



'Telling their stories' on a dual diagnosis training course: Forensic mental health service users' perspective on their challenges, benefits and future strategies



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ABSTRACT

A five day training course on dual diagnosis was developed by the authors in 2008 and delivered annually within the Irish forensic mental health service. Service users were invited to tell their stories on the training course. Literature suggests several therapeutic outcomes for service users such as raised self esteem, empowerment and new insight into their problems. However little is known from an Irish service users' perspective. This qualitative descriptive study was aimed at exploring the experiences of service users' telling their stories on a dual diagnosis training course. Data was collected using one-to-one interviews from seven service users. Qualitative data was analysed thematically. Three themes emerged from the analysis: the benefits, the challenges for the service users and strategies for their future involvement. Service users reported psychological, personal and social benefits and there were perceived benefits for the learners. Public speaking, preparing for the talk and taking questions from the trainees were the main challenges. They suggested several strategies for overcoming challenges in the future courses. In this article, while the authors discuss the need for empowering service users and providing them with adequate support, there are also practical and useful suggestions for the course coordinators/nurse educators. Authors recognise that service user involvement requires extensive time and significant support in preparing and training for their participation which may impact upon resources.

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Introduction

Service user and carer involvement in mental health education has been advocated in most of the recent Government publications and documents (Department of Health & Children, Ireland 2006, Mental Health Commission (Ireland) 2007, 2008, 2010) in Ireland. However, Higgins et al. (2012) report that the current scenario of service user involvement in third level institutions in Ireland is at level 1 of Tew et al.'s (2004) ladder of involvement where the curriculum is planned and delivered with no service user involvement. Higgins et al. (2012) did not include the hospital-based training courses where the experience of service user involvement has been rather diverse. Since 2008 the service users at the authors' work place are involved in sharing their experiences on a dual diagnosis training course developed by the authors (Rani and

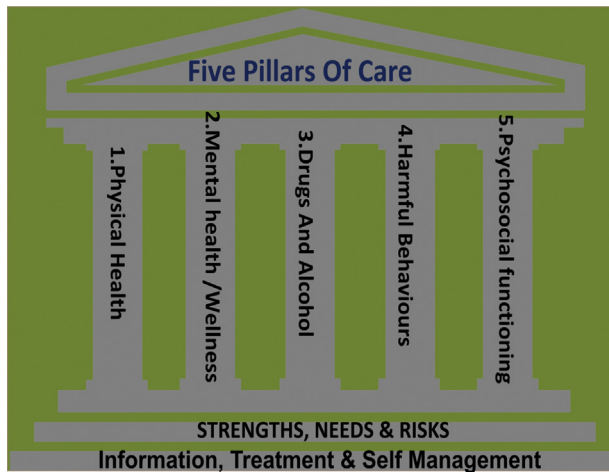
Byrne, 2012a). Such involvement may be categorised as Level 2 on the ladder of involvement by Tew et al. (2004) where the service users/carers are invited to 'tell their story' but no opportunity to participate in shaping the course. However there is a need for meaningful involvement of service users in planning, designing, delivering, evaluating and managing the education programme and student assessment, recruitment and selection (Barnes et al., 2006; Townend et al., 2008; Higgins et al., 2012).

Inviting service users to tell their personal story is one of the most common forms of service user involvement in health care education (Repper and Breeze, 2007). The benefits of such involvement both for learners and service users are well documented in the literature. Students benefit through an increase in students communication, partnership and advocacy skills (Curran, 1997; Townend et al., 2008; Simons et al., 2007), and it enables practitioners to be more conscious and reflective of the implications of treatments and approaches used (Townend et al., 2008). Furthermore, there are also several therapeutic outcomes for service users such as raised self esteem, empowerment and new insight into their problems (Walters et al., 2003; Barnes et al., 2006;

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Gill & Timmons (2011)

Fig. 1. Five pillars of care.

Townend et al., 2008). However little is known from the Irish forensic mental health service user perspective which gave rise to this study. This is the first of its kind study conducted in the Irish forensic setting to evaluate users' experience as trainees and the difficulties they encountered, which needs acknowledging and addressing. It is essential to identify the potential or real barriers to service user involvement in order for the service users to overcome such barriers and avoid unrealistic expectations (Lathlean et al., 2006). This study aimed at exploring the experiences of service users of telling their stories on a dual diagnosis training course in a forensic mental health setting.

Pathway of care and service user involvement within the Irish forensic mental health setting

Care within the Irish forensic mental health service is provided based on the concept of 'five pillars of care' (Gill et al., 2010) (see Fig. 1). The dual diagnosis training was developed as part of Pillar 3-Drugs and Alcohol. The pathway of care for Pillar 3-Drugs and Alcohol begins with an information programme. Those eligible, attend an education, relapse prevention and after care group programmes. A brief overview of these psycho-education group programmes is given in Table 1. To date service users in the Irish forensic mental health setting are encouraged to participate in various therapeutic, educational and policy forums within the service. Involvement in the monthly service user forum, co-facilitating groups and their active participation in recreational activities is considered therapeutic. Formal and informal evaluation of their involvement in educational forums such as the induction of new health professionals (Quality Network for Mental Health

Services Report, 2010), giving talks on the dual diagnosis training course (Rani and Byrne, 2012b) and to the Carer's group (the Carer's group was developed to meet an unmet need for service users' significant others) is highly appreciated by the attendees at these forums. The hospital management committee has recognised the need for representation of service users on various committees such as the policy committee and new hospital build project committee. In addition, the service has an external advocacy network which is facilitated by recovering service users who are not part of this service.

Rationale of the study

Dual diagnosis refers to the co-existence of mental illness and substance use disorder in a person (MacGabhann et al., 2004). Due to a dearth in dual diagnosis training in Ireland, a 5-day course was developed by the authors (Rani and Byrne, 2012a). The course was first provided in 2008, one day a week over a 5 week period. Thenceforth the course was provided annually to professionals working both in addictions and mental health services; it takes place in the training and development department of the National Forensic Mental Health Service, Ireland. The training is facilitated by professionals attached to various disciplines such as medicine, nursing, social work and psychology. Service users who have completed the psycho education group programmes for dual diagnosis as part of their therapeutic regimen within the forensic mental health service were also invited to share their experience of the groups. Each service user spoke for approximately 10–15 min about their experience of dual diagnosis, psycho-education group programmes and/or of recovery. Four service users were involved in the first year, six in the second and six in the third year. Some of the service users shared their experiences with the trainees for all three years. Therefore there were a total of 12 service users potentially available for this study.

Methodology

Research design and aim

A qualitative descriptive approach was felt appropriate for the study. Qualitative research enables the researcher to explore both depth and breadth of the area under investigation. Breadth can be achieved by allowing participants maximum freedom of expression, while depth is gained through further exploration of the experiences of the participants' lives (Holloway, 2008). The aim was to explore the experiences of service users of their involvement in sharing their experiences on a dual diagnosis training course.

Sample size and sampling method

All the service users involved in sharing their experience on the dual diagnosis training course were eligible to participate in the

Table 1
Pillar 3-drugs and alcohol: psycho-education group programmes.

Authors	Information group Byrne (2007)	Education group Anderson and Scott (2000)	Relapse prevention group Stocks et al. (2004)	After care group Byrne (2007)
Brief overview	A four weekly repeated group programme providing brief information on the harmful effects of drugs and alcohol incorporating mental illness.	Has eight sessions covering a broad spectrum of drug and alcohol related behaviours.	Has 28 sessions delivered as five modules-Strengthening motivation, High risk situations, Coping with Cues and cravings, Coping with triggers and Lifestyle changes.	Has 10 set sessions leading on to a self help group for dual diagnosis.
Service users targeted	Service users in the acute admission units.	Service users in the early stages of recovery	Service users in the recovery and rehabilitation.	Service users who have completed the first three groups in the pathway of care.

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