Teaching Mental Health

Edited by

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and

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Theo Stickley  trained in counselling and mental health nursing and practised in both professions for many years. Theo now teaches mental health at the University of Nottingham and has published widely in the nursing and mental health press. The focus of his research is mental health and the arts and has led on a number of research projects in collaboration with people who use mental health services. Theo is a keen gardener, motorcyclist and artist (but has not yet found a way to combine all three simultaneously).

Thurstine Basset trained as social worker and worked as a community worker and social work practitioner, mostly in the mental health field. He is now an Independent Training and Development Consultant and runs his own company which is based in Brighton. He works for national voluntary agencies, such as Mind, Together and the Mental Health Foundation. With the Richmond Fellowship, he is the joint course leader for their Diploma in Community Mental Health, which is accredited by Middlesex University. He has written mental health learning materials, many of which are published by Pavilion Publishing, with whom he works in an advisory role. He likes to walk and watch cricket.
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Preface

This book aims to encapsulate good practice and innovation in mental health training and education at the beginning of 21st Century. As editors of this book, our collaboration is closely linked to a mental health training and education conference. This annual conference that takes place in mid-September in the UK, brings together trainers and educators from across the mental health field. Sponsorship from the Mental Health Foundation, The Richmond Fellowship, Together, the National Institute for Mental Health England (NIMHE) and others has resulted in a strong presence of service user/survivor trainers and educators at successive conferences. Service users/survivors do not attend as passive observers, but also lead workshops, parallel sessions and speak on the main platform. In editing this book, we wanted to capture some of the innovation and creativity that we have been fortunate to encounter through involvement in this process over the years. A number of the chapters are written by service users, others are co-authored. A number of chapters are written by nurses, others from medical, social work or other professional disciplines. Hopefully, as the book is read, what stands out more than anything else, is that traditional barriers are challenged and in places removed. There is much talk of service user involvement and inter-professional learning and this book makes a significant contribution to these subjects and more besides. It is our hope that what is offered here will inspire and encourage teachers and trainers in the mental health world so that they may in turn encourage and inspire those who they teach. Ultimately of course, the people that will benefit the most from developing good practice will be those who will be on the receiving end of mental health services in the future.
Massive changes have taken place in mental health services in recent years. In the UK, when the NHS came into being after the conclusion of the Second World War it inherited many large mental hospitals. These hospitals were nearly all built in the 19th Century. They were also very full and overcrowded. Government policy to close these hospitals and move to community care may have started in the 1960s but most hospitals didn’t actually close their doors until the 1990s.

The “Modernisation Agenda” was very welcome when it arrived but it came rather late in the day with the National Service Framework for Mental Health (Department of Health 1999) emerging in the very last months of the last year of the 20th Century. Our experience of mental health training and education in the second half of the 20th Century was that it was mostly very institutional, with the large psychiatric hospitals holding sway at the centre of much of the training and education. The main professions in mental health work: nursing, occupational therapy, psychiatry, psychology and social work, tended to learn and train in isolation from each other. As the large hospitals closed, so many staff had to learn new skills in order to work in multi-disciplinary teams in the community (Muijen, 1997). It was a difficult shift to make and there was always the chance that staff would merely transplant their institutional practices from the large hospitals to the community setting.

The Sainsbury Centre for Mental Health published Pulling Together (1997) in an attempt to make some sense of a muddled and confusing situation and begin to make plans for the future roles and training of mental health staff. It was clear that the overlap of roles between professional staff was significant. Concentrating on the work that needed to be done, rather than the profession of the worker, the Sainsbury Centre produced the Capable Practitioner (2001) and this explored the generic knowledge and skills needed for mental health work. Specialist work was then looked at in terms of both interventions and the service setting in which the intervention would take place. Subsequent work led to the development of the Ten Essential Shared Capabilities (Department of Health, 2004).

Alongside the professionally qualified mental health workers, attention has also been paid to those who work in mental health with no specific professional background, and indeed, often very little training. More than a Friend (Sainsbury Centre, 1997) examined the role of the support worker in mental health and found them to be highly valued by service users. These workers had been employed to fill gaps left by the professionals, who were increasingly spending less time in face-to-face contact with service users. The
“Modernisation Agenda” has spawned an increasing number of new workers (in primary care, working with carers, working with black and ethnic minority communities amongst others). Indeed, we counted up to 21 new roles in the National Mental Health Workforce Strategy (NIMHE, 2004).

The professions have responded to the ‘Modernisation Agenda’ with various reviews and reports (for example Department of Health and Royal College of Psychiatrists, 2004). The review of mental health nursing (Department of Health, 2006) recommends that mental health nurses should “take a holistic approach, seeing service users as whole people and taking into account their physical, psychological, social and spiritual needs”. The overlap between the professions still remains and there is now a tendency for all professions to head for the same ground. They are moving back towards listening to service users, respecting their perspective, acknowledging their strengths and engaging with them in meaningful therapeutic relationships. This reflects the broadening out of mental health work away from the pre-occupation with medication as the only effective treatment.

A further welcome facet of the “Modernisation Agenda” has been the acknowledgement of past failures and the will to improve mental health services for significant and important parts of society—for example, women and black and ethnic minority people. Another key factor that has influenced training and education has been the emergence of an increasingly potent service user voice. In less than twenty five years, we have moved from the patient as an exhibit (Basset, 1999) to the active involvement of service users as trainers and educators (Basset et al., 2006).

We must also acknowledge the contested nature of what is being taught and learned. Whilst there is a consensus in mental health about such things as respect for service users, there are many different schools of thought about what causes mental ill health and how it can be treated. It is often this difference of opinion and approach that makes the mental health field such an interesting arena for teaching and learning.

It is not entirely clear what direction teaching and learning about mental health will take in the future. Nevertheless, we are confident that mental health workers will always be learning from service users, together with a strong component of learning from each other. The key topics that we explore in this book are unlikely to go away and teachers will always need an array of teaching and learning methods to get the message across. This introductory chapter sets the context for the book and outlines the contents of the chapters, which are presented in three parts.

PART ONE: LEARNING FROM ONE ANOTHER

Service-user involvement is seen as a key component of contemporary mental health training and education. The first two chapters explore the development and achievements of two broad projects—PINE (Participation in Nurse Education) and CAPITAL (Clients and Professionals in Training and Learning). The PINE project (Chapter 2), describes a model for meaningful service user involvement in mental health nurse education. The overall outcome of the development has been a number of teaching sessions written and delivered by service users and now mainstreamed into nurse education in a UK university. In Chapter 3, Ockwell charts the activities and achievements of the CAPITAL project since its first meeting in 1997. She raises and explores some of the dilemmas and difficulties that CAPITAL has encountered. Chapters from individual trainers follow with Nickeas (Chapter 4) and
SETTING THE SCENE

Foreman and Pringle (Chapter 5). Nickeas gives, from her own experience, both good and bad examples of service-user involvement in education, as she argues for partnership not paternalism for the future. Foreman and Pringle reflect on the successful involvement of a service user trainer and the importance of acknowledging the skills of the trainer. The key transition for this trainer was a move from being seen as a service user trainer who does some teaching to a teacher who has spent some time using services. Allan Foreman trained as a teacher but became extremely debilitated, not necessarily from the effects of mental illness, but more from the effects of medication causing irreversible damage to his central nervous system. This has not, however, prevented him from teaching mental health students.

Gunasena (Chapter 6) explores how her personal experience of mental health services led to her producing the influential film ‘Evolving Minds—an exploration of the alternatives to psychiatry and the links between psychosis and spirituality’. Gunasena operates as an activist as she seeks to both explore and discuss alternatives to the conventional services that she found to have very little relevance to her.

Atkinson (Chapter 7) explains how a service user perspective is included in the training of doctors through a voluntary sector inspired module “Consumer Perspectives of Mental Health”. There is a strong emphasis in the module on learning from visits to mental health services and engaging with service users in these services. Breeze and Repper (Chapter 8) describe the development of a module that is planned, delivered, assessed and evaluated in partnership with service users and carers. Working with carers/relatives as well as service users is a key innovation of their approach.

It has long been accepted that an inter-professional approach is necessary within education and training in order to break down professional barriers and hierarchies and to adopt a more generic approach to learning about mental health. Baguley, Basset and Lindley (Chapter 9) explore how the Ten Essential Shared Capabilities have been developed and then incorporated into mental health training and education. The chapter contains some illustrative material from a learning pack for mental health practice.

Anderson and Burgess (Chapter 10) use their experiences of coordinating the “Mental Health in Higher Education” project to reflect on how people learn to teach about mental health and how their professional development is supported. Spence (Chapter 11) explores inter-professional action research and discusses the rationale for inter-professional working.

PART TWO: KEY TOPICS IN MENTAL HEALTH EDUCATION

Here the book gives examples of how key topics for contemporary mental health have been incorporated into the training and education agenda. Fulford and Woodbridge (Chapter 12) describe the principles of values-based practice and give examples of approaches used in workshops to incorporate values-based practice into day-to-day working practices. Getting the value-base right is an important foundation, which if overlooked can result in getting lost, stuck and frustrated. Links are drawn to the National Framework of values for Mental Health (NIMHE, 2005). Freshwater and Stickley (Chapter 13) examine the concept of emotional intelligence and explain how emotional intelligence can be appropriately integrated into professional education and practice through a transformatory learning programme. Cook (Chapter 14) describes a number of initiatives as part of “Recovery” training across East Anglia in the UK. Bates (Chapter 15) describes his experience as a “social inclusion”
trainer and outlines an in-depth training programme on social inclusion developed by the National Development Team. He raises some interesting issues and dilemmas for trainers and educators.

Ferns (Chapter 16) describes initiatives to train mental health staff in race equality and cultural capability, drawing on his work for a national training programme for NIMHE. Rayner, Young and O’Carroll (Chapter 17) review the position of training and education in relation to psychosocial interventions. They examine how academics/teachers can influence and improve the implementation of psychosocial interventions in the workplace. Carver and Ashmore (Chapter 18) examine how student mental health nurses can learn about the pharmaceutical industry so that they understand some of the ethical dilemmas when they come into contact with them as part of their training.

PART THREE: A VARIETY OF APPROACHES

In this part of the book a variety of different learning methods are explored as we seek to ensure that mental health training and education is not too reliant on “talk and chalk” or “power-point presentations”. Hayward et al. (Chapter 19) describe their experience in delivering an experiential workshop, which examines new ways of looking at psychosis. Cooper and Gunstone (Chapter 20) and Bickerstaffe et al. (Chapter 21) both explore problem-based learning. Cooper and Gunstone (Chapter 20) explore the philosophy of problem-based learning and then describe how they incorporated this approach into pre-registration mental health nursing education. Bickerstaffe et al. (Chapter 21) focus on the development and use of problem-based learning trigger materials, the approach to working with students, the student experience and incorporating problem-based learning into assessment strategies.

Freshwater (Chapter 22) outlines the methods and processes of reflective practice in training and learning, examining in detail the strategies available to promote deep reflection on action and reflection in action. MacGabhann and Stevenson (Chapter 23) and Rush and Barker (Chapter 24) both discuss “learning from enquiry”. MacGabhann and Stevenson (Chapter 23) explore ways and give examples of how “learning from enquiry” can be used to bridge the theory-practice gap. Rush and Barker (Chapter 24) explain how they have involved service users in mental health education through “enquiry-based learning”. Wasyliko and Stickley (Chapter 25) advocate the use of drama in mental health education, giving examples from their own experiences.

Beadsmoore and Basset (Chapter 26) describe a work-based learning approach with examples of how this has been used in practice and its relevance to lifelong learning. They stress the accessibility and flexibility of a work-based learning approach through examples of partnerships between voluntary organisations, service user groups, NHS Trusts and Universities on accredited learning programmes. Linsley (Chapter 27) explores the increasing use of information technology and e-learning in health and social care. He calls for a collaborative approach that involves service users. Blackmore, van Deurzen and Tantam (Chapter 28) examine the role of the internet in mental health training and education. They present the learning from the experience of SEPTIMUS, an E-based psychotherapy training programme. They raise interesting challenges for the role of the teacher and trainer. In the concluding Chapter, the editors consider the relevance of philosophical roots of education and examine some of the future challenges for mental health training and education in the 21st Century.
REFERENCES


PART I

Learning From One Another
INTRODUCTION

The Nottingham PINE Project (Participation In Nurse Education) is a collaborative educational development and research endeavour. The partners in the project are: a service user organisation called Making Waves, an independent training consultancy, Vision and the Nottingham University School of Nursing. The PINE project directly involves service users in mental health student nurse education. Making Waves is an organisation containing a group of people who live with mental distress. It campaigns, teaches and undertakes development work to improve mental health services for the people who use them. Members of Making Waves are very keen to bring about meaningful change in nurse education. Many of the service users have experienced not only the effects of mental health problems but have also felt what it is like to be in hospital. They therefore know how important the role of the nurse is. While there are indeed some skilled and compassionate nurses, service users also know there is plenty of room for improvement. Having the opportunity to influence nurses before they qualify through the PINE project was a welcome opportunity to do this.

The School commissioned Making Waves to design and deliver teaching sessions. To facilitate the development of the sessions, Making Waves employed a professional trainer, Sharon Roberts. Sharon begins the chapter describing the development process. The professional researcher then explains the research method and philosophy. One of the service users involved, Becky Shaw, then focuses upon values in research and examines some of the research processes. Joan Cook, School of Nursing User Involvement Development Worker offers some reflection on the implementation from an organisational perspective.

PART ONE: SERVICE USERS AS EDUCATION FACILITATORS FOR STUDENT NURSES

Sharon Roberts

In 2005 I was commissioned by Making Waves as a development consultant to identify through consultation with mental health service users, areas of the School of Nursing
curriculum where service user facilitation might take place. The idea was to develop the appropriate educational materials to support this and to train service users to be able to facilitate teaching sessions. Between us we developed the philosophy behind the project:

- To educate student mental health nurses from a service user’s perspective.
- To make sure all service users and relevant staff understand the project’s goals and aims.
- Putting a face on the issues and the development of the teaching materials.
- The sessions stress the importance of student nurses’ potential impact on service users’ lives.
- All development sessions should be a welcoming place for service users to attend.

The overall aim of the development sessions is to involve and actively support service users in the process of developing teaching materials. In order to achieve this; certain first stage issues had to be realised:

- Develop a relationship with existing service users who have delivered training sessions within the mental health curriculum.
- Make contact with new providers and service users who wish to take part in the development and training process.
- Select four key educational/development areas.
- Develop a realistic timescale.

We organised an open day. Service users were invited to attend and have their experiences and knowledge used to highlight the ways in which the four educational themes could be further developed. Sixteen service users attended and the four educational themes were decided upon:

- Strategies for Survival.
- Professionals on Tap not on Top.
- Diagnose This.
- Living on an acute ward.

**PROJECT DEVELOPMENT**

Service users were arranged into four work streams to develop the teaching sessions. The number of service users assigned to each of the teaching areas were as follows:

- Strategies for survival (nine service users).
- Living on a acute ward (six service users).
- Diagnose This (ten service users).
- Professions on Tap not on Top (seven service users).

Each educational theme had at least 12 hours devoted to the development of the specific theme identified and the teaching sessions were designed to last two hours each.
HOW THE IDEAS, EXPERIENCE AND KNOWLEDGE BECOME A SCHEME OF WORK

It became clear, that in order to develop the ownership of the themes the vital element was to listen to the service users, their needs and their wants. It was agreed, at an early stage of the development process, that service users would prefer the term “facilitator” rather than “service user”. The consensus was that service users felt they were often just “wheeled” in when requested, whereas the term “facilitator” put service users on an equal footing with the professionals. In order to have a clear focus of the teaching material’s aim and objectives, eleven service users took part in a focus group looking at:

“What do We Mean by Teaching Materials?”

The focus group decided that before any development of teaching materials could take place, a discussion should focus on what service users felt were the most effective methods of delivery, so that student nurses were made as aware as possible of the views of service users.

Therefore, a workshop was convened in order to arrive at agreed methods of delivery. After evaluating a large number of possible modes of delivery the following six styles were agreed upon as the most effective for service user facilitation with combined information sharing with interactive learning.

- **Audio.** Projecting your voice, the use of instruments, the use of music.
- **Visual.** Role-play, video, printed masks.
- **Digital images.** Powerpoint presentations, overhead-projection, computer equipment.
- **Audience participation.** Group and individual exercises, questions and answers, personal experiences.

After deciding on the appropriate means of communicating a session, the next question which service users addressed and needed answering was:

“What do We Want to Achieve Through Our Teaching?”

Again, a session was dedicated to this question and the following “Facilitating a session” was developed by the service users as a guide for facilitation:

<table>
<thead>
<tr>
<th>Box A  Facilitating Teaching Sessions</th>
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<tbody>
<tr>
<td>• Passing on knowledge.</td>
</tr>
<tr>
<td>• Being able to impart wisdom from experience.</td>
</tr>
<tr>
<td>• Encouraging students to learn and being the vehicle to do this.</td>
</tr>
<tr>
<td>• Making relevant information memorable.</td>
</tr>
<tr>
<td>• To deliver a message.</td>
</tr>
<tr>
<td>• Getting people to understand what it is like to be a service user.</td>
</tr>
<tr>
<td>• Gaining confidence through facilitating.</td>
</tr>
<tr>
<td>• To change thought process.</td>
</tr>
<tr>
<td>• Imparting knowledge to others.</td>
</tr>
</tbody>
</table>
The next question was about delivering a message.

“What do We Want to Say?”

A) The First Theme to be Developed was “Strategies for Survival”

This theme developed materials around the following points:

- As service users how do we manage our lives and relationships?
- What has aided service users in their recovery?

Nine service users took part in the development process of materials. There was a clear need to challenge some of the perceptions and attitudes towards employability and the recovery of service users with mental health problems.

How the Theme Took Shape and a Structure Formed

The service users were divided into two groups. Group 1 decided to use the lyrics of the song “Mad World” by Tears for Fears as their teaching aid. The lyrics would be used as a point of reflection for student nurses, by means of providing the students with the lyrics of the song and by playing a section of the video of the film “Donnie Darko”. The section of the video used is where the song is played in a disturbing setting. Group 1 concluded that they would deliver the setting based around the song by means of de-construction and analysis of the lyrics, verse by verse. This they felt would encourage the student nurses to find hope in certain lines and then reflect on how service users might feel in that situation and relate this back via feed back in order to develop coping strategies. The possible coping strategies included service users writing their own lyrics to help them express their feelings, to just listening to various kinds of music in order to help service users find their safe place to be.

Group 2 developed their ideas and thoughts more on how the lyrics made them feel from the past to the present especially regarding their feelings, memories and thoughts. With this in mind an idea emerged to provide student nurses with an A–Z of helpful nursing skills. This developed the main teaching resource for strategies for survival.

Training Resources:

(i) Lyrics were handed out with blank spaces for the nurses to complete and discuss.
(ii) A–Z of helpful nursing skills.

Delivery Aims (From a Service User Perspective):

(i) What was going on for you? What does survival strategies mean to a service user?
(ii) How can student nurses understand survival strategies?
(iii) How can student nurses help with the recovery process?

Service users paired off and came up with ideas for future survival strategies. These were some of the things, which worked best: