

CHAPTER 1

Setting the Scene

Theo Stickley and Thurstine Basset

Massive changes have taken place in mental health services in recent years. In the UK, when the NHS came into being after the conclusion of the Second World War it inherited many large mental hospitals. These hospitals were nearly all built in the 19th Century. They were also very full and overcrowded. Government policy to close these hospitals and move to community care may have started in the 1960s but most hospitals didn't actually close their doors until the 1990s.

The "Modernisation Agenda" was very welcome when it arrived but it came rather late in the day with the National Service Framework for Mental Health (Department of Health 1999) emerging in the very last months of the last year of the 20th Century. Our experience of mental health training and education in the second half of the 20th Century was that it was mostly very institutional, with the large psychiatric hospitals holding sway at the centre of much of the training and education. The main professions in mental health work: nursing, occupational therapy, psychiatry, psychology and social work, tended to learn and train in isolation from each other. As the large hospitals closed, so many staff had to learn new skills in order to work in multi-disciplinary teams in the community (Muijen, 1997). It was a difficult shift to make and there was always the chance that staff would merely transplant their institutional practices from the large hospitals to the community setting.

The Sainsbury Centre for Mental Health published *Pulling Together* (1997) in an attempt to make some sense of a muddled and confusing situation and begin to make plans for the future roles and training of mental health staff. It was clear that the overlap of roles between professional staff was significant. Concentrating on the work that needed to be done, rather than the profession of the worker, the Sainsbury Centre produced the *Capable Practitioner* (2001) and this explored the generic knowledge and skills needed for mental health work. Specialist work was then looked at in terms of both interventions and the service setting in which the intervention would take place. Subsequent work led to the development of the *Ten Essential Shared Capabilities* (Department of Health, 2004).

Alongside the professionally qualified mental health workers, attention has also been paid to those who work in mental health with no specific professional background, and indeed, often very little training. *More than a Friend* (Sainsbury Centre, 1997) examined the role of the support worker in mental health and found them to be highly valued by service users. These workers had been employed to fill gaps left by the professionals, who were increasingly spending less time in face-to-face contact with service users. The

“Modernisation Agenda” has spawned an increasing number of new workers (in primary care, working with carers, working with black and ethnic minority communities amongst others). Indeed, we counted up to 21 new roles in the National Mental Health Workforce Strategy (NIMHE, 2004).

The professions have responded to the ‘Modernisation Agenda’ with various reviews and reports (for example Department of Health and Royal College of Psychiatrists, 2004). The review of mental health nursing (Department of Health, 2006) recommends that mental health nurses should “take a holistic approach, seeing service users as whole people and taking into account their physical, psychological, social and spiritual needs”. The overlap between the professions still remains and there is now a tendency for all professions to head for the same ground. They are moving back towards listening to service users, respecting their perspective, acknowledging their strengths and engaging with them in meaningful therapeutic relationships. This reflects the broadening out of mental health work away from the pre-occupation with medication as the only effective treatment.

A further welcome facet of the “Modernisation Agenda” has been the acknowledgement of past failures and the will to improve mental health services for significant and important parts of society—for example, women and black and ethnic minority people. Another key factor that has influenced training and education has been the emergence of an increasingly potent service user voice. In less than twenty five years, we have moved from the patient as an exhibit (Basset, 1999) to the active involvement of service users as trainers and educators (Basset et al., 2006).

We must also acknowledge the contested nature of what is being taught and learned. Whilst there is a consensus in mental health about such things as respect for service users, there are many different schools of thought about what causes mental ill health and how it can be treated. It is often this difference of opinion and approach that makes the mental health field such an interesting arena for teaching and learning.

It is not entirely clear what direction teaching and learning about mental health will take in the future. Nevertheless, we are confident that mental health workers will always be learning from service users, together with a strong component of learning from each other. The key topics that we explore in this book are unlikely to go away and teachers will always need an array of teaching and learning methods to get the message across. This introductory chapter sets the context for the book and outlines the contents of the chapters, which are presented in three parts.

PART ONE: LEARNING FROM ONE ANOTHER

Service-user involvement is seen as a key component of contemporary mental health training and education. The first two chapters explore the development and achievements of two broad projects—PINE (Participation in Nurse Education) and CAPITAL (Clients and Professionals in Training and Learning). The PINE project (Chapter 2), describes a model for meaningful service user involvement in mental health nurse education. The overall outcome of the development has been a number of teaching sessions written and delivered by service users and now mainstreamed into nurse education in a UK university. In Chapter 3, Ockwell charts the activities and achievements of the CAPITAL project since its first meeting in 1997. She raises and explores some of the dilemmas and difficulties that CAPITAL has encountered. Chapters from individual trainers follow with Nickeas (Chapter 4) and

Foreman and Pringle (Chapter 5). Nickeas gives, from her own experience, both good and bad examples of service-user involvement in education, as she argues for partnership not paternalism for the future. Foreman and Pringle reflect on the successful involvement of a service user trainer and the importance of acknowledging the skills of the trainer. The key transition for this trainer was a move from being seen as a service user trainer who does some teaching to a teacher who has spent some time using services. Allan Foreman trained as a teacher but became extremely debilitated, not necessarily from the effects of mental illness, but more from the effects of medication causing irreversible damage to his central nervous system. This has not, however, prevented him from teaching mental health students.

Gunasena (Chapter 6) explores how her personal experience of mental health services led to her producing the influential film 'Evolving Minds—an exploration of the alternatives to psychiatry and the links between psychosis and spirituality'. Gunasena operates as an activist as she seeks to both explore and discuss alternatives to the conventional services that she found to have very little relevance to her.

Atkinson (Chapter 7) explains how a service user perspective is included in the training of doctors through a voluntary sector inspired module "Consumer Perspectives of Mental Health". There is a strong emphasis in the module on learning from visits to mental health services and engaging with service users in these services. Breeze and Repper (Chapter 8) describe the development of a module that is planned, delivered, assessed and evaluated in partnership with service users and carers. Working with carers/relatives as well as service users is a key innovation of their approach.

It has long been accepted that an inter-professional approach is necessary within education and training in order to break down professional barriers and hierarchies and to adopt a more generic approach to learning about mental health. Baguley, Basset and Lindley (Chapter 9) explore how the Ten Essential Shared Capabilities have been developed and then incorporated into mental health training and education. The chapter contains some illustrative material from a learning pack for mental health practice.

Anderson and Burgess (Chapter 10) use their experiences of coordinating the "Mental Health in Higher Education" project to reflect on how people learn to teach about mental health and how their professional development is supported. Spence (Chapter 11) explores inter-professional action research and discusses the rationale for inter-professional working.

PART TWO: KEY TOPICS IN MENTAL HEALTH EDUCATION

Here the book gives examples of how key topics for contemporary mental health have been incorporated into the training and education agenda. Fulford and Woodbridge (Chapter 12) describe the principles of values-based practice and give examples of approaches used in workshops to incorporate values-based practice into day-to-day working practices. Getting the value-base right is an important foundation, which if overlooked can result in getting lost, stuck and frustrated. Links are drawn to the *National Framework of values for Mental Health (NIMHE, 2005)*. Freshwater and Stickley (Chapter 13) examine the concept of emotional intelligence and explain how emotional intelligence can be appropriately integrated into professional education and practice through a transformatory learning programme. Cook (Chapter 14) describes a number of initiatives as part of "Recovery" training across East Anglia in the UK. Bates (Chapter 15) describes his experience as a "social inclusion"

trainer and outlines an in-depth training programme on social inclusion developed by the National Development Team. He raises some interesting issues and dilemmas for trainers and educators.

Ferns (Chapter 16) describes initiatives to train mental health staff in race equality and cultural capability, drawing on his work for a national training programme for NIMHE. Rayner, Young and O'Carroll (Chapter 17) review the position of training and education in relation to psychosocial interventions. They examine how academics/teachers can influence and improve the implementation of psychosocial interventions in the workplace. Carver and Ashmore (Chapter 18) examine how student mental health nurses can learn about the pharmaceutical industry so that they understand some of the ethical dilemmas when they come into contact with them as part of their training.

PART THREE: A VARIETY OF APPROACHES

In this part of the book a variety of different learning methods are explored as we seek to ensure that mental health training and education is not too reliant on "talk and chalk" or "power-point presentations". Hayward et al. (Chapter 19) describe their experience in delivering an experiential workshop, which examines new ways of looking at psychosis. Cooper and Gunstone (Chapter 20) and Bickerstaffe et al. (Chapter 21) both explore problem-based learning. Cooper and Gunstone (Chapter 20) explore the philosophy of problem-based learning and then describe how they incorporated this approach into pre-registration mental health nursing education. Bickerstaffe et al. (Chapter 21) focus on the development and use of problem-based learning trigger materials, the approach to working with students, the student experience and incorporating problem-based learning into assessment strategies.

Freshwater (Chapter 22) outlines the methods and processes of reflective practice in training and learning, examining in detail the strategies available to promote deep reflection on action and reflection in action. MacGabhann and Stevenson (Chapter 23) and Rush and Barker (Chapter 24) both discuss "learning from enquiry". MacGabhann and Stevenson (Chapter 23) explore ways and give examples of how "learning from enquiry" can be used to bridge the theory-practice gap. Rush and Barker (Chapter 24) explain how they have involved service users in mental health education through "enquiry-based learning". Wasytko and Stickley (Chapter 25) advocate the use of drama in mental health education, giving examples from their own experiences.

Beadsmoore and Basset (Chapter 26) describe a work-based learning approach with examples of how this has been used in practice and its relevance to lifelong learning. They stress the accessibility and flexibility of a work-based learning approach through examples of partnerships between voluntary organisations, service user groups, NHS Trusts and Universities on accredited learning programmes. Linsley (Chapter 27) explores the increasing use of information technology and e-learning in health and social care. He calls for a collaborative approach that involves service users. Blackmore, van Deurzen and Tantam (Chapter 28) examine the role of the internet in mental health training and education. They present the learning from the experience of SEPTIMUS, an E-based psychotherapy training programme. They raise interesting challenges for the role of the teacher and trainer. In the concluding Chapter, the editors consider the relevance of philosophical roots of education and examine some of the future challenges for mental health training and education in the 21st Century.

REFERENCES

- Basset T. (1999). Involving service users in training. *Care: the Journal of Practice and Development*, 7(2), 5–11.
- Basset T. Beales A. Beresford P. Hitchon G. and Westra A. (2006). *Service-users Together—a guide for involvement*. Brighton: Pavilion.
- Department of Health (2006). *From values to action: The Chief Nursing Officer's review of mental health nursing*. London: Department of Health.
- Department of Health and Royal College of Psychiatrists (2004). *Guidance on New Ways of Working for Psychiatrists in a Multi-disciplinary and Multi-agency Context*. London: Department of Health.
- Department of Health (1999). *The National Service Framework for Mental Health*. London: Department of Health.
- Department of Health (2004). *The Ten Essential Shared Capabilities – A Framework for the Whole of the Mental Health Workforce*. London: Department of Health/NHSU/Sainsbury Centre/NIMHE).
- Muijen M. (1997). The Future of Training. *Journal of Mental Health*, 6(6), 535–538.
- National Institute for Mental Health England (2004). *Mental Health Care Group Workforce Team—National Mental Health Workforce Strategy*. London: Department of Health.
- National Institute for Mental Health England (2005). *The National Framework of Values in Mental Health*. London: Department of Health.
- Sainsbury Centre for Mental Health (2001). *The Capable Practitioner Framework: A framework and list of the practitioner capabilities required to implement the National Service Framework for Mental Health*. London: Sainsbury Centre for Mental Health. Available to download from www.scmh.org.uk.
- The Sainsbury Centre for Mental Health (1997). *Pulling Together: The Future Roles and Training of Mental Health Staff*. London: The Sainsbury Centre for Mental Health.
- The Sainsbury Centre for Mental Health (1997). *More Than a Friend: The Role of Support Workers in Community Mental Health Services*. London: The Sainsbury Centre for Mental Health.

