Service user involvement in mental health practitioner education in Ireland

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Accessible summary

- Service user involvement is central to future mental health education.
- The vast majority of curriculum planning and delivery occurs in the absence of consultation with service users.
- Achieving service user involvement requires commitment, resources and planning.

Abstract

In recent years, there is an ever- increasing call to involve people who use mental health services in the development, delivery and evaluation of education programmes. Within Ireland, there is very little evidence of the degree of service user involvement in the educational preparation of mental health practitioners. This paper presents the findings on service user involvement in the education and training of professionals working in mental health services in Ireland. Findings from this study indicate that in the vast majority of courses curricula are planned and delivered without consultation or input from service users. Currently the scope of service user involvement is on teaching, with little involvement in curriculum development, student assessment and student selection. However, there is evidence that this is changing, with many respondents indicating an eagerness to move this agenda forward.

Introduction

In line with international trends, the Department of Health and Children (2006) and the Mental Health Com- mission (2008) in Ireland called for the involvement of people who use mental health services and their carers, in the development, delivery and evaluation of interpro- fessional education for mental health practitioners. This increased involvement is part of a wider commitment to service user and carer contributions in all aspects of healthcare (Department of Health and Children 2001, 2006, Mental Health Commission 2007, 2008). It is argued that if an ethos of partnership which values the expertise of users and carers is to underpin service delivery, then such partnerships must also be a corner- stone of all mental health

education (Tew *et al*. 2004). Similarly, there is an increased recognition of the need for service user and public involvement in the area of regu- lation of health and social care in Ireland (Health and Social Care Regulatory Forum 2009) which will necessi- tate wider consultation with stakeholders in an effort at creating greater transparency. Within Ireland, there is very little evidence to the degree of service user involvement in the educational preparation of mental health prac- titioners. This paper presents the findings on service user involvement derived from a large scoping study undertaken to explore the education and training available to professionals working in mental health services in Ireland.

Literature on service user involvement

Although very little research exists that measures the effec- tiveness of user and carer involvement on learning and practice, the consensus view internationally is that it should be encouraged (Barnes *et al*. 2000, Livingston & Cooper 2004, Tait & Lester 2005, Rush & Baker 2006). Clearly public trust in health professionals and services has been diminished by high profile cases such as the Inquiry into the high level of caesarean hysterectomies at Our Lady of Lourdes Hospital in Drogheda (Harding-Clarke 2006) as well as the findings of the Shipman Inquiry in the UK (Health and Social Care Regulatory Forum 2009). *The National Strategy for Service User Involvement in the Health Service 2008–2013* (Health Service Executive 2008) proposes that 'the service user should be central to their own care and to the design and delivery of health and personal social services' at an individual, community and national level (Health and Social Care Regulatory Forum 2009, p. 8). The evidence that is available from nursing, psychology and social work suggests that involvement of users and carers may impact on service provision and student learning by: increasing students' communication, partnership and advocacy skills (Curran 1997, Wood & Wilson-Barnett 1999, Beresford & Croft 2004, Tew *et al*. 2004, Simons *et al*. 2007, Duffy 2008), challenging profes- sional orthodoxies and

power (Harper 2002, Beresford & Croft 2004, Tew *et al*. 2004, Rush & Baker 2006), and enabling practitioners to be more conscious and reflective of the implications of treatments and approaches used (Wood & Wilson-Barnett 1999, Repper & Breeze 2007, Townend *et al*. 2008). Furthermore, literature suggests that taking on a valued role in education can have various therapeutic outcomes for service users such as raised self-esteem, empowerment and new insight into problems (Walters *et al*. 2003, Barnes *et al*. 2006, Repper & Breeze 2007).

Simons *et al*. (2007) recommended the development of service user academic posts in universities, with others calling on professional organizations to make user and carer involvement a requirement for course approval (Mental Health Commission 2008). Some training programmes have attempted to include service users as stu- dents (Carpenter *et al*. 2006). Reeves *et al*. (2001), in their systematic review of 19 courses of interprofessional education in mental health, found that only one incorporated service users in the delivery of the education programmes. In response to policy requirement in the UK, guidelines for involving users and carers in education and training have been developed (Tew *et al*. 2004, Brooker & Curren 2005, Combined Universities Interprofessional Learning Unit 2005). However, stigma, difficulties with context-specific language and terminology, lack of knowledge of the subject matter or policy history, lack of valuing of service users' experiential knowledge, not knowing committee rules and procedures, not knowing the hidden 'rules of the game' as well as unequal power relationships were identified as barriers to service user participation in Ireland (McDaid 2006).

Tew *et al*. (2004, p. 54) describes five levels of service user involvement in education, ranging from no involvement to full partnership. See Table 1.

Methodology

The aim of this study was to explore the education/training available to professionals working in mental health services in Ireland. The study focused on the education of psy- chiatrists, nurses, social workers, psychologists, occupational therapists, and speech and language therapists. The research design was an exploratory, descriptive design using postal questionnaires for data collection. The questionnaire was developed and piloted by the research team and consisted of a combination of 38 closed and open questions.

Generating the sampling frame

Generating the sampling frame involved the identification of the title of each course deemed relevant to mental health professionals and the name of the relevant Course Coordinator/Director of both undergraduate and post- graduate courses. To ensure comprehensiveness a multi- pronged approach to identifying course provision was employed, including a comprehensive search of all third- level education and professional organizations websites and other documentation, requests from professional orga- nizations on courses approved and direct contact, through letter or telephone, with third-level educational institutions. In total, 227 courses from 31 educational institutions were identified as fulfilling the inclusion criteria for the study.

Data collection

The questionnaire was distributed to the course coordinator of each course with a request to return in the stamped addressed envelope supplied, within a 2-week period. Follow-up letters and e-mails were sent as remind- ers. Respondents were advised that return of the question- naire would be taken as informed consent. Ethical approval to conduct the study was given by

the Research Ethics Committees of the Faculty of Health Sciences within the University.

Response rate

In total, 149 questionnaires were returned from 129 Coordinators/Directors. This represented a 65.6% return rate for the questionnaires. Of these, seven respondents reported that the course was no longer running and five respondents returned blank questionnaires or made contact to say they were of the opinion that their course was not relevant to the study. Consequently, for the analysis stage, 137 (60%) completed questionnaires were consid- ered (Fig. 1). The majority (42%, *n* = 57) of the question- naires returned were from nursing departments/schools. In all, 15% (*n* = 21) of those returned came from psychology, followed by medicine (9%, *n* = 12), social science (9%, *n* = 12), occupational therapy (4%, *n* = 5), and speech and language therapy (3%, *n* = 4), In addition, 19% (*n* = 26) of the questionnaires were from other departments/schools, such as arts, education and one course was offered across three schools/disciplines. In total, 69% (*n* = 94) of the courses were unidisciplinary and the remaining 31% (*n* =

43) were multidisciplinary in nature.

Findings

Of the 137 courses considered in the study, service users were involved in 37% (*n* = 50). A department/school level distribution of service users' involvement on courses reveal that the social science, occupational therapy, and speech and language therapy departments appeared to have more service user involvement when compared to other depart- ments. Four (80%) out

of five professional courses in social work indicated service user involvement suggesting high commitment to service user involvement within social work education. In comparison, only one (25%) of the four professional courses in psychology included service users on the educational team. Of the 29 courses designed spe- cifically for psychiatric nurses, 19 (66%) had service users involvement. (See Table 2)

Of those 50 courses that service users were involved in, 90% of their involvement focused on providing inputs or teaching about their experiences (n = 45). Service users were far less involved in other aspects of educational devel- opments, with 17 (34%) courses involving service users in course design, 15 (30%) in course evaluation and 11 (22%) in course management. There were very few courses involv- ing service users in collaborative research (24%, n = 12), student assessment (14%, n = 7) and student selection (8%, n = 4). See Fig. 2. One institution indicated that they had, over recent years, employed two people with personal experience of using mental health services, and indicated that the justifi- cation of employing 'experts by experience' in the world of academia has be demonstrated through student evalua- tions, with a significant number of students valuing the inclusion of the lecturer's real life experiences as an aid to understanding the complex topic of mental health. In their view bringing together the worlds of theory and practice through the lived experience brought dividends to the ethical and practical dimensions involved in the education of mental health nursing students. Other examples of service user involvement included the involvement of service users in module design, course accreditation, con- ference organizing, the inclusion of autobiographical litera- ture on service user experience in course content and the provision of preclinical network opportunities for students to communicate directly with service users. Respondents were also asked to indicate on a Likert scale, ranging from 'Very strong' to 'None', their percep- tion of the emphasis given within the curriculum to a

number of issues. Three of the issues identified were self- help/peer support, service

user/client perspectives and recovery approaches to care. Responses to this question supports the other findings that the emphasis on service user or recovery perspectives is still in the development phase, with less than 50% of the courses placing a very strong/strong emphasis on these issues. In total, 46% of the courses had a very strong/strong emphasis on service users/ client perspectives; 37% had a very strong/strong emphasis on recovery approaches, with just 26% of the programmes giving a very strong/strong emphasis to self-help/peer support.

Plans for future involvement of service users

Of the 87 (63%) respondents that indicated that the courses currently do not have any service user involvement on the course, 47% (n = 41) indicated that they had some intention to include service users in various aspects of the programme in future. Their plans for future involvement of service users ranged from course design (21%, n = 17), course evaluation (17%, n = 13), collaborative research (14%, n = 11), teaching (13%, n = 10), course management (8%, n = 6) student selection (3%, n = 2) and student assessment (6%, n = 5). In addition, 6% (n = 5) mentioned involving the service user in other aspects of educational developments, such as making digital videodiscs on service users' stories for teaching pur- poses. However, it is important to note that 53% (n = 46) of respondents indicated that there was no plan to involve service users on the programme.

The support for service user involvement was reiterated in some of the responses to a question that asked respon- dents to indicate their top three educational priorities for the future. In all, 20 (15%) of the respondents who completed this indicated service user involvement as priority one, 8 (7%) listed it as priority two and 13 (15%) had it as their third priority.

Within the qualitative comments respondents also stressed the importance of developing 'meaningful collaborative partnership with service users' and identified the involvement of service user and carer involvement in course design and development. Respondents acknowl- edged the importance of keeping practice 'client centered' and including service users and carers in planning services and education, while others identified the need to develop 'collaborative research with service users and carers' as priorities for the future. The development of well-designed evaluation strategies for programmes, with the inclusion of service user outcomes, was other priorities identified by respondents in the area of service user involvement.

Discussion

Mental health practitioners are facing some of the greatest challenges ever encountered. Throughout Europe, mental health services are shifting from an institutional model towards a comprehensive, integrated, community-based mode of delivery. Similar to mental health services in other European countries, the Mental Health Services in Ireland are also undergoing unprecedented levels of change and are responding to the recommendations of the national policy document *A Vision for Change: Report of the expert group on Mental Health Policy* (Department of Health and Chil- dren 2006) and the reforming Mental Health Legislation (Government of Ireland 2001). Recent policy initiatives and guidance documents have continuously emphasized the provision of a quality service, highlighting the need to develop a holistic, seamless, socially inclusive, recovery- and empowering-oriented service, which fosters active partnerships between service users/carers and professionals (Mental Health Commission 2005, 2007, 2008, Depart- ment of Health and Children 2006, National Economic and Social Forum 2007).

Meaningful involvement of service users requires a broad strategy that encompasses

users and carers being involved in the planning, design, delivery, evaluation and management of programmes, the teaching and assessment of students in both the classroom and practice area, and the recruitment and selection of students (Barnes *et al*. 2000, Tew *et al*. 2004, Brooker & Curren 2005, Barnes *et al*. 2006, Townend *et al*. 2008). However, current service user involvement in mental health education in this study is limited to tokenism in planning and delivery with little involvement in programme management, recruitment and selection or the assessment of students work (Basset *et al*. 2006). The development of a broad strategy requires active collaboration from all the relevant stakeholders and a firm commitment from higher education institutions to imple- ment such a strategy.

Findings from this study indicate that in the vast major- ity of courses (63%), curricula are planned and delivered without consultation or input from service users/carers, in other words involvement is at level 1 of Tew *et al*.'s (2004) ladder of involvement. Currently the scope of service user involvement is on teaching, with little involve- ment in curriculum development, student assessment and student selection. However, there is evidence that this is changing and some courses are at an early stage of devel- opment and gradually progressing to level 2 and 3, with many respondents indicating an eagerness to move this agenda forward.

Current mental health policy advocates the integration of mutual help groups into the mental health system (Department of Health and Children 2006). Despite this the emphasis placed on self-help/peer support within cur- ricula is disappointing. This may be due to a lack of knowl- edge of peer led groups. However, as community mental health services develop further, as envisioned within *Vision for Change* (Department of Health and Children 2006), there should be increasing opportunities for utilization of other relevant community-based services, self-help groups and

voluntary organizations. Research that has explored professional attitudes towards mutual help groups suggests that their attitudes are not favourable. Professional centrism, lack of information and fears around the vulnerabil- ity of clients were common themes accounting for low levels of referral made by professionals to mutual help groups (Rappaport *et al*. 1985, Clarke 1993, Dunne & Fitzpatrick 1999). Humphreys & Rappaport (1994) found that mutual help tends to be seen by professionals as alter- native to, rather than complementary to, professional help. To overcome the barriers identified in the literature, achieving effective service user involvement demands com- mitment, time, strategic planning as well as the financial resources and infrastructures to support such an initiative. Unless service user and carer involvement becomes part of the process of accreditation, commissioning and funding of courses, their involvement will remain at a limited level and participation at the level of full partnership will largely remain an aspiration. To move this agenda forward, there is a need for the higher education institutions in partner- ship with the service user groups, health service providers and professional bodies to develop an overall strategy for the involvement of service users/carers in education. This strategy needs to address issues such as educational prepa- ration, support and payment of service users/carers, as well as a strategy for evaluation. In order to fully prepare service users for their involvement, it is essential that their needs are addressed in relation to training on committee pro- cedures, clarifying technical language, designating time during the meetings for service user input, flexibility of approach, respecting and listening to service users' views, negotiating fair payment for participation, putting service users in a position of authority on the committee, provid- ing mentors and access to peer group support as well as addressing prejudice and stigma (Basset *et al*. 2006, McDaid

2006, Health and Social Care Regulatory Forum 2009).

Professional bodies with responsibility for guiding or accrediting curricula in mental health education have an important role in promoting service user/carer involvement and should include service user and carer involvement as one of the criteria for accreditation. In addition, at a local level the education institution involved in the delivery of education should review their philosophy/mission statements to ensure that they are underpinned by an explicit statement of values supporting service user involvement in educational programmes in their institution and depart- ment. Without this, and political will by all involved in education, there is a risk that service user involvement as full partners will be more an espoused ideal as opposed to a principle that underpins practice.

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