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**TITLE: IMPLEMENTATION OF A MENTAL HEALTH CONSUMER ACADEMIC  
POSITIONS: BENEFITS AND CHALLENGES**

**ABSTRACT**

*Purpose:*

Academic positions for consumers of mental health services remain rare despite positive evaluation. This paper considers the benefits and challenges of a consumer academician position, from perspectives of stakeholders involved in the implementation.

*Design and Methods:*

Qualitative, exploratory involving in-depth interviews with academicians. Thematic analysis identified the main benefits and challenges.

*Findings:*

Benefits identified included *lived experience perspective* and *facilitates interaction and reflection*; *Demonstrating recovery and promoting person centered care*. Challenges identified included: *process, too close to home, and too little too late*.

*Practice Implications* Enhanced understanding of consumer academician positions could increase effectiveness and maximise educational opportunity.

## **Keywords**

Consumer academician

Consumer participation

Education of health professionals

Mental health

Mental health nursing

## INTRODUCTION

Mental health consumer involvement in the education of health professionals has gradually emerged as a strategy in the research literature over recent years. This development has occurred most frequently within the nursing profession (Byrne, Platania-Phung, Happell, Harris, & Bradshaw, 2014; Happell et al., 2014; Happell et al., 2015; O' Donnell & Gormley, 2013; Scammell, Heaslip, & Crowley, 2016; Schneebeli, O'Brien, Lampshire, & Hamer, 2010), with recent activity in occupational therapy (Arblaster, Mackenzie, & Willis, 2015; Mahboub & Milbourn, 2015) and social work (Fox, 2011; Goossen & Austin, 2017; Ridley, Martin, & Mahboub, 2017).

Educational outcomes from consumer academicians are generally reported as positive; indicating such exposure improves students' skills and reduces stigmatised attitudes. Consumer involvement in health professional education has demonstrated benefits, such as students developing a greater understanding of the unique experience of being diagnosed with a mental illness and mental health service use, a more holistic understanding of people's needs throughout the health care system, and increased self-awareness. These improvements have translated into notable and person-centered changes by students to their approach to practice (Byrne, Happell, Welch, & Moxham, 2013a; Byrne, Happell, Welch, & Moxham, 2013b; Goossen & Austin, 2017; Ridley et al., 2017).

It is unfortunate that this positive evidence has not resulted in consumer-led teaching being identified as a necessary component for quality health professional education, or being further explored as a strategy to strengthen curricula. Successive national surveys of nursing programs conducted approximately eight years apart (Happell et al., 2015; McCann, Moxham, Usher, Crookes, & Farrell, 2009), demonstrated an increase in universities engaging consumers in nursing education some capacity. It was also demonstrated that most universities continue to involve consumers in a limited capacity, primarily in an ad hoc teaching role and usually contained the telling of narratives, with minimal impact on the curriculum more broadly (Happell et al., 2015). This approach limits the capacity for transformative change to curricula, restricts the value and contribution of consumer knowledge gained from lived experience, and curtails the potential impact on student outcomes (Byrne et al., 2013a; Byrne et al., 2013b; Ridley et al., 2017; Scammell et al., 2016).

Academic positions for mental health consumers have been identified as an important initiative to facilitate their transformative potential within mental health nursing programs (Byrne et al., 2013b; Happell & Roper, 2009; Schneebeli et al., 2010; Simons et al., 2007) by expanding beyond ad hoc and often teaching focused input (Happell & Bennetts, 2016; Happell, Bennetts, Platania Phung, & Tohotoa, 2016). Consumer academicians (known in Australia as consumer academics) are people who have been diagnosed with a mental illness and have utilised mental health services either voluntarily

or involuntarily in the past. Unfortunately despite the strong emphasis on consumer participation in Australian mental health policy, (Commonwealth of Australia, 2010, 2013, 2017), consumer academician positions remain rare (Happell et al., 2015).

The strongest developments within consumer academia were influenced by leadership from the nursing profession (Happell et al., 2014), and nurses are identified as potentially strong allies to positively influence consumer participatory roles (Byrne, Happell, & Reid-Searl, 2016b; Happell & Scholz, 2018). The potential of nurses as major influencers is further supported by a limited literature base suggesting mental health nurse academicians hold positive views towards consumer involvement in nurse education (Happell, Bennetts, Tohotoa, Platania-Phung, & Wynaden, 2016; Happell et al., 2014). However, the experiences of most nurse academicians participating in this research involved consumers as guest lecturers or working in defined and time limited roles. The extent to which these attitudes may translate into ongoing support for consumer academician positions cannot be determined from this work alone and requires further investigation.

impact of implementing a position of this type on all members of the teaching and research team; and to consider in detail the identified benefits and challenges of this initiative.

The aim of this paper is to present findings from the perspective of nursing academicians, who are currently pivotal in maximising the input of consumer academicians. This information will provide an enhanced understanding of the implementation process and identify areas for improvement. It may also offer direction to teaching academicians and researchers with an interest in introducing a consumer academician position within their university.

## **METHODS**

### **Design**

The research was undertaken using a qualitative exploratory approach (Stebbins, 2001). Qualitative exploratory methods are frequently used to explore areas where little or no research has been undertaken and more information is required to develop a knowledge base as a means to enhance understanding and contribute to further development. This approach provides opportunities for key stakeholders to directly influence knowledge created through their perspectives, experiences and insights.

### **Setting**

This research was undertaken in an Australian University providing an undergraduate Bachelor of Nursing program. The program includes a

compulsory mental health nursing subject for students completing their last semester of the program. One hundred and ninety-two students were enrolled in the subject. A consumer academician was introduced to teach students a consumer perspective of non-clinical (e.g. stigma) and clinical aspects (e.g., medication), based on their lived experience of mental distress and mental health service use. The consumer academician led three of the eight lectures for the semester. Each two-hour tutorial was effectively delivered in two segments of one hour. A nurse academician delivered one hour and the consumer academician delivered the second hour.

## **Participants**

The research was approved and supported by the Head of School and coordinator for mental health nursing. Participation was open to all members of the research and teaching teams, and all five agreed to participate. Participants included the consumer academician, the two nurse academicians responsible for teaching and coordinating the mental health nursing component, and the two mental health researchers coordinating and overseeing the research.

## **Procedure**

Interviews were conducted with the five participants at the conclusion of the teaching period. Given the dual roles between researchers and participants,



an independent researcher was employed to recruit participants and conduct the interviews.

Interviews were organised with each participant at a mutually convenient time and location. Interviews were conducted individually and in person. An interview guide provided some structure for the interviews and ensure specifically identified issues were addressed (the interview guide is presented in Table 1). At the same time a conversational approach was adopted to enable participants to inform the process with their own experiences, perspectives and opinions, and to raise matters not anticipated by the researchers. All interviews were audio recorded and transcribed by an independent, external company. The verbatim transcripts provided an accurate and complete record of interviews.

Insert Table 1 here.

## **Ethics**

The research was approved by the University Committee for Ethics in Human Research [name withheld for blind review]. Participants were informed about the study verbally initially and given the opportunity to ask questions or seek additional information. They were provided with a Plain Language Statement and consent form, to be signed before the interview commenced. Because there were only five participants in this project, no information such as

pseudonyms or participant codes have been provided to protect the identity of individuals as much as possible.

### **Data analysis**

Data analysis was based on the five-step framework of Braun and Clark (2006). Initially transcripts were read several times to establish familiarity with the content and its underlying meaning. Specific content areas were identified, and a code was assigned to each area. To ensure only relevant information was included, each code was separately studied with respect to the research aims. Codes of similar or related content were clustered together into provisional themes. A conceptual map was developed comprising the provisional themes. Finally, themes were reviewed for relevance and accuracy. Transcripts were then read once more to ensure no important data had been omitted from analysis.

### **FINDINGS**

The main themes, delineated as benefits or challenges are presented in Table 2.

Insert Table 2 about here.

#### **Benefits**

Participants discussed the advantages of inclusion of lived experience perspectives, and the facilitation of interaction and reflection. This content is presented below.

### ***Lived experience perspective***

All participants saw some advantage in the consumer or lived experience teaching as an integral part of the curriculum. The use of story was particularly noted as a technique which encouraged students to consider their practice from the perspective of those most closely impacted by services.

Watching the consumer academic ... sit in front of the class and talk about her own personal story with mental illness, was a very powerful moment ... lots of people are touched by issues of mental ill health, if not within themselves, by a family member or a friend, and I think when you start to be able to empathise and think, oh gosh, okay, the mental health system has treated some people pretty poorly, what if that was me or what if that was my mum ... it does refine the way that you think about it.

The consumer perspective was broadly viewed as unique and irreplaceable, and as creating a unique learning experience. It provided an opportunity for students to more closely understand the lived experience of mental health

service use in a way that could only be delivered by a person who had first hand experiences:

I think it's invaluable, I think it should be part of any quality program ... their learning has been directed by somebody who has that experience and I think that makes them think differently. It's very easy to read things in a text book; we should be empathetic ... to actually have somebody say this is what it was like for me when I was secluded ... this is the kind of nursing care found really useful ... it alters attitudes

### ***Facilitates interaction and reflection***

The presence of a consumer academician provided the opportunity for more dynamic classroom interaction. This enabled the educational experience to go beyond merely telling story to enable the students to ask questions – or even challenge the consumer – to further enhance their learning:

There is the opportunity for them [students] to ask questions ... They do have the ability to then balance it out with what they thought and perceived ... a student might go ... 'did that really happen?' The consumer ... can then engage with the group ... I can see how you might feel that way. But this was my reality and this is how it came across to me, rather than – no, this is my story. There it is, take it.

This enhanced students' capacity to be reflective and engage in critical thinking regarding established mental health nursing practice:

One student referred to a situation described by the consumer academic: "I could actually see why the nurses would have thought what they were doing was the right thing to do and the best thing to do but it actually wasn't, it was terrible and then the consequences for [the consumer academic] were shocking," and that's incredibly insightful. So even though they might have felt uncomfortable hearing about these situations ... They are able to go, 'well I can see how that could easily happen but now I know how to avoid it'.

The role of the consumer academician extended beyond storytelling, with exercises specifically developed to encourage students to reflect on their personal views and values which can impact on their nursing role:

...the exercises I did really promoted critical thinking and there was not a whole lot of critical thinking in the course ... this was being presented with something quite complicated and having to work it through the critical thinking exercises ... they made the students examine their own values and bias, which is very important for people who want to go into mental health nursing ... values of the individual nurse really drive and influence clinical decision-making.

The consumer's academic value was noted as a very important additional skill:

... she was able to share, but also place it in an academic context. She supplied the students with some readings, so that was really good. she had some great exercises ... Also, her lecture ... was excellent ... it was about communication.

### *Demonstrating recovery and promoting person centered care*

The presence of a lived experience academician provided a firsthand demonstration that recovery happens, and encourages students to see mental distress as a temporary state, rather than a feature of their personal identity:

... people who may seem extremely strange are people and that's a ...time when they may be unwell ...a snapshot in their life. [The consumer academic has] had those snapshots in her life but that's not her life. Her life is ...all these other things that she's really good at and that she's achieved.

The consumer academician introduced the students to recovery concepts and through providing her own personal experience was able to humanise the experience. This approach encouraged students to be more aware and

critical of existing clinical practices and their actual recovery-orientation, by recognising their human impact:

... my teaching was around person- centered nursing practice and recovery. Recovery is quite a different approach to the medical model. So where the medical model seeks to identify deficits and remedy those with medication, recovery seeks to identify strengths and maximise those ...Recovery is very different from other ways that they learn to treat illness. For example, I shared a personal story of being 17 and under clinical observations, where you are checked every 15 minutes by a nurse ...so I'm in this white room with just a trap door on the door, and someone looking through every 15 minutes for a couple of weeks. That's clinically correct, that is a nursing policy that is in every hospital. But hearing my perception of that as a 17-year-old, I think made them more willing to critique some of these practices. I think without hearing the personal experience ...they would have not engaged in that critique.

This type of teaching approach was seen as invaluable as enhancing communication with people experiencing any mental distress, whether specifically in the mental health area or not, and therefore facilitated enhanced communication:

I think students will feel a lot more comfortable to build rapport with mental health service users. ...A very good example ...was where we

were talking about connecting with a service user and developing clinical rapport. And a student said that when they went on their clinical placement, they were told by the supervising nurse ... to never ever share anything personal about themselves ...even your favourite food or whether you have a pet. And I really challenged that ... when they went on their second placement, one of them talked to a young man, who had a particular football scarf on, about her football team ...She found it was a really effective way of engaging, but it didn't put her at risk, by providing any personal information. So, she was quite excited and shared with the students, how effective that was.

## **Challenges**

Participants raised some of their perceived challenges of the program, including difficulties with the process of a new course co-taught by consumer academicians, concerns about managing potential existing relationships between consumer academicians and other colleagues or students, and the lack of broader implementation of consumer perspectives in other subjects and settings.

## *Process*

Some participants described the implementation of the consumer academician position as poorly planned, leaving the teaching team not



understanding the rationale or knowing what to expect in the weekly tutorials:

None of those sorts of things were presented to us, until the moment that the consumer stepped up and wrote three or four objectives on the whiteboard. This is what we'll be doing today. Put your pens and pencils down and here we go. I think students found that interesting ...it left us looking as the academics running the program, what are we doing? You're not organised.

One participant referred to a member of the teaching team and one of the researchers being absent for part of the project team:

it would have been good to be tighter as a group, as a research group.

Being more organised would also have provided a more coordinated approach to the teaching:

what we need to do is this ... and we will do this ... and together, we'll come up with this. What are you bringing to it? Let's merge, make sure everything's both complementary and relevant and go from there ... Or is this the equivalent of two different tutorials?

The view was expressed that students found the different approaches from the consumer academician and nurse academicians as disjointed:

The feedback we got through [the online learning platform from some of the students was that it was disjointed. They didn't know what was happening. And mostly, out of the negative stuff, was it just looked disorganised.

Another participant challenged this thinking, suggesting the students were more than capable of dealing with different approaches and teaching techniques:

we can assume that students won't be sophisticated enough to understand these kinds of issues or that we need to spoon feed them, but at the end of the day they're adults, they understand quite complex things, they're very smart, they got into university and they're doing these subjects.

The following statement from one participant suggested the teaching team may not have been fully invested in the project and may have felt obliged to be involved:

The impression I got was that we needed to participate and be collegial, or it was just going to be – we're going to be the uncool kids.

Another participant found the separation between the teaching academicians and researchers disruptive and believed the process would have been smoother had they all been part of the team:

It's just they're the researchers, we're the academics and trying to put the – merge the two together was difficult.

The need for ongoing review for this type of teaching and the need to adapt to change was highlighted:

if it was to come in within a curriculum, it would need review every semester, to make sure that the parties that were teaching were still good with it. That the feedback, everybody was growing and changing their delivery of the teaching from the feedback. ...You just need other consumers to come in. You need that refreshment. You need to keep stirring the punch, otherwise all the fruit sinks to the bottom.

*Too close to home*

Concern was raised by some participants that the consumer academician was known to some of the students

The consumer coming from [name of area] ... there were some students that knew [her] ... That was a bit close. I did have a student ... one night after a tute ... really distressed about the whole thing. But that was one student

One participant had previously worked in the mental health service where the consumer academician had been an outpatient. The prior clinical relationship created tension and it was not clear how to negotiate this in context:

I had no idea what the foundation was for our relationship and that made it very awkward as well. ...

### *Too little, too late*

Difficulties balancing the consumer content with the broader curriculum were also noted. The teaching academicians felt the inclusion of the consumer academician created difficulties in covering the required content and preparing students for examination:

the time that we had to deliver our content, but then we had to split the – every tutorial down to allow time for the consumer academic to deliver her material

Furthermore, devoting course time to the consumer academician was seen to leave the teaching team with the less interesting content in order to ensure students achieve course requirements:

here's today's boring dry content that you're going to need to know to pass the exam at the end of the year.

Apparently this was also an issue of concern for students, who understandably (most) being in their final semester, were concerned about the completing the requirements for registration as a nurse:

The students wrote in their feedback ... they felt that they weren't getting through the curriculum requirements, because they had – or the unit requirements, because they have a set exam.

It was interesting to note that while insufficient time was noted as problematic, when unexpectedly the consumer academician was not available the teaching team found it difficult to fill the time:

There was one time where [consumer academician] was unable to attend the tutes ....we were notified quite late, so that left us as a teaching staff, looking for how to fill seven extra hours of tutorial material.

One participant suggested introducing the consumer academician component earlier in the curriculum. In addition to increasing student exposure, it could potentially reduce the impact on individual students:

... a lesson that they're learning in the last year of their degree, and I ...feel like this probably could come earlier, and probably should potentially come earlier [with] consumer perspectives...really embedded throughout the curriculum.

## **DISCUSSION**

The findings of the current study elaborate on the importance and value of co-production of mental health teaching programs. The advantages of such programs include the ability for students to better understand, to interact with, and reflect on the perspectives of lived experience of mental health service, in addition to their own pre-existing value systems. Such coproduction has been identified in the broader literature as the next critical step to meaningfully improve clinical practice and reflection (Byrne et al., 2013a; Byrne et al., 2013b; Goossen & Austin, 2017; Ridley et al., 2017).

Realising these advantages requires certain challenges to be overcome. The challenges identified in this research include ensuring that the process of coproduction is meaningfully planned, ensuring potential existing relationships with consumer academicians are clarified, and that consumer

perspectives become deeply embedded into curricula. If these challenges are not effectively addressed, consumer involvement in education is likely to be tokenistic and to fail to achieve its potential (Happell et al., 2014; McCutcheon & Gormley, 2014).

Policy requires that consumers are involved at all levels of the mental health sector (Commonwealth of Australia, 2017), and indeed the findings of this study demonstrate several advantages of the consumer involvement in curriculum planning and teaching. The landmark Mental Health Nurse Education Taskforce Report (Mental Health Nurse Education Taskforce, 2008) has consumer participation as an underlying principle for mental health nursing content in undergraduate curricula. Furthermore, current accreditation processes for nursing education already require approaches to curriculum delivery which are collaborative with consumers (Australian Nursing and Midwifery Accreditation Council, 2012). Some findings of the current study suggest that there is still resistance towards truly collaborative approaches, particularly where decision-making is shared. For instance, one teaching staff member suggested that if a co-taught subject was to become a permanent part of the curriculum, "it would need review every semester, to make sure that the parties that were teaching were still good with it". It is not usual practice to review curricula in this way. Negative attitudes of health professionals to working collaboratively with consumers is well referenced in the literature and presents a significant challenge, (Ahmed, Hunter, Mabe, Tucker, & Buckley, 2015; Bennetts, Pinches, Paluch, & Fossey, 2013; Byrne et al., 2016b; Scholz,

Gordon, & Happell, 2017), and there is no reason to assume nurse educators may not hold similar views. Truly collaborative approaches can be fostered and galvanised if accreditation guidelines more clearly require more consumer involvement in teaching, at least as a starting point.

An interesting finding from this study was the heavy emphasis on examination results (and passing the course) as one of students' primary motivations, and hence a strong imperative for teaching academicians. In the current research some participants expressed their views that the consumer perspective component reduced the time available to address assessment requirements. Some research critiques this approach. Such a strong focus on examination has been identified as limiting the creative development of students' practical skills (Tawie, Neging, & Khan, 2017). Creative thinking is particularly important in mental health settings, and in fostering and promoting consumer participation in general. This important finding suggests that formal summative or formative assessment of the consumer component is essential to meaningfully embedding consumer participation in nursing curricula. Previous research has demonstrated a positive response to course assessment developed and undertaken by a consumer academician, which aimed to enhance student self-awareness and reflection (Byrne et al., 2013a). It is likely also to demonstrate to students that this content is important and relevant to their immediate examination results as well as to their future careers.



While the benefits of offering consumer-led teaching in nursing education is well documented in the literature, the current research highlights some important challenges. Several aspects of the findings suggest tensions between the consumer academician and the other teaching staff that may have prevented the full realisation of the advantages of the co-teaching program. For instance, participants talked about the difficulty in trying to “merge the two together”, and of the other teaching staff having the impression that they “needed to participate and be collegial”. Tensions between the perspectives of consumers and other health professionals has been identified in other studies of the consumer workforce (Bennetts et al., 2013; Byrne, Happell, & Reid-Searl, 2016a). It is important that the value of all perspectives is acknowledged within educational settings, yet stigmatised attitudes inhibiting implementation are addressed.

From the perspective of the three-stage model of intergroup contact situations (Pettigrew, Tropp, Wagner, & Christ, 2011), earlier and personalised contact between intergroup collaborators can assist with greater trust. An implication of this for educators who seek to co-produce teaching programs between consumer academicians and other teaching staff relates to developing trust. Given that the goal of co-produced teaching was not to merge perspectives but to teach students the value of diverse perspectives, working together from a position of appreciating and trusting consumers' perspectives (without trying to silence or co-opt) appears an important next step for other teaching staff. Further, given one participant's concerns that a

previous clinical relationship with the consumer academician made their teaching relationship awkward, early discussions about collaborating as educators and moving past previous relationships could be useful in strengthening collegiality.

### **Research Limitations**

One of the limitations of the current study relates to the very specific setting in which the research was conducted. The five participants were involved in the same teaching program, and so advantages and challenges faced by other teams implementing consumer academician positions may differ. However, the findings may in fact underscore the importance of mitigating any challenges of coproduction in other settings that may be less welcoming to consumer academicians.

### **Conclusions**

Recruiting consumers of mental health services in academician positions for the education of nurses and other health professionals has been identified as a beneficial strategy, and this is borne out in the findings of the current study. The challenges to this approach have received significantly less attention. Before they can be overcome, challenges must be identified and acknowledged, and an aim of the research presented in this paper is to highlight the challenges as well as the advantages to better understand the

issues that may be encountered when introducing academic positions for consumers of mental health services. The knowledge gained will prove invaluable in implementing these positions. Consumer academicians are as yet a largely untapped resource, with potential to contribute to the realisation of policy goals pertaining to consumer participation and recovery-orientated practice. Both are vital to progress overdue mental health reform.

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