Myths and mysteries of mental health: An interagency collaboration

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ABSTRACT

This paper explores a practice learning collaboration between a group of undergraduate mental health nurses ($N = 12$) and second year high school pupils, (age 13/14 years old). A case study approach is employed as an example of an interagency learning activity in the undergraduate curriculum. Nursing students and high school teachers worked together to develop five **three workshops. Each workshop contained five 'tabletop' group activities** around themes such as confidence building; friendship skills and diet and health. The overall aim of the workshops was to provide an atypical experience for mental health nursing students in which the setting is an everyday environment (school); with young people who were not 'patients' or 'clients', and that focuses on health rather than ill health. In addition the activity aimed to broaden school pupils understanding and knowledge of mental health and well-being. Outcome: Pupils completed a closed question evaluation at the end of the workshop that demonstrated the workshops were effective in improving understanding. In addition, the nursing students presented their experience of the interagency activity at a national conference. The paper will explore the social and educational benefits of interagency learning, and concludes that further research is required to identify the significant role schools have to play in developing a nursing workforce that is prepared for care that is centred around the concept of health and well-being and that focuses on the community as the principle for setting for intervention.

A cultural shift in mental health: from ill-health to well-being; from hospital to school

The following discussion provides context to the case study by focussing on social and educational policy drivers in Scotland that are also pertinent to nurse education.

Scotland with a population of 5.1 million people has driven forward health and social policy that aims to promote a very public understanding of mental health and wellbeing. Core to the vision of a future Scotland is an ethos of 'early intervention'; 'prevention' and 'anticipation' in mental health policy (Scottish Government, 2012, p. 11). This vision has been supported by the work of Friedli (2009) and among others that has contributed to the evidence base that links public policy with the perpetuation of stigma and social isolation (Link and Phelan, 2001) that permeates through the 1 in 4 people (Singleton et al., 2001), who experience a mental health issue. As a result, the Scottish government continues to challenge the mythology about mental illness largely through engagement in key commitments such as reducing waiting times and increasing access to psychological services (Scottish Government, 2012) as well as through national health education campaigns that focus on

promoting well-being and challenging stigma. In addition, the creation of health indicators such as the Warwick and Edinburgh Mental Well-being Scale (NHS Health Scotland 2009) as measures of population wellbeing, strengthen the case for social inclusion.

To a greater or lesser extent, the inclusion of activities such as early intervention, health education and harm reduction will impact on the prevalence of mental ill health in the general population. Thomas et al. (2005) argue that the connection between social exclusion and poor mental health is undeniable and that this is clearly manifested in statistics such as acute hospital admissions and suicide rates. London and Scriven (2008) state that contemporary mental health nurses '*cannot ignore social injustice created by stigma and loss of citizenship*' (p. 92). The delivery of health services are increasingly informed by a concept of mental health that is best supported by active, effective and positive care services. There are some signs of a gradual shift in the locus of work of mental health nurses from acute care services to primary and community services and that they are increasingly working in a range of care settings (Trenoweth and Larter, 2008). Central to this cultural shift is the notion of interagency and interprofessional learning — the idea that different professional groups and organisations work together to achieve a single interagency outcome (Reeves et al., 2010). Interagency working is an aspect of interprofessional learning in which

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the connective relationship is between two agencies (such as a school and a university), rather than between two professionals.

Nurses are one of the many professions that can be the culture carriers of this agenda. By weaving student learning into the growing reality that the future workforce is likely to be integrated with social care, broader conceptualisations of the experience of well-being will be more readily understood. Opportunities to build such learning into the pre-registration curriculum are increasingly available, as the values base of the profession is centred on the principles of social equality and recovery focused practice (NHS Education for Scotland, 2011). Student mental health nurses are led to understand that they are not just the guardians of society's most vulnerable individuals but also as professionals who can deliver key health and social priorities. Stickley and Basset (2008, p.571) assert that mental health practitioners of the future will have to be *far more community minded than medically minded*' and whilst Elliot and Masters (2007) concede that most of mental health nurses work in tackling inequalities will be around service design, greater exposure to everyday experiences and the normalisation of mental health will serve to support a rounder understanding of the socio-economic challenges associated in supporting individuals with complex mental health issues.

Student practice placement learning is highly influential in the process of developing knowledge, skills and professional identity (Newton et al., 2009). Attributes such as these inform ideas of health and illness and it is these ideas that will eventually influence the individual in deciding whether or not interventions that focus on health education and health promotion are relevant and meaningful to them. The Nursing and Midwifery Council (2008) emphasise the importance of developing the skills and knowledge of interprofessional competency for all fields of nursing practice, and one method of achieving this is through interagency activity. However, the ways in which Higher Education Institutions go about this is not well documented (Mackay, 2004).

So, in Scotland, public policy supports progressive mental health service provision and nurse educators are beginning be creative in considering ways in which practice learning can deepen student learning to refocus attention to health rather than illness and to relocate placement learning from acute and secondary care services to community and social care settings. One of the major barriers to widening student learning is the somewhat myopic regulations governing practice learning that restrict the assessment and supervision of student nurses to that of only other registered nurses. However, the ties are gradually slackening and opportunities through placement reconfigurations such as the growing trend towards 'Hub and Spoke' organisation of practice learning, is supporting the movement.

Schools universities and social policy: the connections and opportunities for interagency working

Schools provide fertile ground for mental health education. With an estimated 10% of children and young people experiencing a mental health problem that is sufficiently significant to impact on their daily lives (Scottish Executive, 2003) there is every reason for mental health nursing students to be actively engaged with school communities. This view is already enacted in Scotland, through a newly introduced educational strategy, Curriculum for Excellence (Scottish Government 2010). The strategy supports an approach to learning encapsulated in four capacities: successful learners; confident individuals; responsible citizens and effective contributors. As Curriculum for Excellence embraces learning through whole community engagement, it provides a rich learning environment as well as a huge opportunity for interagency learning. In

the activity described here, two of the four capacities, confident individuals and effective contributors are a particular focus for the workshops.

Scottish health care policy complements education policy. Both set out to improve the well-being of vulnerable children and families through the promotion of health in schools and a range of other improvements in mental health service provision (Scottish Executive 2005). These include identifying a named Child and Adolescent Mental Health link worker for every school (Scottish Government, 2007). Initiatives such as these, embrace the principles of accessibility, early intervention and equity in social policy. Increasing public awareness and understanding of the nature and experience of mental health also widen the arena for active intervention and promotion of mental health and well-being.

In parallel with this, nurse education is increasingly emphasising the importance of student learning through interprofessional and interdisciplinary learning (McCray, 2009). There is a growing struggle to have practice experiences organised around either voluntary sector and non-acute care settings so that nursing students can develop a more holistic and person centred view of health. Voluntary, social care and education sectors promote three ideals of the teaching and learning experience of nursing students - that 'health' is a concept that is present in all environments (rather than simply hospitals and health centres); that health has to be understood before ill health can be supported; and that the learning journey of the student nurse is deeper if the learning experience is connected and meaningful to the experience of the individual student (Levett Jones and Lathlean, 2007; Bradbury Jones et al., 2011). Every student nurse has experienced a primary and high school education but every nursing student has not experienced a stay in hospital.

Some justification for the drive to implement interdisciplinary learning activities also perhaps relates to the much publicised failings in care settings which are repeatedly attributed to poor relationships and poor communication strategies between agencies and professionals (Laming, 2003). Interagency education is a realistic and achievable response to these serious problems, and one that is being loudly supported by all professional bodies. Thus, the Nursing and Midwifery Council identify interdisciplinary and interagency learning as fundamental in each of the eight domains of the Principles for Assessment and Learning (NMC, 2008). Education, the root and heart of all practice, makes it possible to learn about other professions. However, the study conducted by Priest et al. (2008) demonstrated that measuring the effectiveness of interagency learning is extremely difficult. Much more needs to be established about the benefits to the learner as well as ways in which the NMC competencies might be achieved in practice settings.

Developing and delivering the workshops

The focus of the interagency learning was school pupils in the second year of a large city centre high school whose age was between thirteen and fourteen years. **Preparation for the activity involved sc**hool and university teachers, alongside nursing students met on two occasions prior to the first workshop. These meetings provided a forum for exchanging information, ideas and professional understanding. The school teachers provided an overview of the school profile. The teaching staff explained that the school pupils were from a mixed demographic profile and, as such, social and emotional distress was a familiar presentation. However, it was also a centre for excellence in music and dance, and as such, had received national acclaim for innovative teaching and learning. The mental health nursing students described the undergraduate mental nursing programme and the role of the mental health nurse post qualification. The mental health nursing profession was