

ESTONIA

Integrating Mental Health Nurses into Primary Care



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Estonia – Integrating Mental Health Nurses into Primary Care

Background and context: In Estonia, primary care is centered around family doctors working in teams with family nurses. Recently, efforts have been made to expand these teams into Primary Care health Centres (PCCs), including roles such as midwives, physiotherapists, and other specialized new professional figures such as mental health nurses (MHNs). These nurses have advanced clinical training and can do more on their own, such as prescribing certain medications. While MHNs are still scarce and unevenly integrated across PCCs, their inclusion is increasingly important due to rising mental health needs, especially after COVID-19. Although family doctors have taken on some mental health tasks, many lack confidence in this area, making MHNs a logical addition to the team. Since Estonia faces limited access to mental health services and overburdened family physicians, this is a favorable moment to formally include MHNs as part of standard primary care teams. The country developed a new primary care master plan, aiming to assess and address the needs of PCCs to ensure optimal patient care, and national institutions support expanding mental health services.

Scope of the pilot: The main aim of the project is to define the role of MHNs within PCCs and identify the prerequisites for integrating them into these family medicine teams to improve mental health service delivery. It involves:

- Evaluating the adequacy of the current master's curriculum in preparing nurses to work as MHNs without additional clinical experience in specialized psychiatric units.
- Analyzing the team roles and task distribution in PCCs where MHNs are already part of the staff (currently 15 nurses). It uses their collective experience to draft a national role description. Insights from Kerli Kaskla's master's thesis and interviews with MHNs and family doctors provide real-life examples of task-shifting within primary care.
- Incorporating learnings from the Klaabu initiative, funded by the Estonian Health Insurance Fund, which supports mental health competence in primary care by involving MHNs in both specialized care and family doctor offices. Klaabu offers training modules on various mental health topics and is currently active in 5 out of 15 counties, with plans to expand.
- Conducting online surveys among nurses and nursing students, by exploring their motivations and concerns to assess MHNs' willingness to work in primary care.
- Evaluating current curricula and training programs to identify gaps and recommend additional training needed to meet the demands of MHNs in primary care.

Task analysis: The Estonian Health Insurance Fund initially outlined the role of MHNs in primary care when funding for the position began. MHNs serve as consistent points of contact for patients with mental health issues, responsible for assessment, monitoring, basic interventions, and supporting team members with mental health expertise. They collaborate closely with both primary care teams and external mental health professionals.

Situations in which MHNs are involved include:

- Screening and assessing suspected mental health conditions
- Counselling at the start of mental health treatment
- Supporting management of moderate mood or behavioral disorders
- Providing mental health support in cases of physical illness
- Communicating serious diagnoses
- Supporting patients experiencing anxiety, chronic stress, trauma, or grief

Typical MHN tasks in PCCs include:

- Mental health status and risk assessments
- Educating patients on mental health issues, treatment, and self-care
- Promoting healthy, mental health-friendly lifestyles
- Renewing prescriptions

Moreover, Kerli Kaskla developed a code of practice based on MHN core competencies, emphasizing patient-centered care and building trust. Her defined tasks include:

- Comprehensive health assessments
- Collecting detailed patient histories (mental health, substance use, family background, etc.)
- Individual and group counselling (on mental health, self-help, recovery, etc.)
- Planning and monitoring nursing activities and treatment
- Performing procedures and diagnostic tests (e.g., ECGs, blood tests, questionnaires like EEK-2, AUDIT, MOCA)
- Documenting and interpreting results
- Participating in team-based case analysis

Although Kaskla's framework and the Estonian Health Insurance Fund's guidelines differ in structure, they align in content.

MHNs working in primary care in the Klaabu Project describe their role as versatile, involving initial and follow-up consultations for patients with diagnosed conditions or those seeking preventive support. Tasks range from lifestyle coaching to referrals to specialist or inpatient care. These MHNs often have prior experience in specialist settings, working closely with psychiatrists.

In sum, this analysis highlights that MHNs in primary care play a multifaceted role, bridging preventive care, ongoing support, clinical procedures, and team collaboration in managing mental health.

An informal concrete example of task shifting: A mental health nurse and a family doctor from the same practice shared their experience integrating mental health care into primary care. The nurse, after starting a master's in mental health nursing, began offering dedicated appointments, which are in high demand. Both professionals valued the extended 60-minute sessions for building trust and providing lifestyle counselling. They noted some overlap with family nursing tasks, but emphasized the importance of specialized mental health knowledge. The nurse found that her training improved her overall patient care. Both agreed that having an MHN in the team benefits patients and staff, and called for national guidelines to support clear role definitions and task sharing.

Learning needs: Competences among MHNs in primary care vary, as they come from both primary and specialized care backgrounds. Despite differing experience levels, these nurses are well-educated, committed to patient well-being, and ready to take on greater responsibilities. Their strong professional identity enables both independent work and effective teamwork. PCCs also differ in their readiness to integrate MHNs. Pilot sites may reflect a bias, as they are more open to innovation and task shifting. To ensure MHNs are supported, their education should prepare them for autonomous work, with systems in place for collaboration with external specialists. Additional training should be provided to entire primary care teams.

Opportunities and limitations: Currently, the role of a mental health nurse (MHN) in primary care is defined more by job title than by specific tasks. In late 2022, discussions around national development plans revealed broad support for including MHNs in standard primary care teams. However, the lack of a formalized role leaves room for differing interpretations, which could both help and hinder future integration. To define the role clearly, further discussions involving all primary care team members and mental health specialists are needed. The role should be flexible to accommodate MHNs with diverse backgrounds while aligning with team needs and existing competencies. These and other opportunities and limitations are detailed in the table below.

Opportunity	Barrier	Measures to be Taken / Enabler
Widening the primary health care team to have more resources and flexibility in helping the patients	Lack of specialised nurses and specialised workforce	Describe the role and its need to increase the number of trained nurses. Provide options for flexible training paths.
	Different levels of competency and readiness among doctors and PCCs	Training in collaboration with the whole team.

	No legal regulation on the role	Reach a national agreement on the MHN role, tasks, and responsibilities.
	Many patients do not expect to get help from primary care	Start with patients who are open to it.
Offering good quality mental health care on primary care level	Patients may prefer to see a doctor rather than a nurse	Emphasize MHNs' training and specific knowledge. Individualize patient education.
	Training in master's program lacks clinical competence	Offer extra training focused on practical clinical needs.
	Poor communication and sharing among professionals	Agree internally on roles, data handling, and what information is collected and shared.
	Lack of trust between professions	Build trust within the team.
	Uncertainty when entering a new role or new team	Build interdisciplinary identity through joint training and shared understanding.

Key findings:

- The mental health nursing curriculum was introduced in 2018.
- According to the Estonian healthcare workers register, there were **166 nurses specialized** in mental health at the beginning of 2023. Most of these mental health nurses work in hospitals or private practices alongside psychiatrists, while only a few operate in primary care settings.
- Due to the shortage of mental health nursing specialists, not all primary care centres have been able to ensure the presence of these professionals.
- Task shifting activities had already been partially implemented by various professionals before the pilot project, mostly in an **informal** manner. A major issue was the **inconsistency** in how different organizations and healthcare professionals applied task shifting.
- The employment of mental health nurses led to more dedicated time and appointments specifically focused on mental health nursing.
- Both doctors and nurses consider this new care model useful and well-received by patients.

Further integration with **telenursing** interventions using digital tools is needed.

Main References:

- TaSHI Project. *The Project – Empowering EU Health Policies on Task Shifting*. Available at: <https://tashiproject.eu/the-project/>).
- TaSHI Project - D5.1 CASE STUDIES OF IMPLEMENTATION SITES Available at: [D5.1-Case-studies-of-implementation-sites.pdf](#)
- TaSHI Project - D5.2 GUIDEBOOK ON TASK SHIFTING Available at: [D5.2-Guidebook-on-task-shifting revised final ISBN.pdf](#)