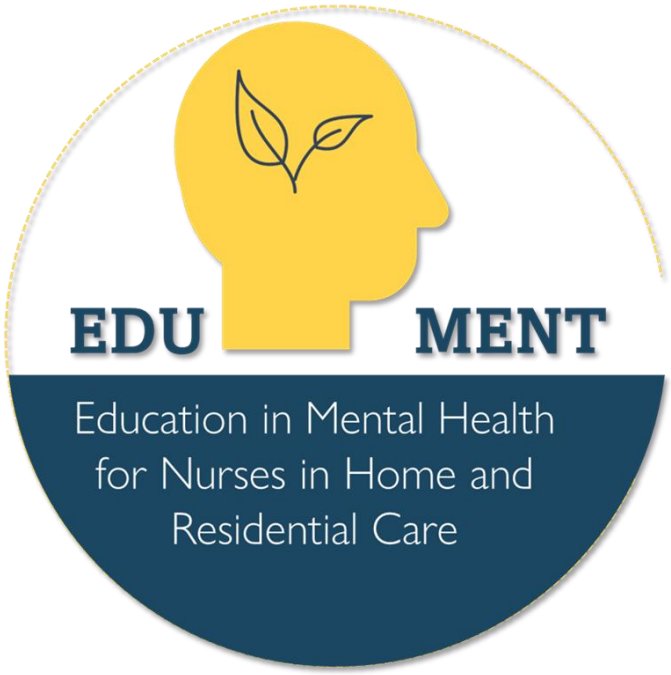
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DIE TIROLER PRIVATUNIVERSITÄT

2334
HÄFELEKAR



MH-I Training Framework for Nurses

(R5_1)

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Intellectual Output – R5_1	
Title:	**MH-I Training Framework for Nurses**
Description:	This document provides a structured, modular training framework for nurses working in home care and long-term residential care to develop competencies in mental health identification (MH-I) using the EDU-MENT digital screening tool. It outlines educational objectives, curriculum design, assessment formats, and organizational requirements to support sustainable implementation. The current version represents a pre-pilot draft and will be revised following WP4 and WP5 piloting activities.
Partner organisation:	Hafelekar
Researcher(s) responsible for filling in this document:	Paul Schober
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This training framework focuses on the design and delivery of MH-I education for nurses.

Organisational, quality, and sustainability aspects of continuing education are addressed in the complementary organisational guidelines (R5_5).

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1. INTRODUCTION

1.1. PURPOSE OF THE GUIDELINES

The purpose of this document is to provide a structured and actionable framework for the **continuing education of nurses** in the field of **Mental Health Identification (MH-I)**, with a specific focus on the needs and realities of **home care** and **in-patient long-term care** settings. It supports the goal of equipping nursing professionals with the **knowledge, skills, and attitudes** required to:

- Recognize early signs of mental health issues among older adults
- Apply the **EDU-MENT digital screening tool** effectively and ethically
- Contribute to **interprofessional collaboration** in planning and delivering individualized care
- Integrate mental health perspectives into routine nursing workflows and documentation systems

These guidelines are intended to serve as a **practical reference** for training providers, care institutions, and other stakeholders involved in workforce development. They outline key competencies, recommended training content, delivery formats, and organizational prerequisites necessary for successful implementation.

Moreover, the guidelines are aligned with the EDU-MENT project's ambition to promote **sustainable innovation** in eldercare through a combination of **digital tools, tailored education, and organizational support**. As such, this document also contributes to broader efforts within the EU to strengthen the capacity of the vocational education and training (VET) sector in addressing the mental health needs of ageing populations.

1.2. BACKGROUND AND EDU-MENT PROJECT CONTEXT

The EDU-MENT project (Education in Mental Health for Nurses in Home and Residential Care), funded under the Erasmus+ programme (KA220-VET-2FD42AAD), addresses the increasing need for early recognition of mental health issues in older adults. Through the development of **digital screening tools**, **blended learning modules**, and an **organizational development framework**, the project supports a system-wide approach to improving mental health competencies among registered nurses.

Within this framework, **Work Package 5 (WP5)** focuses on sustainable implementation in real care environments. This includes:

- Institutional audits and readiness assessment (WP5.1–5.3),
- Piloting and evaluation of the screening tool (WP5.5),
- And the development of **training and certification guidelines** (WP5.6), which this document represents.

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1.3. Target Groups and Scope

These guidelines are primarily addressed to:

- **Registered nurses (RNs)** working in community-based home care and residential long-term care
- **Training providers** in vocational and continuing professional education
- **Institutional managers** responsible for workforce development and quality of care
- **Policy stakeholders and accrediting bodies** interested in replicable models for MH-I training

The focus is on **practical implementation** rather than academic training. The guidelines are tailored to the **work realities of eldercare**, with an emphasis on usability, integration into existing workflows, and alignment with digital transformation strategies in health and social care.

The current version reflects insights from pilot feedback (WP3.5) and institutional audit design (WP5.1) and will be **revised and finalized** after the piloting phase concludes in late 2025.

2. Educational Objectives and Core Competencies

2.1. Key Learning Outcomes for MH-I

The EDU-MENT continuing education programme is designed to strengthen the ability of nurses in **home care** and **in-patient long-term care** to identify early signs of mental health risks among older adults using a structured, evidence-based, and digitally supported approach.

Upon successful completion of the training, participating nurses will be able to:

1. **Explain the importance of mental health identification (MH-I)** in ageing populations, including psychosocial, medical, and ethical perspectives.
2. **Recognize signs and risk factors** for conditions such as depression, anxiety, cognitive impairment, loneliness, and social withdrawal.
3. **Apply the EDU-MENT digital screening tool** confidently and competently, including data entry, interpretation of outputs, and use of scoring algorithms.
4. **Translate tool results into holistic care responses**, including emotional support, fall prevention, home environment adaptation, and referral pathways.
5. **Address social isolation and loneliness** by identifying risk indicators and proposing practical interventions to foster social participation.
6. **Use communication frameworks** (e.g., SBAR - Situation–Background–Assessment–Recommendation) to coordinate screening outcomes with interdisciplinary team members.
7. **Demonstrate digital literacy** and responsible use of electronic tools, including safeguarding client privacy and documentation standards.
8. **Manage emotional strain and workload** using self-organization, time management, and stress regulation strategies.

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9. **Reflect critically on ethical concerns, client diversity, and tool limitations**, and adapt interventions to individual needs.

These outcomes are aligned with WP2 needs assessment findings and pilot testing results from WP3.5, where participants highlighted the need for clear, user-friendly tools with direct applicability and defined follow-up actions.

2.2. Competency Areas: Digital Literacy, Clinical Reasoning, Collaboration, and Resilience

The EDU-MENT training programme is structured around four interconnected **competency domains**, each responding to specific training needs and real-world constraints in elderly care:

a) Digital Competency for MH-I and Communication

Participants will gain the skills to:

- Operate the EDU-MENT screening tool on digital devices (e.g., tablets, laptops)
- Navigate interactive learning platforms (e.g., Genially) and self-guided e-learning content
- Understand digital security and privacy standards (e.g., GDPR compliance)
- Communicate findings clearly and systematically using structured handover techniques (e.g., SBAR)

These skills are essential in both home care (mobile use) and institutional settings (electronic record systems), and address digital literacy gaps noted in WP3.5 feedback.

b) Clinical and Psychosocial Reasoning

This domain focuses on:

- Assessing cognitive, emotional, social, and functional health risks based on screening tool input
- Interpreting scores across domains (e.g., cognitive function, social participation, sleep/nutrition)
- Integrating findings into individual care plans using principles of holistic and preventive nursing (e.g., Jean Watson's theory)

Learners will apply these skills through case-based learning and scenario planning, consistent with the EDU-MENT PBL model.

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c) Interprofessional Collaboration

Effective mental health identification depends on:

- Coordinated handovers between nurses, physicians, psychologists, and social workers
- Communicating sensitively with clients and family members about screening outcomes
- Understanding roles and referral pathways within interdisciplinary care teams

Training activities will include video simulations, role-plays, and analysis of real-world collaboration challenges identified during piloting.

d) Self-Organization and Emotional Resilience

Acknowledging the demanding nature of eldercare, nurses will be supported to:

- Use time management tools (e.g., SMART goals, Eisenhower Matrix)
- Balance workload with self-care and professional boundaries
- Apply techniques for emotional regulation and stress reduction

This competency domain directly addresses the concerns raised in WP3.5 about workload, ethical pressure, and perceived burden, and is essential for long-term implementation sustainability.

3. Training Structure and Content Overview

3.1. Recommended Curriculum Structure

The EDU-MENT continuing education programme for registered nurses is delivered as a **competency-based, blended learning course**, corresponding to **5 ECTS (125 hours)** and **EQF Level 6**. The training is structured to:

- Strengthen nurses' competencies in early identification of mental health needs
- Ensure confident and ethical use of the **EDU-MENT digital screening tool**
- Promote **interdisciplinary collaboration** in geriatric care settings

The curriculum applies **Problem-Based Learning (PBL)** and the **Arena Blended Curriculum (ABC)** methodology to ensure that learning is **interactive, practical, and adaptive** to real-world nursing environments. Learners engage in small group activities, digital case analysis, and practice-based reflection, supported by digitally enriched content (e.g. Genially presentations, interactive infographics, and video material).

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3.2. Core Modules and Thematic Priorities

Based on WP4 tasks (4.1–4.3), pilot preparation, and WP2/WP3 findings, the following **five thematic learning modules** structure the training content:

Module 1: Introduction to Psychosocial Monitoring and Digital Tools

Objective: Understand early detection and digital assessment in geriatric mental health
Activities:

- Self-paced reading and infographics on common psychosocial risks (PHQ-9, MoCA, GDS, MMSE)
- Demo of the EDU-MENT tool and its rationale
- Estimated time: **25 hours**

Module 2: Application of the EDU-MENT Tool for Early Detection

Objective: Use the tool to identify and document psychosocial changes
Activities:

- Guided practice with sample cases
- Application of tool to learner's real work context
- Estimated time: **25 hours**

Module 3: Integrating Holistic Care Based on Tool Findings

Objective: Translate screening outcomes into individualized care strategies
Activities:

- Scenario-based planning (fall prevention, medication safety, home adaptation)
- Introduction to Jean Watson's caring theory
- Estimated time: **30 hours**

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Module 4: Addressing Loneliness and Promoting Social Participation

Objective: Identify and act on social isolation using EDU-MENT results
Activities:

- Scenario-based intervention planning
- Case reviews and exploration of Digi-Ageing resources
- Estimated time: **25 hours**

Module 5: Interprofessional Collaboration, Self-Organization, and Resilience

Objective: Strengthen teamwork, communication, and nurse well-being
Activities:

- SBAR communication role-play
- Infographics and exercises on time management, stress regulation
- Estimated time: **20 hours** (10+10 hours for collaboration + self-care)

All modules are mapped to the core competencies outlined in Chapter 2 and are adaptable for **home care and institutional contexts**.

3.3. Adaptations for Care Settings and Digital Competence Levels

The WP4 structure ensures the curriculum is **modular, flexible, and inclusive**:

- **For home care teams**: emphasis on tablet use, short screening procedures, lone-worker adaptations
- **For institutional teams**: integration into admission routines, multidisciplinary coordination, documentation system linkage

To address **variability in digital competence**, the curriculum includes:

- **Visual step-by-step guides**, interactive tool walkthroughs, and digital literacy aids
- Progress tracking features and built-in help resources for learners less familiar with digital tools

The structure supports learners in building **practical confidence and autonomy**, whether they work in mobile, psychiatric, or residential long-term care settings.

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4. Training Delivery and Assessment Approaches

4.1. Blended Learning Format and Methodology

The EDU-MENT training programme is delivered through a **blended learning model** combining:

- **Self-paced digital content**
- **Synchronous group workshops**
- **Case-based, practice-oriented assignments**
- **On-the-job application of the EDU-MENT screening tool**

The pedagogical design follows two main approaches:

- **Problem-Based Learning (PBL):** Learners solve real-world clinical scenarios in small groups, fostering critical thinking, collaboration, and clinical reasoning.
- **Arena Blended Curriculum (ABC):** A rapid, structured instructional design model ensuring diversity in activity types (acquisition, discussion, investigation, collaboration, practice, reflection).

Interactive content is provided via the Genially platform, incorporating presentations, videos, quizzes, infographics, and simulations, accessible through an integrated e-learning platform. This format ensures flexibility, accessibility, and adaptability across countries and institutions.

Digital support is embedded to accommodate varying levels of digital literacy, including:

- Step-by-step tool demonstrations
- Help functions and guided walkthroughs
- Modular progression and repeatable exercises

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4.2. Suggested Duration and Workload

The programme corresponds to **5 ECTS credits** (125–150 hours), broken down as follows:

Module	Estimated Hours
1. Psychosocial Monitoring and Digital Tools	25
2. Application of the EDU-MENT Tool	25
3. Holistic Care Planning Based on Findings	30
4. Addressing Loneliness and Promoting Social Participation	25
5. Interprofessional Collaboration and Nurse Resilience	20
Total	**125 hours**

The modular format allows institutions to deliver training:

- As an **intensive short course** (e.g. over 4–6 weeks)
- Or **integrated into ongoing education programmes** for nursing staff

All modules can be localized and translated, ensuring linguistic accessibility and alignment with national vocational standards.

4.3. Competency-Based Assessment and Certification

The EDU-MENT programme adopts a **formative and practice-based assessment model**. Assessments are aligned with the learning outcomes defined in Chapter 2 and follow the principle of **"demonstrated competence in real or simulated scenarios."**

Assessment types include:

- **Digital quizzes and knowledge checks** (built into e-learning modules)
- **Case study analysis and care planning tasks**
- **Self-assessment and reflection exercises**
- **Observed tool use in practice or simulation settings**
- **Role-play or structured oral feedback using SBAR model**

Each module includes embedded assessment points to ensure that learning outcomes are monitored continuously. Trainers provide qualitative feedback using structured rubrics.

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Certification

Learners who complete all modules and pass the required assessments receive a **Certificate of Competence in Mental Health Identification in Long-Term Care**, issued by the EDU-MENT consortium. The certificate:

- Indicates ECTS volume
- Is aligned with European guidelines (ECVET/EQF)
- Can be validated by care institutions and training providers nationally

5. Organizational and Implementation Considerations

The success of the EDU-MENT training programme depends not only on individual learning outcomes but also on the **institutional structures** that support the integration of **mental health identification (MH-I)** into everyday nursing practice. This chapter outlines the key organizational elements needed to enable sustainable implementation in both **home care** and **in-patient long-term care settings**.

5.1. Institutional Roles and Responsibilities

To support consistent and quality-assured delivery of MH-I training and practice, institutions are encouraged to establish defined roles and responsibilities for supporting staff development, tool application, and interdisciplinary collaboration.

a) Nursing Management / Facility Directors

- Integrate MH-I into continuing education and development strategies
- Ensure protected time and organizational support for training participation
- Oversee the practical application of the EDU-MENT screening tool and follow-up processes

b) Digital MH-I Coordinators (Recommended Role)

- Appointed staff member (e.g. senior nurse or quality manager) who:
  - Acts as the internal point of contact for EDU-MENT tool use
  - Supports technical integration and basic troubleshooting
  - Monitors participation in training and facilitates institutional follow-up

c) Trainers and Facilitators

- Deliver blended learning modules using the EDU-MENT platform and manual

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- Guide learners through scenario-based activities, especially those involving interprofessional collaboration
- Assess participants and provide structured feedback

d) Interprofessional Communication Using SBAR

To promote **clear and structured communication** around MH-I findings, the EDU-MENT training includes the **SBAR model** (Situation–Background–Assessment–Recommendation). SBAR is an internationally recognized framework used in clinical settings to support the effective transfer of critical information, particularly between nurses, physicians, psychologists, and other professionals. In the context of EDU-MENT, SBAR is applied when:

- Communicating screening tool results
- Discussing care risks or psychosocial changes with colleagues
- Making referrals or proposing follow-up actions

Example:

- **S – Situation**: "I am calling about Mr. Huber, who was just screened with the EDU-MENT tool and flagged for moderate depression risk."
- **B – Background**: "He is 82, lives alone, and recently lost his spouse."
- **A – Assessment**: "His responses indicate low mood, sleep problems, and social isolation."
- **R – Recommendation**: "I recommend scheduling a psychological evaluation and updating his care plan to include a social engagement intervention."

SBAR is already **in use or aligned with communication practices in Austria and Slovenia**, particularly in settings that emphasize patient safety, handovers, and interprofessional teamwork. Including SBAR in training ensures that screening results are shared responsibly and contribute to **coordinated mental health care**.

5.2. Digital Infrastructure and Staff Requirements

The EDU-MENT training assumes the presence of **basic digital infrastructure**, including:

- Computers or tablets with internet access
- Secure environment for data entry and local storage (if applicable)
- Access to EDU-MENT learning platform (central or institutional server)

If institutions face limitations (as identified in WP5.1 audits), partners are encouraged to:

- Use shared devices or training hubs for access
- Leverage asynchronous content for shift flexibility
- Offer printed materials or peer coaching where digital access is limited

Staff should be supported to:

- Allocate at least **125 hours per full training cycle**

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- Participate in **peer exchange or mentoring formats**
- Access **technical help and trainer guidance**, particularly in early phases

This setup reduces workload stress, one of the key concerns raised in WP3.5 pilot evaluations.

5.3. Integration into Routine Workflows

To ensure long-term use of MH-I competencies and the EDU-MENT tool, care providers should embed practices into **existing organizational routines**, such as:

Workflow	Integration Point
Client admission	Use the screening tool during initial psychosocial history
Regular reassessments	Incorporate into quarterly or biannual reviews
Care planning meetings	Include tool outcomes in interprofessional discussions
Staff handovers	Use SBAR format for structured communication
Quality assurance reviews	Monitor tool usage rates, training completion, and referrals

Institutions may also establish **local indicators** (e.g. % of new admissions screened) as part of internal quality development systems. These align with EDU-MENT's WP5 output goals and facilitate reporting to stakeholders and funders.

6. Next Steps and Further Development

6.1. Planned Pilot Activities and Feedback Loops

The EDU-MENT training programme and the use of the digital MH-I screening tool will undergo **pilot implementation** in all three participating countries (Austria, Cyprus, Slovenia) as part of WP4 and WP5 activities. These pilots will include:

- **Training of selected staff cohorts** in each country, including both RNs and institutional managers
- **Real-life application of the EDU-MENT screening tool** during care routines
- **Feedback collection** from nurses, trainers, clients (where appropriate), and institutional leadership
- **Evaluation using standardized feedback forms and peer observation tools**

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The pilot phase (WP4.8 and WP5.5) is expected to:

- Validate training content and delivery methods
- Identify practical challenges in implementation
- Capture institutional and user-level adaptations
- Generate use cases for dissemination and refinement

Outcomes will be compiled into country reports and used to inform the final version of these guidelines.

6.2. Link to Screening Tool Usage and Evaluation Results

The integration of training and practice is central to the EDU-MENT model. Therefore, the use of the EDU-MENT screening tool will be monitored in relation to:

- **Application frequency and accuracy** (e.g., at admission, reassessment)
- **Quality of follow-up actions** (referrals, documentation, care plan updates)
- **User experience and perceived burden** (from WP3.5 pilot feedback)
- **Impact on staff confidence and interdisciplinary collaboration**

These insights will be compared with the training outcomes to assess whether the **competency-based approach** has led to improved MH-I practice and interprofessional communication in daily care.

6.3. Outlook for Final Version and National Adaptation

The current guidelines represent a **first draft**, to be expanded after the pilot phase and informed by:

- WP5 institutional audit findings (WP5.3)
- Feedback from pilot sites and national partner institutions
- Structured input from quality assurance advisors and external evaluators
- Country-specific adaptation needs (e.g., training formats, certification pathways, language and legal considerations)

The **final version** (due in 2026) will:

- Include case examples, implementation tools, and quality indicators
- Be translated into German, Greek, and Slovenian
- Serve as a reference for care institutions, VET providers, and policy stakeholders seeking to implement MH-I capacity building as part of digital care transformation

In parallel, the results of this work will be linked to:

- The EDU-MENT **Transfer Handbook** (WP5.7)
- The broader dissemination strategy (WP4.10, WP1)
- Future recommendations for **certification schemes** in national VET systems

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