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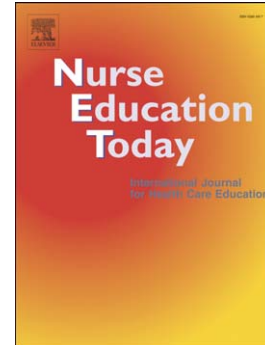
Mental Health lived experience academics in tertiary education: The views of nurse academics

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views of nurse academics**

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**Involving Service Users in Mental Health Nursing Education:**

**Views of Australian nurse academics**

ACCEPTED MANUSCRIPT

**Abstract**

*Background:* Australian national mental health strategy emphasises inclusion of people diagnosed with mental illness in all areas of mental health care, policy development and education of health professionals. However, the way this inclusion has translated to Australian universities is relatively unexplored.

*Objectives:* Explore views of nurse academics regarding service user involvement in nursing education programs.

*Design:* Qualitative exploratory.

*Settings:* Australian universities offering educational programs in nursing at postgraduate and undergraduate level.

*Participants:* Thirty four participants from 27 Australian universities participated.

*Methods:* Data were collected using semi-structured telephone interviews with academics involved in teaching and/or coordinating undergraduate and/or postgraduate mental health nursing content.

Data were analysed using content analysis based on four cognitive processes: comprehending, synthesizing, theorising and re-contextualising data.

*Results:* Four major themes emerged: good idea? long way to go; conceptualising the service user academic role; strengths of lived experience led student learning; and barriers to implementation.



*Conclusions:* Findings indicated strong support for including mental health service users in teaching nursing students. However, at most universities service user engagement was often an informal arrangement, lacking clear guidelines and limited by financial barriers and the positioning of mental health nursing within curricula.

**Keywords**

Lived experience

Mental health

Nurse education

Service user

## INTRODUCTION

Thirty four Australian universities are nurse education providers, offering undergraduate comprehensive nursing programs of three or three and a half years duration. Mental health nursing content, both clinical and theoretical, of these programs differs substantially in breadth and depth of content delivered and not all universities offer a specific mental health clinical placement (McCann, Moxham et al., 2010, Mental Health Nurse Education Taskforce, 2008). In addition, 23 universities offer specialist post-registration programs in mental health nursing (Australian College of Mental Health Nurses Inc., 2011).

In line with national mental health policy, involvement of users of mental health services is encouraged in all areas of health care including the education of health professionals (DoHA, 2012a).

It is critical that students interact with and learn skills to work collaboratively with mental health service users as early as possible in their formative education (Happell & Roper, 2009, Meehan & Glover, 2007a). Service user involvement is central to reducing stigma towards people with mental illnesses and promoting the concept of recovery in the delivery of mental health services.

Service user led education is central to contemporary nursing practice and inspires more graduates into mental health nursing (Bennett &

Baikie, 2003, Happell, Byrne et al., In Press). Including service users in nurse education programs has been reported to have positive outcomes for students, service users and nurse academics (Khoo, McVicar et al., 2004, Rush, 2008, Telford & Faulkner, 2004). Nevertheless, the involvement of service users in educative roles remains limited and ad hoc (Mental Health Nurse Education Taskforce, 2008, Moxham, McCann et al., 2011a).

Service users have long been involved in the education of medical students but the focus has traditionally been on assessment and skill development rather than understanding lived experience of people who access mental health services (Repper & Breeze, 2007). It remains difficult to determine the extent of service user involvement in the education of other health professional groups (Lathlean, Burgess et al., 2006, Happell, Byrne et al., 2014). Most commonly, service users are involved informally as casual or guest lecturers (Happell & Roper, 2003) and few universities offer substantive academic roles (Byrne, Happell et al., 2013b).

If policy aspirations of increased service user participation in mental health services are to be realised, increased participation in the education of mental health professionals is a necessity (DoHA, 2012a, Happell et al., 2014). The aim of the current study was to determine the extent of service user involvement in mental health nursing education

and perceived benefits and barriers from the perspectives of mental health nurse academics.

## **METHODS**

### *Design*

Qualitative exploratory research methodology was utilised for this based on the work of Stebbens (2001). This design is advocated in addressing topics where relatively little is known. It is an inductive process that facilitates an open-minded view allowing issues to unfold through expressed views and opinions of participants (Stebbens, 2001).

### **Participants**

Participants were nurse academics at 27 universities in 2013, responsible for the management and/or delivery of mental health nursing content in undergraduate and/or postgraduate nursing programs. All mental health nurse academics coordinating pre-registration or post-registration mental health courses or programs were invited to participate (via Heads of School). One or more nurse academics from 27 (of a potential 34) consented to be involved and made themselves available for the interview.

## Procedure

A letter was sent to all Heads of Schools of Nursing at universities in Australia inviting them to participate. An accompanying information sheet outlined the study objectives. Heads of School that agreed to participate provided contact details of staff member(s) who would represent the school. This person was then contacted and given the opportunity to ask any questions and provided with a copy of the plain language statement. An interview time was arranged and a consent form was emailed to participants to sign and return prior to the interview date.

Data were gathered via semi-structured telephone interviews. Face to face interviews were not possible due to the distribution of universities over eight jurisdictions with vast distances between. A broad interview guide was developed by the research team. Questions were sourced primarily from the literature and influenced by our various experiences as nurse or service user academics or educators. Questions were broad and non-prescriptive to encourage conversation, participants were asked to describe the extent or otherwise that service users have been used in mental health nursing education, and perceived advantages and disadvantages of this approach (for further information about interview questions please contact the

corresponding author). Interviews were digitally taped and conducted during November and December 2013.

### **Ethical issues**

University ethics approval was obtained to and no ethical issues or concerns were identified. Participants were assigned a code to protect their confidentiality in any reports resulting from the research.

### **Data analysis**

Data were transcribed verbatim. Data were analysed using thematic analysis (Field & Morse, 1996) which allowed identification of themes and sub-themes then transformed into conceptual maps with accompanying illustrative quotations. Four cognitive processes were integral to this qualitative analysis: comprehending, synthesizing, theorising and re-contextualising (Field & Morse, 1996). The final themes were significant concepts that linked substantial portions of interviews together. Research team members reviewed the identified themes and any discrepancies were discussed until consensus was reached.

## RESULTS

Thirty- four participants from 27 universities participated. Demographic details on participants are outlined in Table 1.

Insert Table 1 about here

Four major themes were identified: good idea? long way to go; conceptualising the service user academic role; strengths of service user led student learning; and barriers to implementation.

### **Good idea? Long way to go**

Participants were mostly, although not universally supportive and enthusiastic about a service user academic role, which appeared to be influenced by their degree of exposure to roles of this type. For those who were supportive, the lived experience of being diagnosed with a mental illness and use of mental health services was viewed as an invaluable resource in educating nurses in mental health, and a very useful combination of skills:

logically, it makes a hell of a lot of sense. If you've got somebody who's got both the expertise of an academic and a consumer, that would be fantastic (P3).

The degree of service user involvement was described as highly varied, ranging from guest lecturing to involvement in curriculum development:

We involve consumers from the writing of the PBLs [problem based learning] right through to the teaching of the PBL (P1).

And:

We are very supportive of consumer representation in teaching, curriculum writing and in a higher level representation on committees (P1).

Those participants, who were not as supportive, did not see employing service user academics as a priority, particularly given staffing challenges:

Locating someone with a lived experience who's an academic, with no staffing position available, I don't think that's there in the foreseeable future (P19).

Others had not yet considered the idea and did not have a clear concept about how service users could contribute to the education of nurses:



We don't have that at all [service user involvement], and we haven't really talked about it; I don't know how we would address that and what role that the person would have (P27).

Or were not aware of potential benefits:

I don't know whether the course would benefit by having a consumer as a consultant, unless they had an educational background (P14).

Those who were supportive were often uncertain as to how lived experience involvement could best occur:

there's very strong support, particularly with re-writing of [mental health] modules. We are absolutely in support; it just hasn't been done traditionally, apart from being talked about (P23).

Participants referred to lack of formal processes and guidelines to ensure integrity of service user involvement, which would be important in avoiding tokenism, for example:

I wish there was a more formal process to access great quality consumer involvement (P32).

When service users were involved it often reflected an informal arrangement between individual service users and academics:

It's an ad hoc arrangement depending on who of my network of contacts is available (P32).

Many participants expressed a desire for future lived experience involvement

that's certainly an area that I will be pushing in the near future to get far more people represented much more fully at the university (P1).

Future expectations were reiterated by other participants who stated they would like:

mental health consumers involved in all aspects, not just the face-to-face teaching of students; it would be incredibly valuable in research as well (P6).

Participants at universities with no immediate plans to facilitate service user participation expressed their concern this initiative was not considered a priority:

it's disheartening [we do not have service user academics] because in the literature, everything demonstrates that it's a good thing and the right thing to do (P20).

### **Conceptualising the service user academic role**

#### *Role Definition*

Many participants referred to and described the unique role of mental health lived experience academic:

the role is different, unique, specific, around human rights, around legislation in a very different way than getting a survivor of cancer to come and talk (P19).

Specific characteristics of the role were also described:

I would expect that a consumer is able to articulate their expert knowledge of their experience and also be able to have some sort of critical analysis or synthesis of their experience that makes it a worthwhile opportunity for students to learn from (P8).

#### *Labelling*

Labelling service user academics was controversial, considered jargonistic and a fad by some, others felt stronger:

why do we feel the need to have to label consumer academics when we don't label other people? (P6).

And:

if we do have an opportunity to employ another academic, it may well be someone who has lived experience but they won't be labelled as such (P7).

*Ensuring equity*

Concerns around tokenistic service user involvement were considered a real danger, with considerable work needed to ensure universities were prepared for genuine service user involvement.

having an equal voice at a table can be quite confronting for some people, I still think it's very, very tokenistic (P7).

Equity issues were also raised as a potential concern

there might be concerns about people's ability to do the job, whether they are at the same level, how much are they being paid, all those kind of equitable situations (P30).

#### *Academic standards*

Concerns were raised about qualifications needed for a service user academic position

they'd need to have a master's degree to teach undergraduates, we would use the same measuring line that we use for other academics (P13).

Many participants felt this level of qualification was unlikely to be commonly available:

I don't think that's appropriate at all [employing consumers without equivalent qualifications], you don't tend to get people that have lots of experience as well as being an academic (P14).

#### **Strengths of lived experience led student learning**

Most participants referred to many and substantial benefits of service user involvement in educating nurses:

there's absolutely no doubt that direct consumer involvement in the teaching changes the student experience of learning about these things (P9).

The strength of lived experience led teaching and the power to change perceptions was also expressed:

I believe students will have a much more open view [when taught by a service user academic], a more truly holistic view and not tokenistic .... as I think happens now, I think it is absolutely profound (P17).

Staff described students expressing an increased understanding of triggers to mental health issues:

It does create that punch for the students that, hey, this is real (P11).

Through their involvement in education, lived experience academics' role model the recovery process through firsthand experience:

[Service user academics] demonstrate that people can have high functioning careers and contribute to academia (P30).

*Understanding the mental health 'lived' experience*

Lived experience led education was also perceived to increase students' skills, enhance their empathy and generally contribute to quality of nursing graduates:

at the end of the day our job is to teach students how to be good nurses; they are not going to hear any better than from the people that they nurse (P34).

Person centred care models focus on communication and exposure to lived experience led education was thought to:

assist [students] in terms of their communication skills and how to relate to people with a mental illness (P4).

**Barriers to implementation***Funding*

Financial constraints were described as highly problematic and a major barrier to implementing or increasing consumer involvement in mental health nursing education:

It's simply noting the budgetary reality at the moment where it's difficult to hang onto existing positions let alone create new ones (P9).

The degree of service user involvement was therefore strongly influenced by available funding:

I don't have the money to go and engage consumers and the amount that I get them to do is very much shaped by the dollars (P19).

#### *The status of mental health nursing*

Although not directly asked, many participants referred to the constant threats to the integrity of mental health nursing content, sometimes reflecting "a very strong anti-mental health feeling" (P17). For some universities there was a danger that mental health nursing would no longer exist as a discrete subject:

there was talk that mental health would just be integrated through other theory units (P20).

This was described as further disempowering mental health academics through a lack of critical mass to exert power and effect change:



I get really frustrated because you're a minority in this kind of academic land (P31).

Many participants felt that if they were unable to ensure integrity of core mental health content introducing lived experience education would be a long way off.

## **DISCUSSION**

The Australian Mental Health Nurse Education Taskforce recommended service user participation be visible as an integral part of undergraduate mental health nursing curricula (Moxham, McCann et al., 2011b). Despite endorsement of this report by the Council of Deans of Nursing and Midwifery, the findings from this paper suggest that this has not occurred in a systematic or meaningful way. Although some participants described high levels of involvement in all aspects of curricula, most participants referred to occasional lectures, or committee membership at best. This finding reflects broader literature that service user involvement tends to be utilised on an ad hoc rather than systematic basis and has yet to become core and integral to the education of nurses and other health professionals (Mental Health Nurse Education Taskforce, 2008, Moxham et al., 2011a, Happell et al., 2014).

Innovative educational practice requires a transformation in thinking and the concept of service user academics in the tertiary setting was supported by most participants in this study. In the United Kingdom, lived experience academics have been employed for several decades in social services and psychiatry training (Livingston & Cooper, 2004) and since 2005 it has been mandatory for psychiatric training schemes to demonstrate a meaningful involvement of users and carers in the training of psychiatrists (Babu, Law-Min et al., 2008).

Collaboration and inclusion of people with a lived experience in the mental health components of nursing curricula are the essential ingredients to ensure student learning outcomes are achieved (O'Donnell & Gormley, 2013).

Blackhall, Schafer, Kent, & Nightingale found nursing students identified an increased empathy and understanding of mental illness following lived experience led teaching in their undergraduate course (Blackhall, Schafer et al., 2012). Likewise, Australian and Irish studies report students' increased ability to appreciate the impact of mental illness on individuals (Byrne et al., 2013b, O'Donnell & Gormley, 2013, Happell & Roper, 2009) and more positive attitudes towards the inclusion of service users in their care and in mental health services at a broader level (Happell & Roper, 2003, Happell, Pinikahana et al., 2003, Happell & Roper, 2002).

The value of the 'lived' experience to student learning and enhancing empathy in this study highlighted by several participants echoes the main themes in the literature suggesting service user collaboration and co-teaching is a positive experience for those involved (Krawitz & Jackson, 2007, Arnold, Deans et al., 2004, Byrne, Happell et al., 2013a, O' Donnell & Gormley, 2013). However, the limited involvement of lived experience educators, usually confined to guest lectures was viewed as a major limitation.

Support for increased consumer involvement and the possibility of an academic position was generally high. However, many participants did not have a clear understanding of what this position might involve or how it would work in practice. Academic positions of this kind remain relatively infant with only a few documented positions in Australia, New Zealand and the United Kingdom (Happell & Roper, 2009, Schneebeli, O'Brien et al., 2010, Simons, Tee et al., 2007a).

Consequently positions have tended to develop differently, reflecting the expertise and personality traits of the incumbents and the culture of the broader university environment (Happell & Roper, 2009).

The main barriers to the inclusion or increase in lived experience led content included funding. Many participants described an actual or threatened decrease in mental health content in nursing curricula (Happell & Gaskin, 2013, Happell, Robins et al., 2008). While mental

health nurse academics struggled to maintain the integrity of the mental health content, introducing or increasing consumer participation seemed very unlikely. A strong commitment to the inclusion of quality mental health nursing content would therefore seem an important foundation for the effective involvement of consumers in education.

Concerns were identified as largely associated with this lack of guidance for service user involvement in education. Tokenism was a particular concern raised. The tokenistic involvement of consumers in education and in broader activities related to the mental health care system have been extensively noted in the literature (Happell & Roper, 2003, Simons, Tee et al., 2007b, Anghel & Ramon, 2009, Forrest, Risk et al., 2000, Meehan & Glover, 2007b). Having guidelines to ensure the integrity and autonomy in these positions is therefore essential.

Unfortunately the literature provides very limited guidance here. In one exception Happell and Roper (2009), suggest some essential characteristics in ensuring the maximum effectiveness of service user academic positions, namely: partnership and commitment, support, scope and autonomy. The responses from most participants suggest these characteristics are not present and tokenism is therefore highly likely.

The terminology used to describe these positions was also raised as a concern by some participants. In some instances it was a matter of preferring one title over another or disliking specific terms such as consumer. In other instances there was questioning of the need to use any defining language at all, and the suggestion that people with a service user should be referred to purely as academics. While it is likely this concern is well intentioned, the desire to avoid all labels can potentially render positions of this type meaningless. If the primary purpose of service user academic positions is to create awareness of lived experience and the important role it can play in mental health services and professional education, it seems difficult to appreciate how this could be achieved if the incumbent is presented as 'no different' or 'one of us'. This apparent concern with political correctness can indeed lead to more subtle and sometimes stronger discrimination than that the position is designed to address (Happell, 2008).

Furthermore, it is concerning to hear health professional academics determining the title that should or should not be given to academics working from lived experience perspectives. If the aim of these positions is to facilitate autonomy and independence, it would seem essential that 'service user academics' individually and/or collectively would determine the title for their position. This issue was

raised by a 'service user academic' in the preface to a paper on the impact of that role (Happell, Pinikahana et al., 2002).

The issue of equity was also raised. Some participants felt that service user academics would need qualifications and experience at the same or similar standards as nurse academics for the positions to be viable. Whether or not they were describing their own views or those of their colleagues there was a sense that parity and fairness was required, accompanied by a presumption that potential service user academics would be unlikely to hold these qualifications. This view is problematic on two levels, firstly, the role of service users in academia is recent and relatively underdeveloped, and time is needed to develop a pool of potential applicants with higher degree qualifications. Nursing as an academic discipline experienced similar circumstances during the transition from apprenticeship style programs into the higher education environment. Secondly, it reflects an apparent confusion between equity and equality. Achieving equity does not mean that service user academics should be equal to nurse academics. Nurses have established themselves as a recognised discipline with professional and educational structures to support this development. service user academics have no such structures; to suggest both should be equal in the formal qualifications they bring is fundamentally inequitable.

Acknowledging the value of lived experience as at least equal value to qualifications and providing a supportive environment for service user academics to pursue higher degrees, not only to gain the qualifications themselves but to conduct and disseminate meaningful research to enrich the field, is essential if service user academic roles are to develop and flourish. Happell and Roper (2006) described the need for affirmative action to facilitate the meaningful contribution of service user academia to the education of health professionals.

### **Limitations**

The findings presented in this paper represent the perceptions of participants from one stakeholder group and may not reflect the actual picture of consumer participation in nursing education in Australia. As a qualitative study any generalisation of findings to other nurses or health professionals must be undertaken with caution.

### **CONCLUSIONS**

Consumer involvement in the education of health professionals is crucial if policy directives for stronger participation from people with lived experience in the design, development, delivery, implementation and evaluation of mental health services are to be realised. The findings from this study suggest the potential benefits of consumer

involvement at this level are generally recognised by mental health nurse academics. The lived experience of mental health challenges was seen as a powerful tool in producing graduate nurses with a more holistic approach to nursing care. The absence of a clear conception of the role of the service user academic was evident, with concerns of possible labelling, tokenism and equity. While discussion of these issues is important, service users must lead these debates to ensure their involvement is genuine and autonomous. The identified barriers of funding and attitudes towards mental health nursing are significant. The value of lived experience in the education of nurses needs to be demonstrated through research and lobbied for by mental health nurse academics both individually and collectively.



**REFERENCES:**

- Anghel, R. Ramon, S. 2009. Service users and carers' involvement in social work education: Lessons from an English case study. *European Journal of Social Work* 12, 185-199.
- Arnold, S.-A., Deans, C. Munday, J. 2004. University and service sector collaboration for undergraduate psychiatric nursing education. *International Journal of Mental Health Nursing* 13, 61-66.
- Australian College of Mental Health Nurses Inc. 2011. Scan of Postgraduate Mental Health Nursing Programs in Australia. Canberra.
- Babu, K. S., Law-Min, R., Adlam, T. Banks, V. 2008. Involving service users and carers in psychiatric education: what do trainees think? *Psychiatric Bulletin* 32, 28-31.
- Bennett, L. Baikie, K. 2003. The client as educator: learning about mental illness through the eyes of the expert. *Nurse Educ Today* 23, 104-11.

- Blackhall, A., Schafer, T., Kent, L. Nightingale, M. 2012. Service user involvement in nursing students' training. *Mental Health Practice* 16, 23-26.
- Byrne, L., Happell, B., Welch, A. Moxham, L. J. 2013a. Reflecting on Holistic Nursing: The Contribution of an Academic With Lived Experience of Mental Health Service Use. *Issues in Mental Health Nursing* 34, 265-272.
- Byrne, L., Happell, B., Welch, T. Moxham, L. J. 2013b. 'Things you can't learn from books': Teaching recovery from a lived experience perspective. *International Journal of Mental Health Nursing* 22, 195-204.
- Doha 2012a. Ten year road map for national mental health reform. Canberra: Commonwealth of Australia.
- Field, P. A. Morse, J. 1996. *Nursing Research: the Application of Qualitative Approaches*. London: Croom Helm.
- Forrest, S., Risk, I., Masters, H. Brown, N. 2000. Mental health service user involvement in nurse education: Exploring the issues. *Journal of Psychiatric and Mental Health Nursing* 7, 51-57.

Happell, B. 2008. Polarisation and political correctness: Subtle barriers to consumer participation in mental health services. *Advances in Mental Health* 7, 150-156.

Happell, B., Byrne, L., Mcallister, M., Lampshire, D., Roper, C., Gaskin, C. J., Martin, G., Wynaden, D., Mckenna, B., Lakeman, R., Platania-Phung, C. Hamer, H. 2014. Consumer involvement in the tertiary-level education of mental health professionals: A systematic review. *International Journal of Mental Health Nursing* 23, 3-16.

Happell, B., Byrne, L., Platania-Phung, C., Harris, S., Bradshaw, J. Davies, J. In Press. Consumer participation in nurse education - reducing stigma and enhancing popularity. *International Journal of Mental Health Nursing*.

Happell, B. Gaskin, C. J. 2013. The attitudes of undergraduate nursing students towards mental health nursing: a systematic review. *Journal of Clinical Nursing* 22, 148-158.

Happell, B., Pinikahana, J. Roper, C. 2002. Attitudes of postgraduate nursing students towards consumer participation in mental health services and the role of the consumer academic. *International Journal of Mental Health Nursing* 11, 240-250.

Happell, B., Pinikahana, J. Roper, C. 2003. Changing attitudes: the role of a consumer academic in the education of postgraduate psychiatric nursing students. *Archives of Psychiatric Nursing* 17, 67-76.

Happell, B., Robins, A. Gough, K. 2008. Developing more positive attitudes towards mental health nursing in undergraduate students: part 2--The impact of theory and clinical experience. *J Psychiatr Ment Health Nurs* 15, 527-36.

Happell, B. Roper, C. 2002. Promoting consumer participation through the implementation of a consumer academic position. *Nurse Education in Practice* 2, 73-79.

Happell, B. Roper, C. 2003. The role of a mental health consumer in the education of postgraduate psychiatric nursing students: the students' evaluation. *Journal of Psychiatric and Mental Health Nursing* 10, 343-350.

Happell, B. Roper, C. 2006. When equality is not really equal: affirmative action and consumer participation. *Journal of Public Mental Health* 5, 6-11.

Happell, B. Roper, C. 2009. Promoting genuine consumer participation in mental health education: a consumer academic role. *Nurse Education Today* 29, 575-579.

Khoo, R., Mcvicar, A. Brandon, D. 2004. Service user involvement in postgraduate mental health education. Does it benefit practice? *Journal of Mental Health* 13, 481-492.

Krawitz, R. Jackson, W. 2007. Consumer-clinician co-taught borderline personality disorder training: A pilot evaluation. *International Journal of Mental Health Nursing* 16, 360-364.

Lathlean, J., Burgess, A., Coldham, T., Gibson, C., Herbert, L., Levett-Jones, T., Simons, L. Tee, S. 2006. Experiences of service user and carer participation in health care education. *Nurse education today* 26, 732-737.

Livingston, G. Cooper, C. 2004. User and carer involvement in mental health training. *Advances in Psychiatric Treatment* 10, 85-92.

Mccann, T. V., Moxham, L., Farrell, G., Usher, K. Crookes, P. 2010. Mental health content of Australian pre-registration nursing curricula: summary report and critical commentary. *Nurse Educ Today* 30, 393-7.

Meehan, T. Glover, H. 2007a. Telling our story: consumer perceptions of their role in mental health education. *Psychiatric Rehabilitation Journal* 31, 152-154.

Meehan, T. Glover, H. 2007b. Telling our story: Consumer perceptions of their role in mental health education. *Psychiatric Rehabilitation Journal* 31, 152-154.

Mental Health Nurse Education Taskforce 2008. *Mental health in pre-registration nursing courses*. Melbourne: Author.

Moxham, L., Mccann, T., Usher, K., Farrell, G. Crookes, P. 2011a. Mental health nursing education in preregistration nursing curricula: a national report. *International Journal of Mental Health Nursing* 20, 232-6.

Moxham, L., Mccann, T. V., Usher, K., Farrell, G. Crookes, P. 2011b. Mental health nursing education in preregistration nursing curricula: A national report. *International Journal of Mental Health Nursing* 20, 232-236.

O' Donnell, H. Gormley, K. 2013. Service user involvement in nurse education: perceptions of mental health nursing students. *Journal of Psychiatric and Mental Health Nursing* 20, 193-202.

- Repper, J. Breeze, J. 2007. User and carer involvement in the training and education of health professionals: A review of the literature. *International Journal of Nursing Studies* 44, 511-519.
- Rush, B. 2008. Mental health service user involvement in nurse education: A catalyst for transformative learning. *Journal of Mental Health* 17, 531-542.
- Schneebeli, C., O'brien, A., Lampshire, D. Hamer, H. P. 2010. Service user involvement in undergraduate mental health nursing in New Zealand. *International Journal of Mental Health Nursing* 19, 30-35.
- Simons, L., Tee, S., Lathlean, J., Burgess, A., Herbert, L. Gibson, C. 2007a. A socially inclusive approach to user participation in higher education. *Journal of Advanced Nursing* 58, 246-255.
- Simons, L., Tee, S., Lathlean, J., Burgess, A., Herbert, L. Gibson, C. 2007b. A socially inclusive approach to user participation in higher education. *Journal of Advanced Nursing* 58, 246-255.
- Stebbens, R. 2001. *Exploratory research in the social sciences: Qualitative research methods: Volume 48*. London: Sage Publications.

Telford, R. Faulkner, A. 2004. Learning about service user involvement in mental health research. *Journal of Mental Health* 13, 549-559.

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Table1: **Demographic details of participants**

<b>Academic position</b>	<b>Number</b>	<b>Percent</b>
Lecturer	10	29.4
Senior Lecturer	7	20.6
Course co-ordinator	6	17.6
Associate Professor	5	14.7
Professor	4	11.8
Discipline head	2	5.9
Total	<b>34</b>	<b>100</b>

**Research highlights**

- We sought the opinions of nurse academics about the involvement of people with lived experience of a diagnosis of mental illness into mental health nursing education
- Nurse academics were generally favourable
- Funding was identified as a major barrier
- The implementation of lived experience involvement tended to be ad hoc