

Involving service users and carers in the education of mental health nurses

The recent review of mental health nursing in England calls for the widespread involvement of mental health service users and carers in the education of mental health nurses. Alan Simpson, from Mental Health Nurse Academics (UK), outlines how the review's recommendations can be implemented and identifies some of the potential challenges that need to be addressed

keywords

- > carers
- > empowerment
- > education: curriculum

These keywords are based on the subject headings from the British Nursing Index.

Over the last two decades, there has been a drive to include service users and carers, patients and public in the commissioning, design, delivery and evaluation of health and social care services, culminating in the explicitly titled *Creating a Patient-Led NHS* (Department of Health (DH) 1999a, 1999b, 2000, 2005). Studies evaluating patient involvement in planning and developing healthcare services report positive changes in service delivery and staff attitudes (Crawford *et al* 2002). A small number of projects involving users in the delivery and evaluation of mental health services also found improved patient experiences (Simpson and House 2002), although staff resistance can be an obstacle (Crawford *et al* 2003).

Alongside initiatives in service provision has been a similar, if more hesitant, impetus in education and training, with increased involvement of service users recommended in all aspects of health and social care education (QAA 2005).

The reasons for involving users and carers are well rehearsed. There is the political impetus aimed at making health and social care services more responsive to the needs of the public, while challenging professional workers' supposed resistance to change (BBC 1999). Consumer choice and influence has also been fuelled by a less deferential populace, progressively more informed through access to the internet and other sources of information. In particular, patients with long-term conditions often exhibit extensive knowledge and understanding of their ailments, care and treatments, which has led to recognition of these 'expert patients' as valuable partners in the healthcare journey (DH 2001). And there is a moral recognition that, as citizens and 'owners' of the NHS, the public is entitled to have a voice in all aspects of the health service (Telford *et al* 2002).

But the most significant driver is quality improvement and a belief that the involvement of users and carers leads to deeper clinical understanding and improvement in relations between healthcare professionals and patients and a consequent increase in the quality of care and treatment provided (Wykurz and Kelly 2002). By valuing and listening to 'experts through experience', staff can provide the types of interventions perceived to be most appropriate and effective.



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Mental Health Nurse Academics (UK) brings together representatives from all UK Higher Education Institutions engaged in mental health nursing education and research. The group advises on issues related to mental health nursing and shares good practice and innovation in this field.

tive in the manner that is most acceptable to those receiving the service. This is where education and training comes in. By ensuring that user and carer perspectives are threaded throughout the educational process, it is anticipated that staff will be more attuned to work within and help develop a consumer-focused service.

However, a recent literature review found that user and carer involvement in the education and training of healthcare staff had rarely been evaluated in relation to the impact on learning, and never in relation to ensuing healthcare behaviour (Repper and Breeze 2004). Nonetheless, user and carer participation was described overall as a 'positive process, well received by the service users and carers involved, students and teachers'. Concerns were identified in relation to preparation, support and remuneration and there was some evidence that academic staff were concerned about the effect of consumer involvement on their own professional standing and participants' mental health. There was also a worry that little was being done to ensure that learning in education was supported in practice.

What the CNO's review recommends

To strengthen pre-registration nurse education, the chief nursing officer (CNO) for England's review recommends that users and carers should be routinely involved in four key areas of the educational process: recruitment, curriculum planning, teaching and assessment (DH 2006a). Establishing and sustaining positive interpersonal relationships with service users and carers is essential to providing successful mental health nursing practice. And it is the formative education and training of mental health nursing students that is central in creating and nurturing the attitudes, person-centred values and interpersonal skills required to achieve this.

Mental Health Nurse Academics UK (MHNAUK) welcomes the recommendations for greater user and carer involvement, which reflect our views (MHNAUK 2005) and our submissions to the review consultation process. There are many approaches that can be employed to involve users and carers in the educational process and these will now be considered in relation to the recommendations of the mental health nursing review.

Recruitment of prospective students

Student selection is a complex process that involves university and service provider staff, as the recruitment and education of student nurses is a collaborative activity between various agencies including the NHS, independent sector health providers and voluntary agencies. As well as considering academic qualifications and previous experience, individual and group interviews, group discussions and, occasionally, psychometric testing are all employed to select and recruit mental health nursing students. So how can users and carers become involved in this process?

Service users and carers are clearly able to identify the qualities, skills, knowledge and abilities that they value in mental health nurses (Simpson 1999) and can describe 'good quality' care (Altree 2001). They also bring a unique perspective that complements that of academics and clinicians, so it is important that this is recognised, valued and used to inform the recruitment process. This contribution can occur in a number of ways. Users and carers may wish to join a consumer advisory group, through which they can become involved in various aspects of recruitment such as advert design, short-listing and setting selection criteria. It may be possible for users and carers to become members of the interview panel for some or all of the applicants. Alternatively, users and carers may wish to develop questions

they would like applicants to be asked, or suggest a topic for a presentation or group discussion.

The MHNAUK also suggests the need to shift away from the 'us and them' divide between students and service users and emphasise the desirability of recruiting people with personal experience of mental health problems as student mental health nurses.

There is evidence, mainly from the United States, of the many benefits of employing people with personal experience of mental distress, including increased patient satisfaction and reduce hospitalisation (Simpson and House 2002). Such a policy also helps challenge the prejudice and stigma that underpins the social exclusion of people with mental illness (Office of the Deputy Prime Minister 2004). This is supported by the inclusion of mental illness in the Disability Discrimination Act 1995, under which employers must not discriminate against disabled people but, where possible, consider their specific support needs.

However, students who openly acknowledge or 'come out' about their mental health problems may face prejudice and even hostility in the class room and on placements. Tutors have reported incidents of such students being isolated and made to feel unwelcome. Some university and trust staff may also harbour beliefs that mental health nursing is too stressful and demanding for people with mental health difficulties and that their recruitment or employment is likely to exacerbate their distress and provoke a relapse. These views need to be acknowledged and challenged. There is cogent international research demonstrating that, with the right support, people can succeed in finding and keeping a job even when they continue to need support from mental health services (Grove *et al* 2005).

Curriculum planning

In nursing, curriculum development is a complex business with time spent ensuring that educational programmes meet the requirements of various governing bodies, such as the Nursing and Midwifery Council, which set professional standards and competencies that then have to be mapped to specific learning outcomes. Yet there are many interesting ways that service users and carers, alongside education and service providers, can be involved and there have been successful attempts to incorporate the views of service users and carers in the development of mental health nursing curricula (Rudman 1996, Simpson 1999).

User and carer involvement should be a standing item on each curriculum planning meeting to ensure that involvement is strategic and not an afterthought. Existing staff need to go out and meet with service user and carer groups and Public and Patient Forums and establish good relationships. Find out which relevant organisations or groups operate in your community and offer to give a talk on your work and invite interested people to get involved. Service users and carers may like to take an active part on planning committees or steering groups, or they may prefer to be part of a curriculum development reference group that can feed into the planning process by responding to draft plans and reports. Provide sufficient time and academic and administrative support to ensure that users can engage with this process in a meaningful way so that they will have ample opportunity to influence the design and content.

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programme, may like to design and deliver a service user involvement module or help produce course materials, such as case studies, scenarios, videos and interactive online materials. Consideration can also be given to working alongside users and carers in carrying out learning placement and essence of care audits.

Teaching

Service users and carers can also be invited to help deliver the curriculum. Students' learning experiences can benefit enormously from listening to, and working with, people who have direct, personal experiences of the impact of mental distress, managing long-term conditions, service delivery, care and treatments, involvement of carers and the behaviour, values and attitudes of health and social care staff (Trent SHA 2005).

Classroom involvement of service users in the education of pre-registration mental health students has been associated with reduced use of professional 'jargon', greater empathy with clients' distressing experiences, less use of defensive 'distancing' and an increased tendency to adopt an individualised approach to assessment and intervention (Wood and Wilson-Barnett 1999). Studies of user participation in postgraduate nurse education have also reported positive changes in attitudes towards service users, greater understanding of their perspectives and developments in clinical practice (Happell and Roper 2003, Khoo *et al* 2004). While these limited findings are encouraging, the studies are methodologically weak and all focus on classroom involvement of service users. User and carer involvement can include any of the following:

- classroom delivery of teaching and learning
- critically reflecting with service users/carers on their experience of services (often joint-facilitated by user/carer)
- the use of literature, videos, audio-recordings, TV programmes and web resources outlining users/carers' views, experiences, needs and choices
- the use of user-led research findings or materials prepared by user/carer organisations
- organising student placements with users/carers and their representative organisations
- development and use of scenarios and/or case studies based on real-life situations, or the use of actors to simulate real-life situations with observation and critical discussion
- the use of interactive online e-learning opportunities with users and carers.

The use of high quality materials produced by service users and carers is important in confronting preconceptions and stigma surrounding mental illness and gives weight and validity to what specific individuals have to say.

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Students' practice placements also offer an ideal setting for communicating and working with service users and carers and are ideal for helping to shape the skills

and confidence needed to engage in a collaborative, user-focused way. It also allows students to draw on and recognise the ideas and experiences described by users themselves and 'embrace involvement in practice, both in the delivery of care and the shaping of services for the future' (Trent SHA 2005). Staff can help students identify opportunities to 'shadow' service users, carers and their families, with their agreement, and to learn directly about their lives and challenges of coping with, and managing, mental distress. Students can interview

service users, carers and staff to explore care pathways and the different perspectives and priorities identified. These can be fed back and discussed in class work and be used to inform written assignments.

A number of universities have moved beyond the use of users and carers as guest or visiting lecturers and employed people with personal experience of mental distress as user-lecturers. Such positions help to challenge and dispel stereotypes and provide positive role models for students, staff and other users. But this should not be seen solely as an opportunity draw on that person's own experiences by constantly asking them to revisit their personal distress and treatment. More constructively, they can help education providers engage with, and establish, a diverse network of users and carers from local communities that would like to contribute to the education of future mental health nurses.

Student assessments

Currently, most assessment of clinical competency relies on student, mentor and lecturer verification of performance in practice (Calman *et al* 2002). There is little evidence that the users' or carers' viewpoint is taken into account when assessing the performance of student mental health nurses. Academic and clinical staff often express concerns about the capacity or fairness of service users being asked to assess the ability of nursing students, which they feel is the preserve of the professions. Yet there is evidence of difficulty and disagreement amongst practice mentors concerning the assessment of student performance in practice (Brown 2000). There is also evidence that staff and users have different ideas when it comes to identifying a 'good' mental health nurse (Forrest *et al* 2000). However, lecturers and students acknowledge the usefulness of informal, unsolicited feedback that service users often provide about student performance.

Consequently, it seems desirable to devise systematic means of including user and carer viewpoints in student assessments. Attempts to incorporate user and carer feedback alongside mentor feedback within students' Competency Assessment Documents have been extremely successful in adult nursing, with students reporting they were more likely to modify their behaviour in response to user feedback than to feedback from mentors and tutors (Cooper S, unpublished paper). Such initiatives are being explored in mental health.

As well as direct feedback to students on their clinical practice, there are other opportunities for users and carers to contribute to the assessment process alongside professional colleagues. They can be invited to become members of Programme Assessment Boards and contribute to the design and development of student evaluations, learning contracts, assessment processes and guidelines (Trent SHA 2005). They can help develop assessment strategies that include user and carer involvement, and become involved in Objective Structured Clinical Examinations (OSCEs). Other opportunities for user and carer involvement in mental health student nursing appraisal are currently being investigated.

Ensuring no harm

To ensure involvement of service users and carers in educational activity does them no harm requires consideration of each person's suitability for specific tasks. Staff will need to assess and address the preparation, training and support needs of each participant. Good practice guidelines also recommend that ideally at least two users are invited to be involved in activities, so they can provide peer support to each other. When planning to involve users and carers, thought should be given to the aims of the involvement



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and a job description and person specification drawn up. This helps all parties focus on the actual expectations and requirements of their participation.

Those who have had experience of positive examples of user and carer involvement in education or research, make clear that considerable, time, thought and money is required to anticipate and address these, and other needs, in an ethically sound manner. This is not a cheap alternative. As well as being morally correct, the rewards of addressing such matters are greatly appreciated by the participants, serve to enhance their continued participation in work schemes and increase the chance of the activity being a success (Lockey *et al* 2004).

Payment

Some people are happy to give their time and energies free of charge, often in order to 'give something back'. But those involved will be people who, because of their illness or disabilities, are often on a low income. Having to travel, perhaps buy a drink and a meal, will put them out of pocket. What may seem like relatively small amounts of money can be enough to cause difficulties and embarrassment or even prevent people taking part. Expenses such as travel and child care should be offered in cash on the day of involvement, which means making prior arrangements to raise the money. Users and carers who are working on committees or teaching should be paid as visiting lecturers, and the module leader should explain that payment includes time for preparation and travel costs. Staff should provide the necessary forms and explain how the payment will be processed and the time it takes. They should also provide informed advice on the impact of such payments on benefit entitlements, income tax and perceived availability for work and help explore possible solutions to any difficulties. Comprehensive reports

containing useful advice and guidance on paying service users and carers can be downloaded from websites of the Department of Health (2006b) and the Social Care Institute for Excellence (Turner and Beresford 2005).

Capacity building

Many user and carer organisations and Public and Patient Forums, set up to seek the views of patients receiving services in NHS trusts, face constant demands from service providers and various professional bodies seeking participants for a range of service, education, training and research activities. Frequently the exact aim and nature of any suggested involvement is not necessarily well thought out. Consequently, organisations and individuals can be understandably wary of over commitment and some have been put off by poor experiences. Most will be delighted to meet and hear what you have to say, but don't expect other people to do all the work for you. If you can offer something in return and make this an exchange of information or skills you are more likely to get a positive response. Offering training and support to develop new skills (for example, committee work, computer skills or giving a presentation) is one way to help build capacity amongst the user and carer organisations while ensuring that you recruit your representatives.

Staff support

It should not be assumed that university and trust staff have the understanding, confidence and skills to work collaboratively with user and carers. Consideration must be given to the training and support that will enable staff to work with users and carers and to draw on their experiences and perspectives in sensitive, creative, effective ways that complement the professional input and focus.

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Skills development workshops, both with and without users, should be offered. Staff must be provided with safe opportunities to express their concerns, fears and disagreements with these developments, while being encouraged to explore the positive benefits and constructive approaches that exist.

Staff appraisals should include assessment of their ability to work collaboratively with users and carers and personal development plans need to identify training and support that can be offered. The design and content of academic practice or 'teacher training' programmes needs to be reviewed in consultation with users and carers, to ensure they include learning on working effectively with users and carers and incorporating their perspective.

Considerable advice and information, excellent publications (Tew *et al* 2004) and case studies are downloadable from the website of the mhhe project, a collaboration of the four centres of the Higher Education Academy (HEA) most closely involved in mental health education. The website <http://www.mhhe.heacademy.ac.uk> also includes links to 'Developers of User and Carer Involvement in Education and Training' (DUCIE), which operates to support people employed to develop user and carer involvement within higher education institutions.

Structural change

There is also a need to ensure that strategies for user and carer involvement in healthcare education are developed by education and service providers. Strategic health authorities need to ensure that health education contracts are negotiated to include a realistic component for training and supporting

users, carers and staff. Unless sufficient structural and financial support is provided to ensure that the recommendations of the *Mental Health Nursing Review* are interwoven into the fabric of nurse education, existing orthodoxies and professional interest groups will continue to provide the dominant voices.

Trent Strategic Health Authority, in partnership with service users and carers, has published clear guidelines on involving service users and carers in healthcare education and training (Trent SHA 2005). They outline the principles needed to guarantee that involvement is embedded at all levels of curriculum design, delivery and review, as well as recruitment and selection of students and staff. The booklet includes a self-assessment tool for organisations to assist in action planning and identifies the need for an over-arching strategic approach that incorporates health and social care providers alongside the education sector to ensure that there is a shared understanding and implementation of good practice. Genuine involvement of service users, and carers, requires more than a superficial passing acquaintance to bring about lasting change and empowerment of service consumers (Masterson and Owen 2006).

Evaluate the impact

Finally, there is a clear need for universities and trusts to develop systematic and coherent strategies to evaluate the processes and impacts of user and carer involvement across the whole of the educational process. We need to identify and herald the successes, learn from the difficulties and provide the evidence that helps improve mental health nursing education and, most importantly, the experiences of people with mental health distress ■

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