A strong commitment to mental health nursing

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A strong commitment to mental health nursing

Abstract
The School of Nursing, Midwifery and Indigenous Health (SNMIH) at the University of Wollongong, places great emphasis on providing nursing students with fundamental education and knowledge in mental health nursing. There are two dedicated undergraduate mental health subjects delivered within the Bachelor of Nursing (BN) program. Both subjects are placed in adjacent sessions to provide a consolidated speciality experience for all BN students. The two subjects incorporate core values and principles to guide the teaching of mental health nursing, learning outcomes that reflect the Australian Nursing and Midwifery Council (ANMC) competencies and are based on recommendations from the Mental Health Nurse Education Taskforce’s (MHNET) framework for mental health content in comprehensive pre-registration nursing curricula.

Keywords
strong, mental, health, nursing, commitment

Disciplines
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The School of Nursing, Midwifery and Indigenous Health (SNMIH) at the University of Wollongong, places great emphasis on providing nursing students with fundamental education and knowledge in mental health nursing. There are two dedicated undergraduate mental health subjects delivered within the Bachelor of Nursing (BN) program. Both subjects are placed in adjacent sessions to provide a consolidated specialty experience for all BN students. The two subjects incorporate core values and principles to guide the teaching of mental health nursing, learning outcomes that reflect the Australian Nursing and Midwifery Council (ANMC) competencies and are based on recommendations from the Mental Health Nurse Education Taskforce’s (MHNET) framework for mental health content in comprehensive pre-registration nursing curricula.

It is also a requirement that for each of these subjects (placed at a 200 and 300 level) students attend a 20-day clinical placement that is mental health nursing specific. These placements occur at mental health facilities that care for people across the context of care continuum, such as mental health community facilities, inpatient units, Psychiatric Emergency Care (PEC) units and facilities that treat those with comorbidities, such as drug and alcohol use disorders.

Mental health is importantly integrated across the curriculum in all three years of the BN program. Students completing the (300 level) transition-to-practice subject also have the opportunity to undertake an additional 20-day clinical placement in a mental health environment.

In 2011, the SNMIH introduced the Bachelor of Nursing Advanced (Mental Health/Education).
SIMULATION IN MENTAL HEALTH EDUCATION

BY NICOLE GOULTER

A workshop that provides nurses with the experience of hearing voices is aimed to help foster understanding and improve outcomes for mental health consumers.

In 2009, Arana Pearson from Keepwell Ltd provided training for Queensland Health clinical educators from the Central Mental Health Clinical Sub-Network. The workshop, co-facilitated with consumer consultants, is available to clinicians and the non-clinical workforce across the network.

The program consists of a four-hour workshop and offers a brief presentation about the experience of hearing voices and some practical advice for helping people who hear voices. Participants are then invited to take part in a simulated hearing voices experience using MP3 players, whilst undertaking a series of activities that replicate a mental health ‘day program’.

Participants share their individual experience in a debriefing session to explore the variety of individual responses, before reflecting on personal and organisational practices that assist or hinder engagement with consumers who hear distressing voices. This is the most critical factor where activity is turned into a learning experience. On evaluation, 33% of participants concurred that the debriefing session was the primary activity which assisted in developing insight into the real experience of hearing voices.

The workshop aims to provide participants with the opportunity to experience the impact of hearing voices through a simulated experience; gain a better understanding of the challenges that people with a psychiatric disability face and increase empathy; and to evaluate their clinical practice and the clinical environment for the treatment of people who experience voices that are distressing.

The workshop has attracted 158 mental health professionals and 16 paediatric health professionals who voluntarily participated in the evaluation of the workshop post-attendance. Preliminary evaluation data is positive: 100% of participants reported the experience as valuable to mental health clinicians; and 97% reported that the experience challenged their conceptualisation of hearing voices. Of the non-mental health participants 68.8% felt the experiences changed their attitude towards individuals with mental illness and 58.8% felt more confident to work therapeutically with mental health consumers in non-mental health settings.

The favourite components for the workshop were the MP3 experience of hearing voices (67.7%) and the activities (41.9%) engaged during the simulation.

It is well documented that mental health faces significant stigma in the health care arena due to misinformation and misunderstanding, which interferes with the access and engagement with services. The aim is to expand the opportunity for non-mental health nurses and students to participate in this workshop in an effort to facilitate an empathetic experience that personalises the individual’s understanding and improve the health care outcomes for mental health consumers in all health care settings.

REFERENCES

NICOLE GOULTER IS A NURSE EDUCATOR AT THE ROYAL BRISBANE AND WOMEN’S HOSPITAL, MENTAL HEALTH SERVICE IN QUEENSLAND.