

# ‘The Psychiatric Consumer’: the use of student stories to inform course development

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## Abstract

With one in five Australians likely to experience the burden of a major mental illness (Commonwealth Department of Health and Aged Care Services, 1997), undergraduate nursing programs must prepare graduates to be able to work in the area of mental health.

A change to the undergraduate nursing curriculum at Central Queensland University provided the impetus to review the traditional way in which we develop and teach our subjects. The authors saw it as essential to develop a psychiatric nursing subject that not only teaches the student the necessary skills and knowledge to safely and effectively care for the mentally ill person, but one that facilitated the development of positive attitudes towards the mentally ill.

During a recent elective mental health course, students were asked to write a reflective paper describing a significant interaction that they had with a mentally ill person. The authors then conducted a qualitative research project that allowed them to undertake a thematic content analysis of students’ reflections. Results indicated that almost all the participants demonstrated positive attitudes towards the mentally ill with their papers describing interactions that were often profound.

This research is important as results are contributing towards the development of a new subject. Authentic student learning is enhanced as subject development is grounded in the student’s reality. This paper presents the results of this study and how the results of this research project are informing the development of a subject in the new Bachelor of Nursing program called ‘The Psychiatric Consumer’.

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## Introduction

One in five Australians is likely to experience a major mental illness at some time in their lives (Commonwealth Department of Health and Aged Care Services, 1997). It is imperative that nursing programs prepare graduates to care for this health consumer group through effective mental health nursing education.

A change to the undergraduate nursing curriculum at Central Queensland University prompted by the need to reaccredit the program with the Queensland Nursing Council provided the impetus to look at the way in which mental health nursing is taught. Previously mental health nursing had been part of a comprehensive curriculum and this area of nursing was integrated across more general areas. Students who were interested in this area were able to choose a mental health elective if desired. However, an evaluation of this previous curriculum suggested that students were largely ill prepared in the area of mental health. The new curriculum will provide a separate compulsory mental health nursing subject called 'The Psychiatric Consumer' that forms a core component of the students' learning. The authors believe that this name reflects contemporary mental health practice that is consumer focused.

Nurse educators face a number of challenges when preparing the mental health curriculum. For a variety of reasons, including lack of clinical exposure to the discipline, mental health nursing is not viewed as an attractive career choice for most graduates (Happell, 1999; Stevens & Dulhunty, 1997) with many nursing students holding negative stereotypes of mental illness. Stevens and Dulhunty (1994) reported that nursing students possessed fearful attitudes towards this population with many expressing disgust at the prospect of working with the mentally ill. Stevens and Dulhunty argued that these negative perceptions may contribute towards nursing students' unwillingness to consider a career in this area.

Current comprehensive nurse education programs prepare students to nurse across a variety of health care settings including mental health. The graduate is expected to have skills and knowledge to function effectively in this specialised area; however, graduates often feel ill prepared to work in the area of mental health (Wynaden & Popescu, 1999). This is understandable with many Australian nursing curricula having 10% or less content devoted to mental health nursing (Clinton, 2001). Thus, importantly, in developing mental health curriculum teachers need to be cognisant of the need to include skills and knowledge in the content to ensure graduates will feel a level of confidence and competence when working with consumers who are mentally ill. It is equally important to build into the curriculum ways of reducing stigmatising attitudes towards this population.

Research on attitudinal change towards the mentally ill has been undertaken with numerous populations. Early studies relating to modifying the general public's attitudes suggest that education on mental illness, its etiology, symptoms and treatment result in a positive change (Sarbin & Manusco, 1970). Other studies demonstrate that professional or interpersonal contact with mentally ill people produces more positive attitudes (Murray & Steffen, 1999; Baxter et al., 2001). Research focusing on nursing students suggests that attitudes do improve over the course of their pre-registration program from education generally, clinical exposure (Steven & Dulhunty, 1997) and from a specific focus on mental illness (Proctor & Hafner, 1991). However, Sadow, Ryder, and Webster (2000) found that theoretical and clinical education focused on mental illness did not lead to a greater reduction in stigmatising attitudes in nursing students than other education and clinical experiences.

McCallister (2000) describes the careful balance that must occur in mental health curriculum in order for effective learning to occur. While a strong focus on content may result in a sound knowledge of facts, students may not be able to transfer such cognitive learning to experiences with mentally ill patients and may not see the necessity of engaging with the person. If students remain passive recipients of information, they are unlikely to construct their own concepts and question their

own knowledge and attitudes. Lastly, in attempting to arouse student curiosity and interest, it is imperative that the teacher does not risk creating a situation of voyeurism—painting a picture of the mentally ill as a spectacle.

The notion of a course called ‘The Psychiatric Consumer’ pre-empted the research discussed in this paper. The aim of the course is founded upon real life experiences when working with mentally ill people. In order to inform the development of this new course, the authors thought it necessary to explore students’ attitudes towards mental illness and the significant events that may have influenced these attitudes. The authors believed that if the knowledge gained from analysing students’ experience and attitudes could be embedded within the new course, authentic learning would be more likely to occur and be more reflective of the original intent.

## **Method**

### ***Sample and design***

All students enrolled in a mental health elective in Winter Term 2004 were invited to participate in the study (N=91). Forty-four students agreed to participate.

As a partial component of their overall assessment for this elective, students were asked to write a short reflective paper describing a significant interaction that may have influenced their attitudes towards people with a mental illness as well as describing their current perceptions. Although the paper was compulsory, it was not graded. After the papers were marked and returned, students were informed of the study and invited to provide consent to the researchers for the use of their paper in this research.

Once consent was given, a content analysis of the papers was performed. The type of content analysis used was latent content analysis which Field and Morse (1990) describe as reviewing data in order to identify and code the intent and the significant meanings within the data. Various themes were identified related to the significant events and the resultant attitudes.

## **Results**

Demographic data revealed that the sample was predominantly female (89%) (N=39) with male students (11%) (N=5). This is consistent with, and representative of, the overall gender imbalance in nursing with most nurses being female. The mean age of the participants was 30 years. Of the significant events identified, twenty nine (66%) were personal encounters with a mentally ill relative or friend, seven (16%) had suffered a mental illness at some stage in their lives with the other eight (18%) being professional encounters.

There were two major themes that emerged; encountering the reality of mental illness and transformed perceptions. A number of sub-themes emerged when the major themes were unpacked further.

### ***Encountering the reality of mental illness***

There appeared to be three sub-themes that emerged in the way in which students encountered the reality of mental illness; living with mental illness, recognising stigmatising attitudes in others, and thirdly having their own attitudes and

perceptions confronted. These themes were not always separate: some students reflected on all three experiences. This is in itself enlightening as it demonstrates that an encounter with a person who has a mental illness facilitates reflection on personal attitudes and perceptions.

### **Living with mental illness**

As identified in the demographic data, an overwhelming number of students had personal experiences of mental illness either through suffering from a disorder themselves or having a relative or friend with mental illness. Thus, living with mental illness was a reality for many of these participants and reinforces that people with a mental illness form a significant proportion of Australian society. The experiences related by the participants were at times profound as can be seen in the following descriptions of having a relative with mental illness:

... the history of half my life and four children with a man I dearly loved, ultimately ending in suicide, has left unfathomable anguish, guilt, grief and hurt that cannot be measured on any scale.

Throughout my life I have had little experience with mental illness, and the little experience that I had had ... came from television programs, movies and societies views on mental health. That is why it was so hard for me personally when my sister was diagnosed with juvenile schizophrenia.

As a child during this period I lived a life of fear ... Paranoia was a huge factor in my mother's illness and it was soon instilled in us too. The conspiracy way of life.

The students who had experienced mental illness themselves wrote of their emotional turmoil:

A deep sense of frustration, powerlessness, loneliness, worthlessness and having no value ... seeking help [was] frightening and humiliating.

### **Recognising stigmatising attitudes**

The Human Rights and Equal Opportunity Commission (1993) identified stigma as one of the most debilitating aspects of mental illness. Students similarly recognised the impact that stigmatising attitudes in others had on those with a mental illness. This sub-theme was expressed by students who had suffered a mental illness, those who had witnessed a friend or relative undergo the experience or by those who had a professional relationship with a mentally ill person.

What was even sadder was ... that after S had recovered only an extremely small minority of his long-time friends wanted to know him. They did not understand his illness and made comments like 'he's lost his mind' or 'why would you still be friends with X-man S, he's certified crazy' ... Many people had told me not to visit S because he was crazy, he didn't make sense and might even attack me ..."

... others avoided me like I had the plague frightened I was like Jekyll and Hyde and would lash out and hurt them. The most obscure reaction was from someone who thought that my mental illness may be contagious ...

Some students wrote of the negative attitudes conveyed by health professionals:

Medical staff in the emergency department treated me like I was mentally retarded as opposed to mentally ill, talking slowly and talking to me in a condescending tone. At one point the doctor attending to me left the examination room to discuss which pizza he wanted to order for tea.

... it did not take much acuity to realise that this particular patient received no more than the absolute necessity of nursing care whilst on the ward. I did not observe any effort or attempt by any of the nurses to establish a therapeutic relationship ... The lack of attention given to this patient quite embarrassed me.

Some students recognised similar attitudes in themselves:

Stemming from a lack of understanding and an age where I only saw in black and white, I recall wondering how it could possibly be so difficult for S to 'open her eyes' and see what she nearly left behind, my confused thoughts only led me to believe she was being selfish.

One student shared the difficulty they had in writing about their mother's depression and the difficult process of admitting this discomfort:

Please do not get me wrong, I am not ashamed or embarrassed about this person at all, it's just that I do not really feel comfortable speaking about this with my immediate family and my closest friends, let alone a stranger which I will never even meet. There is a reason why I have said all this. I feel that this shows how I feel to a very certain and not very extent how I feel about this issue ... Now, the mental illness I am speaking about is depression and the person who I am speaking about is my Mum. There ... I said it.

## **Confronted**

Some students wrote of being confronted when faced with the reality of mental illness:

I found this notion quite challenging [having a close friend diagnosed with a mental illness] with having been diagnosed with major depression at one episode in my life and never having looked upon myself as 'mentally ill'.

From that point onwards I didn't see my partner's mother as a regular mother ... I think it was mainly because the attitudes surrounding mental illness especially in rural and remote areas were extremely limited, and because my family was what I called 'normal'. We consisted of mum, dad, brother and myself, we didn't have any illnesses, and I didn't even know anyone with a mental illness. So to be introduced to an individual living with a mental disorder, with no warning, no background, I was rudely awakened.

## **Transformed perceptions**

Overwhelmingly, students reported a transformation in their perceptions of mental illness. Most of these transformations moved the students from notions of fear, stereotypes and myths to a more enlightened position grounded in reality and fact. A number of sub themes demonstrated the transformative process of encountering a person with a mental illness.

## **Therapeutic attitudes**

Most students reported attitudes of compassion, empathy, openness, acceptance and tolerance towards the mentally ill as a result of their encounter. The researchers labelled these as therapeutic as such attitudes are those that would be expected in a therapeutic relationship. The following are examples from students who had a close relative with mental illness.

My position on mental illness did from that time immediately change for the better as I now understand and can consolidate other people suffering this affliction. If I notice someone in the community suffering from mental illness I no longer feel a sense of fear instead I feel incredible empathy for what they must be going through.

This experience made me realise how closed minded I was to mental illness and have since become a lot more accepting and understanding towards those with a mental illness. I have learnt not to be judgemental of those with a mental illness, to try and understand what they must be experiencing and how difficult it is to get through each day.

A student who has suffered from mental illness expressed the following:

In some ways I am glad that I experienced the episode as I now have a greater understanding and compassion for those with mental health problems.

## **Awareness of family**

Some students in their reflections showed that mental illness does not only have an effect on the individual but can have far reaching impact. Their writing demonstrated an awareness of the sufferer's family:

Mental illness I have learnt doesn't just affect one person, it affects the whole family and community of friends you have.

The following is from a student whose partner had been mentally ill:

In educating the public about mental health and raising awareness of the plight of sufferers, there should also be as much emphasis on the difficulties experience by their families and loved ones.

## **It can happen to anyone**

A number of students expressed the realisation that mental illness can happen to anyone. This is an important recognition as it demonstrated a move toward seeing mental illness as a health problem that can afflict anyone at anytime rather than as a moral problem or a family fault. One student, after nursing a young woman with a mental illness, reflected:

I felt at the time, but for the grace of God go I, as I had two teenage daughters at the time.

## **Seeking understanding**

Two participants expressed that they had negative perceptions of mental illness. Both had experienced a distressing incident involving a mentally ill person; however, each of these students undertook the elective in an attempt to understand what had occurred and to try and confront these negative feelings showing a high level of self reflection and personal insight. One of these students wrote the following:

The reason I chose this subject was because of the way that I feel about drug addicts is similar to the way I feel about people with a mental disorder. Before I started this course I believed that everyone with a mental disorder was a 'schizo' and they scared me, so I would stay away from them at all costs ... My goal for this subject is to have more of an open mind towards mental health (as well as drug addicts), so I can help them, not only if they are my clients, but also treat them with the same dignity and respect as I would any other human being.

## **Discussion**

The results of this research were somewhat surprising with almost all participants reflecting a positive attitude towards people with a mental illness and their families. Further, the participants demonstrated an awareness of stereotypical negative attitudes and were able to recognise them in others and the impact that these attitudes have upon the mentally ill. There is no doubt that this research had a number of limitations. The participants in this study may not be representative of the wider nursing student population but this research is representative of a 'snapshot-in-time' and the researchers are not attempting to generalise the results. These participants had chosen to undertake the mental health elective for whatever reason and less than 50% of the class agreed to participate. Despite these limitations, this research is valuable in helping to inform the development of a mental health subject.

Most people will encounter mental illness in their lives with one in five people in Australia likely to experience mental illness at some stage (Commonwealth Department of Health and Aged Care Services, 1997). This high figure is similarly reflected in the number of significant interactions with a mentally ill person that students were able to draw upon from their everyday lives. These real life experiences positively influenced the participant in the way they viewed mental illness with most participants reflecting similar attitudes to those required in order to begin to develop a therapeutic relationship with a mentally ill person. Therefore, it is imperative that these experiences are acknowledged in a mental health subject and built upon as learning experiences.

Building upon pre-existing experiences relates well to the constructivist model of learning. Constructivism, described by Cottrell (2001) as one of the most influential models of learning, has the basic premise that when new situations are encountered pre-existing schemata are built upon. Vygotsky (1978) highlighted the critical importance that social interactions play in influencing what learners pay attention to. Thus, if the subject content is meaningful within the student's particular social context and their cultural and value system, learning is more likely to occur. It is therefore important for students to have the opportunity to acknowledge their experiences with mental illness and reflect upon their own and others' attitudes. The ensuing content is likely then to be heeded and transformed into learning.

The results of this research suggest that interaction with a mentally ill person has the potential to encourage positive attitudinal change. These results are similar to other research (e.g., Murray & Steffen, 1999). Using students' experiences as a learning tool is one way of taking advantage of this concept.

Consumer participation may be another. Consumer participation, although widely used in quality controls and planning in health service provision, has had minimal use in health professional education. One Australian study demonstrated that post graduate mental health nursing students welcomed the use of consumers as teachers (Happell, Pinikahana, & Roper, 2002). The authors consider that consumer participation may be an effective method for building upon and reinforcing students' pre-existing experiences. For students who have not had a significant interaction with a mentally ill person, this may be the means of providing an experience that is meaningful as it is presenting a social interaction with an authentic context and perhaps should not be limited to post graduate study but introduced at undergraduate level when students are formulating opinions about various illnesses and disease processes.

The process of the reflection paper presents a possible structure for the new mental health nursing subject. Mezirow (1997) suggests that the essential mechanisms for learning to occur within the constructivist model are experience, reflection and discourse. The paper that the students undertook in this research reflects the beginning of this process; experience and reflection. This process could be replicated and extended within a mental health subject with students beginning their learning with such a reflection paper. Discourse may occur either in class or by an electronic forum drawing upon theory and skills currently being learnt.

This research also informed the development of the subject 'The Psychiatric Consumer' in another unforeseen way. It taught the authors that we aren't always the expert. Neither of the authors have lived with or been a 'psychiatric consumer'. Although we have had numerous years working with this population and ensuring that we are aware of the latest research, we are not experts in surviving mental illness as many of these students are. This final lesson from this research is that the students have much to teach others and us in this area and therefore the subject 'The Psychiatric Consumer' should give students, if possible, the opportunity to do so and therefore acknowledge their experiences in this area.

## **Conclusion**

This research provided a means of taking a different approach to subject development. This approach is both student centred and based around real life experiences with the very name of the subject indicating the focus is on the person

with a mental illness and not just a biomedical model. Grounding the development of the subject in student experience facilitated a better understanding of potential students for a subject whose content abounds with negative and stigmatising attitudes. It allowed the authors to adopt a constructivist approach to the subject development by understanding what the students' experiences are and ensuring the process of the subject acknowledges and builds upon these experiences. Because the structure is then based on findings from real life experiences, it has the potential to encourage authentic learning.

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