to upskill the current mental health nursing workforce. In the long-term, this will be cost effective, providing more seamless care to patients and preventing re-admission and unnecessary lengthy stays in hospital.**

¹⁴ The Institute for Public Policy Research 2016

¹⁵ Royal College of Nursing, School Nurse Survey, June 2016

6. What other measures can be taken to transform our current mental health system from one driven by crisis to one focussed on prevention?

Prioritising investment in prevention and health promotion

The RCN supported the placement of prevention at the heart of the Five Year Forward View. It is essential that investment in preventative health care is seen as a priority.

There must be a consistent shift from inpatient acute care to community-based services which recognises that prevention and early intervention results in better outcomes, reduces the pressure on acute services, and reduces the overall cost to the NHS in the long term. Part of this could be achieved by equipping other parts of the health and social care system, for example, primary care. **The RCN believe that practice and district nurses could play a crucial role in supporting this shift by identifying at risk patients through the health check-ups.**

Making Every Contact Count

For all health care staff, every interaction with a patient or client is an opportunity to promote health and prevent illness. The NHS Future Forum report¹⁶ states that “Every healthcare professional should use every contact with an individual to help them maintain or improve their mental and physical health and well-being”. This recommendation has been called **Making Every Contact Count (MECC) and is being widely adopted across the UK¹⁷. It is welcomed by the RCN and we have developed tools to help staff support behaviour change.**

Maximising the potential of existing health services

We know that there are many areas where existing health services are delivering excellent care for service users. While it is important to embrace and adopt of models of care, it must not come at the expense of services that are working well. Instead, it is important to see how the services can be maximised to the full potential. Community health and primary care are natural partners. **Deepening this relationship can combine the strengths of both in a community based offer that increasingly looks like a single service to the people who use it.** Practical support from community health services could enable primary care to work at much larger scale more quickly.

For example, the RCN believes more targeted mental health promotion for people with long term conditions (LTCs) is required, through better integrating mental health support with primary care and chronic disease management programmes. This should include closer working between mental health specialists and other professionals, across different settings.

These integrated pathways can bridge the gap between mental and physical health care and can deliver significant financial returns by reducing the costs related to their care.

Case study

Sandwell primary care approach to mental health and wellbeing has shown some promising early outcomes, with over 4,000 people completing prevention, wellbeing and health improvement programme, saving around £800,000 in prevention costs. In

¹⁶ Department of Health, NHS Future Forum: recommendations to government on NHS modernisation, 2012

¹⁷ Making Every Contact Count. More information available here: <http://www.makeeverycontactcount.co.uk/>

addition, over 3,000 people have accessed talking therapies, saving around £600,000¹⁸.

More effective collaboration between other services

Policy to consider

The RCN believes **investment in local partnership initiatives which promote collaboration between health, social care and other services, such as Street Triage**, will help to prevent mental ill health and deliver better health outcomes.

The RCN is calling for clear and defined lines of collaboration and communication between health and social care services but also across others, for example, with police and prison services to enable the best outcomes for people in need of crisis support.

The Government's Street Triage Initiative demonstrates how police officers and mental health nurses working together can reduce detentions and save money. We know that these initiatives are already proving successful in some areas and uptake is increasing. In these scenarios nurses are able to provide immediate advice to police and health care support to individuals, resulting in swifter decision making and improved outcomes for the individual. A recent evaluation of a Street Triage service in Sussex found that the total number of Section 136 detentions to either hospital or police custody fell by 39 per cent, from 194 to 118 detentions¹⁹. The evaluation reported the impact could have been even greater if the service had been available on a more regular basis. However, variation has been reported, as in some areas, police have immediate access to somebody with the necessary skills, while in other places, timely access to health professionals has been difficult, resulting in less successful outcomes.

¹⁸ NHS Confederation, A primary care approach to mental health and wellbeing, 2012. Available [here](#).

¹⁹ Heslin M, Callaghan L, Packwood M, et al. Decision analytic model exploring the cost and cost offset implications of street triage. *BMJ Open* 2016;6: e009670. doi:10.1136/ bmjopen-2015-009670

7. How can we ensure that parity of esteem between mental and physical health is achieved?

The RCN welcomes the much needed focused on parity of esteem between physical and mental health. However, the RCN is clear that funding commitments must translate into concrete action to deliver improvements in mental health outcomes.

Furthermore, the RCN believes having a high skilled mental health nursing work workforce across health and care services is crucial for the effective delivery and quality of care for mental health services. **This must look beyond the acute setting for service users and include investment in the Health Visitor and school nursing workforce and services, learning disability nursing workforce and nurses working within the criminal justice settings.**

Moreover, a culture of mental health promotion and prevention must be fostered and embedded across services to aid early intervention and support people with a mental health condition.

Integration

Policy to consider

The RCN believes there should be **greater emphasis on pooled budgets across health and social care at a local commissioning level.** While this is happening in some parts, it needs to be embedded across England.

Traditional efforts to promote integrated care have focused on bridging the gaps between health and social care or between primary and secondary care. But the NHS Five Year Forward View has highlighted a third type of integration – bringing together physical and mental health.

Integration across and within pathways of care can have significant benefits for those with physical and mental health needs. Therefore, moves towards more investment in individual integrated care packages rather than specific interventions along a care pathway could also bring positive benefits.

Case study

One example is the persistent pain pathway in Oldham which uses biopsychosocial assessment to understand the medical, psychological and social needs of each patient. This allows for a range of interventions to be delivered as appropriate by physiotherapists, psychological therapists, nurses or, for those with higher levels of need, by a liaison psychiatrist, clinical psychologist or pain consultant. One reported benefit of this pathway is that providing psychological support within the same care processes and facilities as other aspects of musculoskeletal care removes the stigma associated with seeing a mental health professional.

8. How do we guarantee that mental health receives its fair share of funding?

Policy to consider

A **commitment from commissioners to support long term funding arrangements for mental health services**, for instance, multiannual budgets, to ensure consistency and security of service provision. This should be coupled with **more effective monitoring, evaluation and learning** to assess service user outcomes and drive improvement in service user experience and ensure value for money in commissioning services.

The RCN has warmly welcomed recent Government investment in mental health services. However, we remain concerned that despite good intention and positive rhetoric, concrete action is still yet to follow.

The RCN notes that more transparency in how funding is allocated and spent at a national and local level is needed. The RCN believes that clinical commissioning groups must provide assurance that commitments for funding for mental health services are being met, but also, are not purely being poured into acute settings. We want to see funding invested in different settings in order to support a move towards a mental health system promoting prevention and early intervention. There is a key role here for local bodies and the third sector to hold NHS and social care providers to account.

Additional information and resources

Mental health

- Royal College of Nursing, *Frontline First: Turning back the clock? RCN report on mental health services in the UK*, 2014. Available [here](#).
- Department of Health, *Improving the physical health of people with mental health problems: Actions for mental health nurses*, May 2016. Available [here](#).
- Department of Health, *Positive and Proactive Care: reducing the need for restrictive interventions*, April 2014. Available [here](#).

Children and young people

- Royal College of Nursing, *Mental health in children and young people An RCN toolkit for nurses who are not mental health specialists*, September 2014. Available [here](#).
- Royal College of Nursing, *Safeguarding children and young people – every nurse’s responsibility*, April 2014. Available [here](#).
- Royal College of Nursing, *Safeguarding children and young people – every nurse’s responsibility RCN guidance for nursing staff*, April 2014. Available [here](#).
- MindEd is a free educational resource on children and young people’s mental health for all adults. More information is available [here](#).

Learning disabilities

- Royal College of Nursing, *Connect for Change: an update on learning disabilities services in England*, February 2016. Available [here](#).
- Royal College of Nursing, *Dignity in health care for people with learning disabilities*, June 2013. Available [here](#).

Criminal justice

- Royal College of Nursing, *Prison mental health: vision and reality*, September 2010. Available [here](#).

Public health

- The Royal College of Nursing, *The value and contribution of nursing to public health in the UK: Final report*, January 2016. Available [here](#).
- Royal College of Nursing, *Support behaviour change*. Available [here](#).

Other

- Royal College of Nursing, *Caring for lesbian, gay, bisexual or trans clients or patients Guide for nurses and health care support workers on next of kin issues*, May 2016. Available [here](#).

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