Educating students to support recovery: consumers’ priorities for recovery-oriented mental health curricula

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Outline

– Draw on consumers’ lived experience of mental ill health and recovery to
  – Phase 1:
    • Identify priorities for recovery-oriented curricula
    • Develop core capabilities for recovery-oriented mental health practice
  – Phase 2:
    • Develop an outcome measure that reflects consumers’ priorities to evaluate learning and teaching about recovery in mental health
– This presentation: phase 1 findings
Why explore consumers’ priorities for mental health curricula?

Recovery:

– Challenges the dominance of professional and scientific knowledge
– Emphasises the need to learn from lived experience of mental ill health and recovery
– Underpins mental health reform
– Requires partnership working
– Reorients services toward the needs of consumers and away from those of professionals.

‘Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues’ (Australian Health Ministers’ Advisory Council, 2013, p. 2)
Why explore consumers’ priorities for mental health curricula?

Program accreditation:

– Requires consumer involvement in design, delivery and evaluation of curricula
– Genuine involvement that goes beyond ‘telling one’s story’

‘Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues’ (Australian Health Ministers’ Advisory Council, 2013, p. 2)
Why explore consumers’ priorities for mental health curricula?

— Little is known about the outcomes of consumer involvement in curricula, although much is assumed

— Long term outcomes unknown

— Reduced stigma and more positive attitudes in the short term

— Students are mostly positive about learning from consumers

— No research investigates links between learning from consumers’ lived experience and capabilities for recovery-oriented practice

— No standardised measures to evaluate students’ learning from consumers
Research design, plan, questions

What are consumers’ priorities for recovery-oriented curricula?

Round 1: n=28
Round 2: n=17
Round 3: n=14

deDelphi

Qualitative interviews

Participants (round three):
Female n=11; male n=3;
Age: 20-39 n=4; 40-59 n=10
Urban: n=9; regional n=3; rural n=2

Development and psychometric testing of outcome measure

Evaluate students’ learning in terms of consumers’ priorities
eDelphi consensus items

Core values

- Respect
- Non-judgemental
- Believe in the person and their recovery
- Value the person
- The person’s hopes, goals and dreams
eDelphi consensus items: 12 Capability Domains

Knowledge and understanding (n=54); skills and abilities (n=27); actions and behaviours (n=90)

- Recovery
- Distress
- Mental health knowledge
- Consumer participation
- Human rights
- Beliefs, hopes and dreams
- Understanding the person
- Family context
- Communication style
- Promoting personal recovery
- Therapeutic relationship
- Professional practice
## Sample capability

<table>
<thead>
<tr>
<th>Capability domain</th>
<th>Knowledge and understanding</th>
<th>Skills and abilities</th>
<th>Actions and behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beliefs, hopes and dreams</td>
<td>Disengagement can occur when there is a mismatch between the person’s beliefs, hopes and dreams, and the focus of the mental health service</td>
<td>Know how to find out what living life to the fullest means to each individual</td>
<td>Create a safe and open environment for discussion of beliefs, hopes and dreams</td>
</tr>
</tbody>
</table>
Qualitative interviews

Based on lived experiences of mental ill health and recovery, what capabilities do consumers believe are required for recovery-oriented practice?

Development and psychometric testing of outcome measure

Qualitative interviews

eDelphi

Participants:

n=16
female n=9; male n=7
Age: 20-39 n=4; 40-59 n=9; 60-69 n=3
NSW n=8; QLD n=2; VIC n=2; WA n=4
Education: incomplete n=1; high school n=2; TAFE n=4; Bachelor degree n=7; Masters degree n=2

Evaluate students’ learning in terms of consumers’ priorities
Findings

Knowing

Doing

Being / Becoming

The recovery capable practitioner
Knowing

– Human rights knowledge
– Knowledge of mental illness and treatment
– Practice knowledge
– Recovery knowledge
– Lived experience knowledge

“For the health workers to actually endorse or to protect consumer’s rights they’ve first got to know themselves what they are.” (Participant 3).

“So that’s what I think is important, it’s the deeply understanding that recovery is about building or rebuilding a contributing, a meaningful and contributing life.” (Participant 4)

“… it’s important to understand what mental illness is, … the signs, the symptoms and what all the different categories [are] that make up a mental illness …” (Participant 11)
Doing

- Enact recovery principles
- Communicate for understanding
- Connect with and encourage beliefs, hopes and dreams
- Include and support families
- Uphold human rights
- Work with consumers as partners

I think it’s really important to understand what someone’s dream is … because if you understand what someone’s dream is you can help them achieve it … (Participant 8)

[Function is] not, it’s actually not a valid evaluation … A better evaluation is what are you able to do at this point in time? (Participant 16)

Work with me, don’t condescend or patronise, work with me and see what strengths I have as well. (Participant 1)
Being / Becoming

- **Being and becoming a professional:** transformation, a life long learner and reflective practitioner

- **Being and becoming a therapist:** passion and commitment, empathy, person centred and holistic approach, values

- **Being in partnership:** evolving, long lasting and time limited; equal partnership; authentic and respectful human connection; navigating boundaries and managing power
Knowing

Doing

Being / Becoming

Curriculum design/review

Co-designed and delivered learning activities

Valid and reliable outcome measure

Evaluate student acquisition and maintenance of capabilities

The recovery capable practitioner
Thank you!

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References


