

BE WHAT YOU WANT TO BE

Enhancing mental health in undergraduate nursing curricula: A tale of combat and collaboration

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More mental health ... But ...

- We already have enough
- Lots of specialties too little space
- Undergraduate program for comprehensive grounding only
- What's so special about mental health?
- You mental health nurses never let up
- And on, and on, and on ...



Mental Health or Mental Illness?

- Mental health used as a euphemism for mental illness
- There's enough about mental health actually means there's enough about mental illness
- Mental health is equally important to physical health





The Stigma of Mental Health

- Discriminatory attitudes towards mental health and the privileging of physical health prevails in all sectors of society:
 - Government
 - Health
 - Education
 - Nurse Education



The CQUniversity Experience

- Received funding to:
 - Enhance and expand the mental health content in undergraduate Bachelor of Nursing
 - Develop and implement a major in mental health nursing



Reactions

- Started before application submitted – we already have enough mental health!
- First battle overcome then ...



Accepting approach

- Warmly embraced
- Valued availability of mental health expertise to assist with writing
- Mental health effectively integrated into the courses



Defensive approach

- We already have enough mental health (yes again)
- But we already do that
- *Its not in course outlines*
- No but we do it
- *But its not in the assessment*
- No but we do it
- *How about we make it more visible then?*



Strategies

- Steering Committee:
 - Consumers
 - Clinicians
 - New graduate
 - Mental Health Academics
 - Program Coordinator
 - *Other course coordinators*



Positive Outcomes- Collaboration

- Steering committee – fantastic input, very supportive
- Expert curriculum writer
- Consumers and clinicians designed and wrote content



Positive Outcomes - Collaboration

- Mental health integrated across all relevant courses
- Consumer focused curricula
- Practice relevant curricula



Unintended Outcomes

- The making of Belinda's Story – impact on learning and teaching
- Industry scholarship for a PhD on recovery – Louise Byrne
- Strengthening consumer focus for IHSSR



More trouble

- Clinical experience
- Agreed in principle that all students would have a mental health placement
- Current placement structure – Aged, Acute, Long-term, Elective/Major, Transition to Practice
- Mental health to fit across



But ...

- What is acute?
- Acute = Inpatient
- Difficulty appreciating the approach to care and treatment in mental health services
- Acute = physical treatments



Impact of clinical model on mental health

- Very few students able to complete a mental health placement in Year 2, term 1
- Decision about majors made at the end of this term
- Yes but that's the same for all majors



It's not the same

- Research consistently shows that nursing students hold negative views about mental health nursing and working with people with a mental illness
- Research also shows that clinical experience impacts favourably on attitudes and increases interest in mental health nursing as a career



But

- The Bachelor of Nursing is generic not specialist
- *Mental health skills are also generic*
- *There are many people experiencing mental health challenges across the health care sector*
- *Interest in mental health nursing needs to be implanted at undergrad*



Conclusions

- So much more work needs to be done to address the discrimination towards mental health nursing in undergraduate nursing programs
- Need a clear distinction between mental health and mental illness
- Need genuine support for the equal importance of mental health



Conclusions

- Consumers and clinicians are integral to course development and delivery
- Need to strengthen carer input
- Importance of demonstrating positive outcomes
- Need to keep fighting the fight
- Engage all academic staff
- Try to turn combat into collaboration

