

**Ko te manu e kai ana I te
mātauranga, nōna te ao.**
*The one who engages in knowledge,
opportunities are boundless.*

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This presentation will...

- Identify the importance of co-production with people with lived experience of mental distress within undergraduate nursing curriculum
- Reflect on the process of designing, delivering and evaluating a workshop for 2nd year undergraduate nursing students
- Discuss the impact of this workshop to counter stigma and discrimination associated with mental distress

What is Co-production?

A relationship where academics and health consumers share power to plan and deliver curriculum together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities

(adapted from Slay and Stephens, 2013)



Integrated Curriculum

- BN programme; mental health content integrated across the three years of the programme
- Nursing education to be centred on those who use services rather than those who provide services
- Placed within the context of human connection and the impact of trauma on health outcomes
- Strong focus on the potential of communities: therefore *all* nurses able to recognise and respond to mental distress

Pedagogical approaches

Known benefits of:

- Narrative approaches in nursing education to develop new ways of knowing
- Explicitly addressing and discussion of values and attitudes in the curriculum through the use of reflection and values based enquiry
- Focus on stigma education at an early stage of the nurses career made a priority

(Benner et al, 2010; Byrne et al, 2013; Clandinin & Connelly, 2000; Diekelmann, 2001; Happell & Bennetts, 2016; Happell at al, 2019)

Stigma and Discrimination

- Stigma and discrimination related to mental illness and addictions is known to contribute significantly to poor health outcomes
- Negative attitudes that contribute to stigma and discrimination found in both general medical and mental health settings
- Health professionals have been identified as a primary contributor to discriminatory practice

(Happell, 2005; Hunter et al, 2014; Ilic et al, 2013; Ross & Goldner, 2009)

Discrimination by nurses

- Nurses attitudes about mental illness and addictions generally reflect those held by general public
- Stereotypes around mental distress present a particular set of messages about the value of people - images of violence and anti-social behaviour; and vulnerability and victimhood and a belief that people are not only in control of their illness but that they caused it.

(Hunter et al, 2014; Ilic et al, 2013; Ross & Goldner, 2009)

Nursing students' attitudes

- High level of fear caused by entering the unknown, presentations of mental illness and addictions by the media and 'stories' from other students
- Negative clinical experiences can have a detrimental effect on a student's view of people experiencing mental distress
- Clinical hours are limited and some clinical experiences seen as boring, depressing and unrewarding

(Happell & Gough, 2007; Happell, 2009; Happell & Gaskin, 2013; Happell et al., 2013; Happell et al., 2014)

Finding solutions

As part of undergraduate curriculum to address stigma and discrimination, Whitiireia BN Team approached the MHAIDS Consumer Advisory Service to design and deliver a workshop for undergraduate BN students.



Motivation for lived experience facilitators

- Nurses make up a huge part of the MHAIDS workforce
 - These students will be interacting with the people using our services
 - They may be our future colleagues
 - We know first-hand the impact nurses have on service users – both good and bad
 - We have staffing shortages across MHAIDS – we want the good ones!

Addressing stigma

- It is crucial to influence perception and address stigma early before it becomes entrenched and does harm
- We want to counter the many negative messages about mental health services people with mental health issues and with tangible examples of recovery
- We believe that incorporating lived experience narratives in education can make a powerful difference.

Co-production: Design

- Collectively developed the learning objectives
- Considered best topics to address learning objectives, based on shared knowledge – agreed on broad content
- Lived experience facilitators designed the workshop independently
- BN Team support with organising, sourcing resources, printing, student wrangling etc
- Students were prepared ahead of the workshop: 77 students total in two groups

Lived experience workshop

Learning objectives:

- Gain an understanding of the lived experience of mental distress
- Gain an understanding of the experience of using mental health services in Aotearoa New Zealand (historical and current context)
- Gain an understanding of the importance of peer roles and peer relationships relative to nursing roles
- Address stigma and discrimination

Delivery

- Introductions
- Consumer/peer roles
- The significance of peer support
- Stigma, self-stigma and discrimination
- Hearing voices
- The power of language
- Wrap up and takeaways

Evaluation

- 76 of the 77 students completed evaluations

Workshop was rated on a Likert scale 1-7:

- 70% rated the workshop as very useful (7)
 - 30% rated the workshop mostly useful (5 or 6)
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- Evaluation feedback reflected the learning objectives

Evaluation: Countering negative messages

All my experience of mental illness has been negative, so hearing about people who are okay, who live well has helped me understand recovery more

The honesty of presenters, seeing such successful, professional and excellent presenters and knowing they had all experienced mental illness made it very real

On placement, I only heard bad things and people described negatively, so it made me think...it's important to have some positive stories about people

Evaluation: Gaining insight and empathy

Being able to actually experience what might be going on for a person, means I now have a different mind-set when interacting with people

As someone who has experienced acute psychosis I appreciated the way this was presented. I felt relief seeing how others reacted to something I have experienced personally

Evaluation: Addressing stigma and discrimination

It made me think, how as nurses we talk to people, and how if we have negative attitudes about them that would stop me wanting to help them

Having to really think about my views of mental illness and where it comes from challenged me – coming from people with personal experience of stigma and the impact this has had on them

Evaluation: Self-reflection

I liked learning about thinking of strengths. I had never thought about how I described someone could affect an individual and their recovery

Hearing voices is something I have never really thought about or experienced so I had to think about what I thought before and how that has changed

I wish I had done this before my placement so I could understand in this new perspective and apply to my nursing care

Lessons and Challenges

Challenges:

- Time in the curriculum
- Calendar set ahead of time
- Many topics of interest
- Quality teaching over quantity coverage
- Technology
- Power and risk

Lessons:

- Peer roles too technical for 2nd year
- Student distress needs to be managed
- Students value attentiveness
- Flexibility
- Supporting each other

Enablers

- Trust on both sides
- Lived experience facilitators had freedom to design the workshop
- Multiple facilitators and experiences
- Confident and experienced facilitators
- Lived experience facilitator with teaching background
- Otago University Medical School support
- Open dialogue and communication throughout the process

Conclusion

‘Co-production is not just a word, it’s not just a concept, it is a meeting of minds coming together to find a shared solution’

(Social Care Institute for Excellence, 2009)

Questions?



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