Differences in understanding of mental health practice issues in undergraduate nursing and paramedic students

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Abstract

Consumers and carers from rural and regional New South Wales shared their accounts of their lived experience of mental health with undergraduate nursing and paramedic students at a regional university in a collaborative project with a non-government organisation. Students responded to these accounts in a survey immediately following presentations and a panel discussion of common experiences. They were surveyed again at the end of the semester, thirteen weeks later. The survey contained basic demographic data and open responses. Ethics permission was obtained and 70 respondents could be tracked to have completed both surveys from the total of 152 students surveyed in total (response rate 46%).

Emerging evidence from the literature demonstrates the importance of carer and consumer led education. This is seen to challenge dominant biomedical paradigms and specifically counter stigmatising attitudes. The lived experience provides the opportunity for consumers to speak from a position of expertise, empowering them to address issues of pertinence in interacting with health professionals and the services they provide.

Student demographics between the cohorts were reflective of gender distribution within the professions. Age groups were consistent with an undergraduate population. The differences in the courses included clinical placement specifically in mental health areas for the nursing students only during this semester (between the administration of the 1st and 2nd surveys). Demographic differences indicated that nursing students were also much more likely to be employed in health and welfare sectors (as Assistants in Nursing (AIN)) at the time of the surveys than were: paramedic respondents).

The findings indicated that students gained new knowledge of issues related to diagnostic difficulties. They also expressed a previous lack of knowledge about the lived experience of people with mental health issues and their carers. The paramedic cohort were more likely to identify issues related to control and management of people experiencing mental health issues, whereas the nursing students were more likely to identify issues related to caring for people experiencing mental health issues and their families, and deficits within mental health services.

Responses indicate that the structure of student courses could be informed by these findings. The imperative that paramedic students perceive of needing to establish control and manage people experiencing mental health issues during their practice may require initial acknowledgement in order to enhance engagement prior to introducing recovery principles. In contrast nursing students initially engage from a caring perspective but may need to better understand the impact of biomedical interventions.

Background

This study took place at a regional university which prepares students at both Bachelor of Nursing (BN) and Bachelor of Clinical Practice (Paramedic) (BCP) course level. Some of the students involved were undertaking a double degree combining the two courses (BN/BCP). The same lecturer teaches mental health and the same non-government organisation provides contact with consumers and carers for both courses. Literature around the use of consumers and carers in education of health professionals indicates that there are two major benefits. These are related to changing stigmatising attitudes and relieving anxiety prior to workforce exposure. The focus of this project was on describing student responses to consumer and carer presentations.

Continued evidence of stigmatising attitudes held toward those experiencing mental health issues is evident from current literature (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012; Corrigan, Roe, &

Tsang, 2011; Watson & Eack, 2011). Happell and Gough (2007) noted that although nursing students enter their programs holding the same stigmatising attitudes as the general public, these will mitigate during the course of the program to an extent determined by the nature of their clinical placement experiences.

Simpson and House (2002, p. 1265) conducted a systematic review of RCTs and other comparative studies, and found that "Providers of services who had been trained by users had more positive attitudes toward users." Although this did not specify involvement in pre-service training, the premise of increasing numbers of researchers is that this input may mitigate the assumption or continuance of stigmatisation once part of the workforce (Byrne, Happell, Welch, & Moxham, 2013; Byrne, Platania-Phung, Happell, Harris, & Bradshaw, 2014; Cleminson & Moesby, 2013; Eisenberg, Downs, & Golberstein, 2012; Happell et al., 2013; Lloyd, Lefroy, Yorke, & Mottershead, 2011; McCusker, MacIntyre, Stewart, & Jackson, 2012; Nguyen, Chen, & O'Reilly, 2012; O'Reilly, Bell, & Chen, 2012; Repper & Breeze, 2007).

This study aimed to review how students retained understanding of mental health practice issues following the presentation of the entire subject with particular focus on the impact of having consumers and carers present their lived experience.

Method

Students enrolled in their compulsory mental health subject within 2nd year paramedic and 3rd year nursing pre-service programs were surveyed after their separate sessions with carers and consumers delivered in their first lecture. The same survey was administered again at the end of the semester. This study took place on a single campus of a multi-campus university where the majority of paramedic students are enrolled. In contrast nursing students are more equally distributed across campuses. The survey had received approval from the relevant Human Research Ethics Committee.

The students were given a twelve item survey that included both open text (n=8) and demographic multiple choice items (n=4). The second identical survey was administered again at the end of the semester, thirteen weeks later. The questions of the survey were identical for students of the paramedic course and of the nursing course. Questions were developed by the research team which included the consumer and carer presenters, a representative of the NGO and two academics.

Students were asked six demographic questions identifying their age, course being studied, prior education, employment status and prior exposure to mental health issues as consumer, carer or clinician. Reactions to the guest presentation explored a range of topics requesting identification of issues that were new to them. Student responses to three areas closely associated with stigmatising attitudes to mental ill-health: danger, recovery and intelligence of rural people experiencing mental ill-health, were also surveyed. Of particular interest was student response to the consumer and carer presenters. The final questions focussed on student impressions of impact on their future practice and strategies they may employ to achieve this.

Thematic analysis of the qualitative data and descriptive statistics only are presented. One researcher initially placed the qualitative data for each question into themes, these were then checked by the two other researchers independently to ensure that the themes were an accurate representation of the data. When selecting quotes for this paper, student responses from the first and second surveys were equally represented.

Results

Survey results were collated from 70 participants, who had completed surveys at both points in time and could be tracked by the codes they provided. This included 43 paramedic (BCP) students, 15 nursing (BN) students and 12 (BN/BCP) students who were undertaking the combined degree. The results described in this article come only from these students. Not each question was completed by each student at both points of time. Results have included this variable. Direct quotes are identified by a 1 or 2 if they were from the first or second survey and identify the course the student was enrolled in.

Graph 1 shows which course the students were enrolled in and their gender. Graph 2 shows the age distribution and Graph 3, their prior educational attainment. Graph 4 displays current employment. The single degree nursing students were much more likely to be employed (94.1%) than either the double degree students (50%) or paramedic students (48.8%). Nursing student employment was predominately in healthcare. When paramedic students were employed, they were more likely to be employed in retail or hospitality areas. The majority of students were school leavers, although some had completed TAFE qualifications as per Graph 3. As Graph 5, demonstrates, overall in the student cohorts, 21 percent had experience as a carer for someone with mental health issues and 31 percent identified themselves as a consumer of mental health services.

Students were asked about any new issues they had identified during the subject. Students expressed a previous lack of knowledge about the lived experience of people with mental health issues and their carers. One double degree student pointed out that this was new territory for them, but that they found the presentation useful:

> I hadn't explored the carers' experience as part of my training. I felt that their experiences were illuminating and would influence how I relate to carers in the future (1BN/BCP)

This benefit of hearing from people who had personal experience was something that they remembered in the follow up survey and continued to comment on in a positive light. The quote below is from a paramedic student:

> [New to my knowledge was] just to see mental health from someone's personal perspective (2BCP)

Findings also indicated that students gained new knowledge of issues related to diagnostic difficulties. As one paramedic student indicated:
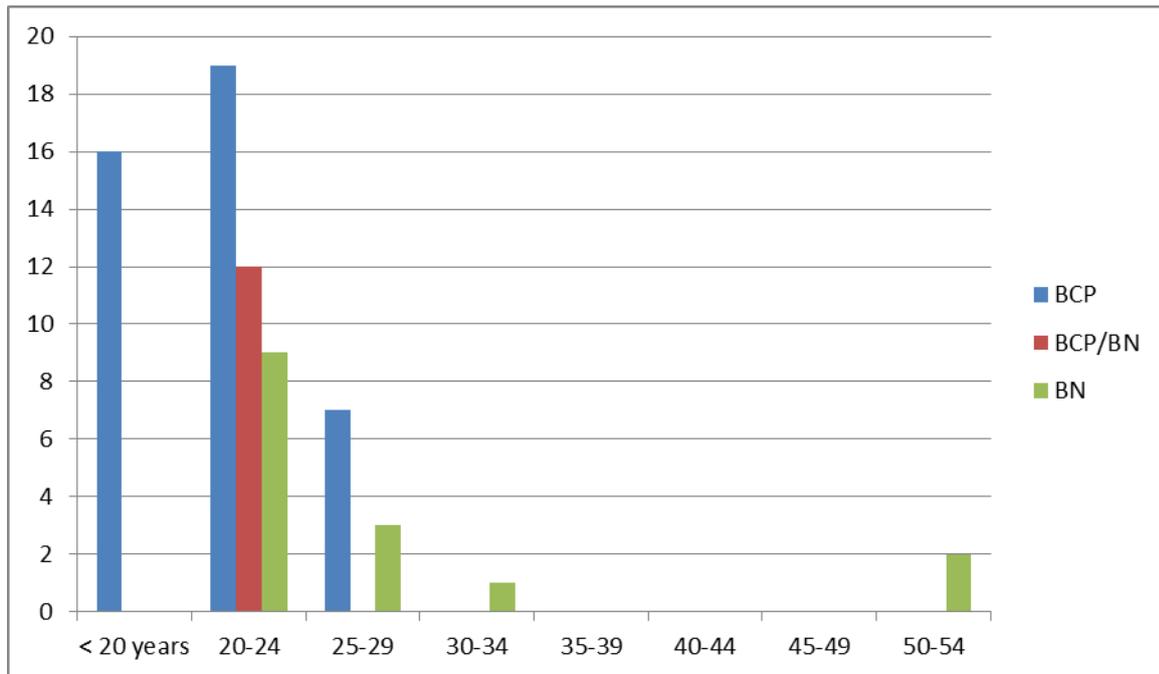
> Misdiagnosis of mental health problems. The severe effect that the wrong medication can have on a mentally ill person (1BCP)

Graph 1   Course and Gender Characteristics
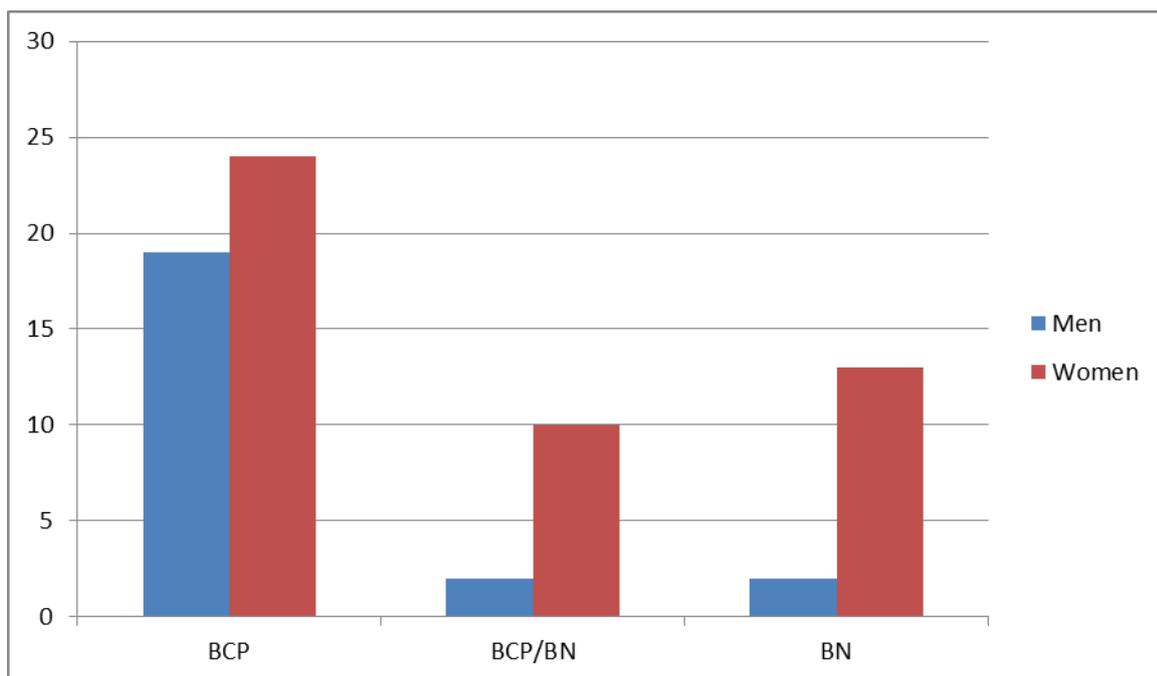
For Graph one of the 70 participants:
BCP where 19 males, 24 females;
BN where 2 males and 13 females;
BCP/BN where 2 males and 10 females.

Graph 2   Age Distribution

Figures may not total number of participants if this field was not completed.
BCP 16 (<20); 19 (20-24); 7 (25-29); one not specified.
BN 9 (20-24); 3 (25-29); 1 (30-34); 2 (50-54).
BCP/BN 12 (20-24).

Graph 3   Prior Education
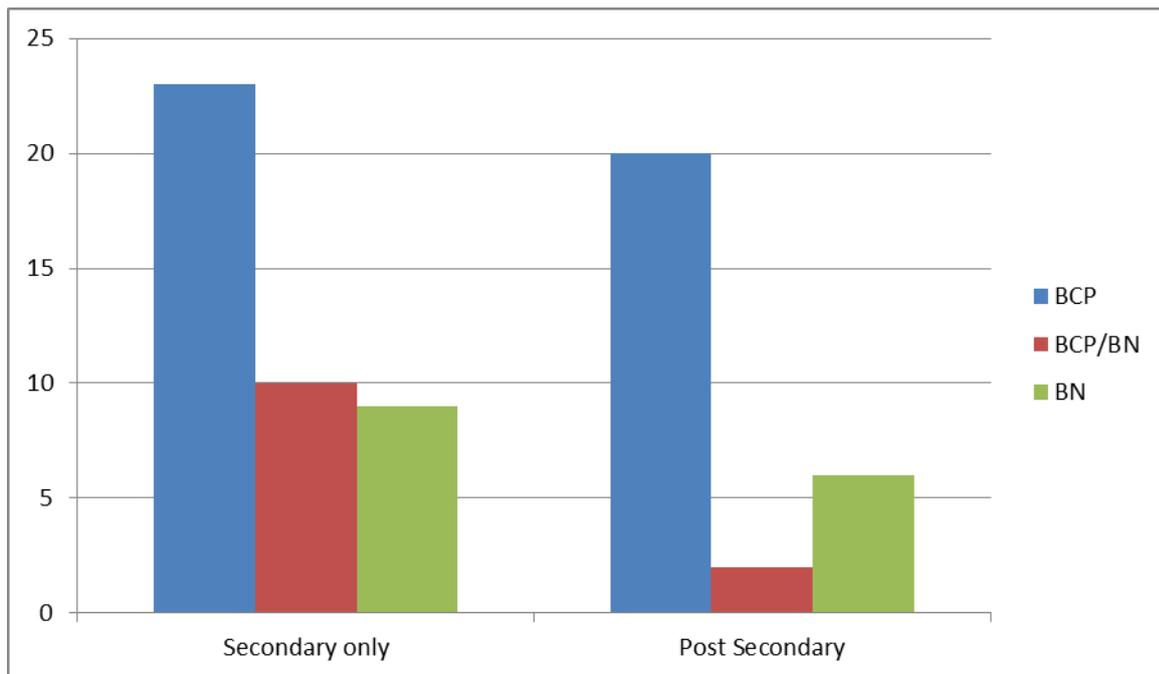
Figures may not total number of participants if this field was not completed.
BCP secondary 23, Post secondary 20;
BN secondary 9, post secondary 6;
BCP/BN secondary 10, Post secondary 2.

Graph 4   Current employment
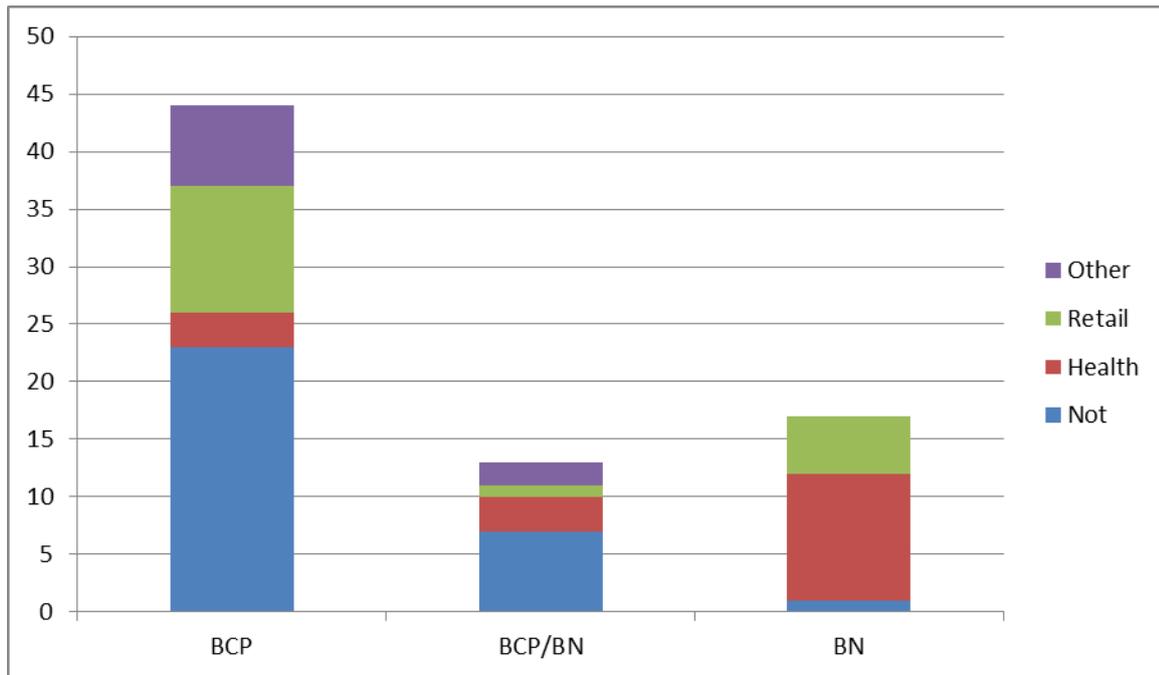
Graph does not include total number of participants as this field was not completed by all.
BCP Health 3; retail 11; other 7; not 23
BN Health 11; retail 5; not 1
BCP/BN Health 3; retail 1; other 2; not 7

Graph 5   Any prior Lived Experience of Mental Health Issues
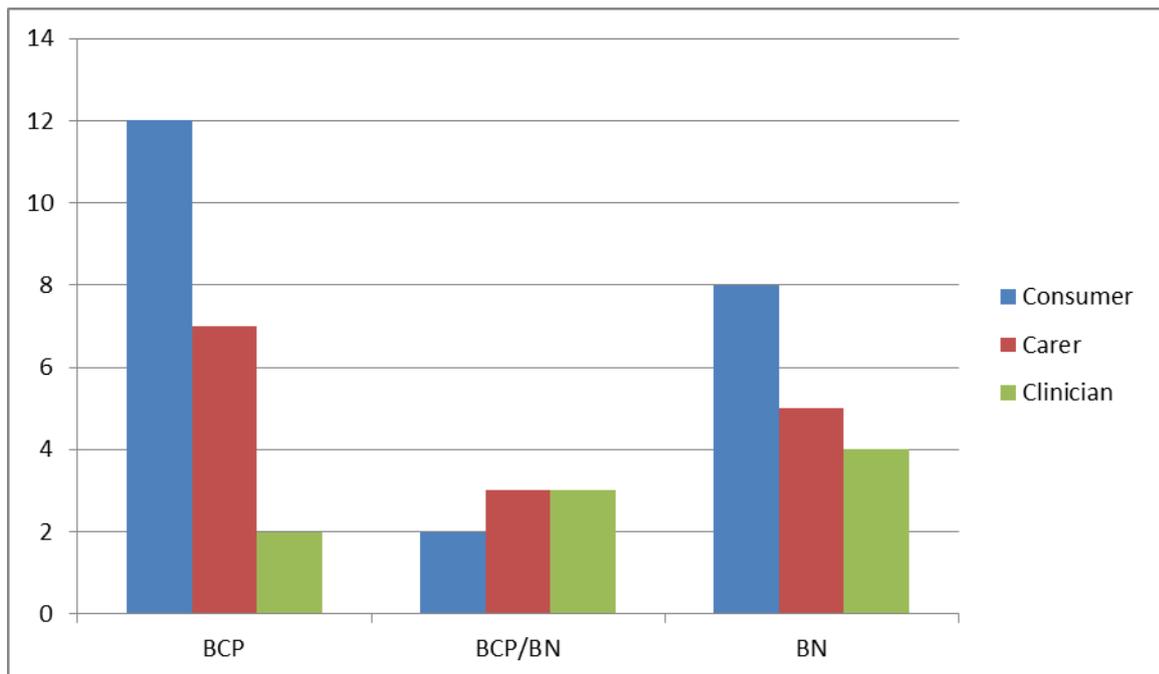
The figures are indicative only, as disclosure of prior experience was discretionary
Graph does not include total number of participants as this field was not completed by all.
BCP Consumer 12; carer 7; clinician 2
BN consumer 8; Carer 5; clinician 4
BCP/BN consumer 2; carer 3; clinician 3

This new understanding of diagnostic difficulties was a significant theme for the first survey in the paramedic group only. The paramedic cohort were also more likely to identify issues related to their role and management of people experiencing mental health issues. One student expresses this in the first survey as:

> The way mental health patients can act. The triggers that set them off. What to do and what not to do (1BCP)

In the following survey, this focus reduced, and was more closely aligned with that of the other cohorts. A comment from a paramedic student in the second survey was:

> Recovery process is ongoing and extremely challenging for consumers and carers (2BCP)

In contrast nursing students were more likely to identify concerns related to caring for people experiencing mental health issues and their families, and deficits within mental health services. It should be remembered that these students were exposed to the lived experiences of people living in rural New South Wales. Quotes related to these themes included:

> The lack of help, lack of staff. The way hospitals are set up. How difficult and stressful it is for family members (1BN)

> How much difficulty family and carers faced in being listened to and understood by health care workers and other medical providers (2BN)

These themes of caring for people with mental health issues and identifying deficits within health services were more frequently mentioned by Bachelor of Nursing and double degree students than by paramedics at both points in time that were surveyed.

When identifying ways that students intended to change their future practice, they produced consistent responses in both surveys. Most commonly they identified attitudinal changes including the need to reduce stigma in general. This included:

> Be more understanding and more patient to those who may have a mental illness (1BCP)

> Be more aware of the person's context. Look at ways of addressing and breaking down the stigma associated with mental illness (1BN/BCP)

> Learn more about the conditions and impacts these conditions have on the individual and family/friends. Be more open minded; ignore the stigma (2BN)

> Education. Research. Promotion; to reduce stigma. Promote open discussions on mental health (2BN)

There were however, still some differences, paramedic students were more likely to identify changes to knowledge and how to intervene, especially regarding communication with patients.

> I now know how to deal better with mental health, how to behave etc. (1BCP)

> Looking at the person as a person not a patient. Taking a far calmer approach. Being gentle with the patient (2BCP)

Whereas, nursing students were more likely to identify changes to person centred care, caring for carers and deficits in services.

> Pay more attention to the person where possible and not focus on the medical aspect (1BN)

> Gain a holistic view of client and family life and difficulties around mental health (2BN)

> I feel that given any opportunity in the future, I will be driven to lobby for more equity of funding in mental health (1BN)

When asked about the impact of having guest speakers most students identified the ability to hear about the lived experience from a personal perspective as being significant:

> Hearing first hand experiences of people dealing with mental illness. (1BN)

> Stories and past experiences with health care workers. (2BCP)

The unique situations and stories of the guest speakers were seen by students to provide a facet that students were not exposed to otherwise. These included:

> Hearing about these issues from a personal level rather than through a textbook - is more realistic (1BN)

> Hearing consumer stories not just the text book cases as there really isn't a textbook case of mental illness. (2BCP)

Although they identified how well consumers and carers coped and how strong and resilient they were, this was more prevalent in the initial survey rather than the later one. The most influential part of the guest lecture was:

> Hearing their personal stories, experiences and coping mechanisms (1BCP)

> The fact that they are confident and willing to stand before an audience and share such tough and stressful experiences. (1BN)

Overall, the positive influence of hearing from consumers and carers of people with mental health issues was identified in the data collected.

Discussion

As demonstrated in the findings the two cohorts of students had slightly different experiences. The nursing program included a clinical placement in the area of mental health, which was not part of the experience of the paramedic students. Also the nursing students were more likely to be employed in the health care industry, which would also increase their exposure to people with mental health issues. These factors were not controlled for and may have influenced the results to some extent, with the nursing students appearing to have more holistic comments related to the need to support family members and considerations regarding service provision, which were not as apparent in the comments of the paramedic students. It is possible that these differences were related to this higher exposure to actual clients and their situations, rather than being limited to classroom experiences. This is also supported by the comments from both groups that hearing from actual people who experienced mental health issues were significant to them. The impact of paid employment in health settings to prepare students for the workplace is variable, being supported by some studies (Phillips, Kenny, Smith, & Esterman, 2012), but others indicate that prior paid employment in any area prepare students for practice (Phillips, Esterman, Smith, & Kenny, 2013; Phillips, Kenny, Esterman, & Smith, 2014)

Comments regarding new understanding varied between paramedic students and nursing students. Paramedic students were more likely to comment on their roles as individuals in controlling and managing patients than were nursing students who were more focussed on empathetic and caring issues. This was something that lecturers who have dealt with both of these cohorts had noticed previously as impacting significantly on how to engage the two groups of students, particularly early in their contact with them. It reinforced the need to engage paramedic students initially in a more medical model and then to move toward a recovery model after engagement had been established. Nursing students, with their more empathetic initial responses often required this engagement prior to learning about the impact of biomedical interventions in order to ensure all relevant material was covered. These differences were possibly based on the imperative which the paramedic students felt were related to their need to control and manage care within limited time frames, whereas the nursing students had developed a more holistic framework during their previous studies. Literature on how to best engage nursing students often focusses on communication strategies e.g. being available to students, providing structure and guidance and clarifying goals and expectations (Taber, Taber, Galante, & Sigsby, 2011), being on time and well prepared, taking notice of all students and not

dominating discussions (Elder, Lewis, Windsor, Wheeler, & Forster, 2011) and supporting positive emotions, such as interest and enthusiasm (Elder et al., 2011). This study adds to the currently limited literature comparing the requirements of nursing and paramedic students and indicates that even when teaching similar material such interest and enthusiasm is created in different ways for different health professionals.

When identifying ways to change their future practices, the paramedic students were more focussed on attitudinal changes in themselves whereas the nursing students were more likely to focus on person centred care and changes within the health system. This is likely to be a reflection of where and how they see themselves working in the future, with paramedics often working in pairs or isolation rather than viewing themselves as being part of the overall health system and needing to change it. Both groups indicated a need to reduce stigma within the health system and the general population. Nguyen et al. (2012) have identified that contact with consumers and carers is a promising strategy to reduce stigma related to mental illness, but that contact alone is not always effective (Covarrubias & Han, 2011; Eisenberg et al., 2012). Strategies which combine contact with education or guidance are suggested (Corrigan et al., 2012; McGarry et al., 2015; Pinfold, Thornicroft, Huxley, & Farmer, 2005). These strategies were implemented in this study, but results are limited to student perceptions at the time when they completed the subject. Further research into the maintenance of these results and the impact they have, particularly in the rural setting would be beneficial.

Conclusion

This study indicates encountering the lived experience of rural people with mental health issues and their carers assists students to gain new knowledge of issues related to diagnostic difficulties. Further investigation of pre-existing knowledge and attitudes prior to encountering the lived experience of people with mental health issues would add depth and further understanding to this aspect of education. Differences emerged indicating that the paramedic cohort were more likely to identify issues related to control and management of people, whereas the nursing students were more likely to identify issues related to caring for people and their families, and deficits within mental health services.

Responses intimate that the structure of courses could be informed by these findings to improve engagement of students. The paramedic student's perception of needing to establish control and manage people experiencing mental health issues during their practice may enhance their engagement prior to introducing recovery principles. In contrast nursing students were initially engaged from a caring perspective in order to better understand the impact of biomedical interventions.

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Presenter

Dr Judith Anderson has been a registered nurse in rural Australia for more than 20 years, working in a variety of settings. Her background has been strongly focused on improving health outcomes for people living in rural and remote areas and the provision of nursing education. In 2010, she completed her PhD on change management in small rural health services. Judith has also had a history of working in mental health services, aged care, management and in community engagement in rural health services. Currently Judith works for Charles Sturt University, as the courses director for the School of Nursing, Midwifery and Indigenous Health, where she coordinates undergraduate and postgraduate nursing courses. She is currently supervising several PhD students, including one studying the development of caring behaviours in recently graduated nurses. At Charles Sturt University, Judith has been involved in teaching nursing and paramedic students for several years and has undertaken research about student experiences in learning and how this can be improved. This overall history has led to a further interest in researching the impact of teaching methods, particularly the engagement of carers and consumers to present the lived experience of mental health issues on students.

Kathryn Kent's academic qualifications include Bachelor of Social Science Psychology (CSU). Kathryn is currently furthering her education in Psychology through Charles Sturt University. Kathryn is currently working for CentaCare Wilcannia-Forbes in the Family and Care Mental Health Program, as the Family and Carer Mental Health Support Worker/Education Officer, providing mental health information, education, social and emotional support to carers. In this capacity Kathryn enjoys working with those who are caring for someone living with a mental illness. Working with Carers of those who are living with a mental illness has contributed to Kathryn's interest in involving carers in undergraduate nursing and paramedic students education and examining possible approaches for preparing undergraduate students to work with those experiencing mental health issues.