

Mental Health Nurse Academics (UK)

Position Paper 4

The role of users and carers in mental health nursing education

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Mental Health Nurse Academics (UK) brings together representatives from all UK Higher Education Institutions engaged in mental health nursing education and research.

The group advises on issues related to mental health nursing and shares good practice and innovation in this field.

This fourth Position Paper from Mental Health Nurse Academics (UK) focuses on the role of users and carers in mental health nursing education.

The Paper is aimed at commissioners and providers of mental health education, national and local policy makers, service providers and practitioners, and all other groups with an interest in mental health nursing.

Mental Health Nurse Academics (UK) believes that:

1. The involvement of service users and their carers should be a core part of mental health nursing education (and research).
2. Involvement in education should never do any service user or carer harm.
3. Service users and carers should be appropriately remunerated for any role they agree to undertake.
4. Informed consent from service users and carers participating in mental health nursing education is essential, as is ongoing support.

Introduction

The involvement of service users and carers in mental health nursing education is going to become an increasingly important (and audited) measure of quality. Current work in education mirrors similar initiatives in other areas, such as research (see, for example, in the work of INVOLVE, www.invo.org.uk).

The aim of this Position Paper is to outline a framework for involving service users and their carers in the development of curricula, the delivery of teaching and learning activities, the evaluation of educational programmes, and the selection and assessment of students. While adopting the term 'service user', this paper recognises that other terms are currently in use (such as patient, client, or survivor); it also recognises that the needs of service users and carers may be distinct and different.

Why involve service users and their carers?

The reasons for involving service users and carers are well-rehearsed, and include:

the moral imperative – as citizens and 'owners' of the NHS, service users and carers are entitled to have a voice in all aspects of their health care

quality improvement – involvement of service users and carers in education (and research) can lead to deeper clinical insight and result in changed attitudes and an improvement in delivered care

the political impetus – there is a policy drive towards the inclusion of these 'experts through experience' in many aspects of health and social care.

Best practice

Best practice in service user and carer involvement is:

co-operative – working in partnership as equals

comprehensive – across all components of education

effective – ensuring meaningful change

ongoing – across the lifespan of the programme

inclusive – representative of all stakeholders

reflexive – considering critically its own ongoing work.

Best practice also includes the valuing of the service user experience of health care professionals, and recruiting service users into education and training.

The nature of user and carer involvement

In practice, involvement may range from consultation, through collaboration, to service user and carer control.

Consultation – service users and carers are consulted with no sharing of power in decision-making, although their views may influence the outcome

Collaboration – an active partnership of service users and carers in educational process and decision-making
User and Carer Control – service users and carers have overall control, although there is a valid place for professional involvement.

Co-operation and continued input are more likely to occur if service users feel that their contribution is valued; implementation of an involvement strategy is more likely to be successful if it is actively driven and supported by management.

Examples of service user and carer involvement

Curriculum planning and strategic development of educational activities

This may include active participation on committees, steering groups, workshops, and discussion fora.

Educational activities delivered by service users

Service users and carers must be given appropriate support and training when delivering teaching; and involving them in teaching may lead to their appropriate involvement in assessment processes.

Inclusion of literature that is service user generated

Seeing well-produced work by service users and their carers is important in confronting stigma and giving weight to what specific individuals might have to say.

Exploring the service user experience of care

This approach can range from the observational to the collaborative. Confidentiality is obviously paramount.

Development of scenarios, use of case studies

This may include the sharing complex and distinctive sets of personal and organisational circumstances. Case study material may include videotapes or DVDs, which may be service user and carer produced.

Practical considerations

Remuneration

Payment for time and expertise (with reimbursement for all expenses) is considered best practice. However the practicalities may be difficult, not least because payment may impact adversely on benefit payments. A useful starting point is *A Fair Day's Pay* by The Mental Health Foundation (www.mentalhealth.org.uk).

Clarity

It may be helpful for active user and carer contributors to have an explicit 'job description' to clarify their responsibilities and commitments.

Support

As well as psychological support, practical support is important – such as facilities for people with special needs, access to reprographics, taking into account replacement carer costs, etc.

Effectiveness

Quality will also need to be assured for that other set of users, the students being offered education – evaluation of service user and carer contributions will need to be consistently factored into the educational process.

Getting users and carers involved

Tokenism

Tokenism should be guarded against – it is not cost effective and impacts negatively on individuals and their constituencies. The extent to which any initiative is felt to be tokenistic should be under continual review.

Representation and diversity

The 'representativeness' of service users and carers is often questioned. While absolute representativeness is not achievable (even with respect to lecturers or

researchers), working solutions can be found. An important principle is accessing a diverse local set of service users and their carers.

The 'professionalised' user

There is risk that certain groups or individuals will be 'over-used'. A useful approach is for new people to be consistently and regularly approached and recruited.

Approaching users and carers

Attention should be paid to local need and the structure of individual service provision; a useful example is 'Ask the Experts', from the Community Care Needs Assessment Project (CCNAP - www.ccnap.org.uk/). Care needs to be taken to include groups who have previously been marginalised, e.g. by ethnicity.

MHNA(UK) believes that mental health service users and carers should be involved in mental health nursing education. The group believes that the relationship between users, carers, researchers, practitioners and educationalists is fluid and could be one of collaboration with users and carers, consultation with users and carers or user-led.

This is the fourth in a series of Position Papers to be issued by MHNA(UK). Consultation with MHNA(UK) representatives and production of this paper took place between May and July 2005. Coordinators of this Position Paper were Patrick Callaghan and Ian Light (City University, London).

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