



The Vision of Co-production – Perspectives!

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History

- In 2017, Whitireia NZ approached Kites Trust to engage in co-production. The MOU signed between the two organizations, led to the development of embedding a service user academic in teaching and learning across the School of Health.
- The aim of this initiative was to develop a model of co-production and design, which sees consumer input in all levels of curriculum development, content delivery and research (Happell et al., 2015a).

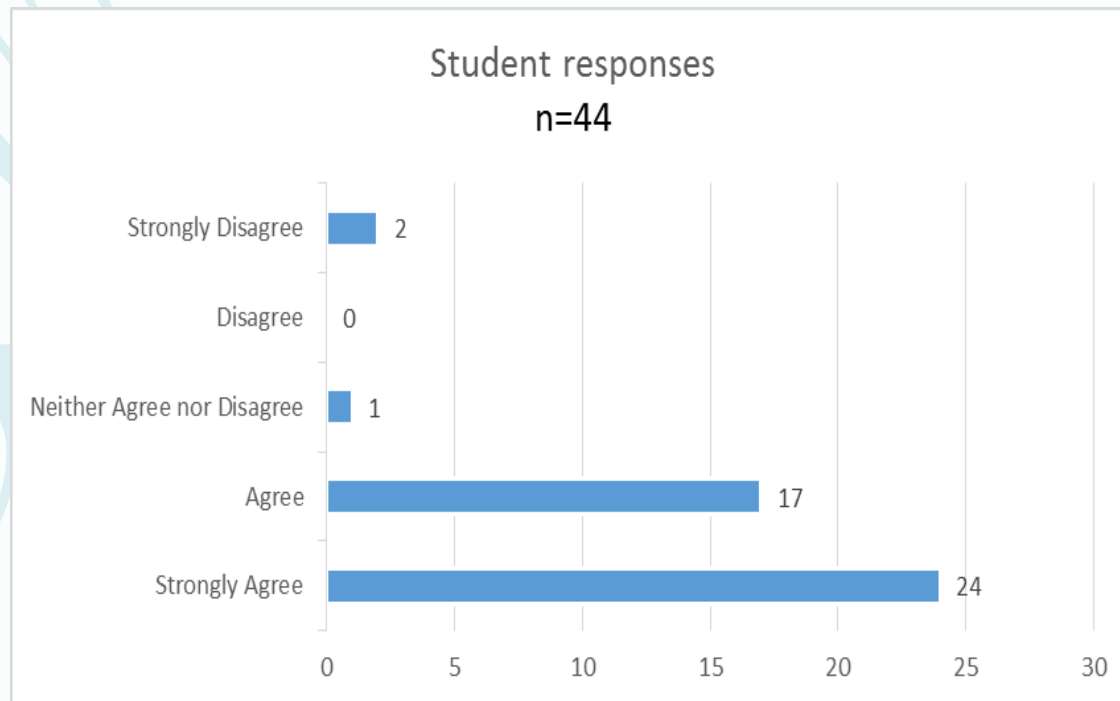
Research

- **Question** - Does a co-production approach to teaching support student learning, reduce stigma and discrimination and contribute to changed attitudes and beliefs about mental illness?
- **Method** - Appreciative inquiry methods, we sourced the following information utilising survey method, interviews, and focus groups
- **Sample population** - Students, educators and managers
- **Data analysis** - Nvivo

Sample groups

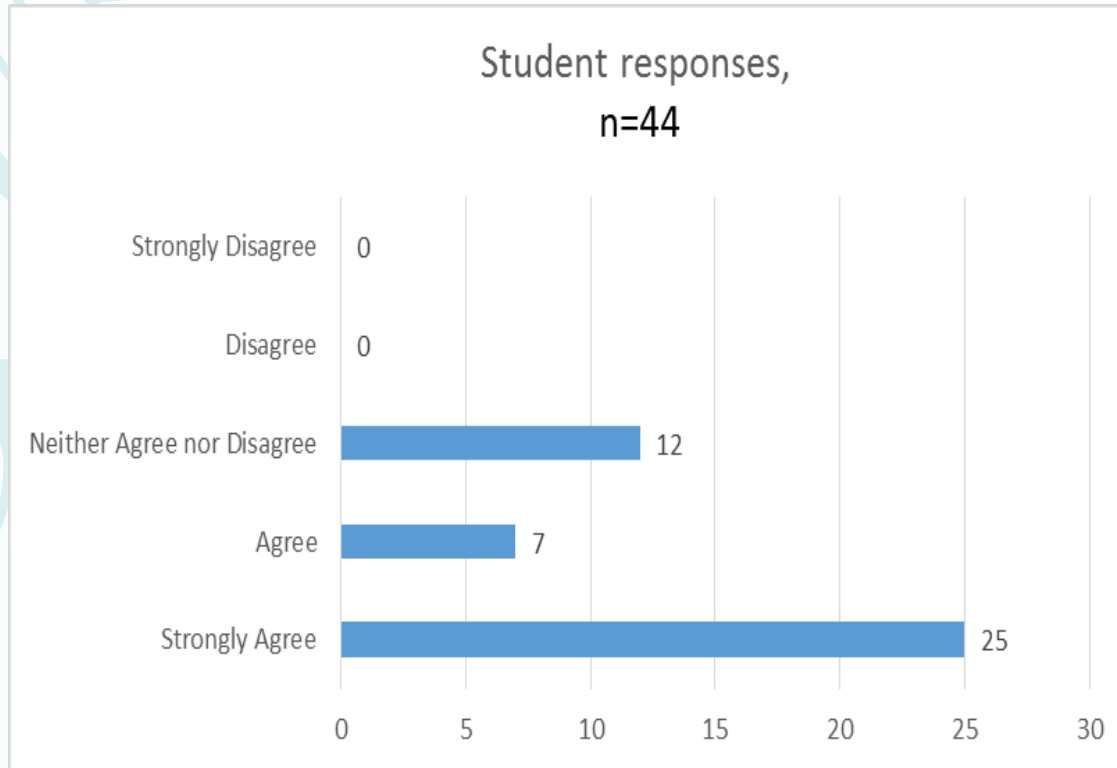
- Two interviews with the different organisation managers
- Two staff focus groups (n=5, n=4) – consisted of educators from undergraduate nursing, postgraduate nursing, and undergraduate paramedic programmes
- One student focus group (n=3) from undergraduate nursing programmes
- Online Survey: 44 responses with both closed questions and open questions. Demographics:
 - 36 % Under 24
 - 93% Female
 - 64% European/Pakeha, 19% Māori, 7% Pacific

The voices/stories/narratives of lived experience increased my understanding of recovery and the lived experience of distress



“Having not lived those experiences myself, hearing about them from others is the best why I can get insight to those experiences, hearing different stories from different people widens my own knowledge about methods that have helped others to recover or cope with these events.” (Student 31)

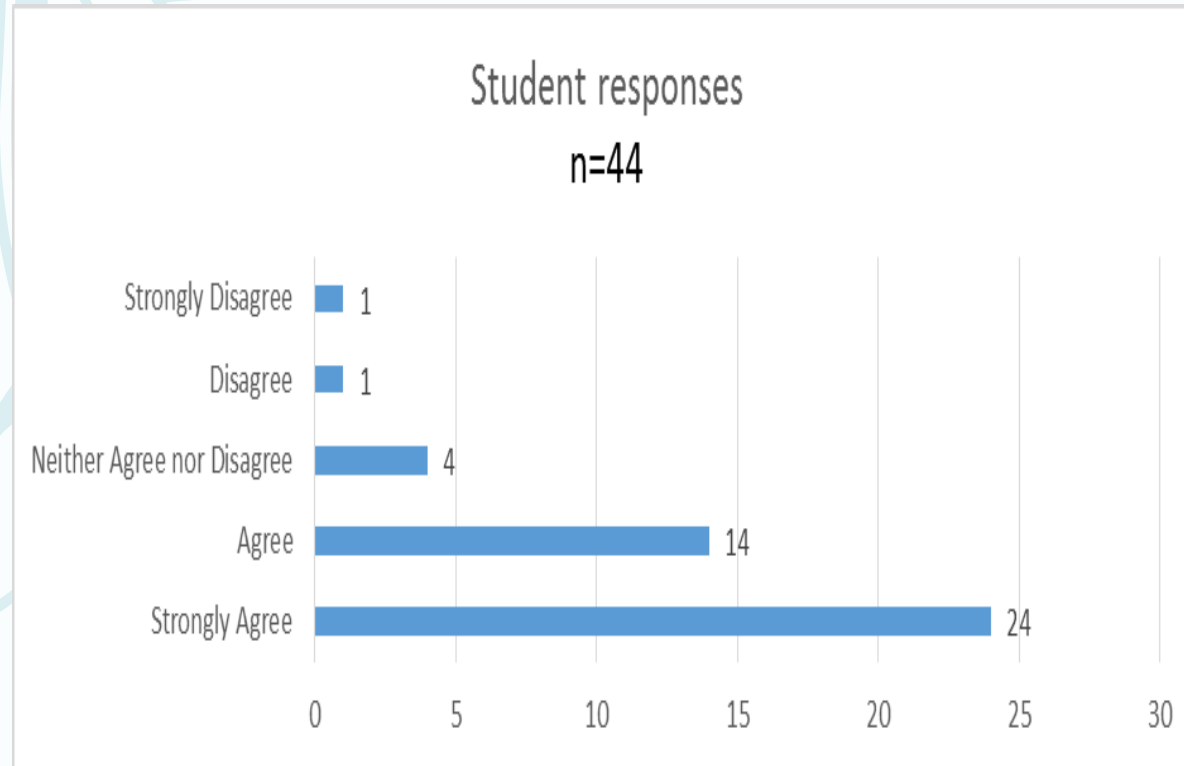
People with lived experience should be involved in all health programmes



“Their perspective is imperative to develop treatment plans that will positively impact on their recovery.”
(Student 27)

“It is beneficial to hear people with lived experience talking as you can gain a better feeling of the distress, symptoms, positive and negative effects to the individual, which is not so clear from reading about it.” (Student 41)

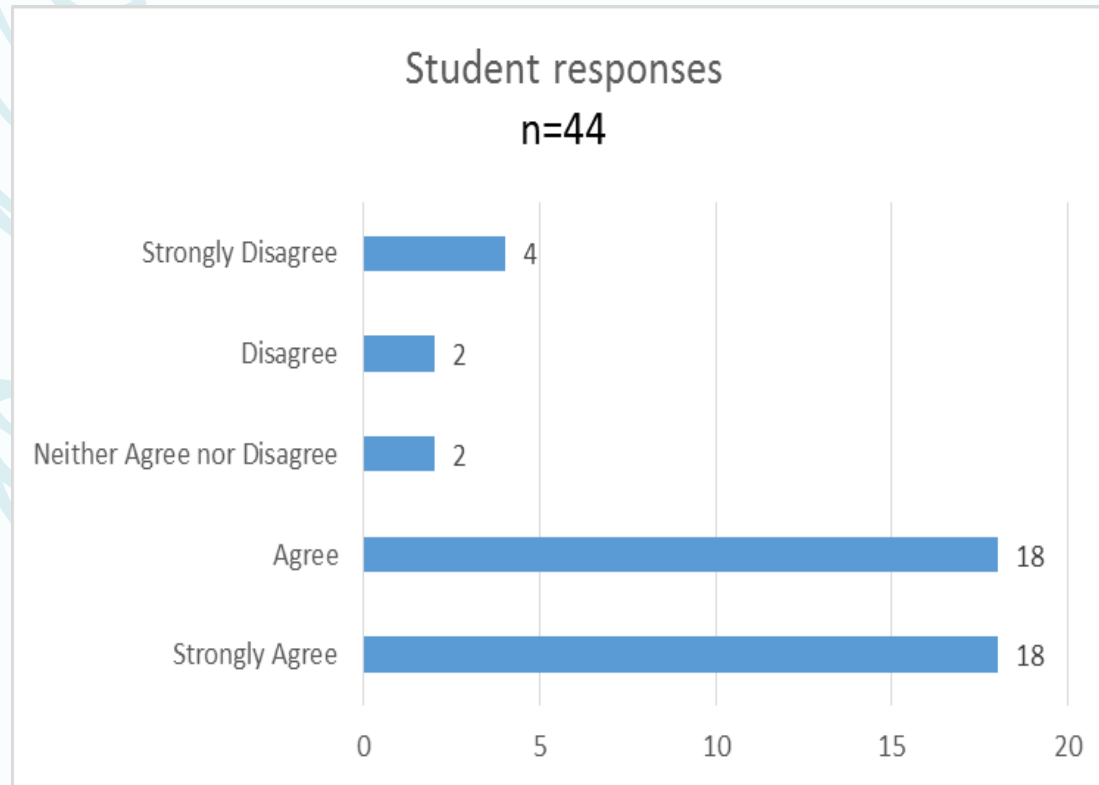
The facilitators created a safe environment to explore the lived experience



It was done in a safe manner by respecting all students' life experiences and being able to "tap out" and step back if triggered. (Student 27)

"There were always "out clauses" given. You were free to leave if you were uncomfortable, pre-warned about content, and invited to seek help if you needed to." (Student 49)

The lived experience sessions I attended (e.g. simulations, scenarios, or workshops) reflect current mental health, addiction, disability issues



“100% I work in mental health and can't express how much how valuable these sessions are.”
(Student 55)


“I think youth mental health could be addressed more. It was addressed in theory just not so much in the practical or workshop setting.”
(Student 72)

“I value most the time the people with this lived experience that they can come out and shared their life experiences.” (Student 9)

“How other people’s experiences open your mind to what you could potentially experience - also enables you to connect with other people who have been through similar situations.” (Student 36)

“The honesty and bravery. So much stigma and pre-existing judgement. Prejudices and fears get in the way of the realism of mental health (in my opinion) Bringing in the reality of real people living with mental health difficulties is a FANTASTIC way of quelling concerns. Since the more in-depth lectures of mental health in year two were introduced the interest in mental health nursing has increased massively. It's amazing.” (Student 55)

What is it that
you value most
about the Lived
Experience
activities?



“Just to make it a bigger part of the curriculum.” (Student 41)

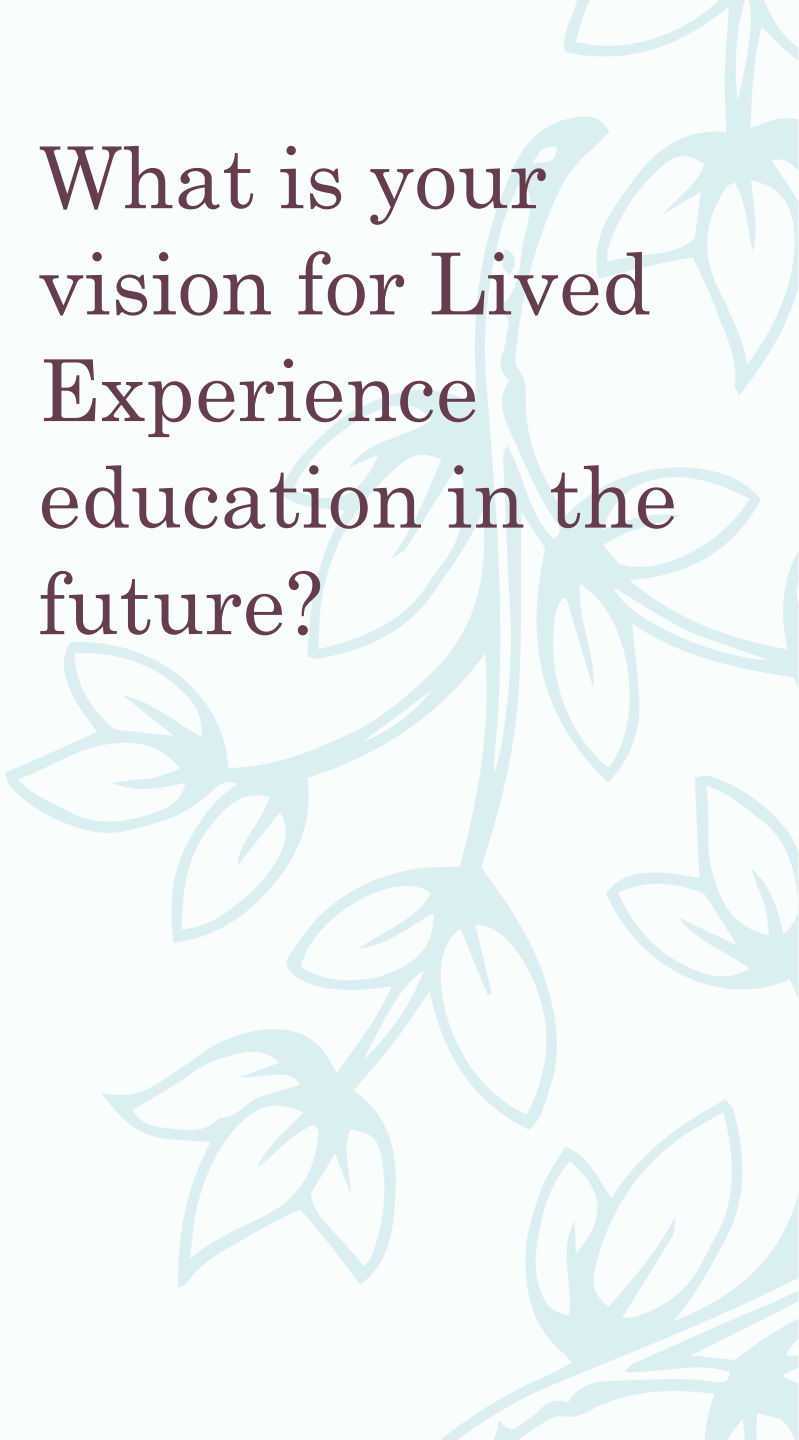
“It becomes a normal part of any healthcare course. As well as empowering those with lived experiences it is invaluable learning.” (student 58)

“For it to continue and be utilized even more than it is. For clients to be part of every classroom teaching.” (Student 27)

“I really do hope there is more input from people living with mental health conditions. Lived experience of mental health should be introduced in all education. And to be honest, work places too.” (Student 55)

“That people with relevant experiences are able to speak openly and freely, without the 'stigma' of their situation defining them. We are missing out on valuable information when this is denied.” (Student 66)

What is your
vision for Lived
Experience
education in the
future?

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Summary: Managers interviews

- Both managers spoke highly of the Lived Experience partnership and from an independent perspective it would appear to be a win-win situation that should continue.
- *“Expand the project. Use more co-production with service users. Students should have placements at services relevant to this work – Become attached to an agency and involved in co-production in the agency and be alongside service users on equal standing.”*



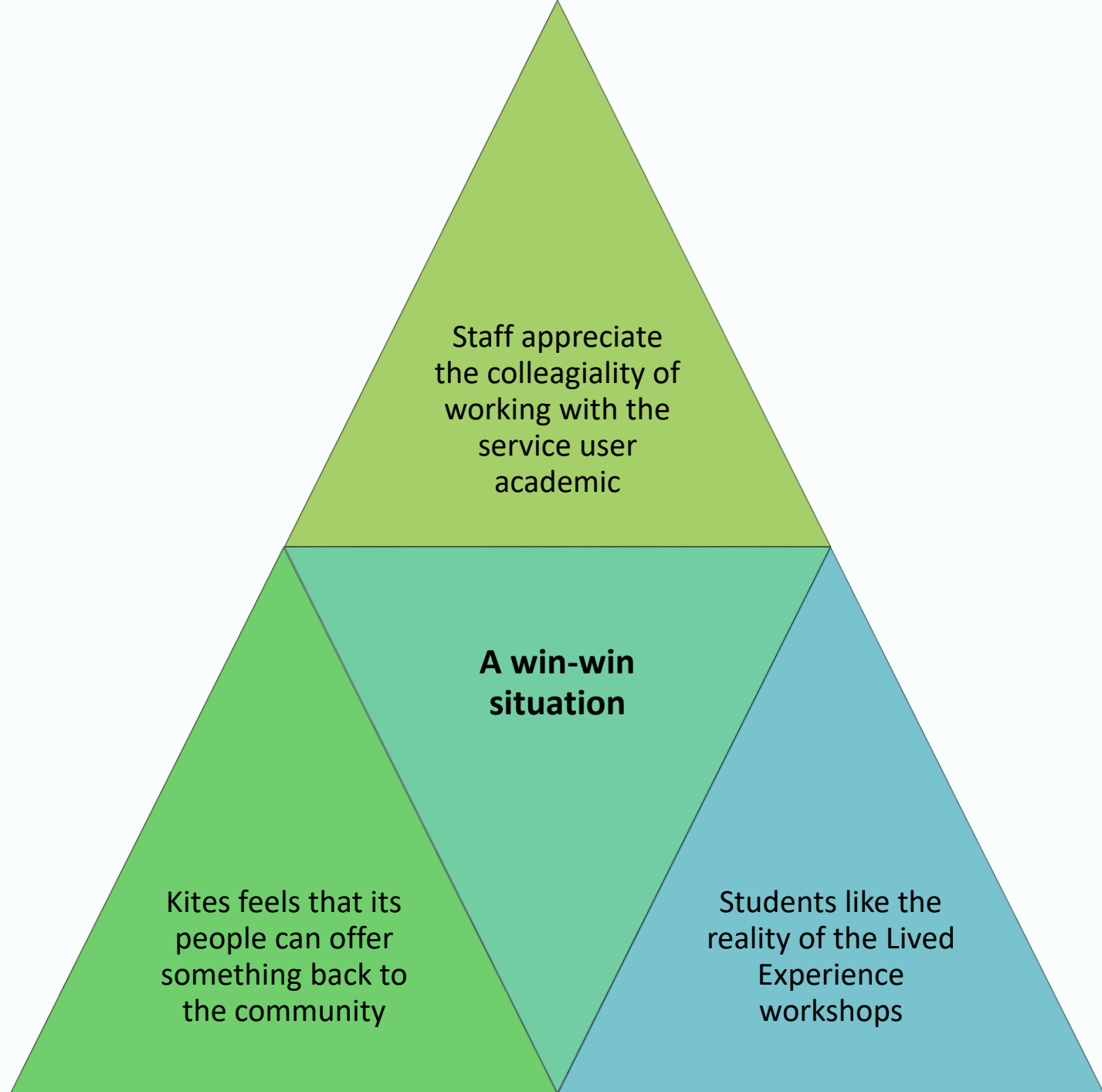
Summary: Student focus groups

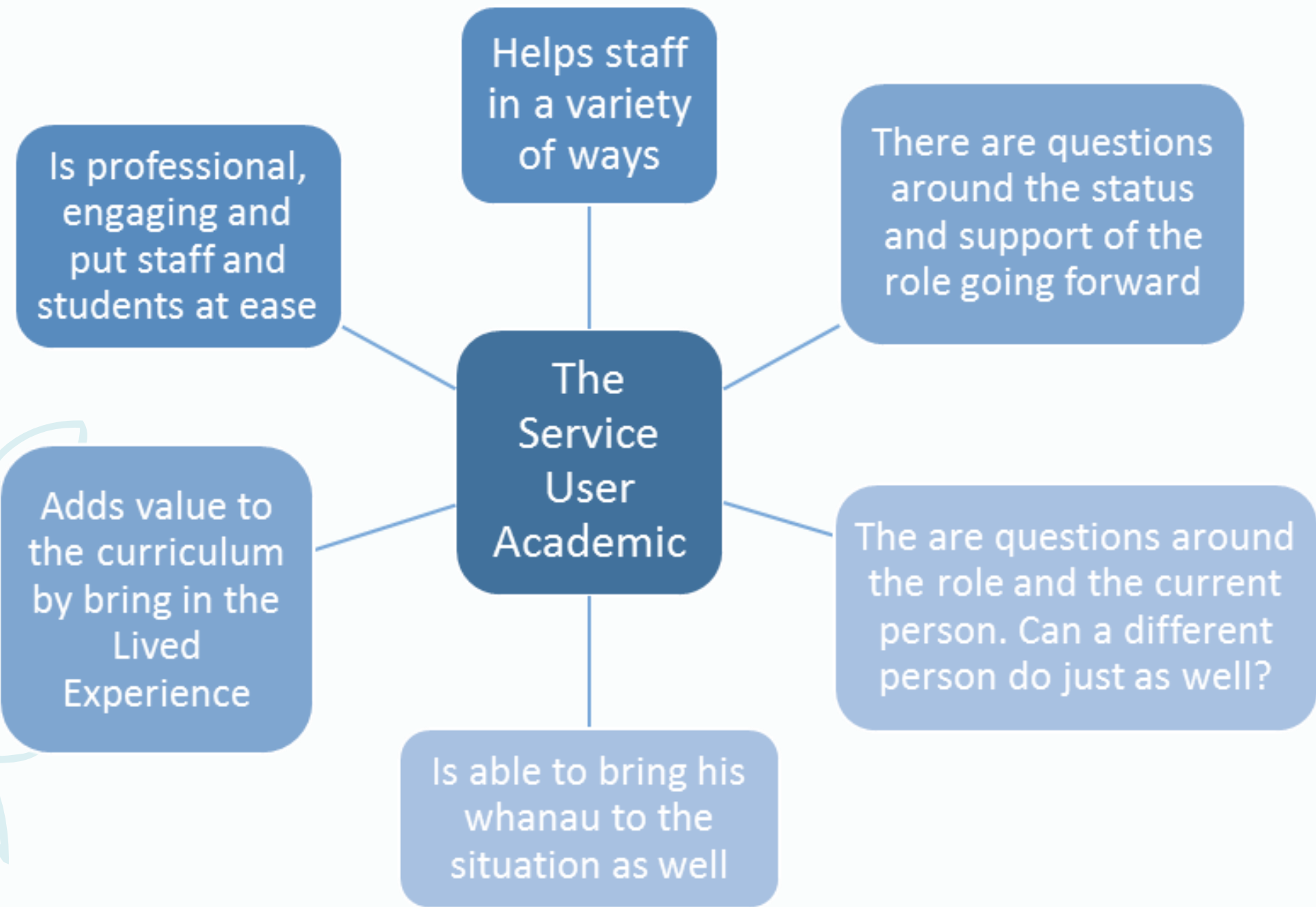
- The students valued the lived experience workshops.
- They had some comments re greater understanding of the steps to recovery and a greater variation of the scenarios in the role plays situations. Beyond these suggestions, the main finding here is that they found the LE workshops to give them a good insight into what those experiencing mental distress as well as some self-realisation around the power of language to stigmatise those experiencing mental distress.



Summary: Staff focus groups

- Some staff may have had initial misgivings, but these have been thoroughly put to rest.
- One interesting outcome is that the participants seem to recognise that experience is of equal value to qualification in the health sciences.
- Another aspect is the sense of pride that Whitireia has been able to trial this form of pedagogy.





In summary- Key findings

- The students consider the lived experience workshops to be a valuable addition to their education about mental health
- The students appreciated the safe environment created by the tutors for the workshops and felt supported at all times
- The main benefits are that students are able to understand the ‘real’ experience of mental health and this helps them reflect on their own understanding, as well as issues around recovery, stigmatisation and so forth.
- Students have had a positive experience of this form of learning and wish it to be strengthened and continued in the future.
- The service user academic brought real life to the subject of mental health