

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

## Presented by

Karen Arblaster, PhD Candidate  
Faculty of Health Sciences

## Co-authors:

A/Prof Lynette Mackenzie, Faculty of Health Sciences  
A/Prof Lynda Matthews, Faculty of Health Sciences  
Prof Karen Willis, LaTrobe University  
Dr Kate Gill, Consumer Led Research Network



THE UNIVERSITY OF  
SYDNEY



# 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'

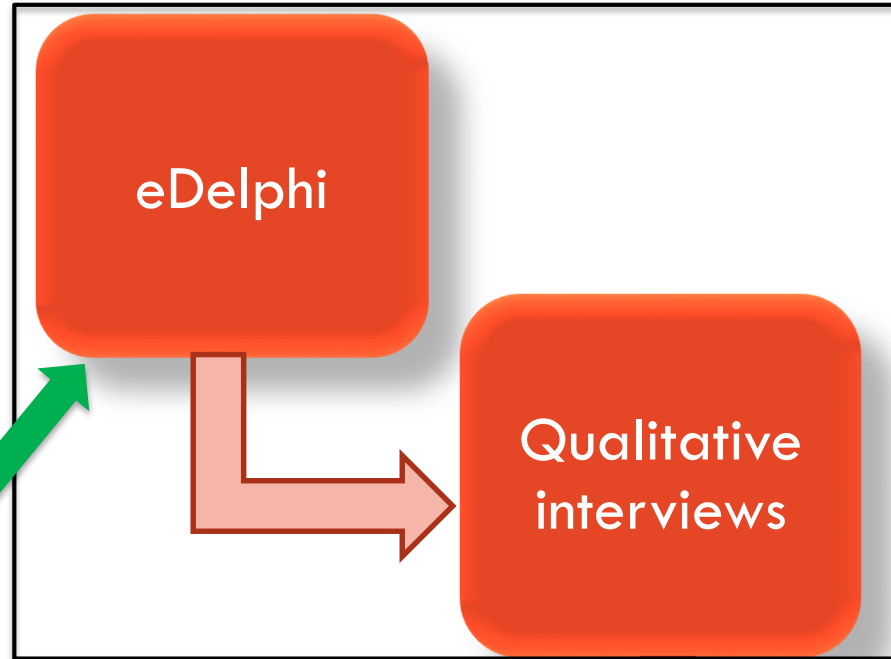
*'Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'*  
(Australian Health Ministers' Advisory Council, 2013, p. 2)

# 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

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



*What are consumers' priorities for recovery-oriented curricula?*

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

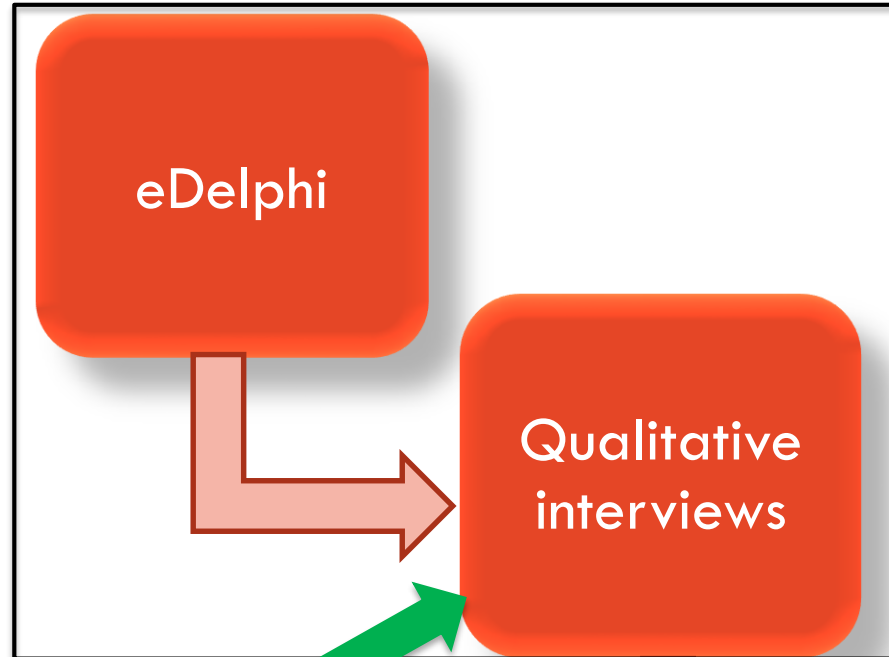
Professional practice



## Sample capability

Capability domain	Knowledge and understanding	Skills and abilities	Actions and behaviours
Beliefs, hopes and dreams	Disengagement can occur when there is a mismatch between the person's beliefs, hopes and dreams, and the focus of the mental health service	Know how to find out what living life to the fullest means to each individual	Create a safe and open environment for discussion of beliefs, hopes and dreams

# Qualitative interviews



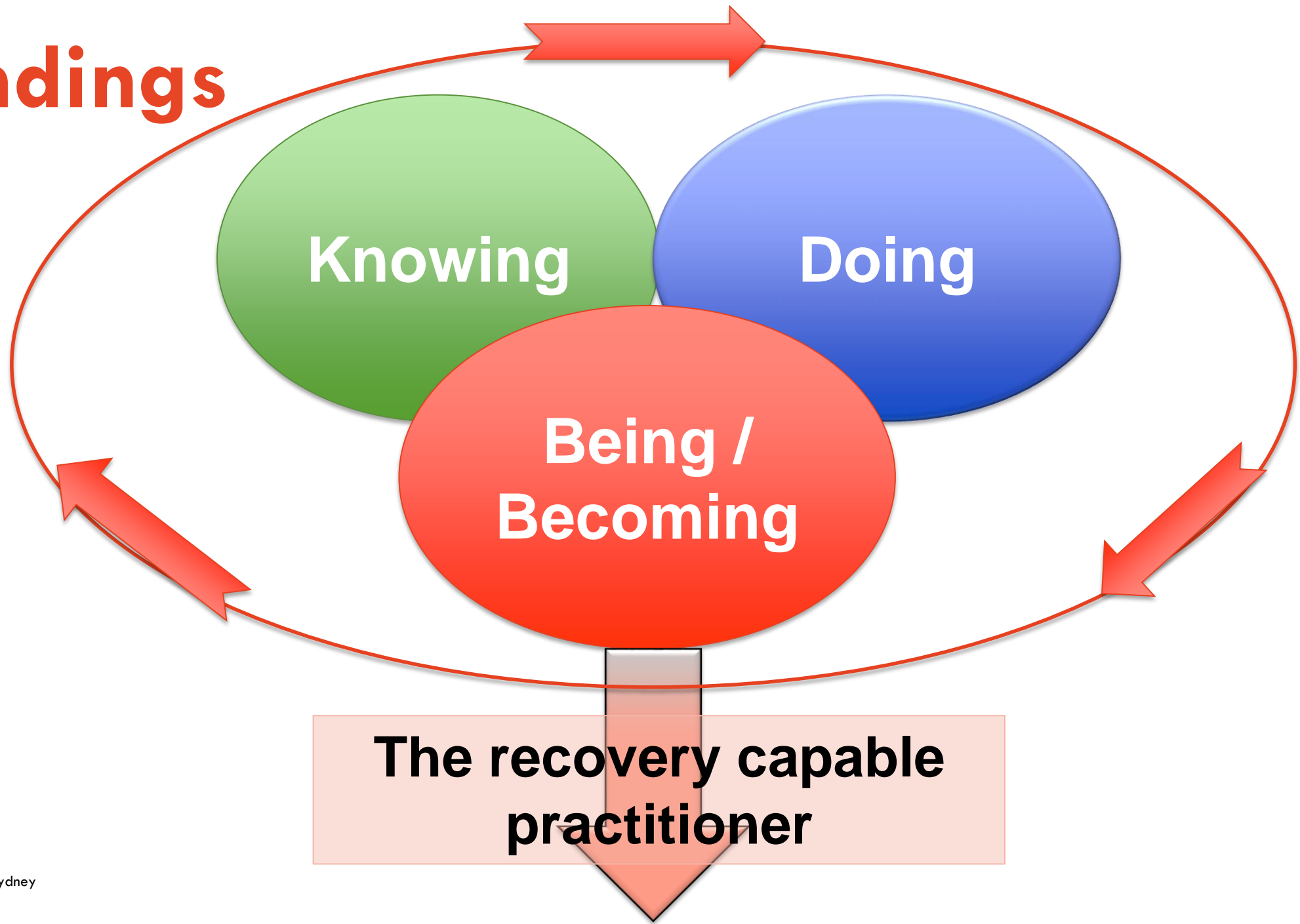
**Participants:**  
n=16  
female n=9; male n=7  
Age: 20-39 n=4; 40-59 n=9; 60-69 n=3  
NSW n=8; QLD n=2; VIC n=2; WA n=4  
Education: incomplete n=1; high school n=2;  
TAFE n=4; Bachelor degree n=7; Masters  
degree n=2

*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

Evaluate students' learning in terms of consumers' priorities

# Findings



# Knowing

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

“... 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)

“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)

# 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

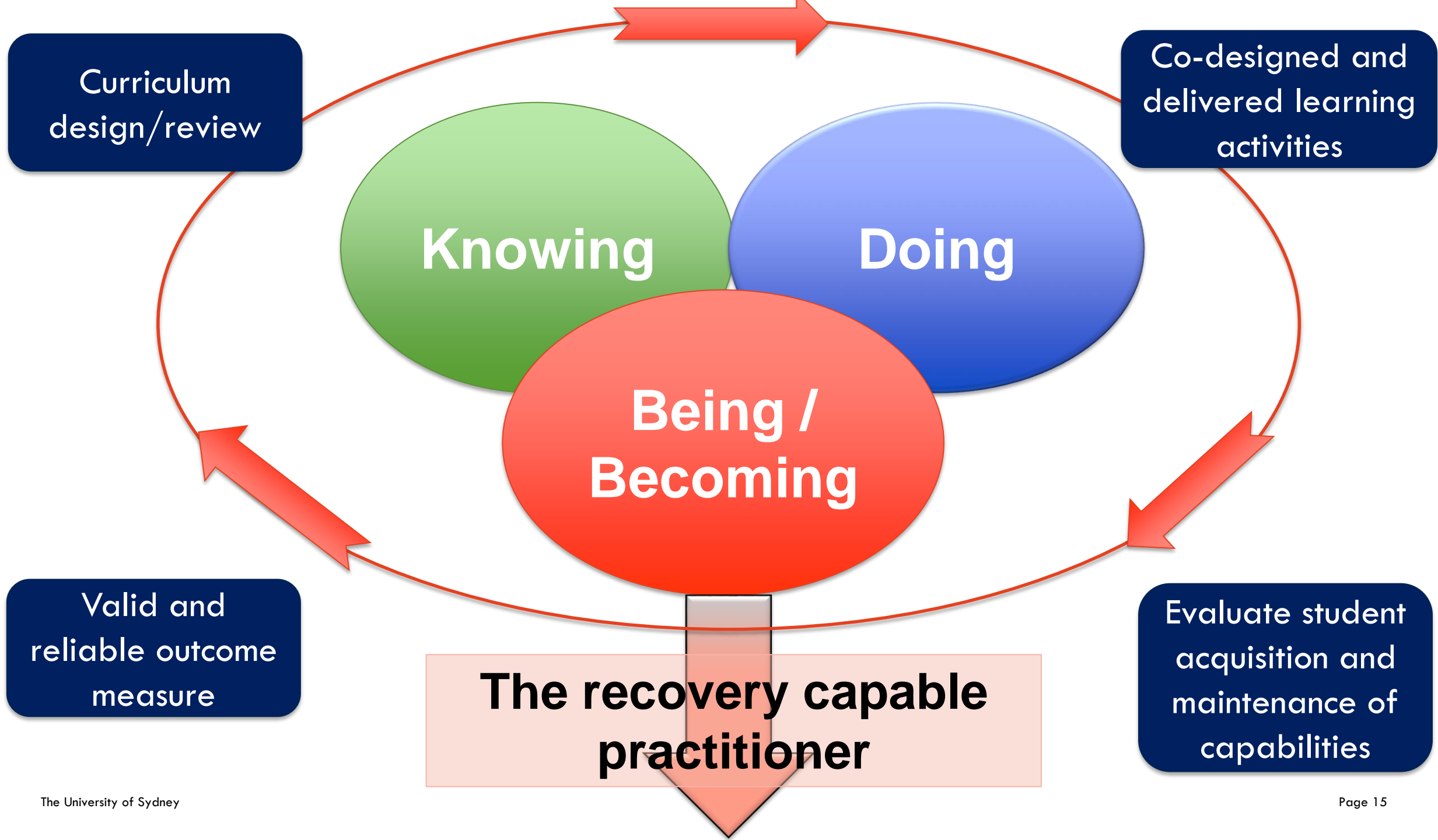
[Function is] not, it's actually not a valid evaluation ... A better evaluation is what are you able to do at this point in time? (Participant 16)

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

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)

# 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*



**Thank you!**

[karblaster@uni.sydney.edu.au](mailto:karblaster@uni.sydney.edu.au)



THE UNIVERSITY OF  
**SYDNEY**



# References

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., . . . Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: Convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, *256*(3), 174-186. doi: 10.1007/s00406-005-0624-4
- Arblaster, K., Mackenzie, L., & Willis, K. (2015). Mental health consumer participation in education: A structured literature review. *Australian Occupational Therapy Journal*, *62*(5), 341-362. doi:10.1111/1440-1630.12205
- Arblaster, K., Mackenzie, L., & Willis, K. (2015). Service user involvement in health professional education: Is it effective in promoting recovery-oriented practice? *Journal of Mental Health Training, Education and Practice*, *10*(5), 325-336. doi: 10.1108/JMHTEP-04-2015-0016
- Australian Health Ministers Advisory Council. (2013). *A national framework for recovery-oriented mental health services: Guide for practitioners and providers*.  
[http://www.ahmac.gov.au/cms\\_documents/National%20Mental%20Health%20Recovery%20Framework%202013-Guide-practitioners&providers.PDF](http://www.ahmac.gov.au/cms_documents/National%20Mental%20Health%20Recovery%20Framework%202013-Guide-practitioners&providers.PDF)
- Happell, B., Moxham, L., & Platania-Phung, C. (2011). The impact of mental health nursing education on undergraduate nursing students' attitudes to consumer participation. *Issues in Mental Health Nursing*, *32*(2), 108-113. doi:10.3109/01612840.2010.531519
- Kulhara, P., Shah, R., & Grover, S. (2009). Is the course and outcome of schizophrenia better in the 'developing' world? *Asian Journal of Psychiatry*, *2*(2), 55-62. doi: 10.1016/j.ajp.2009.04.003
- Occupational Therapy Council [Australia and New Zealand] Ltd. (2013). *Accreditation standards for entry-level occupational therapy education programs*. Retrieved from <http://otcouncil.com.au/wp-content/uploads/2012/09/Accred-Standards-December-2013.pdf>