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EVALUATING A SERVICE USER LED WORKSHOP TO GENERATE KNOWLEDGE REGARDING CARE FOR CHILDREN AND YOUNG PEOPLE WITH MENTAL HEALTH ISSUES

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Abstract

Background

Since 1999 the number of 5–15-year-olds with a mental health disorder has increased from 9.7% to 11.2% in 2017 (NHS Digital, 2017) and in 2020, a follow-on report has indicated a further increase (NHS Digital, 2020). These children are subsequently seen in practice placements by children's nursing students who report feeling inadequately prepared to meet their needs.

Aim

To address the perceived gap in educational provision for children's nursing students, by evaluating a workshop to generate knowledge and confidence in working with CYP with mental health issues.

Methods

Qualitative and quantitative data were collected from fifty-one final-year-children's nursing students using questionnaires before and after a customised workshop facilitated by service users who had experienced mental health issues.

Results

Students stated that they had gained an insight into how to care for CYP with mental health issues and valued the contribution provided by the service users.

Conclusion

The involvement of services users is recognised as integral to nurse education due to its positive and motivating impact on nursing students. Recommendations for future research are to explore the type of input required at different stages of nurse education to ensure that this enhances the development of knowledge and confidence.

Keywords

Children; young people; mental health; knowledge; service user; learning.

Background

An increasing number of children and young people (CYP) in the UK are experiencing mental health issues such as anxiety, eating disorders, self-harm and suicidal ideation. A report by NHS Digital (2017) noted that, in 1999, 9.7% of 5-15-year-olds had a mental health disorder and by 2017, this had risen to 11.2%. Although these statistics included behavioural, hyperactivity and emotional disorders, the findings acknowledged that whilst behavioural and hyperactivity rates were reasonably static over the intervening 18 years, rates of emotional disorders had risen from 4.3% to 5.8% amongst 5-15-year-old children. The report continued that young people between 17-19 years old were three times more likely to have a mental health disorder when compared to children of 2-4 years of age, indicating an increase with age. The types of disorder differed with age, about 5.5% of preschool children had behavioural issues and/or autism, whereas emotional disorders were more prevalent in the 17-19-year age group and behavioural and hyperactivity disorders more prevalent in the 5-16-year-old age group.

Statistics from the Royal College of Paediatrics and Child Health (RCPCH) (2018) and the Office for National Statistics (2019) suggested that 10-14.7% of CYP experience mental health issues. Some of these CYP access help via Emergency Departments (EDs) and may require hospitalisation, whilst others are seen by school nurses and General Practitioners. The Royal College of Psychiatrists (2018), highlighted an on-going shortage of funding for mental health provision and Grieve (2019) noted the hospitalisation of these CYP on general children's wards with minimal input from Child and Young Peoples Mental Health Services (CYPMHS), receiving care from staff who feel that they lack the required knowledge. In addition, children's nursing students may also meet mothers with mental health problems whilst placed with health visitors.

According to a report by the Education Policy Institute (EPR) (Crenna-Jennings and Hutchinson, 2020), the situation is further compounded by about a quarter of those CYP who are referred to CYPMHS in England (estimated at 132,700 in 2018-19) not being accepted for treatment, despite the additional £1.4 billion extra spending introduced in 2015 to transform CYPMHS. The EPR report found that the highest levels of rejected referrals were in the South of England and the reasons for unsuitability were due to incomplete referrals, decommissioned services, lack of capacity or having 'low-level' mental health issues. Furthermore, if the CYP met these criteria, waiting times for assessment and then first treatment was on average two months and in some areas, up to one year. The reasons for delay reflected numerous complexities, from complex family situations, to CYP with other health issues or staff sickness. To address the delay in achieving prompt treatment, additional funding and resources will be available by 2023/24 (NHS, 2019). Although this is a welcome intervention, the delay is an additional frustration.

Since January 2020, the Covid-19 pandemic has spread across the world and this has intensified concern for the mental health of CYP given their separation from peers and the social aspect of their life. Furthermore, literature that monitored CYP welfare following global disasters (Szente, 2016) and other pandemics (Fong and Iarocci, 2020) has emphasised the impact on CYP of witnessing the ensuing physical and emotional trauma and subsequent adversity. Reporting on findings from a study by NHS Digital

(2020), the RCPCH, has highlighted that the welfare of CYP this has been intensified by the stresses associated with prolonged school closures, social isolation, adverse social and environmental circumstances and the lack of access to the usual support services. Although a smaller study, the NHS Digital (2020) study comprising about 40 percent (n=3570) of the participants from their 2017 study, it did enable 5–16-year-old children and their families to reflect on the impact of the Covid-19 pandemic on their lives and mental health. Thus, providing a snapshot into the perceptions of 5–16-year-old children at this time.

Subsequently, children's nursing students are likely to have exposure to distressed CYP with mental health problems in their clinical placement areas. Anecdotal feedback has revealed their feelings of inadequacy (Bolland et al, 2017; Jönsson et al, 2019). Furthermore, lecturers and clinical staff have a duty to ensure the availability of student support services as noted by Cleary, Horsfall and Happell (2012). In addition, by role modeling stress management and problem-solving behaviours, they are facilitating the development of students' own knowledge, confidence and resilience as endorsed by the Institute for Public Policy (IPPR, 2017) when helping others with difficulties.

The NMC (2018a) Code of Conduct, highlights the expectation that all registered nurses have appropriate and effective communication skills, which was detailed in the additional Future Nursing Proficiencies (NMC, 2018b). Furthermore, the Pre-registration standards (NMC, 2018c) highlighted the importance of students gaining these skills.

In recognition of this need for enhanced communication skills, efforts have been made to increase mental health in-service training for healthcare staff (Higson, Emery and Jenkins, 2017) and over recent years, experiential training involving service users with mental health problems collaborating with nurse education has had a positive effect (Maher et al, 2017). This has been endorsed by the NMC (2018c), who view the involvement of service users as an integral part of the planning and delivery of many aspects of contemporary nurse education. Thereby increasing the student's insight into the patient/client perspective of healthcare. For example, a study by Smith, Ooms and Marks-Maran (2016) involving service users with learning disabilities in delivering a

teaching session, highlighted that the confidence, attitudes and knowledge of learning disability nursing students was positively enhanced.

Aim

To address the perceived gap in educational provision for children's nursing students, by evaluating a service user led workshop to generate knowledge regarding care of CYP with mental health issues.

Methods

Interactive workshops were included within a final-year module that focuses on the care of CYP with complex needs, which includes mental health issues. Workshops were developed and facilitated by an established and successful group of trained young people who are service users, working as 'experts by experience'. These service users regularly provide such workshops for healthcare professionals (see box 1). The students were randomly allocated to one of three groups (each with up to 20 students). Whilst all students were expected to attend one workshop as part of the module, their participation in the subsequent study was voluntary.

Workshop

Three facilitators provided a 3 ½ hour training session to reduce stigma around mental health amongst children and young people by facilitating an awareness of the service user's perspective by

- PowerPoint presentation used as outline
- One to one discussion amongst students
- Wider group discussions
- Expert services users provided their own real life experiences
- Suggestions for useful strategies
- Suggestions for further local resources and leaflets

Box 1

All students were given a Participant Information sheet (PIS) explaining the study and inviting any questions. Those choosing to participate signed a consent form and completed a pre-workshop questionnaire. The questionnaire was developed from the NMC revalidation reflective accounts template. To avoid any possible coercion, the PIS, consent form and pre-workshop questionnaire were administered by an academic not normally involved in teaching children's nursing students. Immediately after the workshop, a post-workshop questionnaire was issued.

Both questionnaires consisted of questions whose responses used a Likert scale (1 indicating no knowledge or confidence and 5 relating to a lot of knowledge or confidence) plus free text space for qualitative comments. On the pre-workshop questionnaire, students were asked whether they had cared for a CYP with a mental health issue and if so to describe their experience. However, they were not asked to detail at what point in their programme they had encountered the CYP. On both questionnaires, they were asked to identify up to three ways in which they would like to develop their knowledge and confidence. After the workshop, the students were asked to identify up to three ways that the learning gained from the workshop might influence their practice in caring for CYP. Although the questionnaires had not been previously piloted, they were reviewed and revised by the research team and approved by Faculty Research Ethics Committee of the relevant university to ensure clarity and ease of understanding.

Ethical approval

Ethical approval was obtained from the appropriate Faculty Research Ethics Committee. Due to the potential emotionally unsettling nature of some of the content (e.g., discussion regarding self-harm), students were reminded about support mechanisms available such as the university Health and Well-being Centre and personal tutor.

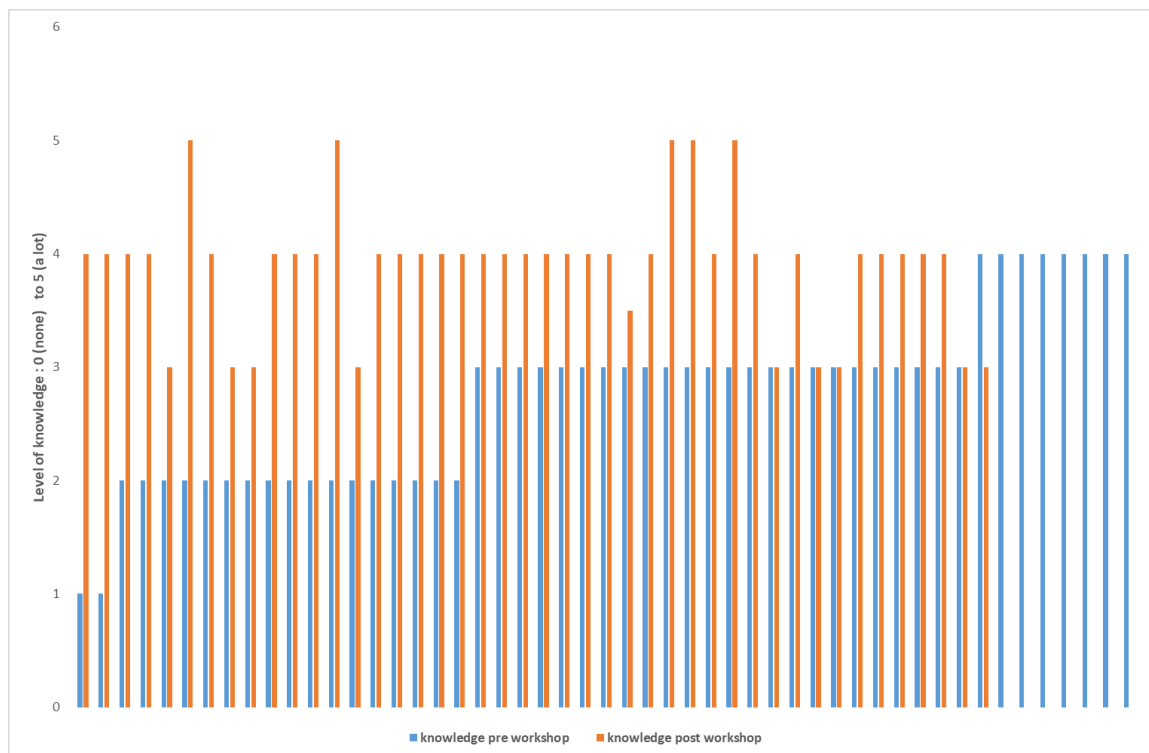
Results

There were 57 students (7 MSc. and 50 BSc.) in the cohort, of whom 51 (89%) completed the pre-workshop questionnaires. 48 had encountered CYP with mental health issues and mothers with post-natal depression whilst in practice placement. The

remaining three had not. The post-workshop questionnaire was completed by 44 of the 46 (96%) who attended one of the workshops.

Quantitative data

The quantitative data was analysed by the Principal Investigator (PI) with the assistance of a colleague with expertise in quantitative analysis. The data suggested that the students had developed their knowledge (Figure 1) and confidence (Figure 2) by attending the workshop and *t tests* confirmed the differences in knowledge and confidence were statistically significant ($p < .0001$). Thus, confirming the students' assertion that learning had occurred. Since the pre and post questionnaires were not identified by unique identifying numbers, the results could not be compared for changes to individual students. Rather, the results indicate a general change across the student cohort.



A t-test conducted on the knowledge data, demonstrated a mean of 2.75 (SD = 0.771), pre-workshop (confidence interval 2.51-2.96) and 3.91 (SD = 0.563) post workshop (confidence interval 3.74-4.08), resulting in a statistically significant difference ($p < .0001$).

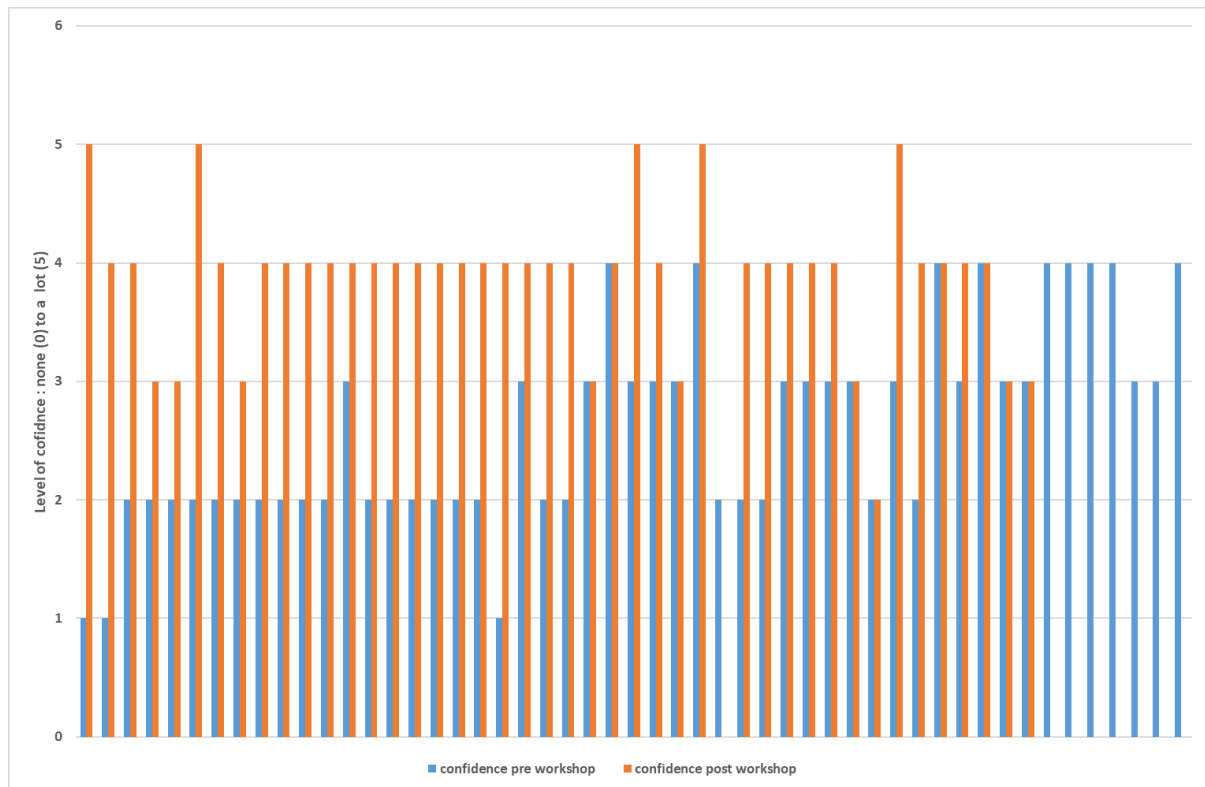


Figure 2 Confidence pre and post workshop

A t-test conducted on the confidence data, demonstrated a mean of 2.61 (SD = 0.85), pre workshop (confidence interval of 2.37-2.85) and 3.89 (SD =0.618 after the workshop) (confidence interval of 3.7-4.07). This difference is also statistically significant ($p < .0001$).

Three of the 51 students (6%) who completed the pre-workshop questionnaire stated that they had not been involved in caring for CYP with mental health issues; however, they scored their knowledge and confidence as a 2 (out of 5). Two students stated that they had no knowledge or confidence, but they had actually cared for CYP with mental health issues.

Qualitative data

The qualitative data was transcribed from the questionnaires and initially analysed by the Principal Investigator (MB). Additional analysis was undertaken by the other members of the research team where further codes and themes refined.

Analysis of both sets of qualitative data indicated themes offering an understanding of the students' perspectives. The pre-workshop themes were 'fear and anxiety', 'boundaries', 'mixed experiences' and 'learning on the job'. After the workshop, 'boundaries' and 'learning on the job' featured again, plus 'being with, rather than doing' and the need to gain 'further knowledge' including how they might do this.

Pre-workshop

Fear and anxiety

Students were fearful of causing additional distress to the CYP by saying or doing the wrong thing. It became apparent that students who felt that they had very little knowledge were aware of their limitations and felt guilty, acknowledging that they needed to gain more knowledge which would increase their confidence. For instance:

'I have experienced mental health in the ward and community environment. I felt I didn't have sufficient knowledge to care for the CYP properly.'

Boundaries

The maintenance of clear and professional boundaries is an integral part of the NMC (2018a) Code and is twofold, protecting the nurse and also the patient/client. As such, it is discussed and emphasised within theory modules and practice documentation, but the authentic comprehension of this concept can be difficult until experienced. Certainly, the students were aware of the importance of caring for their own well-being, but were unsure how to do this:

'...how not to get too emotionally involved by their stories...'

Mixed experiences

The students were aware of the negative behaviour seen on clinical areas and the stigmatisation that CYP with mental health issues faced. This was exacerbated by the amount of time that these CYP spent waiting to be seen by members of the CYMPHS team.

Seeing this, the students reported their frustration with these, as one student described 'heart breaking' delays and also that they were unable to watch the whole patient journey. Although most students had useful experiences in practice, some students wanted to be able to challenge prejudiced opinions held by some staff and advocate for the CYP, who was seen as having no clear medical need, despite having self-harmed:

'... approach staff who are prejudiced and make unfair comments about patients with mental illness...'

Learning on the job

None of the students had been placed in a specialist CYPMHS unit, but commented:

'On my teenage ward, the nurses were brilliant at looking after mental health patients. I learnt a lot about how to communicate with the young person...'

The pre-workshop questionnaire revealed the students' lack of knowledge and some indicated the types of knowledge that they wanted to acquire to support and communicate with CYP who have mental health issues. Some also suggested that, they would like to experience a placement on a CYPMHS ward.

In summary, the pre-workshop questionnaire appeared to facilitate the students' reflection of their practice experience and offered them an opportunity for pre-workshop preparation. It also provided the PI with useful information to transfer to the service users, so that they could tailor their workshop to address the voiced needs of the students.

Post-workshop questionnaire

The post-workshop questionnaire asked the students to document how they would develop their knowledge and confidence. Although there were some similarities with the themes identified in the pre-workshop questionnaire, they also included the need to gain 'further knowledge' and identified how they might do this.

Boundaries

The students recognised the importance of clarity regarding boundaries and an awareness that they needed to develop 'coping strategies' to protect their own mental health such as:

'...how it differs from helping 'a friend...'

'...not to make promises..., but be open and honest...'

Being with rather than doing

The students noted that 'being with', being non-judgmental, trustworthy and being able to observe a CYP without being overbearing or judgmental was important:

'...how to keep an eye on the patient without making them feel trapped...'

Learning on the job

Some students had witnessed good role modeling by clinical staff and valued learning on the job, reflecting that they needed practice to gain confidence:

'...recognise more clearly how difficult it is for CYP to reveal information about themselves...'

Further knowledge

During the workshop, the students had become aware of some helpful local CYPMHS related resources which they felt more confident in accessing and several intended seeking out opportunities to increase their knowledge and enhance their caring abilities, such as:

'...volunteer in the mental health field to build confidence in ward/ED settings...'

'Training in CBT and useful interventions to promote good mental health and resilience'

'...promote safe spaces... promote reduction of the stigma in believing that talking is not care and a waste of nursing time...'

Several students acknowledged that the CYP's parents also needed support and recognised the value of signposting both to seek help.

Limitations of the study

This small study was conducted in one university, involving an area identified as having a high number of rejected referrals to CYPMHS, so it may not be representative of the whole of the UK. Furthermore, it was not clear when the students encountered a CYP with mental health issues and this may have provided insight into whether more senior students had different perceptions. The pre and post workshop questionnaires were not identified by unique identifying numbers so any changes could not be made according to individual students.

Discussion

The students were in the final months of their BSc. or MSc. children's nursing programme; however, they did not indicate at what point they cared for a CYP with a mental health issue. Perhaps more senior students may have developed transferable skills that could be applied to such CYP. Regardless, the questionnaire data suggested that continued learning was integral to their future nursing roles (NMC, 2018b), enabling them to adapt to changing patient care needs throughout their careers.

Comparing the pre-and post-workshop questionnaires, the workshop appeared to have allayed some of the students' fears and anxieties by equipping them with knowledge. The two students who stated that they had no knowledge or confidence, despite having cared for such CYP, provided comments that may suggest that they had some insight into their knowledge deficits, whereas the three students who had no experience of such CYP, all scored themselves as 2 out of 5. This may suggest that the reality of direct care provides a deeper learning experience for students and was transformative, which resonates pedagogically with McAllister (2010) and Jack's (2020) study of service user involvement in undergraduate nursing. The service users here provided insights into their experiences and

students' subsequent reflections; this appears to have motivated them to extend their knowledge further.

Professional boundary maintenance that facilitates student well-being was mentioned on both pre-and post-workshop questionnaires. Prior to the workshop, students were aware that it was important to be open and honest with CYP but were unsure what to say or do and how to observe CYP unobtrusively. However, after the workshop, the students had gained an insight into the CYP's feelings and acknowledged that just 'being with' the CYP could also be therapeutic. The use of therapeutic silence is used as a technique in counselling and mental health nursing with good effect (Ballantine-Dykes, Postings and Kopp, 2017), so it seemed that the students were beginning to value that giving space to the CYP but remaining present nearby could be beneficial.

Some students highlighted that, in their opinion, some clinical staff lacked empathy and appeared unable to offer appropriate care, demonstrating that the students were able to differentiate between poor and good role models and were eager to copy their good behaviours. This self-belief echoes Bandura's work on learning through observation (Aubrey and Riley, 2019). Bandura noted the value of learning via vicarious experiences (observing the good practice of others) and thereby becoming self-confident in similar events.

The students who voiced their frustrations with NHS service provision limitations, and waits to access CYMHS services, were perhaps becoming aware of the realities of complex service provision which may not be so visible with CYP who require other interventions. The students had experienced a wide range of practice placements in London and the South of England which, according to Crenna-Jennings and Hutchinson (2020) is an area where on average the highest proportion of rejected referrals to CYMHS services occurred. This may explain why the students frequently encountered CYP with mental health issues and reported ensuing feelings of inadequacy and frustration.

Although government initiatives are being developed to address the shortfall in adequate CYMHS support, this complex challenge requires a variety of approaches (DH, 2015; NHS, 2019). Consequently, it is likely that CYP with mental health issues will continue to be seen in ED, on children's wards and in community settings. Equipping children's nursing students with appropriate knowledge is therefore essential. The workshop does appear to have made a statistically significant difference to the students' perception of their knowledge and confidence. This is especially important, since the student may only be a few years older than the CYP; they may also have experienced mental health issues and, may identify closely with them. After the workshop the students appreciated that being with the CYP was important plus, several students stated that they valued knowing about useful immediate strategies and resources that they could deploy.

Several students said they would like a CYMHS placement; however, there are few of these placements available and mental health students are understandably given priority. Instead, children's nursing students are encouraged to seek out short alternative outreach experiences during their allocated practice placement. Some universities offer short elective placement opportunities where students can arrange to extend their experience, and this has potential for further experiences. Universities could also schedule similar service user input as in this study; however, this is costly and needs to be monitored and evaluated for its effectiveness.

Case studies are commonly used to help students to extend their knowledge of physical health care and could also be provided in addition to simulation sessions to enhance knowledge, such as in Dickinson et al's (2016) study where high-fidelity mannequins were evaluated positively by final-year mental health nursing students. However, that study addressed psychiatric emergencies, in contrast to both the MSc. and BSc. children's nursing students in the current study, who were concerned with practicing communication skills and signposting. Moreover, the provision of such simulation events is resource intensive and costly (Ellis et al, 2015) and the support and safety of students and role players (who may also be service users) must be considered. Universities are already cognisant of the need to

provide emotional support for students as recommended by IPPR (2017) via Health and Well-being Centres and Personal tutors; however, again, this is costly.

Conclusion

The data provided by the students reflected perceptions that have been observed in previous studies and national reports highlighting the increasing number of CYP who require referral to CYPMHS. This observation has been exacerbated by the Covid-19 pandemic and therefore the incidence of mental health issues amongst CYP seems unlikely to decline and will therefore be an on-going area of care for children's nurses to address.

As children's nursing students, soon to register with the NMC, life-long learning will be integral to their provision of care for CYP and families/carers. Some of the students in this study clearly recognised the need for on-going enhancement of their knowledge and that they were beginning to make plans for their future professional development post-registration, enabling them to become confident, self-motivated and creative in seeking out learning opportunities.

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