



# EQUIP training the trainers: an evaluation of a training programme for service users and carers involved in training mental health professionals in user-involved care planning

C. FRASER<sup>1</sup> BSc (HONS), MSc, A. GRUNDY<sup>2</sup> BA (HONS), MPhil, O. MEADE<sup>3</sup> BA, MSc, PhD, P. CALLAGHAN<sup>4</sup> RN BSc, MSc, PhD, C.Psychol, FHEA & K. LOVELL<sup>5</sup> BA (HONS), MSc, PhD

<sup>1</sup>EQUIP Programme Manager, <sup>5</sup>Professor, Division of Nursing, Midwifery and Social Work, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Manchester, <sup>2</sup>Research Associate, <sup>3</sup>Research Fellow, <sup>4</sup>Professor, School of Health Sciences, Queen's Medical Centre, University of Nottingham, Nottingham, UK

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## Correspondence

C. Fraser

Division of Nursing, Midwifery and Social Work

School of Health Sciences

Faculty of Biology, Medicine and Health

University of Manchester

Jean McFarlane Building

Oxford Road

Manchester M13 9PL

UK

E-mail: [Claire.fraser@manchester.ac.uk](mailto:Claire.fraser@manchester.ac.uk)

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## Accessible summary

What is known on the subject?

- UK NHS policy highlights the importance of user and carer involvement in health professional training.
- We know little about service user and carer motivations and experiences of accessing training courses for delivering training to health professionals and how well such courses prepare them for delivering training to healthcare professionals.
- ‘Involvement’ in training has often been tokenistic and too narrowly focused on preregistration courses.
- There is limited data on how best to prepare and support potential service user and carer trainers.

What does this paper add to existing knowledge?

- This study adds to the international literature by highlighting service user and carer motivations for accessing a training course for delivering training to health professionals.
- Service users and carers wanted to gain new skills and confidence in presentation/facilitation as well as to make a difference to healthcare practice. We also learned that service users desired different levels of involvement in training facilitation – some wanted to take a more active role than others.
- A one-size-fits-all approach is not always appropriate. Encountering resistance from staff in training was a previously unidentified challenge to service user and carers’ experience of delivering training in practice and is a key challenge for trainers to address in future.
- Professional training involvement can be enhanced via specialist training such as the EQUIP training the trainers programme evaluated here.

What are the implications for practice?

- When training service users and carers to deliver training to mental health professionals, it is important that service users are equipped to deal with resistance from staff.
- It is important that service user and carer roles are negotiated and agreed prior to delivering training to healthcare professionals to accommodate individual preferences and allay anxieties.
- Training for service users and carers must be offered alongside ongoing support and supervision.

- Mental health nurses (and other health professionals) will be better able to involve service users and carers in care planning.
- Service users and carers may feel more involved in care planning in future.

### Abstract

**Introduction:** Limited evidence exists on service user and carer perceptions of undertaking a training course for delivering care planning training to qualified mental health professionals. We know little about trainee motivations for engaging with such train the trainers courses, experiences of attending courses and trainees' subsequent experiences of codelivering training to health professionals, hence the current study. **Aim:** To obtain participants' views on the suitability and acceptability of a training programme that aimed to prepare service users and carers to codeliver training to health professionals. **Method:** Semi-structured interviews with nine service users and carers attending the training programme. Transcripts were analysed using inductive thematic analysis. **Results:** Participants' reasons for attending training included skill development and making a difference to mental health practice. Course content was generally rated highly but may benefit from review and/or extension to allow the range of topics and resulting professional training programme to be covered in more depth. Trainees who delivered the care planning training reported a mix of expectations, support experiences, preparedness and personal impacts. **Implications for Practice:** Mental health nurses are increasingly coproducing and delivering training with service users and carers. This study identifies possibilities and pitfalls in this endeavour, highlighting areas where user and carer involvement and support structures might be improved in order to fully realize the potential for involvement in training.

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## Introduction

One impact of the UK's NHS consumer involvement agenda has been the increased participation of service users and carers in the training of health professionals (Happell *et al.* 2014). But whilst research into consumer involvement in the training of healthcare professionals has intensified over the last decade (Repper & Breeze 2007, Morgan & Jones 2009, Terry 2012, Happell *et al.* 2014), the focus has been predominantly on preregistration courses across a range of healthcare roles. There is limited data on user involvement in postregistration courses (Happell *et al.* 2014) and very little data on carer involvement in health education overall (Repper & Breeze 2007).

The most common form of user involvement in mental healthcare education is via the service user sharing personal narratives in order to 'tell their stories' (Repper & Breeze 2007). One review has captured the impact of this method as giving students insight into real-life experience for people living with mental health conditions; experiences of admission and treatment; and ideas for service improvement (Happell *et al.* 2014). However, there has been criticism of this approach of service users being 'wheeled in' to share their narrative (Rees *et al.* 2007, pg

370) and there is limited evidence for the impact of this approach in changing clinical practice (Terry 2012).

Explorations of the barriers and facilitators of user and carer involvement in training and education are few (Felton & Stickley 2004, Basset *et al.* 2006), but commonly emphasize the importance of adequate preparation and support for the service user (Fadden *et al.* 2005), particularly in understanding the organizational context in training health professionals (Basset *et al.* 2006). Previous studies have highlighted service user anxiety and feelings of vulnerability prior to training involvement, particularly if the service user perceives they will be the only service user in the training room (Felton & Stickley 2004, Rees *et al.* 2007).

The rationale for the current study rests on the limited national and international evidence on service user and carer perceptions of undertaking a training course for delivering care planning training to qualified mental health professionals. Also, we know little about trainee motivations for engaging with such train the trainers courses, experiences of attending courses and trainees' subsequent experiences of codelivering training to health professionals.

The current study, EQUIP (enhancing the quality of user-involved care planning in mental health services), a five-year (2012–2017) programme grant funded by the

National Institute for Health Research (Bower *et al.* 2015), seeks to improve service user and carer involvement in care planning in mental health services via the development, evaluation, implementation and dissemination of a coproduced and codelivered training package for mental health professionals (EQUIP care planning training intervention).

The EQUIP programme was developed to build on policy initiatives and guidelines which place service user choice and involvement in their own care planning as a central principle for improving quality of care and enhancing recovery (Department of Health 2000; RCP 2009; CSIP & NIMH 2005; Healthcare Commission 2008).

The EQUIP training programme was developed following consultation with service users, carers and health professionals during the first (qualitative) phase of the EQUIP programme grant (Bee *et al.* 2015, Cree *et al.* 2015, Grundy *et al.* 2015).

The team wanted to move away from the 'sharing personal stories' model of user and carer 'involvement' in delivering the EQUIP training intervention. Instead, the training would be led by a main facilitator, an academic with a clinical background in mental health nursing (KL or PC), with service users and carers participating as cofacilitators in small group work and sharing experiences and views on improving care planning with the wider group throughout the two-day training course. A 'train the trainers' course was developed to assist service users and carers in preparing to codeliver the two-day EQUIP training intervention to professionals in participating NHS mental health trusts.

## Method

### Aim of the study

This study aimed to obtain views from service users and carers who attended the train the trainers course on the acceptability and suitability of the course. In particular, the team wanted to elicit feedback on training facilitation, content and preparedness for undertaking a trainer role on the EQUIP care planning training intervention for mental health professionals.

### EQUIP: train the trainers programme

The four-day train the trainers programme was delivered at University of Manchester over a four-week period in spring 2014 by two senior academic clinicians (PC and KL) with support from an academic colleague (OM) to a group of nine potential trainers, comprising mental health service users ( $n = 6$ ) and carers ( $n = 3$ ). The underlying philosophy of the programme was participatory learning

and andragogy (adult learning) and aimed to enable participants to understand the principles of training and identify the attributes and values of an effective trainer. Emphasized throughout were skills development (e.g. presentation skills) with a particular focus on small group teaching. The programme timetable is presented in Figure 1. The fourth day of training included a review of the EQUIP professional training intervention for health professionals and an opportunity to practise presentation skills.

Two participating service users and a carer were co-applicants on the EQUIP programme grant who had been recruited specifically to cofacilitate the training intervention for professionals. The remaining six training participants were recruited from the EQUIP Service User Carer Advisory Group (SUCAG) following the circulation of an advert detailing the paid training opportunity. It was envisaged that three additional service user and carer trainers would be needed to provide cover for the co-applicants during periods of leave.

Six applications were received for the three roles, and after completing telephone interviews with all, it was agreed that three additional unpaid training places on train the trainers could be offered to half of the applicants in order to support their skill development and to meet a desire for greater involvement amongst SUCAG members. The additional trainees would also form a reserve pool should any of the first three paid applicants become unavailable to deliver training.

## The evaluation

### Participants

The evaluation used semi-structured individual interviews to explore participants' views on training acceptability and their views as to whether the training had prepared them for delivering the training intervention (and experiences of training health professionals where applicable). Letters of invitation to take part in the evaluation were sent to all nine trainees approximately seven months after the completion of training. Ethics committee guidance recommended a written approach rather than direct contact (e.g. at a scheduled advisory group meeting) to ensure that participants were able to freely consent to take part if desired given their existing professional relationship with the researcher (CF). Participants had to opt in (by emailing or phoning CF) to take part and all nine trainees agreed to take part and provided written informed consent.

The training programme and evaluation participants thus consisted of six service users (four female; two male) and three carers (three female; one male). In order to protect participant anonymity due to the small sample size, quotes are not identified by gender or participant type.

EQUIP Train the Trainers Programme			
Day 1	Day 2	Day 3	Day 4
9.30 Welcome and introductions	9.30 Recap of day 1 and	9.30 Small group teaching	Review of EQUIP training programme for health professionals
9.45 Rational and structure of the course	9.35 introduction to day 2	10.00 Feedback	
10.00 Small group exercises - My expectations - Skills & knowledge review - My learning style	9.40 Focus planning a teaching session	10.30 Coffee	
10.30 Coffee	10.30 Coffee	11.00 Small group teaching	
11.00 Focus on effective teaching and assumptions of participants	11.00 Focus on engaging participants	11.30 Feedback	Practice presentations
12.30 Lunch	12.30 Lunch	12.00 Lunch	
1.30 Adult learning	1.30 Focus on small group work session	1.00 Small group teaching	
2.45 Coffee	2.45 Coffee	1.30 Feedback	
3.00 Adult learning (2) & participatory learning	3.00 Focus on skills practice (role play)	2.00 Small group teaching	
4.00 Feedback and close	4.00 Feedback and close	3.00 Feedback	

**Figure 1**  
EQUIP train the trainers programme. [Colour figure can be viewed at wileyonlinelibrary.com]

Interviews were completed by the EQUIP Programme Manager (CF) who was independent of the training team to encourage participants to talk openly about their experiences. All participants consented to interviews being audio-recorded and transcribed. Transcripts were analysed independently by CF and AG using thematic inductive coding of themes emerging to uncover meaning in participants’ accounts of their involvement in the training process (Fereday & Muir-Cochrane 2006). CF and AG then met to review themes and reach agreement on the coding of the data and the overarching themes.

Ethical approval was obtained from University of Manchester Research Ethics Committee prior to commencement of the study (Ref: 14406).

*Findings*

The themes explored in this section encompass participants’ motivations to take part in the EQUIP training the trainers programme, their support needs and experiences of the training programme and their reflections on delivering training to mental health professionals in terms of both their preparedness and the professional attitudes encountered during training delivery.

**Motivation to take part**

Participants were asked to reflect back on their pretraining expectations and motivation for attending the programme and revealed a range of intrinsic and extrinsic motivations.

*Skill development*

For some, the training (and subsequent training delivery for professionals) offered an opportunity for personal self-development by learning new skills and gaining paid work experience for their CV:

The appeal was the possibility of the opportunity to do some some training and be paid for it...partly for the experience...and partly at the time I wasn’t in paid work so that was good...it seemed like a good opportunity. (P8)

The skill development potential was further enhanced by the opportunity to learn from ‘experts’ in the field:

I knew that if I did Train the Trainers I would be trained by experts, simple as that. That was my experience of working amongst those people...so my

thoughts prior to training were I would love to be trained by these people. (P3)

#### *Getting involved: making a difference*

Participants also saw this training as an opportunity to make a difference, to bring service user involvement to professional education by engaging directly with professionals in the training intervention:

I felt that Train the Trainers would be something...not only would it be me, sort of, gaining a skill, if you like, but also a way of...your lived experience, a way of being able to share that by doing this training to deliver that training. (P6)

I did hope it would make a difference... change the way people worked... I was hoping that this initiative would change the way that mental health professionals performed. (P7)

#### **Participant support needs and experiences**

The interviews explored how supported participants felt both prior to and during the train the trainers programme.

#### *Enthusiasm vs. anxious anticipation*

Participants reported a range of emotions prior to attending the training programme. For some, there was excitement and enthusiasm for the opportunity this new learning experience presented, an eagerly anticipated 'learning curve' and the chance to go on to deliver training direct to mental health professionals.

But for others there had been significant anxiety in relation to the role that attending training the trainers would lead to which necessitated reassurance and support from course leaders:

I was slightly taken aback when [lead trainer] asked me to do it, because I thought it was quite a big thing to do, and also quite nerve-wracking to stand up in front of people, like, people similar to those in my care team, and be training them. I was a bit unsure I would actually be able to do it...but I think I did speak to [lead trainer] about it beforehand, and say, 'I'd really love to do that, but I think it will be quite hard, and I'm quite nervous about it'. And she reassured me, she said, you'll be working alongside me and [other trainers], and we're not going to just leave you there standing, if you struggle then we'll step in, and you'll be alright. (P9)

However, not all participants had felt able to raise their concerns and anxieties for fear of being considered

unsuitable for the role, highlighting a potential gap in support need assessment:

...I was quite worried about doing it, but, at the same time, you know, I wanted to do it, yeah...you had a, sort of, interview over the phone and then, you know, you obviously wanted to say how keen you were to do it, I can't remember if they asked you had you got any training needs or something, but I don't think so...I don't suppose I did say anything [about feeling worried], because I didn't want it to appear...to make it look like I couldn't do it. (P6)

#### *Assessing individual support needs*

Despite the anxieties highlighted, on the whole participants felt that precourse information, course delivery and support during the course had been generally good. Two participants had been unable to attend all four days due to illness and bereavement but commented positively on the steps taken afterwards to facilitate their 'catch-up' and continuation in the programme. One participant was however disappointed that additional support needs highlighted prior to training had not been taken into account during the preparation of course materials, limiting participation on the first day.

#### **Training reflections: train the trainers**

Participants shared their views on the four-day train the trainers programme in terms of content, delivery and perceived impact.

#### *Course structure and content*

Participants reported that the course had been well structured, interesting, enjoyable and useful and were able to collectively highlight the most useful parts of the course content:

- presentation skills and practice presentation
- team work with other service users/carers
- theories of learning and engagement
- specific focus on training health professionals

#### **An overly theoretical approach?**

Some participants felt too great an emphasis was placed on training theory at the expense of practical skills (e.g. practising presenting) and that insufficient time had been devoted to the professional training programme they were being trained to deliver, particularly in terms of the content of the two-day programme and service user and carer roles in delivering this:



I suppose there might have been an argument, and I think there was a general feeling of this by, say, day three, of yes, all that intellectual stuff is actually fascinating and interesting but is it going to help me to go in front of a group of people and do some training and I felt that anxiety increasing as the days went on. . . I think it was just the fact of the pressing thought of, oh \*\*\*\*, in a month's time I could be out delivering something and I'll not sufficiently have crossed that content or my role in it. . . perhaps a little more practical stuff on teaching, if you like, earlier might have helped. (P1)

#### *Intensity of sessions*

Some participants, whilst enjoying the content, had found the sessions quite intense due to the extent of information presented on each day. One participant offered some tips for how this might be improved in the future:

I remember sitting there thinking, this is an awful lot of information to take in, and even now when I reflect back on that I still think there was an awful lot of information. We did have the information in front of us and [trainers] are always brilliant at delivering it but I just felt it was a lot for four days. . . I think maybe if we had had more breaks and maybe a longer day, because there was an awful lot to pack in, in quite a relatively short day. (P5)

#### *Open, respectful learning environment*

But despite the caveats highlighted above, the majority of participants remarked that the course content had been well pitched to suit all needs and was delivered in an open and respectful way which encouraged mutual learning and sharing of opinions. This approach was seen as supported by the fact that many of the course participants had worked together previously as advisory group members so had already 'gelled as a group':

. . . they just managed to pitch it really well, so that it wasn't patronising to anybody, but it wasn't above anybody's head completely, [so] that everyone managed to find a place in there, and it made sense to them. (P9)

I thought it was very interactive. . . and because we were very gelled as a group I felt that it was good fun because people were able to talk about what they want; if they had a thought or a question, from my point of view everybody seemed to be able to ask that question. Nobody seemed to feel like they were being sort of hush-hushed. (P5)

#### *Knowledge acquisition, confidence and pride*

Participants reflected positively on the knowledge and understanding they had gained in relation to training

delivery, particularly in relation to the importance of facilitation over content, being 'more professional' and boundaries in sharing lived experience:

I'll tell you how this training helped me. It helped me realise that I don't have to be an expert in the subject of care planning. That's what it helped me do. . . It was about how can I facilitate learners to engage in that process, how would they engage me in that process as a service user/carer. . . It helped me to be more professional. . . yes I'm here to share my lived experience. . . but not to go off on a tangent, 'oh this is what happened to me' . . . it's about understanding the boundaries of what is relevant to bring to training. (P3)

Many had also seen an impact on their skills and confidence, for example in work roles and in engaging with professionals, and one participant talked of their pride in sharing service user experiences:

. . . it gave me the confidence to say this is who I am, I'm not here to change your ideas, I'm not here to tell you what you're doing's wrong. All I'm here is to suggest from my point of view and from doing this, what we've put together, from service users' points of view. . . So [it] gives me the confidence to be proud of who I am, that's what I found. (P4)

#### **Training reflections: delivering EQUIP training intervention**

Six of the nine participants interviewed had been involved in delivering the EQUIP training intervention to mental health professionals since attending the train the trainers programme. These participants were presented with additional questions to capture this experience and to assess the suitability of the training the trainers programme in preparing them for this role.

#### *Clarity on trainer selection process*

Many participants felt the process of selecting trainees for professional training delivery could have been clearer so as to avoid raising expectations. One participant who had delivered training reported discomfort at having to field questions from other potential trainers about why they had been selected and not others.

Two of the three participants who had not delivered training were particularly disappointed at the lack of opportunity to be involved and the perceived way in which trainers were chosen and suggested this could be avoided in future by providing clearer explanations for how the roles would be allocated:

We all came to do the training, we are interested and we are keen, but it just sometimes seems that we get a list, you know it's always the same people that are doing it [delivering training]. . . is it because perhaps they're on site or . . . because I thought I was one of the core ones, not one of the extras, so I'm just a bit confused. . . But it's like anything, you don't want to say too much. . . why haven't I been chosen, you know what I mean. But then you think, well, hang on a sec, I did do the training, I really enjoyed the training and stuff, it was just a bit of a puzzle. . . perhaps reassure people. . . there is a core group and there are, so if you don't hear, do not worry, it's not that you've been forgotten it's just that. . . just a little bit of explanation so that people go away and if they don't hear, they don't perhaps think, oh, I did four days but nothing's come of it. (P4)

#### *Adequately prepared for training delivery?*

The six participants who had delivered the EQUIP training intervention to health professionals were asked to reflect on that experience in order to assess the suitability of the 'train the trainers' programme in preparing them for this role.

Some had felt anxious the night before the first training session, largely due to a perceived lack of clarity about their role and suggested future trainees might benefit from clearer information about their role within the professional training intervention, e.g., whether this would be a copresenter role, group facilitator or otherwise. One participant had tried to memorize the 143 slides believing they would be leading the training session and another noted:

people really thought. . . they'd be actually doing the whole training working with others. . . whereas, you are there to assist and help with the group work, but you're not on your own as in terms of standing up, going through the whole. . . explaining what EQUIP is and who is involved and how much money and things and I really think people thought that's what they were doing. . . So I think it needs clearing up. (P6)

Participants felt most prepared when they had an opportunity to meet with the lead trainer immediately prior to training delivery, often whilst travelling to the training venue. This provided an opportunity to ask questions and seek reassurance, particularly in relation to anticipated roles on the day.

Whilst some trainees had the opportunity to be involved in delivering the EQUIP training intervention within two months of attending train the trainers, some

had to wait longer (4–8 months) due to delays in engaging teams to take part in training. All participants felt that future train the trainers sessions should be planned so as not to be too far in advance of the subsequent professional training intervention to enhance skill retention, confidence and preparedness.

#### *Unexpected encounters*

In two cases, participants had unexpectedly encountered their former care coordinators on the first day of training. This had been managed well by lead trainers but had initially taken the participants by surprise. Another participant recalled being asked in advance if they would like to opt out of training known professionals from their own care team and, having elected to do so, was grateful for this opportunity.

#### *Hostile encounters*

Some professional training attendees were very difficult to engage, and service user and carer trainers were unprepared for their hostility and unguarded reflections on working with service users on their caseload. The debrief sessions facilitated by the lead trainers at the end of the day had been important in managing the impact of these encounters:

. . . it were definitely a very bad atmosphere on the first day that I did it and it did feel quite disheartening, like, if you were a service user and you'd seen that, sort of, you know, people were quite hostile. . . it almost makes you feel a little bit powerless really. . . they made some comments and it was a, kind of, negative thing, but, again, I didn't get too upset about it, or anything like that, but I did feel on the first day it was, like, [sighs] I hope they're not all like this, you know, it did feel a bit like that. I mean, I was supported on the day, we did have, like, debriefs with [lead trainer] where we all sat down and talked, you know, she asked us how we felt and we had a chat and that was very good. (P6)

#### *The need for supervision and peer support*

The need for supervision (with lead trainers) and regular peer (service users and carers only) support sessions was highlighted in addition to the informal debrief sessions in order to provide an opportunity for trainers to meet in person and share experiences:

We do get together at the end of each session and just say, you know, how was that. . . so there is opportunity for feedback, but yeah, maybe one to one supervision would be helpful, yeah. We do meet as a team but again that's quite hard to say how you're feeling in front of everyone (P2).

As for the co-facilitators, we don't have any time to get together on our own...So it might be an idea, maybe once a quarter, once the training's rolled out, for service users and carers to get together as trainers, as facilitators just for an hour to build in this, how do we get on with this with each other, what's this like for us? (P3)

#### *Personal impact of delivering training*

Participants gave mixed feedback when asked to reflect on the perceived personal impact of delivering training to mental health professionals. This seemed to be largely determined by participants' acceptability (or otherwise) of their level of involvement in training.

Half of those who had gone on to deliver the training had felt less involved than they had anticipated and would have welcomed a more direct role in delivering the sessions. As a result, these trainers considered the impact of service user and carer involvement to be limited:

...when I started the course, there was a lot of talk about the intervention being user-led and I feel that the reality's not quite...it's more co-produced isn't it, the intervention, so I was slightly disappointed about the kind of role, that we as the service user and carers have in reality. That didn't quite meet my expectation...[on] final day of train the trainers when we're actually going through the slides...it's then that I realised, well actually, I'm playing a role that I didn't quite think I was...I thought we'd be a bit more up front and taking a lead with it. I think that was the only thing that didn't live up to expectation really. (P2)

For others, training involvement had met expectations and they reflected positively on their sense of the positive impact of service user and carer involvement which could not have been achieved without this opportunity to directly shared lived experience:

There was one group, they were very receptive, so it was a really good two-day session because they were very person-orientated. So they were really open...It's like at the end of the sessions and stuff [professionals said] thank you very much for sharing with us the difficulties that you face, we appreciate you being so open about your issues and why you're here to help deliver it, and it makes a big difference...it felt really good...It does make you think, well, God, you know how hard you work yourself fighting your mental health barriers and stuff, and the fact that you had a voice...you forget sometimes how much you're helping other people as regards the professional fraternity as well. You forget. So it's quite nice to be recognised for that. (P4)

## Discussion

The aim of this study was to obtain views from service users and carers attending the inaugural EQUIP train the trainers course on the acceptability and suitability of the course. The programme appears mostly suitable for preparing service users and carers to deliver EQUIP care planning training to health professionals but could be improved by a few minor changes. Course content was generally positively appraised and most participants gained new or enhanced skills and increased self-confidence in presenting and facilitating training. Feedback suggested future courses might be improved by extending the four-day programme to reduce training intensity, increase practical skills sessions and facilitate in-depth coverage of the EQUIP training intervention and clear discussion about roles during training and cofacilitator selection. Future iterations of this programme and other educational initiatives might seek to reconsider the balance between theoretical knowledge and practical skills, perhaps covering more of the former in precourse reading to free up more time for practical skills training.

Consistent with other studies (Felton & Stickley 2004), some service user participants experienced anxiety prior to training professionals. Thus, whilst support for participants was generally of a high standard, it might be improved by facilitating the development of a trainer peer support group and offering one-to-one supervision. This seems particularly pertinent given the finding that some service users felt unable to speak openly about their anxiety for fear of being seen as not up to the job. So how do we support service users to be involved in the knowledge that this involvement may in itself exacerbate feelings of anxiety? A simple solution would be to ensure that the onus is not on the service user trainee to speak up in order to receive support but that this is anticipated and assessment of support initiated at an early stage by course leaders.

The EQUIP training the trainers programme sought to move away from the service user 'wheeled in' personal narrative approach due to some of the criticisms as highlighted by Rees *et al.* (2007). But in practice what emerged is that service user and carer trainers who were keen to take on a more challenging cofacilitator role and be valued for more than their lived experience felt forced into a subsidiary role, whilst others were anxious at the thought of such a central role and preferred to simply share their experiences. Another unanticipated outcome of trying to involve service users in the training of mental health professionals in their local area was the potential to encounter known clinicians from their own (current or former) care team. This should remind us all of the need to be mindful of potential entrenched barriers to



involvement (e.g. internalized stigma) and to avoid a one-size-fits-all approach as service users and carers are not a homogenous group (Forrest *et al.* 2000). Future programmes might seek to consult with all trainees on a one-to-one basis to craft a personalized role.

Participants' motivations for attending training included a desire to make a difference to mental health practice via service user involvement in professional training. Whilst some participants had a positive experience of working with professionals who were keen to engage and learn from their lived experience, others encountered resistance and hostility which shocked even the experienced lead trainers. The staff attending training had all been randomized to receive training as part of the wider EQUIP trial which necessitated 80% of care coordinating staff in a team to attend. Despite considerable effort to accommodate team needs (allowing teams to choose training dates/venue; training teams in two halves to minimize service disruption), it was evident that not all staff were willing attendees. Thus, it seems that service user involvement can only 'make a difference' if the staff being trained are doing so willingly and have a desire to learn from the service user and carer experience. It should also remind us of the need for service user trainers to understand the organizational context in training health professionals (Basset *et al.* 2006). The results of the EQUIP training intervention trial due in 2017 will further explore these concepts and report on whether a user-led training package leads to increased user involvement in care planning for service users with severe mental illness under the care of community mental health teams (CMHTs).

### Strengths and limitations

This study begins to address the gap on user involvement in postregistration courses (Happell *et al.* 2014) and is important as it is the first to consult with a group of participants as they prepare for, and then go on to deliver, training to health professionals. This approach has afforded a unique insight into their process of training preparation and subsequent support needs during training delivery, and whilst the study is limited by the small

sample size, it does provide a comprehensive view of an entire training cohort.

### Conclusions and implications for nursing practice

Mental health nurses are increasingly coproducing and delivering training with service users and carers. This study identifies the possibilities and pitfalls in this endeavour and highlights areas where service user and carer involvement and support structures might be improved in future in order to fully realize the potential for service user involvement in training mental health professionals. Mental health nurses will be better able to realize the potential for service user and carer involvement in training mental health professionals.

When training service users and carers to deliver training to mental health professionals, it is important that service users are equipped to deal with resistance from staff. It also is important that service users and carer roles are negotiated and agreed prior to delivering training to healthcare professionals to accommodate service user and carers' preferences and allay their anxieties. Training for service users and carers must be offered alongside ongoing support and supervision.

Ultimately, mental health nurses (and other health professionals) will be better able to involve service users and carers in care planning. Consequently, service users and carers may feel more involved in care planning in future.

### Relevance statement

The authors consider this to be a timely paper with great relevance to mental health nursing practice. Mental health nurses are increasingly coproducing and delivering training with service users and carers. This study identifies the possibilities and pitfalls in this endeavour and highlights areas where service user and carer involvement and support structures might be improved in future in order to fully realize the potential for service user involvement in training mental health professionals.

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