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Nothing without vision! The views of consumers and mental health nurses about consumer involvement in mental health nursing education



Brenda Happell, RN, RPN, BA (Hons), Dip Ed, B Ed, M Ed, PhD, FACMHN^{a,*}, Wanda Bennetts, Dip teaching (primary), B Ed., Grad Dip Children's Lit, Grad Dip TESOL, M Ed.^{b,1}, Jenny Tohotoa, PhD, MSc (Mental Health) Grad Dip (Public Health/Sexology) BSc (Human Biology)^{c,2}, Chris Platania-Phung, BA (Hons), PhD^a, Dianne Wynaden, RN, BAppSc, Grad Dip HSc, MSc (HSc), PhD, FACMHN, CMHN^{c,3}

^a Research Centre for Nursing and Midwifery Practice, University of Canberra, Faculty of Health, and ACT Health, Building 6, Level 3, Canberra Hospital, PO Box 11 WODEN, Australian Capital Territory 2606, Australia

^b Consumer, Carer and National Relations, Mental Health Branch, Mental Health, Wellbeing & Ageing Division, Department of Health, 50 Lonsdale Street, Melbourne, Victoria 3000, Australia

^c School of Nursing and Midwifery, School of Public Health and Curtin Health, Innovation Research Institute, Faculty of Health Sciences, Curtin University, GPO Box U1987, Perth, Western Australia 6845, Australia

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Summary The active involvement of consumers in the education of nurses and other health professionals has been acknowledged as essential if Australian mental health policy goals to enhance consumer participation in all aspects of mental health services are to be realised. However, consumer participation has not become embedded in nurse education. A qualitative exploratory study was undertaken to gain perspectives from mental health nurse academics and consumer educators and academics. Telephone interviews were conducted with 34 nurse

* Corresponding author. Tel.: +61 02 62442333.

E-mail addresses: brenda.happell@canberra.edu.au (B. Happell), wanda.bennetts@health.vic.gov.au (W. Bennetts), j.tohotoa@curtin.edu.au (J. Tohotoa), Chris.Platania-Phung@canberra.edu.au (C. Platania-Phung), d.wynaden@curtin.edu.au (D. Wynaden).

¹ Tel.: +61 03 9096 1395; fax: +61 03 9096 8726.

² Tel.: +61 0437037471; fax: +61 8 9266 2958.

³ Tel.: +61 8 9266 2203; fax: +61 8 9266 2959; mobile: +61 0401103414.

academics and 12 consumer academics or educators. Data were analysed thematically. Two important themes to emerge from this work were: vision for the future; and building capacity. Most participants highly valued the contribution consumers made to the education process and had a desire to see this strengthen. A stronger vision was evident from consumer participants who sought expansion into all health professions and a more defined process for communication and collegiality between consumer academics and educators. Closely tied to vision, was the issue of capacity building, and the need to provide supports to consumers as these are currently not readily available. Closer collaboration between nurses and consumers is necessary to ensure consumer participation is genuine and effective and promotes the development and articulation of their expertise and contribution to education.

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1. Introduction

Involving consumers as genuine and active participants in the education of health professionals is not a new concept. In Australia, in the late 1990s Deakin University led the development of "Learning Together" including a framework for future discussion and debate on how to increase and sustain consumer involvement in the education of health professionals (Deakin University Human Services, 1999). Consumer participation was found to be ad hoc, infrequent, and limited in scope (Deakin University Human Services, 1999). In the absence of a clear framework or guidelines for future consumer involvement in curriculum design, the intended benefits of consumer focused care and cultural change in mental health services were unlikely to be achieved.

The need for consumers to play a central role in the education of health professionals is emphasised in the first version of the National Practice Standards for the Mental Health Workforce (Commonwealth of Australia, 2002):

Of key importance is the premise that any health professional entering the mental health workforce, or completing undergraduate or postgraduate mental health courses, should have the opportunity to be educated by mental health consumers, their family members and carers about their:

- 'Lived' experiences of mental illness.
- Requirements for adequate services and support.
- Ability to work in partnership with mental health professionals (p. viii).

Involving consumers in the education of health professionals has been recognised with the potential to positively influence the attitudes of health professionals to people with mental illness (Babu, Law-Win, Adlam, & Banks, 2008; Linden & Kavanagh, 2012; Repper & Breeze, 2007; Ross & Goldner, 2009; Terry, 2012). This influence is crucial in addressing the stigmatising and discriminatory attitudes frequently displayed by health professionals (Hansson, Jormfeldt, Svedberg, & Svensson, 2013; Linden & Kavanagh, 2012; Mårtensson, Jacobsson, & Engström, 2014; Ross & Goldner, 2009). Meeting the aspirations for recovery-focused mental health services requires a movement away from the dominance of psychiatry and the medical model approach to

treatment towards the focus on subjective well-being and recovery that developed from the consumer movement and the belief that mental illness was not necessarily life-long and persistent (Anthony, 1993; Davidson & Roe, 2007; Slade, 2009).

An audit of consumer involvement in nursing programs undertaken by the mental health nurse education taskforce (MHNET) identified increase in participation since the Deakin project. However, the inclusion of consumers remained limited, variable and ad hoc. (McCann, Moxham, Usher, Crookes, & Farrell, 2009). A more significant increase in consumer participation was reported in a recent survey. Approximately 75% of undergraduate nursing and postgraduate mental health nursing programs were found to include consumer participation in some capacity (Happell, Platania-Phung et al., 2015). However, in the majority of cases this involved one or a small number of consumers involved in face to face teaching of between 1 and 4h duration. There were few exemplars of consumers having active and genuine involvement in curriculum development, assessment and program evaluation. Two full time and one part time consumer academic positions have been implemented at two Australian universities.

The first known consumer academic position commenced in 2000 (Happell & Roper, 2002), with a positive evaluation (Happell, Pinikahana, & Roper, 2003; Happell & Roper, 2003). Similar positions were subsequently developed in New Zealand (Schneebeli, O'Brien, Lampshire, & Hamer, 2010) and the United Kingdom (Simons et al., 2007) and were evaluated positively by academic staff and nursing students. However, positions of this kind have failed to proliferate. With limited consumer involvement in most instances, the impact is unlikely to reach the visionary goals that underpin this approach to education.

A systematic review of the literature supports the view that consumer participation remains minimal and ad hoc internationally and across the disciplines (Happell et al., 2014; Perry, Watkins, Gilbert, & Rawlinson, 2013; Terry, 2012; Townend, Tew, Grant, & Repper, 2008). Tokenism has been an unfortunate consequence (Forrest, Risk, Masters, & Brown, 2000; Hossack & Wall, 2005; Meehan & Glover, 2007), with consumers frequently asked to tell their story of diagnosis and mental health service use, regardless of whether they feel this is the most appropriate way to educate students. Their capacity to influence the broader curriculum and mental health service culture and to

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