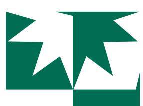
MENTAL HEALTH INTER-PROFESSIONAL EDUCATION

Facilitator Guide



Project Team

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OVERVIEW

The training materials provide a flexibly paced module on mental health team work for students enrolled in their final year of any health discipline. A series of activities require approximately 14 hours of delivery is included in this package. These can be delivered in a two-day workshop, or spaced over several weeks.

It is important to note that this Facilitator Guide is part of a set of materials including:

- A student workbook, designed to be completed throughout the guided learning.
- DVD trigger materials of a simulated case, involving a consumer experiencing a manic episode and journeying through recovery.
- A student placement workbook, designed to be completed on placement. This workbook may be handed in as an assessable component of the placement, or may be kept by students as a reflective journal.

Target student group

This learning experience is designed for final year students enrolled in any health program. It is not suitable for beginning students because they are likely to lack knowledge and awareness of their discipline's way of knowing. The workshop relies upon and builds on this knowledge.

The learning experience has also been designed to be inter-disciplinary and collaborative. Therefore a disciplinary mix is necessary for completion of all the activities.

Definition of terms

COLLABORATIVE LEARNING: In the past, when students from different health professional programs learned together it was called "inter-professional learning". The benefits of that kind of learning is that students learn with, from and about each other and this leads to greater understanding and less misunderstanding (Canadian Collaborative Mental Health Initiative, 2006). These days, we prefer the term "collaborative learning", because it includes learners outside the health professions (such as consumers, or arts students) who wish to learn with, from and about each other.

CLIENT: In this workshop we will be using the terms "client" or "consumer". As Mike Hamel says on the blog "Open Mike" www.mikehamel.wordpress.com

> *... a client is "One who receives medical attention or treatment." The archaic meaning was "One who suffers," from the Latin verb meaning "to endure." A client on the other hand is "The party for which professional services are rendered".*
>
> He adds: *A client complies with the experts. A client consults the experts, then follows what seems the best advice.*

CONSUMER: We will also use the term "consumer", which, according to Wikipedia (accessed 27/10/11), is a term:

> *that was coined in an attempt to empower those with mental health issues, usually considered a marginalized segment of society. The term suggests that those individuals have a choice in their treatment and that without them there could not exist mental health providers.*

MULTIDISCIPLINARY team approaches utilise the skills and experience of individuals from different disciplines, with each discipline approaching the client from their own perspective. These may occur in a "one-stop-shop" fashion with all consultations occurring as part of a single appointment on a single day. It is common for multidisciplinary teams to meet regularly, in the absence of the client, to "case conference" findings and discuss future directions for the client's care. Multidisciplinary teams provide more knowledge and experience than disciplines operating in isolation (Jessup, 2007).

INTERDISCIPLINARY team approaches integrate separate discipline approaches into a single consultation. That is, the client-history taking, assessment, diagnosis, intervention and short- and long-term management goals are conducted by the team, together with the client, at the one time. A common understanding and holistic view of all aspects of the client's care ensues, with the client empowered to form part of the decision-making process, including the setting of long- and short-term goals. This approach is considered to offer much more person-centred, democratic and stimulating work practices (Jessup, 2007).

Within mental health services across Australia it is rare to see interdisciplinary team activity, and the more common approach is for multidisciplinary team (MDT) work. It is important that students be prepared to work well within an MDT.

Pre-reading

Students should be directed to complete recommended readings and a questionnaire assessing attitudes towards collaborative learning at least one week before the training. To protect anonymity the questionnaire can be uploaded in an online survey format (survey monkey or similar).

Resources needed for the learning experience:

- Student Workbook
- Attitudes towards Learning Questionnaire
- Student name tags
- Table name tags
- Training evaluation form
- Codes of Ethics for each discipline
- LCD projector (PowerPoint slide show available)
- DVD Player
- Whiteboard, whiteboard markers
- Butchers' paper and mount board
- Blu tac
- Sufficient seating for the number of students in attendance
- Sufficient work tables for students
- Extra pens and note paper
- Refreshments/catering

Suggested Two-day Workshop Plan

DAY 1	DAY 2
Registration | Facilitator pre-brief (15mins)	Welcome back | Facilitator pre-brief (15mins)
1 Collaborative Learning Experience for active reflection (individual activity) (30mins)	**8** Examining Team Communication (1hr)
2 Consumer and carer stories (30mins)	**9** Spot the differences (1hr)
MORNING TEA	**MORNING TEA**
3 Recovery (45mins)	**10** Ethical Practice (1hr)
4 Poem activity – small group (1 hr)	
LUNCH	**LUNCH**
5 A client's experience is introduced – DVD + workbook (1hr)	**11** Emergency Scenario (1hr 15mins)
6 The Multidisciplinary Team (45mins)	**12** Students' professional practice (30mins)
7 Similarities and Differences (45mins)	**13** Final Collaborative learning experience for active reflection (CLEAR) (30mins)

Learning outcomes

Students are expected to achieve the following learning outcomes as they complete the activities in the *Student Workbook* or while on placement in a mental health setting.

LEARNING OUTCOMES	CRITERIA
1 Students will be able to demonstrate knowledge of their own role and that of other team members in multidisciplinary mental health practice.	■ recognise the key principles in collaborative teamwork ■ locate services available for emergencies ■ acknowledge the specific skills and contributions made by other mental health providers
2 Students will develop awareness of interpersonal and communication factors necessary for a well functioning team.	■ develop respectful and courteous behaviours towards other health professionals, carers and consumers ■ communicate effectively with consumers, family members, carers and other professionals ■ obtain and listen to feedback from consumers and carers regarding mental health service ■ manage differences of opinions, conflicts and world views
3 Students will be able to demonstrate awareness of ethical issues in professional practice.	■ analyse and display knowledge of relevant discipline specific and other discipline ethical guidelines, standards of practice, legal requirements and registration requirements ■ comply with procedures for reporting breaches of code of ethics or codes of conduct review and practice relevant policies, procedures and services for the specific placement setting ■ develop respectful and courteous behaviours towards other health professionals, carers and consumers ■ recognise their professional competency limitations and practise within the boundaries of own competence ■ understand evaluation and research as a basis for practice
4 Students will be able to demonstrate knowledge of signs of work stress and strategies for self care, and on-going professional development.	■ recognise signs and symptoms of work-related stress ■ consider a range of strategies for managing work related stress ■ develop awareness of own vulnerability to work stress and develop a sustainable plan for own self care ■ develop an awareness of continued professional education opportunities ■ participate in supervision and be willing to accept feedback from supervisors regarding practice ■ practise new skills, use new knowledge and integrate new learning into daily work activities ■ reflect on own practise, recognise limitations and to seek expert advice and supervision as required

Planning to set a collaborative atmosphere

The workshop requires planning to ensure that collaborative learning takes place. Students will need to be assisted to articulate emerging ideas and to challenge habits of mind or misconceptions.

Numerous materials have been developed to elicit critical thinking around disciplinary or practice tensions.

It is likely that they will not have engaged in collaborative learning with students from other disciplines before. It is possible that they may feel anxious or tentative. Thus, it will be important for you to set a calm tone and model respect, curiosity and show students that it is ok to express ideas that are tentative and still forming.

It is not the aim to produce or reinforce dogmatic beliefs, superior attitudes or intolerance.

The collaborative workshop depends on there being facilitators from a range of disciplines to support learners and to model collaborative practice. Ideally, there will be one facilitator for every six students; and a maximum of 30 students in one large group.

Teaching together

The workshop works well when the facilitators all get a chance to lead a session and when facilitators know each other well enough so that particular expertise can be acknowledged and drawn upon as relevant throughout the workshop.

Core values to model to students include: respect, honesty, trust, knowledge of self and other, and willingness to validate others' knowledge.

It will be useful for facilitators to spend time together prior to the workshop to identify which sections each will lead, who will keep notes of the process, and who will ensure all materials are ready for the workshop.

THE WORKHOP BEGINS

Overview

This activity sets the tone for the entire workshop. So it's important to explain that everything hinges on:

- student contribution;
- respect for ideas;
- respect for interruption from the facilitator in order to correct misconceptions; and
- having a go!

Student preparation and organisation into same discipline tables

Individual facilitators can all welcome the students as they arrive at the workshop and take their allocated seats.

1. **SET UP** the PowerPoint presentation and test audio.
2. Give students a **NAME BADGE**, invite them to the refreshments.
3. If gathering evaluation data, check that the **PRE-WORKSHOP SURVEY** has been completed and ask students who have not already done so to complete it while they are waiting for the others to arrive (PowerPoint slides 1-2).
4. **EXPLAIN THE AIM:** To work together to provide an inter-professional learning experience which will enhance your preparation for field placement in a multi-disciplinary mental health settings.
5. Ask students to **DISCUSS** at their tables how much/or how little they know about other mental health professionals. This should neatly lead into the learning outcomes.

   Facilitators should discuss each learning outcome and emphasise the following:

   - That the DVD provides a constructed case scenario of a client with mental health problems.
   - This training module is not a replacement for an actual, supervised placement in a mental health service setting.
   - This training is primarily to assist students to gain an understanding of the skills and attitudes required for working in a multidisciplinary mental health setting.
   - To assist students to recognise how interdisciplinary tensions might contribute to poor communication and assist students to develop respect, a professional attitude and improve their own communication skills in order to enhance their preparedness for a placement in a multidisciplinary mental health setting.
   - Introduce the idea of partnerships and ask students to consider what they know about their own perspective as well as the other mental health professional perspectives. This introduction should lead into **ACTIVITY 1: SELF ASSESSMENT**.

- Now distribute the **CLEAR** questionnaire.

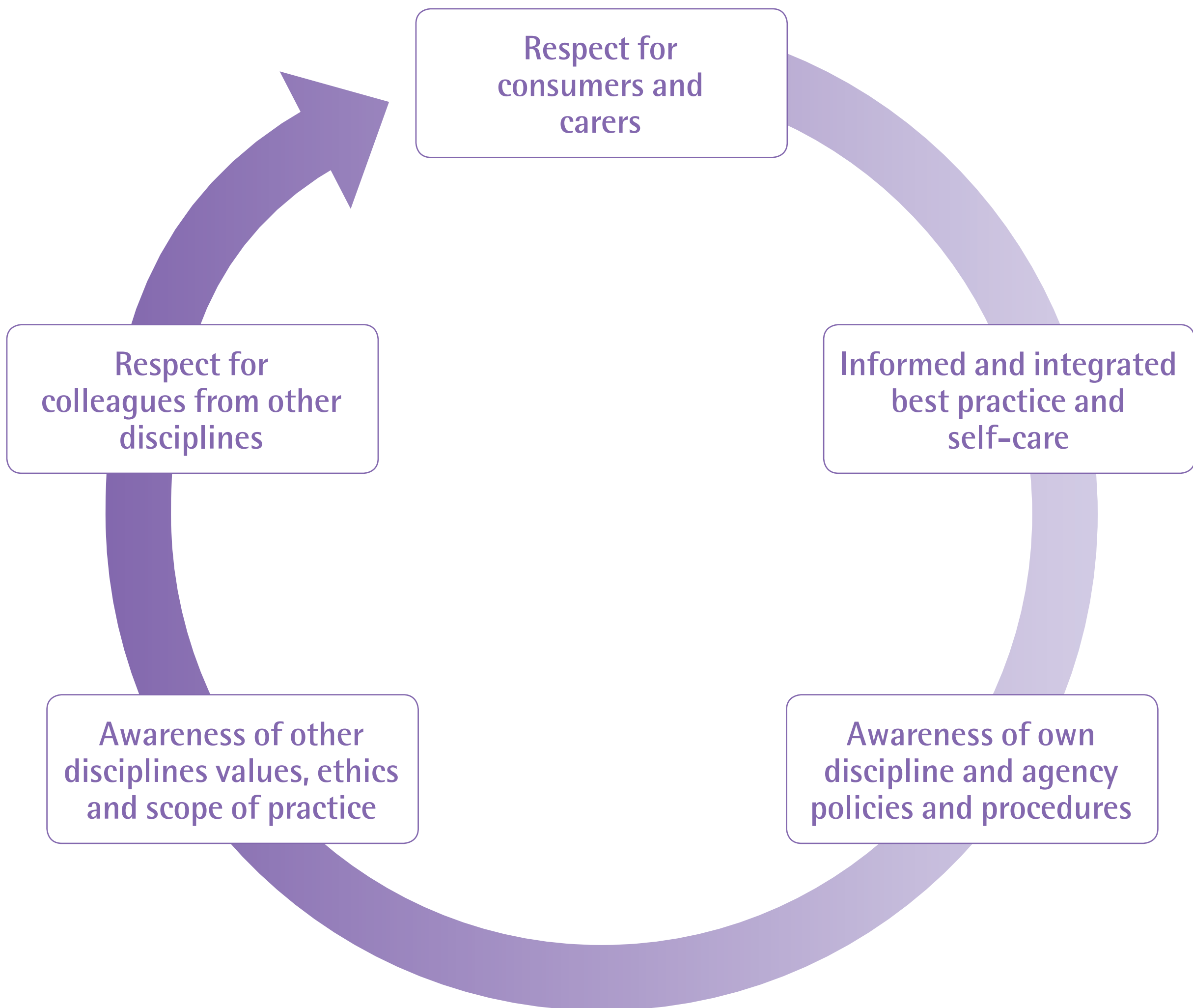
ACTIVITY 1:
Collaborative Learning Experience for Active Reflection (CLEAR)

0:30
HOUR : MINS

Overview

Students to understand the framework and complete the **SELF-ASSESSMENT FORM** in the *Student Workbook*.

Framework for multi-disciplinary mental health practice.



THE MULTIDISCIPLINARY FRAMEWORK that students have just considered, suggests that for clinicians to work effectively in these teams they need good knowledge of their own scope of practice and also of what other clinicians can offer. Ask the students to take a moment to **REFLECT**.

1. Why they chose their profession?
2. What experience or situation led them to an interest in this area?
3. Ask the students to complete this inventory for their own information only or to share with the group.
4. Ask the students which of the competencies relating to working in a multidisciplinary team listed, do the students believe they already possess, and which may need development?

I BELIEVE THAT I HAVE:	**Not at all**	**→**	**→**	**→**	**Very much**
An understanding of the role of the following professionals in the mental health team:	*(Circle the appropriate number below)*				
■ Psychiatrist	1	2	3	4	5
■ Psychologist	1	2	3	4	5
■ Occupational Therapist	1	2	3	4	5
■ Social Worker	1	2	3	4	5
■ Mental Health Nurse	1	2	3	4	5
■ Enrolled Nurse	1	2	3	4	5
■ Public Health Specialist	1	2	3	4	5
■ Paramedic	1	2	3	4	5
An understanding of the National Practice Standards for mental health.	1	2	3	4	5
A respect for other disciplines.	1	2	3	4	5
An understanding of the role of respect for consumers and carers.	1	2	3	4	5
The ability to communicate with consumers with mental health problems.	1	2	3	4	5
The ability to communicate an alternative opinion within a team.	1	2	3	4	5
The ability to work collaboratively with other members of a team.	1	2	3	4	5
The ability to seek help from other members of a team.	1	2	3	4	5
The ability to share concerns.	1	2	3	4	5
The ability to contribute to client care within a team.	1	2	3	4	5
The ability to reflect on own attitudes and behaviour.	1	2	3	4	5

ACTIVITY 2:
Consumer and carer stories

0:30
HOUR : MINS

Overview

This activity aims to provide students with an **INSIGHT INTO THE JOURNEYS OF CONSUMERS AND CARERS** in the mental health system. Ask students to watch the three clips and to reflect and discuss with their peers (mixed groups) what seemed to have been done well and what problems the consumers encountered.

Discuss further the ethics of 'who is the client', how a consumer's experience of a very typical activity (such as 15 minute monitoring) might be quite unnerving, and what could have been done better to improve the mental health care for the consumers and their relatives.

1

Ask the students to watch the DVD clip entitled 'Consumer and Carers' experiences' which shows consumers and carers talking about their journey through the mental health system.

2 Ask the students what worked well in the mental health system from the consumers' experiences and what could be done better?

Scenarios:

- Mother of teenage girl.
- Young man experiencing depression.
- Young woman experiencing psychosis.
- Encourage students to complete the boxes in the *Student Workbook*.

Comments/notes:

ACTIVITY 3:
Recovery principles

0:45
HOUR : MINS

Overview

Since 2005, the Queensland Government has officially endorsed a **RECOVERY MODEL FOR MENTAL HEALTH CARE** (Qld Government, 2005). But what does this mean? How is it possible for people with serious, and enduring mental illnesses to "recover", when there are no 'cures' for most of the mental health conditions? And how do clinicians orient their focus on recovery during illness-care? (McAllister & Moyle, 2008).

Explain to the students that this activity will deepen their understanding of recovery by completing these activities.

Organise students in mixed disciplinary groups so they can work together to develop a mind map or list of ideas for recovery.

1. Ask the students to listen to one of these podcasts on recovery:

   SANE AUSTRALIA, GETTING BETTER
   www.sane.org/information/factsheets-podcasts/207-getting-better

   BRENDA HAPPELL
   http://soundcloud.com/ipp-shr_podcasts_05/ippshr_podcast_050

2. Then ask students to make a mind-map or list of ideas that they consider to be important components of a recovery model.

3. Ask the students to make a table comparing the Recovery versus Medical Model.

RECOVERY RESOURCES FOR THE STUDENTS' FUTURE PRACTICE:

www.recoveryinnovations.com.au
This Australian site contains many useful and free downloads including personal stories of recovery, tips for getting well, experiences of being a worker in the recovery model, as well as products for sale, including cds, games, details on the WRAP (Wellness, recovery action plan) program.

SANE AUSTRALIA www.sane.org
This national charity provides fact sheets, a media watch to take early action on stigma, undertakes projects and surveys to advance quality in mental health services and experiences for people affected by mental health problems.

Comments/notes:

ACTIVITY 4:
POEM activity

1:00
HOUR : MINS

Overview

This activity prompts students to **THINK ABOUT AND ARTICULATE** the **WORLD VIEWS** guiding practice of their own and others' professional practice. It uses a mnemonic (POEM) to identify details about those world views.

- **P HILOSOPHY:** or historical background for each discipline
- **O NTOLOGY:** how members of the specific discipline join with the client on their journey with mental illness
- **E PISTEMOLOGY:** theory or grounds for what knowledge is necessary to practice
- **M ETHODS:** used when working with clients

Ensure that only the disciplines present are used in this activity. Facilitators may need to prompt students with some assistance to articulate their discipline's philosophy, ontology, epistemology and methods. Facilitators may need to assist in a respectful manner to dispel the disciplinary stereotypes that emerge from analyses of 'other' disciplines.

1 Invite students to break into groups (same discipline) and then ask them to talk for 15-20 minutes about the **POEM** for their own discipline.

Ask the students to take a few moments to create their own individual or group POEM, by using these prompts:

- **PHILOSOPHY:** What do you value? What do you believe?
- **ONTOLOGY:** How have you seen your profession be with clients? (Their position, manner?)
- **EPISTEMOLOGY:** What knowledge do you learn at University/TAFE to be that profession? What do you think it allows you to do?
- **METHODS:** What strategies do they use to be professional on a daily basis?

2 Once they have completed the POEM for their own discipline, they should then attempt to outline a POEM for **one other discipline**.

- Ensure that they choose another discipline which is present and that they do not all choose the same 'other' discipline.
- POEMs can be shared within the large group by nominating a spokesperson to explain, or by hanging them on the wall for group review throughout the day.

ALTERNATE ACTIVITY: If students have a tablet computer they could watch and listen to a health professional explaining their own disciplinary world view; or they could read the summaries. Then they can reflect on how each discipline is similar to, or different from, each other.

An **EXPECTED OUTCOME** of this activity is that it will identify areas of disciplinary overlap or similarity, identify gaps in 'other' disciplinary knowledge, and articulate students' own values about their discipline.

Another advantage of the activity is that it may help to bring out any misconceptions, or stereotypes about other disciplines.

Comments/notes:

Mental health nursing

PHILOSOPHY

Traditionally the role of the nurse has involved 'whole of person' care drawing upon a wide knowledge base from the healing arts and the sciences. We value the importance of gaining the patient's trust in a way that is informal and carried out in everyday interactions, providing comfort from pain or anxiety, interpreting medical information clearly and simply, and intervening to help the person turn what can be a major life crisis into a turning point for healing and adaptation.

ONTOLOGY

Mental health nursing is very much about applied humanism. Nurses aim to be with clients in a supportive, gentle, compassionate way while at the same time alert to signs and symptoms of distress.

EPISTEMOLOGY

Mental health nursing is a specialised qualification. Mental health nurses study the biological, psychological and social sciences, including pharmacology, and pathophysiology. They learn about therapeutic interventions with individuals and groups and play a big role in medication and treatment management.

METHODS

The role of the nurse in mental health is very broad and developing. Nurses work in acute inpatient settings, in crisis teams, community teams, telephone triage, they work as consultants and nurse professionals. A simple framework to summarise nursing work is C.A.R.E. (McAllister and Walsh, 2003). This stands for: Containment—they have an important role in containing distressing symptoms and behaviours. Awareness—they make use of their therapeutic skills to raise a person's understanding of risks, vulnerabilities and coping. Resilience—involves facilitating connections with support groups and community resources to promote recovery. And of course they do all this by being Engaging. It's very important for nurses to be accessible and trustworthy to the client and their family. It's in informal, everyday interactions where they can be effective in motivating someone to take those first tentative steps towards change.

Psychology

PHILOSOPHY

The philosophical framework that underlies psychological perspective is one whereby individuals are autonomous and have free will. This philosophy implies that a medical or disease model of mental illness is insufficient to account for the complexities of mental illness. Psychology's emphasis is in understanding both the biopsychosocial factors that contribute to and maintain mental illness as well as understanding the individual human experience. Psychology's philosophy also requires serious consideration of how mental illness/psychological disorders are defined, recognising that definitions of abnormal psychology are culturally and era specific.

ONTOLOGY

Psychologists interact in a respectful and collaborative manner acknowledging the individual rights and autonomy of clients while balancing the potential for harm to the individual and others.

EPISTEMOLOGY

Clinical psychology involves specialist training in psychopathology, psychological assessment, intervention and evaluation. Psychodynamic, cognitive and behavioural and humanistic perspectives underpin psychology's understanding of mental illness. Modern day clinical psychologists recognise the value of an integrative biopsychosocial perspective on understanding assessment and treatment of mental illness and psychological disorders.

METHODS

Psychology emphasises the assessment of contributing factors, individual formulation and conceptualisation of the person's difficulties, and the identification of specific problems associated with the symptoms and experience of mental illness. The setting of realistic goals, and an individual tailored intervention, assists in the resolution of the identified problems and psychologists undertake careful evaluation of the outcome of the interventions. Psychologists utilise individual, couple, family and/or group therapies and work collaboratively to develop a sound therapeutic relationship with the consumer and utilise evidence based methods to provide the most appropriate interventions.

Psychiatry

PHILOSOPHY

Psychiatry historically relates to the interface between the mind and brain. It has strong links to neurology and psychology in it origins and as such emphasises the inter-relations between the subjective experience of the patient, his/her environment and his/her past experiences and biological make-up. Psychiatry holds the position that mental illness, diagnosis and treatment are an interaction of a person's lived experience, biological predisposition and that person's environment. Mental health is not simply the absence of mental illness but rather the attainment of inner contentment and happiness in balance with one's spiritual, mental and physical health.

ONTOLOGY

Psychiatry embraces respect for and empowerment of the individual within a context of duty of care, and seeks to deal with the personal, family and social consequences of mental illness through diagnosis, prevention and treatment.

EPISTEMOLOGY

Psychiatry draws from a variety of psychoanalytical, interpersonal, family-oriented, social and biological theories for aetiology of mental illness and approach to treatment. It recognises the roles of one's physical being, inner being, spiritual being, human development, the family and community as both a theoretical basis for mental health and illness and as necessary to address in supporting an individual in attaining true mental health.

METHODS

Psychiatry embraces pharmacological treatment, psychotherapeutic approaches, cognitive and behavioural approaches, family therapy, group therapy, crisis intervention, primary, secondary and tertiary prevention, patient and family education, community integration and personal empowerment as essential tools in addressing mental illness. Psychiatry emphasises both narrative and evidence based approaches to mental health care, and integrates, teaching research and clinical care in a way that addresses stigma, social integration, personal development and the attainment of a state of full mental health for the individual and his/her family, carers and community.

Public health—Health promotion

PHILOSOPHY

The philosophical framework that underlies health promotion is the process of enabling people to increase control over, and to improve, their health. Health is a positive concept emphasising social and personal resources, as well as physical and mental capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

ONTOLOGY

A health promotion specialist is a professional maintaining and improving the health of populations and reducing health inequities among population groups through the action areas articulated in the Ottawa charter: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services.

EPISTEMOLOGY

Health promotion embraces actions directed at strengthening the skills and capabilities of individuals and changing social, environmental, political and economic conditions to alleviate their impact on populations.

Health promotion core studies include: the development of health promotion; design, implementation and evaluation of health promotion programs; health promotion settings, populations and issues; facilitation, learning and teaching for health promotion; environmental health; epidemiology; sociology; communication; and innovation.

METHODS

Health promotion specialists enable, mediate and advocate in order to develop healthy public policy and communities. They use a variety of strategies, including education, mass media campaigns, advocacy, lobbying and writing health policies.

Enrolled nursing

PHILOSOPHY

Enrolled nurses, and their early equivalents, have worked in mental health settings since the very beginning of psychiatric care. First called "orderlies", enrolled nurses value the same core principles as other nurses, providing comfort, facilitating self-care, and assisting consumers to heal and adapt to their conditions. They assist RNs to ensure the client has all these cares met.

ONTOLOGY

Enrolled nurses provide support and comfort assisting with activities of daily living. They care for the client under direct or indirect supervision of registered nurses.

EPISTEMOLOGY

The Endorsed enrolled nurse has completed a unit of competency to implement, monitor and report to other nurses, the nursing care for consumers with mental health conditions.

METHODS

The Endorsed enrolled nurse works only in the acute inpatient setting and supports the registered nrse to contain health problems, ensure daily psychosocial and physical needs are met and to facilitate client engagement and understanding of their health needs.

Paramedics

PHILOSOPHY

Paramedics are often the first contacts for a patient with the health care. Paramedics begin a continuum of care by providing initial medical assessment and treatment and transport them to a health facility for ongoing care or arranging alternative treatment. Traditionally this work was in the setting of the acutely ill or injured patient in an emergency or at a time of crisis. However, increasingly there is a move towards involvement in chronic health conditions and primary health care.

ONTOLOGY

Paramedics provide emergency assessment and medical treatment in a respectful, efficient way. Patient autonomy in making choices of engagement and interaction with the health care system is a central tenet of paramedic practice.

EPISTEMOLOGY

Paramedics study the clinical sciences in order to provide timely emergency clinical interventions and prevention strategies to lower the burden of illness and injury. Currently there is a significant change in paramedic education and practice, evolving towards a primary health care model especially in rural settings.

METHODS

The role of a paramedic covers three broad functions:

- the triage and prioritisation of a patients immediate and definitive needs
- delivery of appropriate immediate care, and
- organising the provision of or delivery to definitive care in a timely manner.

Social workers

PHILOSOPHY

Social work has a historical commitment to social justice and human rights, and works to locate individuals within their social systems so as to maximise potential for growth, development and change. Social work acknowledges that humanity exists in balance with the environment, and works to explore values, attitudes, behaviours and social structures that contribute to oppression and social exclusion of those who are vulnerable.

ONTOLOGY

Social workers maintain a commitment to standards of practice that include respect for the individual, encouragement of self-determination and autonomy, respect for privacy and confidentiality within a context of duty of care, and acknowledgement of the social consequences of mental illness.

EPISTEMOLOGY

Social work draws from a range of theoretical perspectives, including human development, family formation and functioning, group work, and community development. The strengths perspective is particularly relevant to mental health social work in supporting processes of recovery, as are anti-oppressive and empowerment approaches. Broader social theories provide explanation of socio-political and economic imperatives that contribute to disadvantage and social injustice. Furthermore social work also draws on theories from psychology, ethics, feminist and critical theories to understand the development of values and attitudes in general and specifically around controversial issues such as end-of-life decision making and suicide

METHODS

Social work practice includes work with individuals; work with families and partnerships; work with groups; work in community; social policy; research and evaluation; organisational practice, management and leadership; and education and training. Social work attends to engagement, assessment, intervention, termination, and review/evaluation. Central to the helping process is a focus on relationships and an understanding of the person in their environment, as well as active inclusion of consumers in processes of decision making. Social work uses a range of methods including counselling, therapy, group work, crisis intervention and solution-focused/problem solving approaches to assist social integration and inclusion and reduce the impact of stigma and discrimination in relation to mental illness.

Occupational therapists

PHILOSOPHY

Occupational Therapy (OT) practice is founded on the philosophy that people are 'occupational beings' that is, that the need to 'do' things that are personally meaningful is innate. 'Occupation' describes the everyday activities of life that people choose, or are required, to do. These can be broadly grouped into 'self-care'—the things we do to look after ourselves; 'work'—both paid and unpaid; and 'leisure' .

ONTOLOGY

One of the guiding principles of OT is that, for an occupation to promote health and well-being, it must be meaningful to the person, so a client-centred approach is fundamental to our practice.

EPISTEMOLOGY

Occupational therapists understand the fundamental link between occupation and health and well-being. This is complemented with a grounding in biological sciences, psychological and social theories. OT specific theory and models, complementary frames of reference such as the biomechanical frame of reference, and pathology are also included in their training. Many Occupational therapists find the Recovery Model and strengths-based approaches a natural fit with their basic principles.

METHODS

Occupational therapists use the concept of 'occupation centred practice' to guide their assessment and treatment. They investigate a person's occupational history, their current occupational roles, and current barriers and enablers to participation. Occupational therapists use discussion, interviews and observational assessment to assess directly the person's performance. In a nutshell, occupation may be used as both a means and an end, for example an activity such a cooking a meal may be used to *assess* somebody's physical, cognitive and psychosocial capacities and the same activity may also be used to *improve* these capacities.

ACTIVITY 5:
A client's experience is introduced

1:00 HOUR : MINS

Overview

In these clips the students are introduced to a simulated client "Peter" and his wife, "Julie". Peter and Julie have found themselves in the emergency department, being assessed. **A KEY CLINICAL SKILL** to observe here is the **MENTAL STATE EXAMINATION**. Remind students that the mental health professionals are acting and that individual mental health service settings will function differently.

Ask the students to watch the following video clips:

CLIP 1: **PRESENTATION AT EMERGENCY DEPARTMENT**

CLIP 2: **INTERVIEW BY MENTAL HEALTH NURSE**

1. Discuss how the mental health nurse approaches the client and what aspect of Peter's problem he focuses on.

2. Remind the students that Robert (the mental health nurse) is discreetly undertaking a Mental State Examination (MSE).

3. If the students have a computer in your group, ask someone to google that term to find out what it means.

   www.rch.org.au/clinicalguide/cpg.cfm?doc_id=13539

   www.takver.com/epstein/cartoon050.htm

   http://refrigenerator.blogspot.com/2010/03/mnemonics-for-mental-state-examination.html

View the following video clip:

CLIP 3: **ASSESSMENT BY CONSULTANT PSYCHIATRIST**

NB: At this stage Peter becomes increasingly agitated and irritable with Julie and appears not to recognise the seriousness of his actions. The consultant psychiatrist is concerned about Peter's safety and if there is a need to admit him to the ward.

1. Ask students to complete the table in the *Student Workbook* by reflecting on how the psychiatrist approaches Peter and what aspects of his presenting difficulties the psychiatrist focuses on. (Again, how does this stem from a medical POEM?)

2. Ask students to consider how well each professional appears to understand the consumer's main concerns.

EXTENSION ACTIVITY: If the students would like to learn more about the nurse's role in working with clients in the emergency and acute care, the following reading is recommended.

Simpson, A. (2009). The acute care setting. In P. Barker (Ed.), *Psychiatric and mental health nursing: The craft of caring* (2nd ed.). (pp. 403-409). London: Hodder.

Comments/notes:

ACTIVITY 6:
The multidisciplinary team

0:45
HOUR : MINS

Overview

The aim of this next activity is to introduce students to the members of the **MULTIDISCIPLINARY TEAM**. Remind students that while it is not usual for the triage nurse also to be the inpatient nurse, this does occasionally happen in some settings (eg rural settings where the nurse may also liaise with the inpatient until transfer to the emergency department).

View the following video clip:

CLIP 4: **MULTIDISCIPLINARY TEAM ADMISSION MEETING**

Peter has now been admitted to the ward and settled in his room. The case management team meet to decide how to progress his treatment over the next few days.

1. Ask the students to complete the table in the *Student Workbook* to reflect on how the different professionals approach Peter's problems. What aspects of his presenting difficulties does each professional focus on?
2. Discuss in groups these different perspectives, reflecting back on the POEMs that were developed earlier.

View the following video clip:

CLIP 5: **PRE-DISCHARGE TEAM MEETING**

1. Ask the students to explore the effectiveness and comprehensiveness of the focus that other clinicians take to understand the situation.
2. Ask students to identify at least three important points made about the assessment process so far. Students might suggest the following for example:
   - Peter is not happy about being admitted
   - Peter does not feel that he is ill
   - Peter feels like the health practitioners are not listening to him
   - Julie feels that the practitioners have noticed that Peter is 'not OK'
   - Julie is reasonably happy with the process so far

Comments/notes:

ACTIVITY 7:
Similarities and differences

0:45
HOUR : MINS

Overview

This activity emphasises the importance of **APPRECIATING DIVERSE APPROACHES** within teams. Indeed this is the very reason why teams, and not individual consultants have been established. Diversity should yield richness, completeness and holism.

1. Ask the students to use the expertise within their collaborative learning group to select and compare two different professions. Ask them to recall or review the POEMs of each professional and to complete the table in the *Student Workbook*, highlighting similarities and differences.

2. Ask the students to point out the benefits of different points of view in a team.

EXTENSION ACTIVITY: If students would like to read more about their team members the recommended reading for this is:

Bland, R., Clarke M., et.al. (2007). The active participants in mental health services. In G., Meadows, B., Singh, & M., Griff (eds), *Mental Health in Australia: Collaborative Community Practice*. (pp. 190-227). Sydney: Oxford University Press.

Comments/notes:

END OF DAY ONE

ACTIVITY 8:
Examining team communication

1:00 HOUR : MINS

Overview

In this activity **TENSIONS ARISE**, and the students will begin to appreciate that community-based, recovery oriented workers need to notice and act on these tensions. First the **LOCATION OF CARE** is now within the client's own home. This could shift the **POWER DYNAMICS**. Second, boundary intrusions occur leading to arguments and upheaval. Students need to be prepared for these developments in order to find ways to prevent them and restore team **BALANCE** and **RESPECT**.

View the following video clip:

CLIP 6: **HOME VISIT**

1. Ask students in mixed disciplinary groups to discuss the following: what impact did this home visit have on the family?
2. How well did the team members communicate about the home visit?
3. What were the outcomes for Peter and the team members?
4. Ask students to reflect on their own scope of practice for when they will be making home visits. What is their Safety Plan?
   - Prompt students for key ethical principles and write these on the board.
   - What important safety and ethical issues should be considered?
   - What did the registrar do well, and what might she have done better?

Comments/notes:

View the following video clip:

CLIP 7: **MULTIDISCIPLINARY TEAM COMMUNICATION**

You will see a series of five short interactions between staff. At this stage students need to be advised that differences of opinions among staff often occur and that this is not restricted to specific disciplines. The purpose is not to denigrate any particular discipline but rather to highlight how communication can be fraught and how professionals may sometimes be disrespectful to each other.

STUDENTS SHOULD CONSIDER:

- What professional and ethical issues are raised in these encounters?
- Whether there were differences in opinion within the team.
- How any differences of opinion were managed.
- How the team members used power.
- Which students identified more with one of the mental health professionals than with the others?
- How well team members communicated about the home visit.
- What behaviours modelled respect?
- What the outcomes were for Peter and for the team members.
- What insights individual students wish to remember and enact in their professional practice.

Encourage students to jot down their responses in their workbooks. Note that students may wish to 'blame' the personalities of the respective health professionals.

Remind them that individual differences in interpersonal skills are only one factor in disrespectful communication. Ask students to consider other structural, systemic and/or individual issues (such as role strain, resource limitations, wish to be helpful, burnout etc) that may affect inter-professional communication.

EXTENSION ACTIVITY: Refer students to these readings noted in the *Student Workbook*.

Dennis, S. (2000). Professional considerations. In C. Gamble & G. Brennan (Eds) *Working with serious mental illness: A manual for clinical practice.* (pp 317-328). Edinburgh: Balliere Tindall.

Renouf, N., & Meadows, G. (2007). Working collaboratively. In G. Meadows, B. Singh, & M. Grigg (Eds.), *Mental health in Australia: Collaborative community practice.* (pp. 227-242). Sydney: Oxford University Press.

ACTIVITY 9:
Spot the differences

1:00 HOUR : MINS

Overview

This activity further explores **COMMUNICATION** amongst team members. The context of the interaction is in a team meeting where **DIFFERENT VIEWS AND VALUES** about the use of medication are expressed.

View the following video clip:

CLIP 8: **MANAGING DIFFERENT PERSPECTIVES**

Facilitators may choose to watch Clip 8 version 1 and 2 with time for discussion in between, or view both clips and then discuss.

The challenge for the students is to identify the differences between the two versions of the team discussion.

Again remind students that the clips intentionally exaggerate the interactions to make the point about differences of opinion around medication issues. This is not meant to denigrate any particular discipline, but provides an opportunity for a number of important issues to be raised.

Brains Trust

The leader will advise the students that the facilitators have a great deal of expert knowledge and that it is now the students turn to ask the facilitators questions. The facilitators will gather together in a **BRAINS TRUST**.

Students will be advised to ask any and all questions they may have about the therapeutic use of the medication in the context of Peter and Julie.

For example, the students may wish to know:

- How they would weigh up the 'pros and cons' of a medication
- if there are any other medications that could be used for Peter;
- if there are alternative therapies;
- whether these clinicians are acting safely or ethically;
- what they would have done differently in this team ...

The students can use the *Student Workbook* to note their "take home messages" from the Brains Trust.

Comments/notes:

ACTIVITY 10:
Ethical practice

1:00 HOUR : MINS

Overview

One of the many benefits of working within a multi-disciplinary team is the access to different points of view, that can help reason through **CHALLENGING PROBLEMS** and **ETHICAL DILEMMAS**. This activity prepares students for the reality that there are many ethical dilemmas and challenging problems in mental health practice.

Student preparation

Place students into their own disciplinary groups to discuss any two of the **ETHICAL ISSUES** raised during the previous video clips.

Remind students that they have seen a number of **INTERACTIONS** between Peter, Julie and the team as well as interactions between the various professionals of the multidisciplinary team.

Some interactions worked well and some not so well. When they go into mental health practice, it won't be sufficient to just act respectfully.

Students will need to know what their **CODE OF ETHICS** is, their **SCOPE OF PRACTICE**, and the **BOUNDARIES** around this, because they will be held accountable for any breaches.

Student activities

1. Ask students to take the time to refresh their knowledge of their profession's ethical code.
2. Encourage students to note down what they saw as ethical problems raised throughout the viewing of Peter and Julie's journey into mental health services.
3. Provide information about ethics (see following) before completing two final activities.
4. Ask students to discuss with their collaborative learning group and decide whether the issues in the table following constitute: **UNCERTAINTY**, **DISTRESS** or a **DILEMMA**.

	Uncertainty	Distress	Dilemma
The clinician who feels uncomfortable with the medication prescribed to Peter because he feels that the risks outweigh the benefits.			
The clinician who feels upset that Julie is feeling unsupported and angry in the inpatient setting as she is not allowed to stay with Peter overnight.			
The student who gets outraged that the theoretical principles they have learned as part of their study are not what they perceive in the practice setting.			
The clinician who feels that the treatment plan has not been addressed accurately and completely with the client and family.			
A group of clinicians have evidence that a consultant psychiatrist is not assertively treating the client, leading to him being on the ward for too long and this same client is seeking discharge.			
A group of clinicians have evidence that a consultant psychiatrist is not assertively treating the client, leading to him being on the ward for too long but the Clinical Director is supporting the consultant.			
A clinician observes that a client is benefiting from the new medication, yet they are putting on weight and there is a high possibility that metabolic syndrome (the name for a group of risk factors that raises your risk for heart disease and other health problems, such as diabetes and stroke.			

Teaching notes on ethics

Key points about ethical thinking:

- Ethical decisions are often trade-offs between:
  - **UTILITY**: the value delivered to the stakeholders in your organization
  - **RIGHTS:** entitlement to something
  - **JUSTICE:** equitable sharing of pain and pleasure
- Not all uncomfortable issues are dilemmas (Cohen & Erickson, 2006). Look at the differences in the table below.

Moral uncertainty The person feels that something is not right. There may be a gut feeling …
Moral Distress The person may know the right course of action but feels powerless to act on the choice because of obstacles such as: disagreement, lack of support, lack of resources, rules …
Ethical dilemma Two opposing courses of action can be justified. A decision must be made about which action will be taken.

Benefits of using an established framework to reason through ethical situations

EFFICIENCY: decisions can be made more quickly

CONSISTENCY: results in more systematic outputs

PAYBACK: builds emotional goodwill with your constituents

SELF-RESPECT: you feel good about yourself when you look in the mirror

There are 3 steps to resolving an ethical dilemma:

(Note: these comments are in the student's workbook.)

1	Know your own professional values
2	Select a model from ethical theories
3	Use a problem solving process

Two Ethical Theories

UTILITARIANISM: An act is moral if it produces a greater ratio of good to evil for everyone. This is a consequential theory, where actions are judged by outcomes.

Strengths	Weaknesses
Useful for decision-making	May ignore wrongs
Flexible	May conflict with justice
Recognizes interests of all	Difficult to design rules
Resolves conflict of interest	

GOLDEN RULE: An act is moral if you treat others the way you would wish to be treated. This is a non-consequential theory, where a factor, other than the outcome, should be considered when faced with an ethical dilemma.

Strengths	Weaknesses
Personalizes decisions	Needs modification to fit commerce
Brings fairness into play	We can't know how others feel and think
Carries childhood teachings into business	

Comments/notes:

ACTIVITY 11:
Emergency scenario

1:15
HOUR : MINS

Overview

This activity involves a **SIMULATED EMERGENCY**, to which the paramedic students are to respond and all other students are to engage in peripheral participation. Run well, this simulation should flow at a fast pace, and take not longer than 10 minutes. The lesson plan follows this summary. Students may need to be prepared prior to the activity to use **PROFESSIONAL DISTANCING STRATEGIES** so as not to be overwhelmed by strong emotion which may interfere with clear thinking.

The scenario

Two weeks later at 9pm a 000 call is made by Julie. Ask students to listen to the call.

1 Play the call.

Ask paramedic science students to leave the room with the facilitator. Remind the paramedic science students about their routine response to such an emergency and to speak out loud what they are thinking, planning and about to do so that the observers can understand their actions.

Paramedic students are to respond to the emergency and then report to the large group answers to these questions:

- What is the call coded as?
- What did you try to do first, and why?
- What did the vital signs indicate?
- What did the Electro cardiograph (ECG) indicate?
- What was your assessment of Peter's mental status?
- Do you recommend that an Emergency Examination Order (EEO) is needed? Why?
- What are the differential diagnoses for Peter?
- What are the concerns for Peter's health and ongoing needs?

2 On assessment of Peter the Paramedics find the following:

- Peter is drowsy. Although he cooperates with having his vital signs measured, he is uncooperative to other requests, agitated and resisting directions.
- He states: "I just wanted to get some peace. Some peace".
- He is moving all limbs spontaneously but not responding to requests such as: "Squeeze my hands".
- He has slurred speech. His arms are thrashing, he may have ataxia. He seems weak.
- There is vomit on the bed clothes. His airway is protected.
- His pupils are dilated.
- HR: 160
- BP: 100/60
- Temperature: 35.8
- Respiratory rate: 12
- Auscultation: coarse crackles
- ECG: results are at hand
- Julie is anxious, angry, pacing and blaming herself while also trying to console her daughter Sophie. She is asking if Peter will be OK. Julie doesn't know what to do with Sophie.

3 In deciding what to do next, ask students to think about: Stabilising Peter's physical status. Is his airway clear; is his CVS and CNS system stable; is he safe now, or does his safety need to be assessed. Is his family safe or do they need more support? What risks still need to be mitigated?

a. If Peter needs to be transferred to a place of safety for further assessment and treatment, where should he go?
b. If he is uncooperative, how will this transfer take place?
c. What will be the legal situation?
d. What information will you need to gather to ensure his safe transfer?
e. What resources will he need?

4 In helping students to think about how they can be helpful in this emergency, a simple and memorable framework can be useful.

A useful framework for attending to a crisis is to use the ABC model (Kanel, 2007):

A: attend to the client and family;
B: break the issues down into priorities and manageable tasks;
C: facilitate client coping.

Discussion is now invited from the whole group.

Comments/notes:

Questions for others

1 From the perspective of your discipline and from a professional point of view, what questions do you have? Please ask the paramedic students.

2 What have you learned from this situation? (Nurses, Psychologists, Social Workers, Public Health Strategists and Occupational Therapists).

3 Thinking about your POEM, what are the most important things you would like paramedics to consider in their future work practice?

Debrief

Simulation enables learners to practice necessary skills in an environment that allows for errors and professional growth without risking client safety.

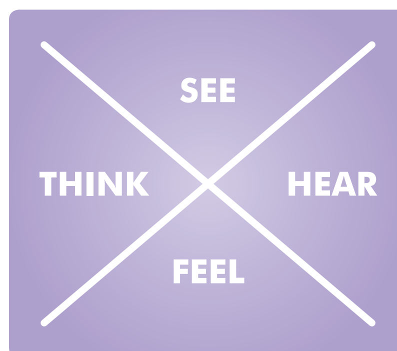
1 Have people applaud the performers and say some words of appreciation.

2 Share some drinks or lollies around before considering the following questions about the simulation learning experience.

- What went well?
- What did you learn that you did not know before?
- How do you think participating in this scenario will influence your future practice?

3 Ask students to think of other situations that they have a feeling they will need to be prepared for out there in clinical practice. Ask students to use the space on page 29 of the workbook, to jot down situations they would like to experience through simulation.

4 Facilitators may choose to use an X model for discussion (see below for example).



Simulation Lesson Plan

Date:

Title: Responding to a mental health emergency

Learning objectives:

1. Synthesise and implement pre-hospital management plan for a patient who is suspected of taking an overdose of tricyclics antidepressant and alcohol.
2. Explore and interrogate the perspectives and roles of different health disciplines on the subject of suicide.

Time	Content	Resources	Learner Activity
10mins	■ Students are provided with a pre-brief to evoke a professional, listening, engaged stance. ■ Students listen to the emergency call. ■ Use the ABC framework to respond to this situation (A: attend to the client and family; B: break the issues down into priorities and manageable tasks; C: facilitate client coping). ■ Paramedic students are asked to respond (Remember your POEM). They are to think aloud their clinical reasoning. ■ All other students are to observe, consider their POEM, and participate when invited.	■ Critical reflection ■ PowerPoint Slide ■ Wav File ■ Educator prompts ■ Paramedic grab and go bags ■ ECG strip of a TCA overdose ■ Moulage (vomit) ■ Mannequin ■ Empty bottles of Allegron, and wine ■ Distressed wife to be played by educator ■ Intensive care paramedic will be on hand to provide guidance PRN ■ A list of questions are provided to stimulate a multi-disciplinary discussion.	■ Students listen ■ Paramedic students respond to the scene. ■ Think aloud what they notice, interpret, and plan to do next. ■ All other students make suggestions to their facilitators as to how their discipline would interpret the situation and needs. ■ Facilitated session to prompt reflection on practice.

References:

Kanel, K. (2007). *A guide to crisis intervention.* 3rd Ed. Fullerton: California State University.

McGaghie,W., Barry Issenberg, S., Petrusa, E., Scalese, R. (2010). A critical review of simulation-based medical education research: 2003–2009. *Medical Education*, 44, 50-63.

Mezirow J. (2000). *Learning as Transformation.* San Francisco: Jossey-Bass.

Nagel, T., Thompson, C. (2007). *Yarning about Mental Health.* AIMHI. NT.

NSW Health. (2004). *Suicide Risk Assessment and Management.* Gladesville: NSW Health.

Questions to promote reflection on content and process:

THE PATIENT:

- Signs and symptoms
- Allergies
- Medications
- Past history
- Last ate
- Diff Dx?
- EEO?
- Events leading up to current presentation.
- What resources are required to manage Peter's condition? How do you arrange these?
- What are the concerns for Peter's health and ongoing needs?
- Where is definitive care for Peter's management and how do we get there?
- Are the police required to attend?
- Who needs to be notified? (Especially as it is after hours.)

THE FAMILY:

- What support do Julie and Sophie need? Who is going to provide that right now?
- Should Julie and Sophie travel in the ambulance with Peter? Is this possible?
- What factors need to be considered?

THE HEALTH CARE TEAM:

- What does the mental health team and hospital DEM expect of the paramedics?
- How did you function throughout this learning challenge?
- What did you notice about self and others?
- What will you do next?
- What is it that students notice about the role of the paramedic in this emergency
- What is your professional role in this situation?

Questions to promote reflection on premise (the whole situation about suicide and suicide prevention):

- What is the information for your discipline that you would like the paramedics to gather from the scene and include in their handover?
- How do you intend to behave in situations such as this in the future?
- What resources will you call upon to help you maintain or restore your resilience?

ACTIVITY 12:
Students' approach to professional practice

0:30
HOUR : MINS

Overview

This activity aims to provide students with an opportunity to **REFLECT** on their individual POEM, consider their **PHILOSOPHICAL POSITION** on service delivery, reflect on how they intend to practise, examine their **DISCIPLINE KNOWLEDGE BASE**, and determine which actions are **CENTRAL TO THEIR PRACTICE** in a multidisciplinary mental health team setting.

The questions the students should ask themselves are:

1. **PHILOSOPHY:** What characteristics give meaning to the notion of a "good health professional"?
2. **ONTOLOGY:** How do I intend to be in my interactions with consumers/colleagues?
3. **EPISTEMOLOGY:** What new information has been added to my knowledge base?
4. **METHODS:** What actions are central to my professional practice?

Comments/notes:

ACTIVITY 13:
Final Collaborative Learning Experience for Active Reflection (CLEAR)

0:30 HOUR : MINS

Overview

As a way of ending the day, facilitators should ask students to complete the Collaborative Learning Experience for Active Reflection (CLEAR) Form in the *Student Workbook.*

This will assist students to **REFLECT** back on their initial **KNOWLEDGE** and **EXPERIENCE** to notice any changes that may have taken place throughout the learning.

I BELIEVE THAT I HAVE:	Not at all	→	→	→	Very much
An understanding of the role of the following professionals in the mental health team:	*(Circle the appropriate number below)*				
■ Psychiatrist	1	2	3	4	5
■ Psychologist	1	2	3	4	5
■ Occupational Therapist	1	2	3	4	5
■ Social Worker	1	2	3	4	5
■ Mental Health Nurse	1	2	3	4	5
■ Enrolled Nurse	1	2	3	4	5
■ Public Health Specialist	1	2	3	4	5
■ Paramedic	1	2	3	4	5
An understanding of the National Practice Standards for mental health.	1	2	3	4	5
A respect for other disciplines.	1	2	3	4	5
An understanding of the role of respect for consumers and carers.	1	2	3	4	5
The ability to communicate with consumers with mental health problems.	1	2	3	4	5
The ability to communicate an alternative opinion within a team.	1	2	3	4	5
The ability to work collaboratively with other members of a team.	1	2	3	4	5
The ability to seek help from other members of a team.	1	2	3	4	5
The ability to share concerns.	1	2	3	4	5
The ability to contribute to client care within a team.	1	2	3	4	5
The ability to reflect on own attitudes and behaviour.	1	2	3	4	5

BRINGING IT ALL TOGETHER

Facilitators should close by referring back to the **LEARNING OUTCOMES**, reflecting on **OBSERVED CHANGES** and **NEW INSIGHTS** raised.

Facilitators can ask students to complete the **EVALUATION FORM**, commit to using the **STUDENT PLACEMENT WORKBOOK** while on placement, and return completed evaluation forms to the relevant coordinator.

Thank you!

Facilitators should thank students for their participation and invite emailed feedback.

Facilitator debrief and review

Facilitators should spend at least 30 minutes after the workshop discussing the following:

1. **HOW THEY FELT** the workshop went generally.
2. **STUDENTS' ENGAGEMENT** with the materials.
3. Specific **FEEDBACK** from students on each of the Facilitator's strengths and areas for improvement.
4. Any particular **ACTIVITIES** that did not seem to work well and how those activities might be **IMPROVED**.

REFERENCES

Canadian Collaborative Mental Health Initiative. (2006). Strengthening collaboration through inter-professional education: A resource for collaborative mental health care educators—Toolkit. Mississauga, ON: Author. Downloaded on 20 January 2010 from www.ccmhi.ca

Cohen, J., & Erickson, J. (2006). Ethical Dilemmas and Moral Distress in Oncology Nursing Practice. *Clinical Journal of Oncology Nursing, 106*, 775.

Jessup, RR. (2007). Interdisciplinary versus multidisciplinary care teams: do we understand the difference? *Australian Health Review*, FindArticles.com 26 Oct, 2011

Kanel, K. (2007). *A guide to crisis intervention*. 3rd Ed. Fullerton: California State University.

McAllister, M., & Moyle, W. (2008). An Examination of Mental Health Nursing Models of Care in a Queensland Psychiatric Hospital. *International Journal of Mental Health Nursing, 17*(1), 18–26.

McAllister, Morrissey, McAuliffe, Davidson, McConnell, Reddy, (2011). Teaching ideas for generating critical and constructive insights into well-functioning multi-disciplinary mental health teams. *Journal of Mental Health Training, Education and Practice. 6*(3), 117–127.

McAllister, M, & Walsh, K. (2003). C.A.R.E: A framework for mental health practice. *Journal of Psychiatric and Mental Health Nursing. 10*(1), 39-48.

Queensland Government. (2005). *Sharing responsibility for recovery: Creating and sustaining recovery oriented systems of care for mental health*. Queensland Health: Brisbane.

Websites and resources

The Centre for the advancement of interprofessional education
www.caipe.org.uk

MedEdWorld: a global online medical education community
www.mededworld.org

Tiger: transforming interprofessional groups through educational resources
http://tiger.library.dmu.ac.uk/

World Health Organization. (2010). Framework for action on interprofessional education and collaborative practice. Health Professions Networks Nursing and Midwifery Human Resources for Health.
Available at: www.who.int/hrh/resources/framework_action/en/

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