Potent pedagogy: a new multidisciplinary postgraduate program in mental health

E Muir-Cochrane

Introduction

Of all health related disability in Australia 20% is due to mental ill health (National Mental Health Policy 2003–2008). Despite such prevalence, there remains stigma and discrimination within the general population regarding people with mental health problems. Such stigma not only means they are frequently socially excluded and discriminated against by society generally, but also by health professionals who traditionally have had little contact or extensive educational preparation to treat people with mental health problems. For the majority of these health professionals there are few postgraduate mental health programs nationally, and none in South Australia, to provide them with the requisite skills and knowledge to work with this client group.

This paper discusses a new program in postgraduate mental health in which students from a range of health professions, including nurses, midwives, occupational therapists, social workers, podiatrists and physiotherapists, are offered a joint pathway to postgraduate mental health study. The new program will be offered for the first time in 2007. Despite concerns in mental health about the potential emergence of the so-called generic mental health worker, this paper argues the potential for an enhanced and potent pedagogy that is innovative and responsive to the health industry and individual health professionals. It is a pedagogy in which students gain not only skills and knowledge in their discipline, but also engage with the nature and work of other health professions in a flexible learning environment. The strategies and anticipated outcomes of such a learning environment will be explored using examples of curriculum development and teaching practice. The following example demonstrates the potential of multidisciplinary understanding in the use of qualitative research methods.

At the International Institute of Qualitative Methods 7th International Interdisciplinary Conference in 2006, an American academic, Professor Phil Carspecken, drew on quantum physics, chaos theory, phenomenology, poetry and even Magritte's 'This is not a pipe' painting to illuminate the meaning of, well, meaning. The multidisciplinary audience was breathless, as the presentation wove connections through a myriad of discipline-based theory that only a scholar could have constructed. Carspecken's work affords opportunities for academics and students alike to

School of Nursing and Midwifery, University of South Australia (eimear.muircochrane@unisa.edu.au)

Keywords: multidisciplinary, mental health, postgraduate education

make connections between apparently unconnected theory and discourses (Carspecken 2006, 1999). An analogy therefore exists between Carspecken's work and the proposed program that aims to bring together health professions from a range of disciplines. The goal is to further develop knowledge of students' respective professional roles as well as skills in inter-professional teamwork as required to practice effective care for people with mental health problems.

The landscape of mental health care and postgraduate education in Australia

Health professionals that work in the mental health sector include general practitioners, psychiatrists, clinical psychologists, occupational therapists, social workers and mental health workers, the latter being the largest representative group. Professional stereotyping continues to be rife in this and many other health care settings. Currently, most health professionals in Australia are educated in their own silos, perpetuating interdisciplinary rivalry and tribalism. This is at odds with the expectation that health professionals will engage collaboratively and cooperatively in multidisciplinary mental health teams once they have completed their studies. Further to this, some health professionals such as occupational therapy and social work enter mental health settings with limited preparation for them to provide services for people with mental health problems. These discipline groups are not required to be formally credentialed to work in this specialist area as nurses and psychiatrists are, and often have difficulty practising within an evidenced-based framework to which they have never been exposed.

Mental health services in Australia are in an appalling state (Armstrong 2005). A medical journalist on ABC Radio National in 2005 went so far as to describe mental health services in South Australia as a 'basket case'. The Mental Health Council of Australia (2005) concluded that 'after 12 years of mental health reform in Australia any person seeking mental health care runs the serious risk that his or her basic rights will be ignored, trivialised or neglected' (Mental Health Council of Australia 2005). It is increasingly accepted that the mental health action plans, while admirable policy documents, have largely failed in their implementation. This situation is not unique to Australia, with similar reports from the United Kingdom and the United States of America. Research shows concerning evidence that not only have stigmas in the general public not been reduced since the process of deinstitutionalisation and mainstreaming but they may have actually increased (Waghorn & Lloyd 2005; Mental Health Council of Australia 2005). Although there is inadequate evidence to link stigma with a shortage of psychiatrists and mental health nurses (Holmes 2001; Wells, Ryan & McElwee 2000), the unattractiveness of these professions is now recognised as the reason for students to opt for more attractive career options (Chappell 1999).

Holmes (2001) depicts the perilous state of mental health care in Australia and overseas. He argues for general acknowledgement that professional boundaries are disintegrating inexorably, heralding an era of 'post disciplinary'

(Holmes 2001) or 'Transdisciplinary' ways of working that will see the end of psychiatric nursing in its traditional form. Holmes' view is that:

> [this is an] inevitable progression in mental health care, offering an exciting opportunity for the creation of innovative new services, employing a graduate workforce unencumbered by the negative images of the past, and dedicated specifically to providing high quality care and support to mentally disordered people (Holmes 2001, p. 410).

I am confident that the majority of the mental health nursing population in Australia would disagree with Professor Holmes, positioning them to defend the vital and unique role of the mental health nurse in contemporary health care. Further, I do not suggest that adopting an interdisciplinary educational approach rings the death knell for specific health professions in mental health. Rather, it is strategic to consider the need for interdisciplinary education in mental health as a way of transforming traditional pedagogy, since it is increasingly recognised that it is difficult to serve patients/consumers effectively without collaborating with other health professionals in an evolving mental health landscape (Rolls, Davis & Copland 2002).

A short history of interdisciplinary health education

Definitions of the terms 'interdisciplinary' and 'multidisciplinary' are many and various. Some authors point out that the terms 'interdisciplinary' and 'multidisciplinary', 'inter-professional' and 'multi-professional' are used interchangeably (Sommer, Silagy & Rose 1992). Others use the term 'inter-professional' to describe sub-specialties (dermatology, gerontology, general practice) within a profession such as medicine (Wood et al. 1996). For the purposes of this paper, I refer to 'interdisciplinary' as a process of teaching that has a specific focus on the common goal of expanding and consolidating knowledge about mental health and mental illness from a number of different health profession perspectives. For students, this learning involves an exposure not only to core theoretical and practice issues relevant to their own discipline but also to the roles, role conflict, professional responsibilities and shared core knowledge within inter-professional practice. Interdisciplinary learning in health education is not new. I undertook my BSc (Hons) studying pharmacology, physiology and anatomy with medical students and physiology students in the late 1970s with apparently no ill effects! The student experience allowed me a greater understanding of the focus of other health professionals, in terms of what was accepted as core scientific knowledge and how it was distinctly applied to other disciplines. Specifically designed teaching activities exposed students to the perspectives of other health professionals and facilitated the acquisition of inter-professional teamwork skills.

In 2001, Lavin et al. conducted a review of 119 articles to investigate the advances made in interdisciplinary education since the 1960s. As early as 1968, the use of interdisciplinary teams in community-wide programs

was promoted (Magraw 1968). In their research, Lavin et al. (2001) identified four thematic areas into which the literature could be categorised: models of interdisciplinary education; courses of education; communication and group processes; and an international perspective. Of particular interest to the study and practice of mental health is the application of communication and group process issues, which will be focused on here. Inter-professional roles, boundaries of practice, role overlap and conflict are complex issues in health services and have received due attention in the literature (Hohle, McInnis & Gates 1969; Lupella 1972). While there was relatively less literature during the 1980s than in the previous two decades, about communication and group process, Mariano (1989) reviewed current understandings, identifying three content areas relevant to interdisciplinary understandings: theoretical understandings, interpersonal team issues and institutional variables. This body of knowledge continues to expand during the early years of this decade (Barr et al. 2005a, 2005b).

DePoy, Wood and Miller (1997) expanded group content for an interdisciplinary course for rural health students to include sociologic, economic and cultural diversity, rural health needs and team theory and practice. Facilitating inter-professional learning through group activities that provide insight into the perspectives and health professions of other students while simultaneously using communication processes that are mirrored in the workplace is a major focus of the new Graduate Diploma in Mental Health. A detailed example of curriculum development in one course, Theoretical Perspectives in Mental Health, is provided later in the paper. In a sense, the drive for such an approach to mental health education is 'clinically pragmatic to provide better care to clients with chronic and complex health problems' (Lavin et al. 2001, p. 41 citing Ivey 1988).

Examples of interdisciplinary education in mental health, in the context of integrated health and social care services, continuing evidence-based professional education and an emphasis on collaborating with families and consumers, are also evident in the UK (Sainsbury Centre for Mental Health 1997). Interprofessional education provides an opportunity to critically appraise notions of occupational purpose and to discover the most effective means of practice (Rolls, Davis & Coupland 2002). The most well known mental health interdisciplinary program, adopted nationally in the UK, which has also been evaluated and presented in the literature, is the Thorn Initiative: a program that prepares mental health professionals who already have two years' clinical experience in a range of advanced and evidenced-based interventions with an emphasis on cognitive behavioural theory (Willetts & Leff 1997).

Pedagogy of the new program: Graduate Diploma in Mental Health

The new program will allow students from a range of health professions to come together to undertake personal and professional development in the area of mental health at a postgraduate level. The program will allow registered nurses who successfully complete the program

to be eligible for registration as a mental health nurse in South Australia.

The program adopts the aims of the National Mental Health Plan 2003–2008, focusing on the prevention of mental disorder where possible, a reduction in the impact of severe mental illness and the promotion of the rights of people with a mental disorder, to guide the theoretical orientation of the program. The National Mental Health Plan goes on to identify 11 principles that embrace a recovery and consumer focus towards care, the role of carers and consumers in shaping reform, and high quality service provision within a multidisciplinary framework of care.

To reflect the intent of the National Mental Health Plan, development processes of the new program involved a review of, and benchmarking with, existing postgraduate mental health programs in Australia within a program evaluation process that took place during most of 2005. Consultation with clinicians and academics from within social work, psychology, occupational therapy and health sciences also occurred during 2005–2006 when the new curriculum was being drafted. An external advisory group for the new program was established with representation from a wide range of stakeholders, including members of the multidisciplinary mental health team, consumers and carers from public, private and non-government sectors.

While interdisciplinary education per se is not a new phenomenon, as has been described, this new program is innovative in standardising the educational goals of the program for all students, as far as possible. The Australian National Practice Standards for the Mental Health Workforce (2002) have been adopted as core theoretical domains that guide the curriculum broadly and more specifically the syllabus and assessment items. Students are exposed to various codes of ethics and professional standards of their own health professions, namely in social work, psychology, occupational therapy, nursing and midwifery, through guided learning activities. Specifically chosen teaching and learning strategies facilitate students to reflect on their roles and the roles of other students' health professions within a reflective practice framework. This program is aimed at mental health professionals already working in the mental health field as well as those wishing to gain entry. The challenge for the teaching team is to provide an educational experience that not only transmits knowledge but also enhances the knowledge creation capabilities of individuals and professional communities . The teaching team anticipates a high level of engagement between students and lecturers as well as a commitment to inter-professional work and role examination. Close collaboration with consumers is grounded in a belief that they are 'the inter-professional workers "par excellence" as in the majority of cases it is they … who unify and combine different advice and perspectives integrating them into daily living and making healthy choices as they do so' (Mathias, Prime & Thompson 1997). For this to occur, the teaching team will work closely with mental health services to reflect best practice and to utilise peer support workers and peer professionals in the education of students within the program. For example, peer support workers will engage in face-to-face contact with students as well as participate in lecturer-led discussion groups that are

carefully structured around topics such as stigma, depression and ethics.

The Graduate Diploma in Mental Health / Graduate Diploma in Mental Health Nursing aims to prepare competent nurses and multidisciplinary health care professionals who are able to care for clients experiencing mental health problems and their families. These goals are in concordance with the National Mental Health Plan (2003–2008). The area of study is mental health in diverse contexts. Mental health incorporates mental health promotion, prevention as well as intervention for those experiencing mental illness. Mental health study is supported by bio-psychosocial and behavioural sciences as well as knowledge of pharmacology. Emphasis is also placed on the practice of mental health care for a multicultural society in metropolitan, rural and remote clinical settings. The program is also designed to provide graduates with the skills to be lifelong learners and thus able to extend their competence and knowledge through critical analysis and reflection on practice. The program requires completion of 36 units of study. The following case study illustrates the approach we have taken to blend mental health theory and practice and an interdisciplinary approach into teaching learning and assessment practices.

Case study exemplar: Theoretical perspectives in mental health nursing (Gardner 2006)

This course has been designed to enable students from a variety of health professions to develop an in-depth knowledge of a range of conceptual models of mental health. Students will be provided opportunities to explore how a connection is made between specific therapeutic modalities, and the client's individual needs within the socio-political and cultural context of modern mental health care.

Mapping the learning objectives

The overall aim of this course is to enable students to develop an in-depth

Table 1: Student competencies at the end of the course

On completion of this course students should be able to:

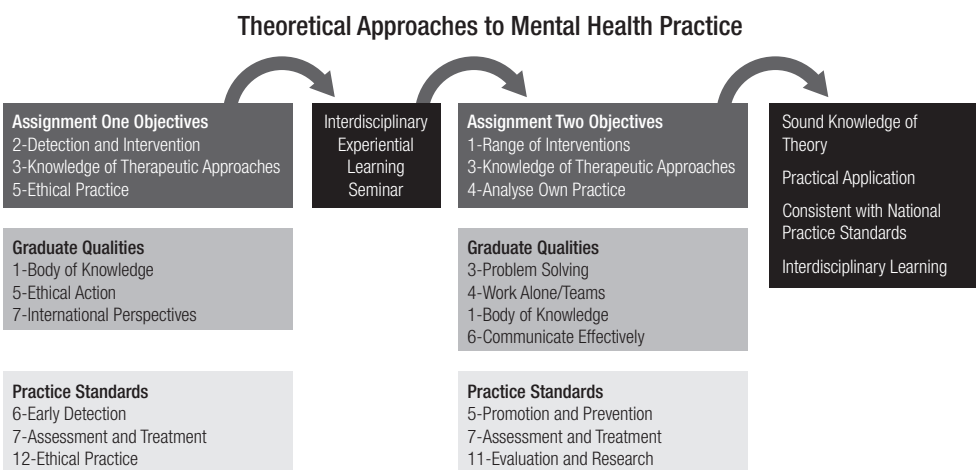
- articulate a knowledge of current therapeutic modalities and discuss their relevance in patient care in mental health systems
- critically analyse the theoretical perspectives and associated philosophical standpoints which underpin various therapeutic modalities
- critically discuss and analyse psychological, neurological, cultural and social factors which influence the selection of specific therapeutic modalities for individuals, families and groups
- demonstrate the ability to apply and critique a therapeutic modality in the care of a client in the mental health setting
- discuss and critique major research in contemporary mental health.

knowledge of a range of conceptual models of mental health care and to explore how a match is made between specific therapeutic modalities, client's individual needs within their socio-political and cultural context of modern mental health care. The learning objectives for this course are derived from the Australian National Practice Standards for the Mental Health Workforce.

There are five standards that specifically relate to this course: Standards 5, 6, 7, 11 and 12. The following matrix based on the two assignments for the course also articulates which of the University of South Australia Graduate Qualities are addressed in each of the course objectives. In the first assignment students will be expected to analyse and critique a particular therapeutic model of mental health treatment and care. Students will critique the way the model is used and explain how the client and the therapist work together to improve the mental health of the client. A synthesis of the national and international context of mental health and illness, ethical issues and an in-depth understanding of the body of knowledge is required. In the second assignment students write up a case study based on an initial assessment, outline the therapeutic approach to be used and then to critique their interaction and care of the client based on the particular therapeutic approach used.

Knowledge progression

Components of the assessment have been designed so that they facilitate knowledge progression and build on each other. The first assignment is designed so that students become familiar with one particular therapeutic approach and develop a sound theoretical knowledge base. Their critique of how a particular therapeutic approach works and how the client and the therapist work together to improve



Source: Gardner 2006

Figure 1: Theoretical Perspectives

the mental health of the client can become a part of the second assignment. The second assignment can be considered in three approximately equal parts; the first being a written case study based on a professionally (discipline) appropriate case presentation model. The second part of the assignment will be a description of the therapeutic approach to be used adapted from the first assignment. The third part of the assignment is a critique of the student's interaction and care for the client based on the applied therapeutic approach. However, the third part of the assignment is not expected to be completed until after the experiential learning seminar when students will be able to integrate feedback from the seminar into the approach that they intend to use with the identified client (from the case study). By the time students attend the experiential learning seminar (ELS) they will have completed assignment one and will be confident in their knowledge of the therapeutic approach that they intend to apply to a real life case situation. During the ELS students will be expected to present their case study based on an appropriate discipline specific case study presentation model and outline the therapeutic approach that they intend to use.

Conclusion

In conclusion, the opportunities for potent pedagogy in interdisciplinary education for mental health professionals involve the generation of new understandings about the nature of mental health service delivery using collaboration, communication and group processes. The graduate of this new program will have unique educational development in mental health and illness directly relevant to their own profession. Further, graduates will have developed skills and knowledge in inter-professional teamwork essential to their roles as members of a mental health care team. Whether the evolution in mental health care service and delivery will be regarded as post- or trans-disciplinary (Holmes 2001) is as yet unknown; what is known is that it will be interdisciplinary!

References

Armstrong F (2005) Your care is important to us, but… *Australian Nursing Journal* 13: 16–19.

Barr H, Freeth D, Hammick M, Koppel I, Reeves S (2005a) *Effective Interprofessional Education: Argument, Assumption and Evidence,* USA, Blackwell Publishing.

Barr H, Freeth D, Hammick M, Koppel I, Reeves, S (2005b) *Effective Interprofessional Education: Development, Delivery and Evaluation,* USA, Blackwell Publishing.

Eraut M (1985) Knowledge creation and knowledge use in professional contexts. *Studies in Higher Education* 10: 117–33.

Carspecken P (2006) Keynote address. International Institute of Qualitative Methods 7th International Interdisciplinary Conference, Brisbane.

Carspecken P (1999) *Four Scenes for Posing the Question of Meaning and Other Explorations in Critical Philosophy and Critical Methodology.* New York, Berlin, Peter Lang.

Gardner A (2006) *Theoretical Perspectives. Course Information Graduate Diploma in Mental Health/ Graduate Diploma in Mental Health Nursing,* Adelaide, University of South Australia.

Hohle B, McInnis JK, Gates AC (1969) The public health nurse as a member of the interdisciplinary team. *Nursing of North American* 4, 2: 311–19.

Holmes CA (2001) Postdisciplinarity in mental health care: an Australian viewpoint. *Nursing Inquiry* 8: 230–9

Ivey SL, Brown KS, Teske Y, Silverman D (1988) A model for teaching about interdisciplinary practice in health care setting. *Journal of Allied Health* 17, 3: 189–95.

Lavin MA, Ruebling I, Banks R, Block L, Counte M, Furman G, Miller P, Reese C, Viehmann V, Holt J (2001) Interdisciplinary Health Professional Education: A Historical Review. *Advances in Health Science Education* 6: 25–47.

Lupella RO (1972) Postgraduate clinical training in speech pathology-audiology: Experiences in an interdisciplinary medical setting. *American Speech-Language and Hearing Association* 14, 11: 611–14.

Mariano C (1989) The case for interdisciplinary collaboration. *Nursing Outlook* 38, 6: 285–8.

Mental Health Council of Australia (2005) Not for Service. AGPS. Canberra.

Rolls L, Davis E, Coupland K (2002) Improving serious illness through interprofessional education. *Journal of Psychiatric and Mental Health Nursing* 9, 3: 317.

Sommer SJ, Silagy CA, Rose AT (1992) The teaching of multidisciplinary care. *Medical Journal of Australia* 157: 31–7.

Waghorn G, Lloyd C (2005) The Employment of People with Mental Illness. A Discussion Document Prepared for the Mental Illness Fellowship of Australia. *Australian e-Journal for the Advancement of Mental Health* 4 (suppl. 2). Available from: URL: <http:///auseinet.flinders.edu.au/journal/vol4iss2suppl/waghornlloyd.pdf> (Last accessed: 30 March 2006).

Wells JS, Ryan D, McElwee C (2000) 'I don't want to be a psychiatric nurse': an exploration of factors inhibiting recruitment to psychiatric nursing in Ireland. *Journal of Psychiatric and Mental Health Nursing* 7: 79–87.

Willetts LE, Leff J (1997) Expressed emotion and schizophrenia: the efficacy of a staff training programme. *Journal of Advanced Nursing* 26, 6: 1125–33.

Wood GS, Lynch WS, Davis B, Chren MM, Baud E, Brodell RT, Elewski BE, Martin III RW, Cooper KD (1996) Restructuring dermatology education at Cleveland medical centers affiliated with Case Western Reserve University. *Archives of Dermatology* 132, 9: 1085–90.