

Collaborative learning: Perspectives of a service-user educator, student mental health nurses and nurse lecturer

## **Introduction**

Service user involvement in health care education programmes is now seen as integral to learning in health education programmes (Tremayne et al 2014, Russel and Allman 2014). The impact is wide-ranging: studies have found service-user involvement develops knowledge, skills and attitudes (Tremayne et al 2014), promotes commitment to a user-orientated approach (McKutcheon and Gormley 2014), enhances care and narrows the theory-practice gap (Turnbull and Weeley 2013). Additional benefits include promoting positive realistic attitudes while dispelling preconceptions (Blackhall Shafer and Nightingale 2012). Following user involvement student nurses tend to use less jargon and become more likely to be empathetic (Rush 2008). The consequences for practice include better care and better outcomes, with greater service user satisfaction (Happell et al 2014).

Service user participation in education, service design and delivery reflects current guidelines (Keogh 2013, NMC 2010, DH 2010) and although 'limited and variable' (Happell et al 2014) the strategy is well-embedded in our teaching strategies at Birmingham City University where service-users contribute as visiting teachers throughout the student journey, in selection (O'Boyle-Duggan et al 2012) curriculum design, teaching and assessment (Gatcombe and Hine 2008) and practice feedback. Early service-user involvement has been criticised as being tokenistic and superficial (Happel et al 2014); real partnership working involves collaborating throughout the educational process (McKutcheon and Gormley 2014). Student-academic partnerships are a recent phenomenon, so far under-researched, and it is unusual for either service users or students to be involved as writing partners throughout the nursing literature. In this article we explore our experiences of service-user involvement in mental health nurse education from three different perspectives, service-user educator and expert by experience (MBM), nursing students (N R-D, LB) and academic staff member (CJ).

In the change of role to staff member, the service user becomes 'helper' rather than 'helped', a shift in the power-relationship (Rush 2008) which more accurately reflects the value of service users' opinions and experience (Tremayne et al 2014). Involvement in professional education is often perceived as empowering by service users (McKeown et al 2012, Terry 2013) who value the opportunity to challenge stereotypical views (Simpson et al., 2008) and so influence future practice (Tremayne et al 2014). While O'Donnell and Gormley (2012) caution against putting pressure on a potentially vulnerable person to re-live stressful events and to be positive about their experiences of services, they conclude that service user involvement in nurse education is essential for development of a partnership and recovery-orientated approach, so service users should be well-supported in order for their voices to be heard without harm. Terry (2013) suggests that the feelings of increased confidence and job satisfaction following input to educational programmes can contribute to recovery and that part of the academic partner's role is to be supportive in the classroom and offer debriefing afterwards.

In our session, in the second year of the nursing programme, Maggie's involvement as a service user builds on previous (first year) learning in which students learnt about her story of recovery from

trauma, serious mental illness and concurrent experiences of mental health services. This emotionally powerful witness statement has a significant impact on students (Gatcombe and Hine 2008); it engages a compassionate empathetic response and reinforces the core values of caring and commitment that drove students to choose a career in mental health nursing. The aim of the session is to use theory and evidence in combination with values, harnessing the students' familiarity and respect for Maggie in a structured format. It involves analysis of recent research papers to investigate the congruence and 'truth' of research outcomes and relevance of the recovery model in relation to Maggie's experiences, while heightening awareness that real people lie behind the literature and evidence they read. Learning from lived experience is central to a recovery orientation (Arblaster McKenzie and Willis 2015) and this correlates well with the emphasis in many research papers on service users' experiences (Hungerford and Fox 2014, Kidd, Kenny and McKinstry 2014). These accounts aim to take a recovery focus (emphasising hope, resilience and control) and enable students to see service-users holistically as 'individuals with lives, jobs, hopes, interests, families' (Blackhall et al 2012:25), which, bearing in mind that no-one is a 'typical' service user (Turnbull and Weeley 2013), Maggie illustrates.

#### *Service-user-educator's perspective*

I ask myself what teaching the recovery model to second year mental health nursing students means, as I follow on from opening up about my story to these same students a year earlier... it means that my journey has taken a new route, each day is part of that journey. Did I ever think I would be standing talking to people about my journey of mental illness? The answer to that is simply a resounding no, yet here I am. Each time I speak to a group (well if you can call answering questions speaking), I find a new aspect of my journey, for example, did that staff nurse say what she said because she actually did care that I had tried to kill myself? I puzzled over that one for quite some time and even now sometimes review it. But the answer I can never be sure of...

In the paragraph above I say 'well if you call answering questions-speaking' so you will see confidence is not a strong point for me, yet both telling my story and leading the research and recovery model session have encouraged and expanded my confidence. I have grown as a person and as a service user-educator, a new-found aspect of a role that is very different from my day-to-day job. Life takes many turns and twists and you never know where the road will take you. I know that I love the feeling that I get from doing this work. As I search the room for students I met in year one there is not enough money in all the lotteries in the world to give me the feeling I get doing this.

'How do I think things should be done?' 'Do I agree with the research?' All these wonderful questions, but as I explain, the thoughts I pass on are my views and other people may not agree with them. But mental illness, it's just that: individual. I would look at the whole cycle of how someone is seen, how people go from service to service. It should be seamless but is more often full of barriers - a lot like some horse racing fences, high, unyielding and sometimes impossible to get through. Access to services is important; treatment, the doctors, nurses, occupational therapists and physiotherapists, but most important should and must always be the views of the patient and their family or support network. A service user may tell you 100 times to take a hike (not always in a polite way) but they need to be listened to, these are people who have to live with the issues every day. Make sure your client is involved in every aspect of their care.

The current climate of all parties wanting to put mental health on the agenda is great but mental health is not a ball to pick up play with for a while and then tuck away in the back of the cupboard, these are people lives we are talking about, very private, difficult, dark and painful things. Physical hurt and pain are easy to discuss but mental illness is another beast totally. The black hole that often engulfs someone is so overpowering, frightening, pitch black, draining of thought, feelings, emotions, often life itself, these are not easy things to tell someone. The question of discrimination always comes up and this I find hard, having faced it from people I thought of as friends, to facing it in work. Mental health or illness has a tag (a bit like a luggage label) which never goes away but is often used against people.

The vibrancy and enthusiasm of the students, their willingness to ask, probe, yet be wise enough to allow me privacy when something is too painful, never fails to astound me. I feel greatly honoured that these nurses of the future think I am worth listening to. I hope I am lucky enough to keep doing these talks because it helps me on my journey through mental illness. I wait for the next chapter of my story to unfold. The students often tell me that they learn a great deal from hearing me talk; I hope that 'valuing' carries them forward through their training and on to when they become mental health nurses. I hope that they gain a more rounded insight to mental health and that what I have passed onto them they will impart to the students who will come to them in the future.

### *Students' perspectives*

**Leroy:** Maggie, a lady known to Mental Health Services for several years, recently came into one of our lectures, giving us an insight of what Mental Health Services are like from her perspective. It was quite a moving experience for me, as it really opened up my eyes to how unaccommodating society is towards individuals who have been diagnosed with a Mental Health condition.

I looked at an article that discussed Mental Health service users in relation to employment (Boycott, Akhtar and Schneider 2015), which explored how those individuals felt about employment. As a group, we then came up with questions to ask Maggie based upon what we had previously read. Maggie explained how she felt that it is very therapeutic for someone experiencing Mental Health issues to seek some form of employment (obviously at the rehabilitation stage of their condition). However, she went on to explain how the employer's attitude towards the individual can be of a discriminatory nature.

I have always thought that the media portrayal of Mental Health has had a negative impact on society, and after meeting Maggie for the first time, this was confirmed. She really placed emphasis on the fact that the media outlets need to be challenged before we can tackle the issues with employment, which is of vital importance, as it results in the person (with a Mental Health condition) developing low self-esteem. Maggie's powerful talk has had a strong influence on me, resulting in me having the willingness to challenge the media, aiming to promote Mental Health in a positive manner.

**Natalie:** I personally found the session with Maggie very beneficial as it was an opportunity to hear the opinions of a service user about their experiences within the service we provide. The accounts of a service user are invaluable in understanding how their treatment can impact their own wellbeing and recovery, both positively and negatively. It became evident to me following this session that what is demonstrated in the literature is not reflected in the care received by those when they are at

their most vulnerable. The success of the session was primarily down to the honesty of Maggie and her willingness to assist us in our learning, something I would like to thank Maggie for as I believe her story can teach much more than learning theory can.

During the session I read an article which discussed person-centred care and the importance of involving the service user as an 'active agent' in their recovery (Hungerford and Fox 2014) and how we as professionals should take on a supportive role and guiding role. I took the opportunity to discuss this concept with Maggie and to ask about her experiences of how involved she felt in her recovery. Maggie reported that during approximately twenty years in services she had only ever seen and signed two care plans. I found this a very shocking statistic as there is a great deal of emphasis on how service users must be active in their recovery and involved in the decision making processes.

What particularly resonated with me were Maggie's thoughts on the stigma and discrimination attached to mental health. Maggie shared with us that she had been victim of discrimination on the basis of her illness; something which I feel is unacceptable in modern society. One of the reasons which inspired me to embark on my mental health nurse training was in order to make a positive contribution to changing the negative societal attitudes towards those with mental health issues. Maggie described her feelings of 'fear' in relation to having a relapse in her mental well-being which I felt was a very emotive and poignant sentiment to reveal. This made me appreciate how stigma and the misconceptions about mental health can affect many aspects of an individual's life and can itself impact their mental well-being. It disheartened me to hear that Maggie had also experienced a level of discrimination from individuals within the care profession as she described a situation in which she felt alienated due to the fact that she had previously accessed services. This struck me as particularly shocking as I find it hard to comprehend how people can choose to be in a position of care yet openly demonstrate such judgmental attitudes. Mental ill-health can affect anyone at any time and I therefore struggle to understand how people can be so insensitive about an issue that they may seek support for at some point in their lives.

My suggestion for future sessions would be to carry out the same activity with other people who have experience of mental health services in order to hear a wider range of views. This could allow trends to be identified and possibly show aspects of care delivery that require improvements based on the first-hand experiences of those who have accessed mental health services. This session made me think about my future career in nursing and the changes I would like to see occur with the field of mental health. I would like to be part of a society and culture that sees more support for those with mental health conditions and I personally aspire to be an advocate for more understanding about mental ill health in order to challenge stigma.

#### *Educator's perspective*

Maggie and I were keen to build on the students' previous learning while aiming to engage them intellectually and emotionally. In the 'spiral curriculum' students revisit topics but learn about them in more depth, constructing new perspectives and developing a deeper knowledge base (Porter and Meddings 2007). At level 4 (their first year) the students heard Maggie's story, at level 5 they were challenged to use evidence from recent nursing literature, constructing understanding together as they prepared the questions which they would ask. The evidence each group could choose from involved potentially sensitive areas around work (Prior et al 2013), relationships (Rogers and

Follingstad 2014) and stigma (Hamilton et al 2014), so sensitivity and communication skills were also required. The combination of cognitive and affective engagement involved in experiential learning increases the impact on practice (Kratzke and Bertolo 2013).

The sequence of tasks (reading, summarising, finding themes, discussing, prioritising, framing questions, interacting sensitively and capturing or recording understanding together) was designed to engage students intellectually, building on previous skills and knowledge and preparing students for the next level. Adult learners are also motivated by relevance and applicability of learning to practice (Race 2015). Research papers can be difficult to follow and written in a relatively inaccessible voice. Yet engagement with this type of material (sometimes perceived as 'dry') is essential for understanding the evidence base required for analysis at this level and beyond. The affective component (students' feelings arising from this and the previous session) complemented the intellectual challenges, driving commitment to the learning activity. Emotional content in learning highlights values and attitudes and is important in preparing students for caring for people with serious mental illness (Ward 2015).

As nurse educator, my role in the session is mainly organisational and supportive. It involves liaising with Maggie over the lesson plan, preparing a pack for each small group ('Mission' instructions, journal articles, flip chart paper and pens) then facilitating as students interact with Maggie and progress through the stages of the activity. As Speed et al (2012) suggest, the tutor's role may involve classroom management and supporting the service-user partner in the classroom if necessary. Terry (2013) adds that commitment, relationships and enthusiasm are required.

Happell et al (2014) identified ethical issues that educators face in facilitating service user involvement, including fair payment, concerns about tokenism and representativeness ('career consumers'), worries about 'venting' about unresolved issues, the potentially intrusive nature of the experience for a service user and for the educator the level of commitment required and concerns about 'correct' practice in the classroom. These concerns also occurred to me, in particular for example that re-living experiences might be re-traumatising. However, the students have always responded respectfully in a manner that supports Maggie in choosing the extent of the personal information and emotions that she shares. Maggie is one of a team of service users involved in the Mental Health Nursing programme, all of whom are paid the same Visiting Lecturer rate as other experts and who can access the University post-graduate teaching qualification.

My perception of the session is that it is effective in meeting the session aims of linking theory with practice, developing skills in reading and evaluating research articles and gaining insight into the nature of 'recovery' and service users' experiences. It is rewarding to see the students' enthusiastic response. Students work together effectively and unselfconsciously demonstrate impressive sensitive communication skills and commitment to service users' well-being. The main problem is that Maggie's time in the session is shared between all the students and so limited. The effects of this are minimised by asking students to stagger break times and work together evaluating evidence in between conversations with Maggie. Finances permitting I would choose to work with a revolving group of users, several per session, who would, as Natalie suggests, offer a wider range of perspectives while being able to engage with more students for more of the time.

### ***Conclusions***

The collaborative nature of this learning activity has clear benefits for all participants. Nurse educators witness students appraising the validity of evidence, motivated by the need to consider its relevance to practice, hear them using sensitive supportive communication skills and see them demonstrate commitment to the well-being of service users. It is inspiring to observe how effectively students have integrated values and skills. Students benefit from hearing examples of a personal experience that nevertheless illuminates the wider issues around the concept of recovery raised in the research studies. The experiential nature of the session, which harnesses intellectual skills and empathy, has a powerful impact on students who gain a deeper understanding of service users' realities. Students' accounts demonstrate that the insight gained increases their respect for the resilience required for the journey of recovery in the context of a stigmatising society. The perspective of a service user educator shows that contributing to the education of the next generation of mental health nurses can be empowering and rewarding and confirms that the experience of teaching can form part of a story of recovery.

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