A multidisciplinary learning experience contributing to mental health rehabilitation

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Abstract

Purpose People who access health services often have a range of needs that require the involvement of members from a multidisciplinary team. Teaching future health professionals about the importance of a multidisciplinary approach can be challenging. The aim of this paper is to describe a project called Recovery Camp that enhanced multidisciplinary health education through experiential and immersive engagement with people experiencing mental illness.

Method Future health professionals and people with a lived experience of mental illness took part in Recovery Camp - an innovative five-day therapeutic recreation initiative in the Australian bush. Results are presented in a case study format and provide the reflective quotes of participants. The quotes were analyzed using a content analysis to identify core concepts.

Results Analyses identified a common appreciation of multidisciplinary learning. The interactions among students and between students and consumers, promoted inter-professional practice and a holistic understanding of mental health care.

Conclusions An immersive multidisciplinary approach, embedded within a recovery-based programme, enhances students’ understanding of the significance of multidisciplinary mental health care and treatment. Implications for Rehabilitation People with a lived experience of mental illness have a range of complex needs that require involvement of members from a multidisciplinary rehabilitation team. This study suggested a multidisciplinary, experiential, immersive health education experience - drawing on the principles of therapeutic recreation - can promote inter-professional rehabilitative practice and an appreciation for holistic mental health care.

Keywords
health, rehabilitation, learning, multidisciplinary, experience, contributing, mental

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Keywords: Mental health, mental illness, recovery, therapeutic recreation, interdisciplinary
Abstract

Purpose: People who access health services often have a range of needs that require the involvement of members from a multidisciplinary team. Teaching future health professionals about the importance of a multidisciplinary approach can be challenging. The aim of this paper is to describe a project called Recovery Camp that enhanced multidisciplinary health education through experiential and immersive engagement with people experiencing mental illness.

Method: Future health professionals and people with a lived experience of mental illness took part in the Recovery Camp – an innovative five-day therapeutic recreation initiative in the Australian bush. Results are presented in a case study format and provide the reflective quotes of participants. The quotes were analyzed using a content analysis to identify core concepts.

Results: Analyses identified a common appreciation of multidisciplinary learning. The interactions among students, and between students and consumers, promoted interprofessional practice and a holistic understanding of mental health care.

Conclusions: An immersive multidisciplinary approach, embedded within a recovery-based program, enhances students’ understanding of the significance of multidisciplinary mental health care and treatment.
**Main Text**

**Introduction**

According to the World Health Organization’s Mental Health Atlas 2011, one in four people develop some kind of mental illness at some point in their lives [1]. Closer to the site of study, results from the 2007 National Survey of Mental Health and Wellbeing, highlight that an estimated 7.3 million Australians between the ages of 16 and 85 will experience mental illness within their lifetime [2]. People with mental illness often have complex care needs, particularly if they live with co-morbid disorders [3]. Significantly, those with complicated care needs often require support and intervention from a range of health disciplines [4]. Regardless of their area of expertise, it is important for each individual within the team to understand the complexity of the lived experience of mental illness.

Mental health care is commonly delivered by a team consisting of different clinical disciplines, including: nursing; psychiatry; psychotherapy; psychology; social work; occupational therapy; and other branches of general or specific health disciplines [5][6]. Internationally, particularly in North America, it is also likely one would see recreation therapists as team members. In most settings, these clinicians work in multidisciplinary teams (MDT) [5]. Pecukonis, Doyle and Bliss [7] (p. 417) argue that ‘by its very nature, the provision of health service requires communication and coordination between practitioners.’

A MDT comprises diverse health care professionals who communicate regularly about the care of a person or group of people. Studies have shown that care delivered by a MDT is considered best practice in many parts of the world [8]. All individuals in the MDT ought to express a holistic understanding of the person in their care, and a degree of empathy toward their condition. In accordance with this, the development and maintenance of therapeutic relationships is essential.
It is without doubt that clinicians who work in a MDT require understanding of the roles of other professionals with whom they collaborate [9]. However, getting students to truly appreciate the value and differences that a MDT can offer, can be challenging for those who educate them. For future health professionals, typical clinical placements are not often conducive to highlighting the importance of multidisciplinary mental health care to individualized care and recovery. McAllister et al. [6] contend that ‘the preparation of health professionals occurs primarily in single-discipline programs, where interaction with other disciplines often only occurs in an ad hoc, time-limited way.’

Mann et al. [10] explain that a fully integrated educational experience, which involves a number of health disciplines in joint learning experiences, is what is needed to effectively prepare health professionals to work collaboratively in health care teams. Honan et al. [11] goes onto argue that not only can shared learning among health professional students improve collaboration, but it can also improve patient outcomes. McAllister et al. [6] discuss recent evidence which shows that when future health professional students are well-prepared for MDTs, they appreciate the skills and ideas that others can bring to patient care, as well as develop person-centered collaborative skills. Further empirical research is required to determine whether a fully integrated educational experience, involving a multidisciplinary cohort of future health professionals, can effectively prepare future health professionals to work collaboratively in the field of mental health.

Baily [12] (p. 5) argues that interaction and inter-professional practice makes collaboration in mental health care distinct from the ‘fragmented joint working’ seen in the past. According to Baily [12], in mental health care the boundaries between professional groups are becoming increasingly blurred. This is a progressive step that moves practice from a multidisciplinary
approach - ‘many working together;’ to an interdisciplinary approach - ‘many interacting to work collaboratively’ [12] (p. 5).

The need for interdisciplinary practice, as opposed to multidisciplinary practice, is explored by Pecukonis et al. [7]. In their discussion of interprofessional training of health future practitioners, Pecukonis et al. [7] argue that there is a need for education that focuses on promoting ‘interprofessional cultural competence.’ However, the preparation of students for interdisciplinary practice is rare. Maddock [13] (p. 258) furthers the call for such training for students, stating that in the context of mental health care there needs to be increased opportunities for MDT professionals to be involved in interprofessional education and interactive collaborative learning environments.

Considering the importance of MDT learning and that a MDT approach to mental health care is not fully recognised in health practitioner education, this paper posits the question: do future health professionals value and appreciate the significance of a mental health based, multidisciplinary educational experience?

This paper describes an immersive, clinical learning educational approach that delivered a holistic, recovery-based, multidisciplinary program to people with a mental illness. The Recovery Camp, as it is known, had a number of educational objectives including: increased clinical confidence of students; recognition and reduction of stigma; a greater understanding of the lived experience of mental illness; and, an appreciation and recognition of the role of the multidisciplinary team. The latter is the subject of this paper.
The Recovery Camp is an innovative, experiential clinical learning program that occurs outside a traditional clinical setting. The Recovery Camp brings people with a lived experience of mental illness together with future health professionals from a variety of health professions [14]. These include Nursing, Psychology, Exercise Science, and Dietetics. The Recovery Camp program was established in 2013 and runs annually. The location of Recovery Camp is an established recreation facility west of Sydney, New South Wales, Australia.

Delivery of the Recovery Camp program is underpinned by the principles of therapeutic recreation – that is, using recreation activities as a therapeutic means to improve health and quality of life [15]. This is an approach widely used in North America, but is yet to be embraced in other parts of the world. Further, the Recovery Camp positioned consumers as part of the overarching multidisciplinary team, respecting and appreciating their contribution towards their own care and recovery journey and valuing their contribution to student learning.

Recovery Camp attendees were invited to engage in a series of pre-determined activities, designed to challenge, rejuvenate, and facilitate critical reflection. The Recovery Camp program is developed in such a way that each activity has a specific purpose. Activities were a mix of physically demanding and adrenalin-inducing pursuits like a giant swing (18m: 59 feet) and flying fox (12m: 39 feet) and more sedate activities like Tai Chi (with a focus on mindfulness and balance), a trivia night, tie die, and craft. In addition, a bush dance, with emphasis on non-intimate physical contact was also deliberately included. At the end of each activity, a formal debrief was held by the group leader. Each debriefing session facilitated reflective discussion of group and individual experiences.
Participants

The 2015 Recovery Camp was attended by 20 final year Nursing students, 3 Psychology students, 1 Psychology recent graduate, 2 Exercise Science students, a final year Nutrition and Dietetics student, and a Bachelor of Nursing (Honours) student. Students were facilitated by academics from the fields of mental health nursing, education, and therapeutic recreation. Twenty-seven people with serious and enduring mental illness (consumers) also attended Recovery Camp. The benefits to the consumers’ health and wellbeing were many, but are the subject of a different paper.

Consumers ranged from 22 to 63 years of age ($M = 45.48; SD = 9.78$) including 17 females and 10 males. Consumers self-reported as being ‘stable’ and ‘living in the community.’ Mental health issues included: Depression; Bi-Polar Disorder; Schizophrenia; Schizoaffective Disorder; Anxiety; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder; Alcohol Addiction; and, Personality Disorder. Co-morbid physical issues included: Sleep Apnoea; Diabetes; Irritable Bowel Syndrome; Asthma; Chronic Fatigue; Hypothyroidism; Back Injuries; Poor Mobility; Arthritis; Hip Replacement; Gout; and, Hypertension.

Future health professionals (students) were encouraged to attend Recovery Camp as a unique, multidisciplinary clinical learning experience, different from a typical hospital-based clinical placement. Participating students completed a pro-forma to express their interest in attending. Those students who attended the Recovery Camp did so to meet the curriculum requirement of clinical placement hours of their undergraduate degrees (this being the nursing and exercise science students) or to partake in an extracurricular clinical learning experience (psychology and dietetics students).
During Recovery Camp, consumers were supported to share their lived experiences of mental illness, mental health, wellbeing and recovery with students. Students were encouraged to explore with consumers the detrimental effects of stigma related to mental illness. Additionally, students were to explore how they and other students, as future clinicians, may best assist someone working towards recovery. Such experiences, where students can learn directly from people with lived experience of mental illness, are arguably harder to obtain in typical inpatient settings. This approach to clinical learning is reflective not only of principles of recovery in mental health and person-centred health care, but uniquely encouraged student consideration of the role and contribution of members of the MDT in these contexts, inclusive of the consumer themselves.

Method

Ethical approval was received from the relevant university Human Research Ethics Committee (HE15/076). The activities of the Recovery Camp were the agency for interaction between all participants and these interactions were important for student learning. Students were encouraged to approach each activity in a translational way by considering how and in what circumstances learning from interactions could be applied in a health setting, outside of the Recovery Camp. This included any discipline specific interactions, which may have occurred between student-student and student-consumer.

At the end of camp, participants – including the health discipline students and future health professionals \(n = 24\) – completed reflective quotes. Each student was asked to reflect, comment on and explore their learning experiences while at the camp. Using content analysis, the authors independently identified core concepts and meanings from reflective
quotes. Analysis of reflective quotes was conducted using the constant-comparative method [16]. All data were transcribed and analysed separately by two coders using the open-coding method [16]. Open-coding is a process whereby a researcher assigns codes (including a definition of each code and representative quotes) that highlight ideas within the data [16]. After each initial coded sheet was created, both coders compared and merged initial codes into more robust categories. Comparison and analysis continued until themes emerged and a level of saturation was identified. To determine inter-rater reliability, the percentage of agreement between coders was calculated for each theme. Percentage agreement was acceptable (92%).

Results

The authors assert that such an immersive, multidisciplinary learning environment can be a significant learning experience for students. Such an opportunity can promote holistic and person-centred care in mental health. Person centred care is an expectation in mental health care and treatment. Themes that arose from analysis are identified below, accompanied by excerpts from reflective quotes.

Understanding and Empathy

The Recovery Camp promoted students’ understanding of peoples’ lived experience of mental illness. Consumers in this setting were recognised as contributing members of a team concerned with their mental health; as part of the MDT.

The following excerpt is from a Dietetics student. The reflection illustrates the students’ experience of collegiality between consumers and students, and how her experience of
learning from consumers has reframed her understanding of mental health care.

Dietetics student (Studying Masters degree; Female; Early 20s):

I find myself most days thinking about how everyone is getting on and hoping they all benefited from the camp as much as I did. It was an invaluable experience and one that I will forever remember. I feel that the week away working hand in hand with the consumers gave me a better perspective on patients living with a mental illness and how that would shape my practice in working with these people. Not only that, but I feel I have become a more considerate, patient and understanding person – which for a week long camp is a huge thing.

The student went onto comment on the positive and constructive experience of delivering a health education session, specific to her discipline, which benefitted both consumers and students of other disciplines. She also acknowledged the impact of a supportive environment and asserted her plan to apply the learning from this experience to her future clinical practice.

Dietetics student (Studying Masters degree; Female; Early 20s):

I enjoyed each and every day, and having the opportunity to talk about nutrition and health and running a small session with each of the groups was such a rewarding experience. I was overwhelmed with the response and enthusiasm that everyone [consumers and students] had in asking questions and participating within the group session. I feel as though I have made a
difference on camp and this experience has been really beneficial for me in acknowledging that I have chosen the right career path.

The consumers and students, and everyone else involved in the camp were so lovely, I found it really easy to get along with everyone and I loved how supportive everyone was of each other... I will reflect on this experience and apply it to wherever I end up in the future.

I cannot explain with words but I feel very moved by how supportive and involved everyone was throughout the duration of the camp.

Development of Practical Skills

The Psychology recent-graduate reported learning how to talk to consumers appropriately and with empathy, which she felt was not covered enough in her undergraduate studies. She thought that while the study of Psychology provides an expansive insight into the human mind, learning by being immersed with students from other disciplines as well as consumers deepened her understanding of the link between mental and physical issues, underscoring the importance of holistic care.

Psychology recent-graduate (Postgraduate Research graduate; Female; Mid-20s):

Holism is needed in health care, yet we only learn about our own disciplines for the most part. I know how a psychologist might see things, but that’s where it stops really. Learning about consumers lived experience and discussing it with people from different disciplines made me appreciate that it isn’t something you can just read about in a textbook. People see things
from such a different lens and it helps to understand how all the parts make up the whole. Learning like this is much more significant when it’s straight from the source and when you are in a learning environment that can probably be described as full-on.

Therapeutic Relationships

The Recovery Camp presented various opportunities to foster and develop relationships through group activities. Each task created opportunities to engage with one another, develop trust, respect and promote non-judgemental attitudes. It also allowed facilitators to model appropriate behaviour during interactions with consumers, which thereby assisted students to foster and develop relationships appropriately and through a shared lived experience.

The reflections from students, presented as quotes in this paper, illustrate that therapeutic relationships developed between student and consumer, and between students. Each type of relationship was an important part of the learning experience and provided lessons that students looked to apply to future health practice. Knowledge translation was seen to be occurring. Reflective quotes, from a student of nursing and of exercise science, highlight how the experience and watching the practice of others led to an appreciation of interdisciplinary learning.

Nursing student A (Undergraduate; Female; Early 20s):

(I) became more confident in participating in conversation; often taking ideas/skills of communication from the facilitators and other students. I felt that I achieved my goal of becoming a more confident communicator.
Exercise Science student (Undergraduate; Female; Early 20s):

I did get a lot out of hearing what other people thought. Often it reframed the way I was feeling or had been thinking. I really enjoyed how much we celebrated our achievements - whatever they may be. That is something I will take away from the camp. Always celebrate the little achievements with clients and take the time to support others and also congratulate yourself rather than shrugging it off.

I do not think I was quite as prepared for some of the [consumer] stories I was told. I did not have any good advice and so just listened. I am not sure that was the response they wanted. I heard the nursing students responding and learned from them.

Rather than being the recipient of learning by watching, another nursing student discussed and saw benefit by being a team member who provided support to others.

Nursing student B (Undergraduate; Female; Early 20s):

I soon realised that there were many different personalities amongst the students and also with the consumers. I tried my best to fit into my group and start to encourage and support all team members.

The Importance of Lived Experience

Consumers at Recovery Camp were able to share many aspects of their life that they may not feel comfortable disclosing in a hospital setting. The reflective quotes from students highlighted that consumers were extremely effective educators and were able to convey the
experience of living with a mental illness, which even the most experienced clinician or reliable textbook cannot provide. Students also recognised the importance of a consumer being a contributing member of a health team and how this is positive for recovery. Student reflections highlight the interactive learning that occurred on the Recovery Camp.

**Nursing student C (Undergraduate; Female; Mid-20s):**

*I have personally had the privilege of working alongside the consumers, treating them with respect and dignity. It has been interesting listening to their stories and watch them participate and grow in confidence and self-esteem. I believe working in collaboration with the consumer is a great attribute for their recovery.*

**Discussion**

The present study explored the question: do future health professionals value and appreciate the significance of a mental health based, multidisciplinary educational experience?

Reflective quotes were collected from a group of university students who participated in an immersive, clinical learning educational approach that delivered a holistic, recovery-based, multidisciplinary program to people with a mental illness.

The reflective quotes from students show that the future health professionals appreciated and even enjoyed the MDT learning experience. Their understanding and empathy towards people with a mental illness increased, they developed practical skills, appreciated and learnt how to establish and maintain therapeutic relationships, and discovered the importance of
lived experience. The significance of these realisations are supported by findings from Honan et al.’s [11] study of the perceptions of first year health students on interprofessional education. They found that health students are ‘ready and willing’ to participate in interprofessional education opportunities. Honan et al. [11] (p. 46) contend that ‘the most difficult part of instituting interprofessional education may not be in the mindsets of students, but in changing attitudes and perspectives among those already working and teaching in the professions.’

This case study cannot determine international impact without further research. However, learnings gained as a result of the intervention can be applied to an international context in terms of translating the program principles. The authors would welcome potential collaborators to apply this intervention to international contexts.

**Conclusion**

Understanding the importance of holistic care for people with a mental illness can be fostered through a multidisciplinary learning experience such as Recovery Camp. An experiential and immersive, multidisciplinary learning experience like the one discussed in this paper is a powerful approach to developing skills for and an appreciation of interprofessional practice. The voices of students offered in the paper illustrate this. A multidisciplinary learning experience such as this has the potential to change attitudes, shape future practice, and embed the notion of interprofessional, holistic care into the psyches of future health professionals before they even begin to practice. Multidisciplinary learning experiences that encourage an appreciation of inter-professional practice in mental health care are strongly recommended.
Ethical Consent

Ethical consent for this research project was sought and approved by the university Human Research Ethics Committee.

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Declaration of Interest

The authors report no declarations of interest.
References


