

Implementing a Co-Produced Mixed Online & Face-to-Face Multi-Agency Mental Health Simulation-Based Education Programme

Introduction

Simulation-Based Education (SBE) can provide a safe environment for learning without risk to the service user. Across the southeast there is an inequity of access and provision of Mental Health (MH) SBE. Joined up, integrated approaches to education and services lead to improved outcomes, despite this, there is a lack of multi-agency education and service user/carers involvement.

This programme was implemented by the Sim4MH team at CCCU as part of the HEE SE regional simulation and human factors project.

Project Aim: To design, deliver, and evaluate an innovative regional one-day MH SBE programme and pilot this in 3 practice locations across the southeast.

Overall Objectives:

1. Raise awareness of mental health stigma, associated behaviours, attitudes, & their impact on outcomes
2. Increase confidence in the appropriate management of persons affected by psychotic, depressive, & personality disorders
3. Provide multi-agency, integrated, collaborative learning
4. Enhance appreciation of lived/learnt MH experience

Design

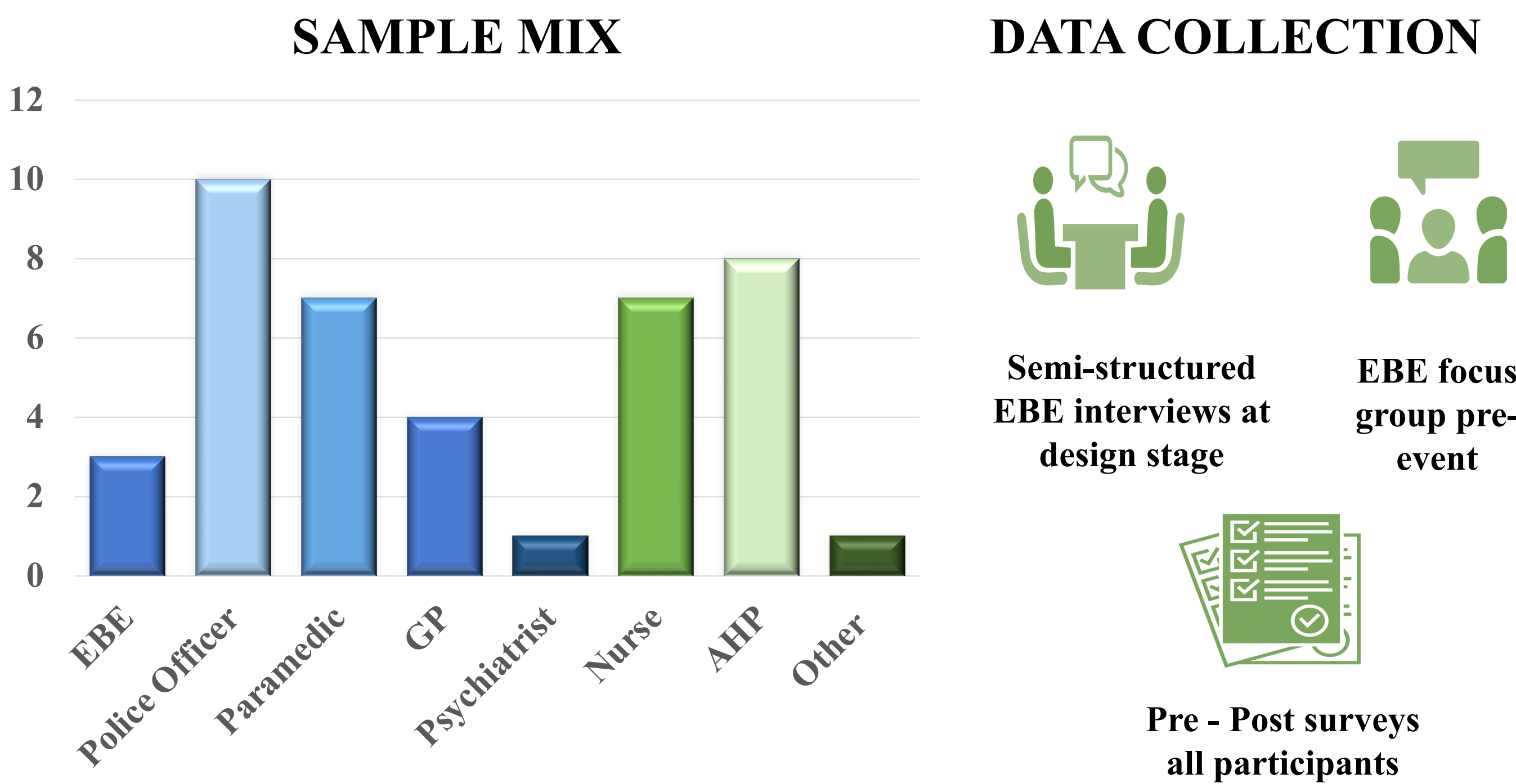
- Holistic, inclusive, collaborative, joined up approach
- Design, delivery, & evaluation in co-production with Experts By Experience (EBE) including service users & carers
- Interdisciplinary & multi-agency audience
- Mixed online & face-to face delivery
- Robust risk management strategy
- 3 Themes: day 1 psychotic disorders, day 2 depressive disorders, day 3 personality disorders
- Multifaceted - experiential activities & simulated scenarios
- Looked at communication, attitudes, behaviours, lived/learnt experience, & roles
- Acute & community clinical scenarios
- Trained SPs played service user / carer roles
- Faculty as co-learners, in person and online

DAY OUTLINE

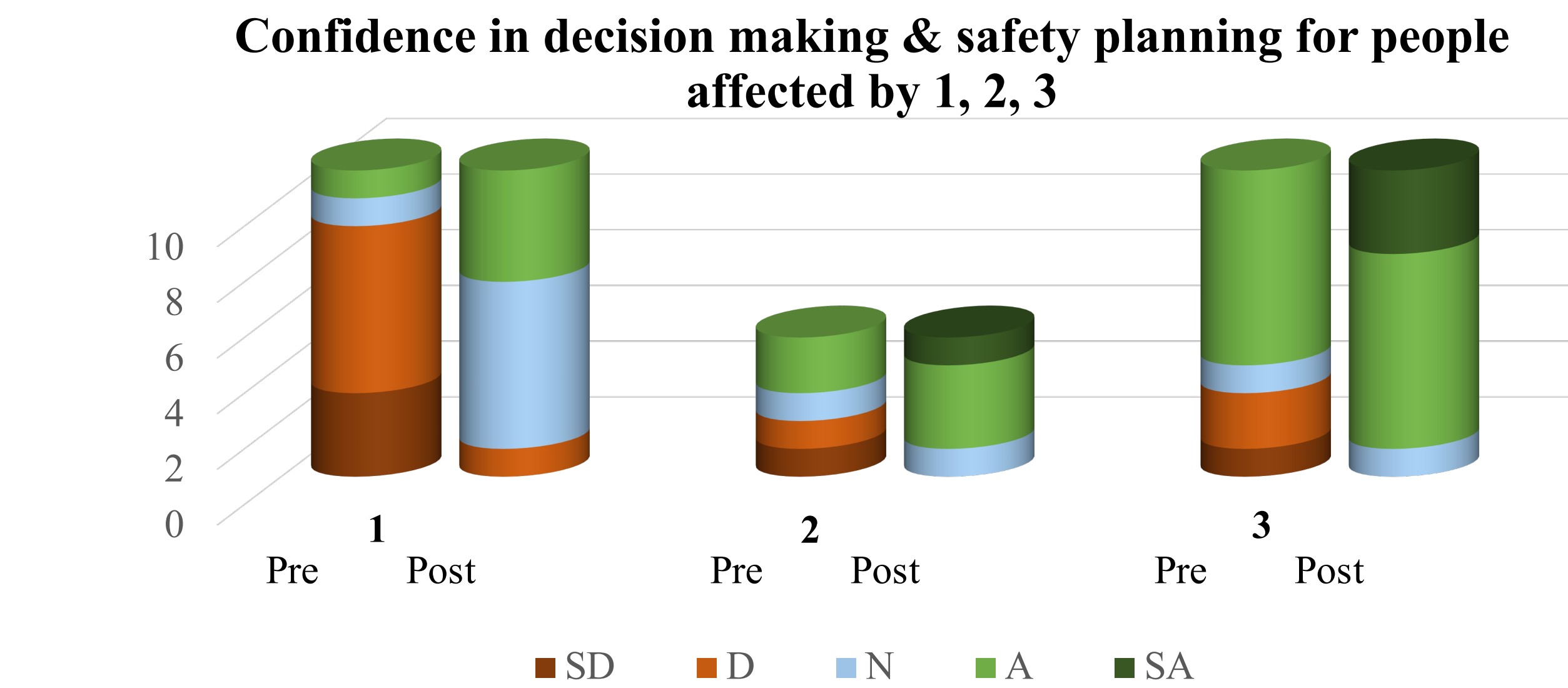
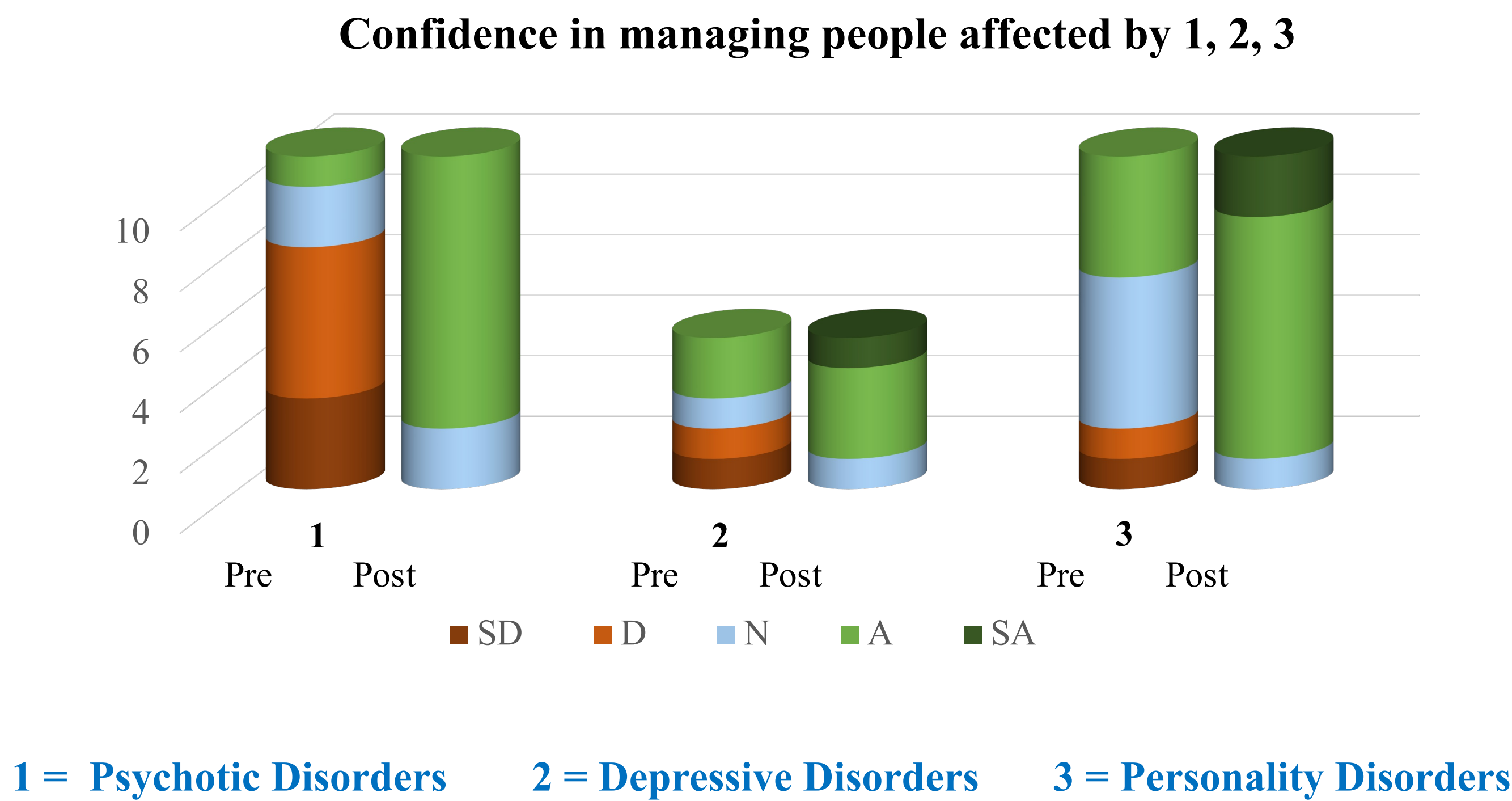


Method

- Convenience Sample across Kent, Surrey, & Sussex



Key Findings



Thematic inductive analysis - 4 Key Themes:

1. Safety - *‘what are the risks to the person, myself, & others’*
2. Ability to help - *‘can I help... will I make matters worse’*
3. Ability to empathise - *‘I feel compassionate... the distress they might be feeling’*
4. MH associated stigma – *‘We need to work towards eradicating the stigma’*

Participants (professional) perspectives: what they found most enjoyable about the MH SBE Programme: 4 Key themes



EBE perspectives & experiences of their involvement

EBE strongly agreed/agreed

- their involvement led to positive consequences for them
- the event addressed the lived experience
- the event empowered them to contribute in a safe environment
- the event was a positive platform for their voice to be heard

‘Hope for people to rethink their thought processes, to increase empathy... being able to put themselves in another persons shoes ... how they would like to be treated’

‘Fantastic seeing the views across the board of job roles & their enthusiasm. The message of being in it together I felt was received’

Participant Quotes - 3 months post

‘This session made me more empathic towards someone sectioned with a mental health condition’

‘The multi-agency approach set the event apart from any training that is already running in house’

‘My practice has definitely changed; I have a better understanding of others’ roles & beliefs of their approaches in other disciplines’

Implications:

- Multi-agency SBE programmes inform better integrated care systems which support interdisciplinary working & joined up care
- EBE involvement in MH SBE breaks down barriers by tackling stigma, & improves quality of education by making empathy more accessible.
- Learning outcomes focus on the development & enhancement of non-technical skills markedly communication, situational awareness, proactive decision-making, & inform partnership across agencies.

Next Steps

- Present work & deliver workshop on EBE involvement in MH SBE at the SimNet Inaugural conference
- Publication
- Two MH SBE events on 7 Sept & 5 Oct - Scan QR code for details



References: Attoe, C, Kowalski, C, Fernando, A, Cross, S. (2016). Integrating mental health simulation into routine health-care education. *Lancet Psychiatry*. 3 (8): 702-703.
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