

**EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN
MENTAL HEALTH EDUCATION**

1

**Exploring the Needs of Students, Patients and Educators for Successful Patient
Involvement within Mental Health Education Programs: A Scoping Review**

Marlin Klarenbeek, s2626543

Faculty of Behavioural, Management & Social Sciences, University of Twente

Department of Psychology

University of Twente

PhD. Yudit Namer & dr. Ed de Bruin

May, 2024

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

2

Abstract

Objective: This scoping review aims to comprehensively map the existing literature on Patient Involvement (PI) in mental healthcare education (MHE) to understand the needs of mental health (MH) educators, students, and individuals with lived experiences of MH challenges (Patients) for successful implementation of PI in MHE.

Methods: Conducted between November 2023 and January 2024, this review systematically explored PI in MHE following PRISMA-ScR guidelines. Databases PubMed, Scopus, ProQuest Dissertations and Theses, and WHO were searched, with reference snowballing for inclusivity. Eligibility criteria adhered to PICOS guidelines, and screening was done via Covidence.

Results: Eleven qualitative articles were found, revealing two superordinate stakeholder needs categories: Interpersonal and Course Needs. Interpersonal Needs included Self-determination, Communication & Collaboration, Recognition & Support, and Holistic approach. Course Needs comprised Content, Organisational, and Teaching.

Conclusions: Guidelines for successful PI in MHE should prioritise patient autonomy, foster collaboration, provide support, ensure inclusive course content, and promote patient involvement in educational processes. Study limitations, such as potential bias and lack of quality assessments, underscore the need for future research to enhance evidence-based practices in mental health education.

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

3

Introduction

Mental health education (MHE) is evolving to integrate the perspectives of individuals with mental challenges, shifting from a traditional passive role for patients towards active involvement in students' clinical education. This approach of Patient Involvement (PI) in MHE views mental health (MH) patients as 'experts by experience,' contributing positively to students' attitudes and well-being (Arblaster et al., 2015; Happell et al., 2022; Namer et al., 2022).

Stakeholders

While other stakeholders, such as policymakers and healthcare administrators may also have important roles to play in PI implementation, students, educators, and patients are directly involved in the educational process and have a profound impact on its outcomes. Including these stakeholders ensures a holistic exploration of the topic, incorporating the experiences and insights of those actively engaged in MHE. Throughout this literature review, the term 'patient' is used to identify a person receiving therapy or support for a mental disorder. (Costa et al., 2019; Simmons et al., 2010).¹

Patient Involvement in Medical Health Care Education

Involving patients in healthcare education is argued to be an ill-defined concept, seemingly indicating dissimilar contexts depending on the stakeholder's perspective. For this reason, an assessment of the benefits and shortcomings of PI within healthcare education is lacking (Jørgensen & Rendtorff., 2017).

PI has historically received more attention in physical health education than in MHE (Adam, 2021). In clinical and communication skills teaching, PI began in the late 1970s with role-play patients, evolving into symptomatic PI programs by the 1980s by Stillman (1980) to enhance medical student examination. PI faded clinical education but resurged with the shift to the biopsychosocial model, emphasising patient expertise and collaboration (Halabi et al., 2020; Towle et al., 2010)

¹ In consonance with the findings of Simmons et al. (2010) and Costa et al. (2019) about individuals receiving mental health treatment, the word patient is used consistently throughout this review report and when an original article occupies a different name to indicate patients.

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

4

Next to the traditional passive role, patients can take an active role in health education. This role constitutes multiple implementation levels. Towle et al. (2010) propose a hierarchical structure of patient involvement. The taxonomy ranges from 1 to 6, wherein 1 the client is studied as a case; in 2, the patient volunteers in clinical tutorials; in 3, the patient shares experiences within a pre-established module framework; in 4, the patient is actively teaching and evaluating students, in 5 the patient contributes to curriculum development and in 6 the patient has mentorship within the educational institute. When patients do take an active role within the curriculum of MHE, patients mostly take on the role of teacher, taking up a lower-to intermediate-level of involvement (Dijk et al., 2020).

Lower levels of PI tend to be implemented since health professionals deem patients not fit for collaboration in decision-making, often happening to patients who suffered from more severe mental disorders (Jørgensen & Rendtorff., 2017). On the contrary, professionals from multiple MH fields are willing to involve PI in MHE programmes (Donovan et al., 2022).

Study Rationale

The literature on PI shows a gap between understanding and utilising PI within MH programmes. This knowledge gap leaves MHE curriculum developers lacking predefined guidelines for implementing PI and, with this, limiting the potentially positive effects of PI by minimising its implementation in educational programmes (Happell et al., 2022; Jørgensen & Rendtorff., 2017). Patients, MH educators and students point out different needs related to PI in MHE. Identifying these needs is crucial for tailoring educational approaches to address specific challenges or enhance positive aspects of PI in clinical education (Khalil et al., 2023). This information is needed to lay the groundwork for developing an evidence-based fundament for PI implementation within MHE and pinpoint specific areas where understanding and utilising PI is still underexplored. This fundament can be used by curriculum developers, educators and policymakers to establish guidelines for successful PI implementation in MHE programmes. In short, the study aims to achieve the following goals:

- Comprehensively map the existing literature on PI in mental health education
- Understand the needs of the three main stakeholders of PI in mental health education.

The diverse nature of the research topic necessitates a review method that can comprehensively address the role of PI in clinical psychology education, hence the choice of a

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

5

scoping review. Additionally, the study aims to identify gaps in the literature to stimulate further research, aligning with the exploratory and systematic approach of a scoping review.

A preliminary search of MEDLINE, the Cochrane Database of Systematic Reviews and JBI Evidence Synthesis found no current or rudimentary systematic reviews or scoping reviews on this topic.

The following review question has been formulated using the PICOS framework to reach the previously mentioned benefits of conducting a scoping review (Thomas et al., 2023). "What are the needs of students, mental health professionals and patients on patient involvement (PI) in mental health education?"

Methods

The scoping review protocol was based on the guidelines proposed by Arksey and O'Malley (2005) and further refined by Levac et al. (2010). The scoping review manuscript adheres to the PRISMA Extension for Scoping Reviews (PRISMA-ScR). The designated reporting guidelines are as follows: (1) identify the research question, (2) identify relevant studies, (3) select studies, (4) chart data and (5) summarise and report results. (Tricco et al., 2018). This methodological framework and the prescribed reporting guideline aim to heighten the scoping review process's replicability, and overall quality.

Search Strategy

The literature research for this scoping review was conducted from November 2023 to February 2024. For this literature review, the databases in Table 1 were systematically searched to ensure a comprehensive perspective on the literature. The choice of the search engines was guided by the intentional exclusion of medical articles and the need to capture a comprehensive perspective on PI in MHE (Table 1). Therefore, multidisciplinary databases and (mental)health-specific databases were utilised.

Grey literature was explored to enhance data comprehensiveness, capturing a broader spectrum of specific PI-related experiences beyond peer-reviewed academic sources. This provides a more holistic view of PI, which aligns with the study's goals (Benzies et al., 2006). The ProQuest Dissertations and Theses and World Health Organization search engines were used to identify literature sources not findable in scientific databases (National Institutes of Health, n.d.).

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

Table 1

Databases Used in Literature Research

Databases	Reason
PubMed/MEDLINE	Wide range of health literature
Scopus	Multidisciplinary database
ProQuest Dissertations and Theses	Dissertation and Thesis search engine
World Health Organization	Grey literature on global health matters

Manually performing reference snowballing, doing both forward and backward searches, was employed to extend the database searches.

The search strategy included general search terms and specific search strings tailored for each database. A pilot literature search within PubMed established the keywords. Table 2 shows the search string that was used to collect data.

Table 2

Search String

Key Words and Boolean Operators
("patient involvement" OR "consumer involvement" OR "service user involvement" OR "expert* by experience" OR "lived experience" OR "mental health patient*" OR "mental health service user*" OR "mental health survivor*" OR "mental health consumer*" OR "psychiatric survivor*" OR "client involvement" OR "patient engagement" OR "EBE")
AND
("mental health education" OR "clinical psychology program*" OR "clinical psychology training" OR "clinical psychology curriculum" OR "psychology education" OR "psychology training" OR "psychology program*" OR "psychology curricul*" OR "psychology learning" OR "psychology teaching" OR "psychology student* perspective*" OR "therapist training" OR "therapist education" OR "therapist program*" OR "therapist curricul*" OR "Mental Health Training" OR "Psychology Education" OR "Mental Health Counseling" OR "Psychiatric Nursing Education" OR "Mental Health Professional Training" OR "Therapist Education" OR "Counseling Psychology Training" OR "Psychotherapy Training" OR "Community Mental Health Training" OR "Recovery-Oriented Training" OR "Mental Health Worker Training")
AND
("need*" OR "requirement*" OR "expectation*" OR "desire*" OR "necessit*")

There were no predetermined restrictions on the studies' publication date and geographic location, ensuring a thorough exploration of historical and contemporary literature.

Eligibility Criteria

Study selection was done based on predefined inclusion- and exclusion criteria. These criteria were developed utilising the PICOS framework, aligning with the PRISMA guidelines (Amir-Behghadami & Janati, 2020; Tricco et al., 2018).

Population

This scoping review includes students, educators and patients who uptake an active role in MHE. Studies where patients are not actively involved in education (level 1 or 2 in the taxonomy of Towle et al. (2010)), are excluded from the scope of the literature review. The role of patients within education is screened to ensure the inclusion of patients in level 4 or higher in the taxonomy. It had to be explicitly mentioned which role or roles the patients took on.

Context and Scope

The included research includes studies explicitly addressing PI in MHE studies exploring the role of patients in MHE and studies investigating PI's impact, challenges and benefits in teacher, patient and student experiences and education outcomes. Publications on general healthcare education or pharmacy education irrelevant to MHE are excluded from the current study. Studies focusing on MH but not including programmes educating future MH professionals are excluded. Studies assessing PI at various levels of implementation of patients in the study programme are included since they suggest active roles for educating patients. Studies including evaluation of student performance or the performance of education programmes, including PI, without evaluation of the needs of the stakeholders, are not included in the study.

Limiting the scope to studies within higher education or MH programs ensures alignment with the study's objectives.

Outcomes

The needs of the stakeholders (patients, students, and educators) concerning PI are the leading study outcome that needs to be included in the scoping review. Focusing on the needs of stakeholders concerning PI ensures that the scoping review explores the practical implications and experiences of those involved.

Types of Evidence Sources

Given the exploratory nature of the research question and the aim to systematically map existing literature on PI in MHE, a diverse range of study designs and sources are included. This includes qualitative and quantitative studies, mixed-methods research, systematic reviews, grey literature, dissertations, conference abstracts/proceedings, case studies, study protocols, and professional organisation reports to allow for a comprehensive overview of existing knowledge.

Restrictions

Records lacking an abstract (title only) automatically proceeded to full-text screening. Any further ambiguous situations were resolved through careful consideration and discussion to maintain consistency in applying eligibility criteria.

Study Screening and Coding

The eligibility criteria mentioned above were used to screen articles included in this scoping review. The screening process consists of 2 phases. (1) Title and abstract screening and (2) full-text screening. Given the solitary nature of the research, criteria refinement was an iterative process informed by preliminary literature searches, with ongoing adjustments based on encountered ambiguities during screening. Both review phases were conducted using the Covidence screening software (Veritas Health Innovation [Covidence], 2023). Duplicate study articles that did not meet the inclusion criteria or met the exclusion criteria were excluded.

A standardised data extraction form based on the PRISMA-ScR guidelines was used to capture the concepts of interest within each article (Page, Moher, et al., 2021)

Content Analysis

Content analysis was employed to identify patterns and themes, as well as systematically categorise and synthesise (Hsieh & Shannon, 2005). Content analysis is particularly suitable for the exploratory nature of a scoping review, providing a foundational understanding of the topic and accommodating the diverse data available in the included studies. (Elo & Kyngäs, 2008)

The coding process, conducted in ATLAS.ti 23.4.0 for Windows, involved iterative refinement as more data was analysed. It was conducted inductively to identify essential concepts and facilitate theory creation (Kyngäs, 2019). The results sections of the 11 selected articles underwent probability sampling due to the large volume of text with low relevance to the analysis theme (Kyngäs, 2019). The coding process started with open coding to create

categories and abstract the data. Then, axial coding grouped similar concepts into new themes to generate new knowledge. Finally, selective coding was utilised to adjust and finalise the coding scheme, forming a general description of the main contents within the articles (Williams & Moser, 2019). The analysis aimed to achieve thematic saturation, with further analysis unlikely to yield substantial new information or significantly alter identified content themes (Saunders et al., 2017).

Coding guidelines were established to extract stakeholders' implicit and explicit needs from the articles, enhancing research transparency and facilitating systematic data exploration. These guidelines are detailed in Appendix B.

Results

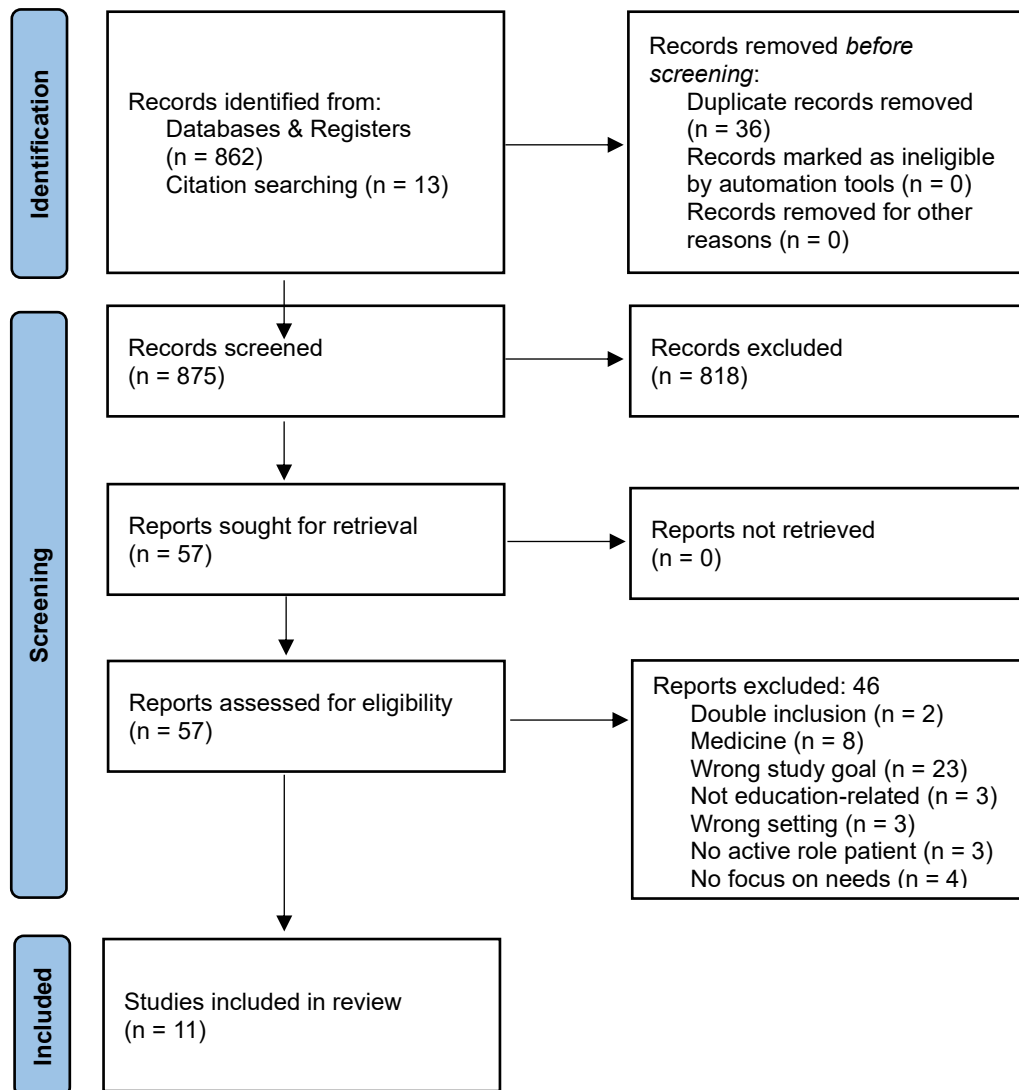
Study Selection

The initial scientific database search resulted in 862 articles. Backwards and forwards snowballing generated 13 additional articles, leading to 875 articles in total. These articles were imported into the online study screening software Covidence (Veritas Health Innovation [Covidence], 2023). Covidence automatically removed 466 duplicates. Implementing title and abstract screening based on the eligibility criteria led to screening the full text of 57 articles. After a full-text review, another 46 articles were excluded, for which the reasons can be found in Figure 1. The most common reason was having another study goal than capturing the personal experiences of stakeholders within PI. Most commonly, the goal of the excluded studies was to assess PI's effectiveness in student performance. 11 articles were extracted to be included for content analysis within the current scoping review.

The study selection process is visible in Figure 1, in which the number of excluded articles per step and the reason for exclusion are mentioned.

Figure 1

PRISMA Flowchart of Study Selection



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews.

Data Extraction

The data charting form was developed within Covidence. Here, the study goal, the specific stakeholder that the article focuses on, the level of patient involvement (according to the model of Towle et al. 2010) and the identified needs for successful PI in MHE by the stakeholder education were extracted from the articles. These categories were chosen to

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

11

facilitate the comparison of data relevant for answering the research question. By stating the goals of the included studies, the overarching aims of each study become clear. Identifying specific stakeholders provides insights into the breadth of scope of the investigated needs. Categorising the level of PI allows insight into most occupied patient roles in PI. including identified needs for successful PI highlights common themes and areas for improvement, informing future research directions and practice guidelines. Data was gathered by reading the methods, results, and discussion sections of the 11 selected studies. The data extraction table is displayed in Table 3.

The extracted data is displayed in the table using the original terms used within the article. Within the 'stakeholder' column, the stakeholders are identified by the names 'patients', 'students' and 'educators', similar to how they are identified within the current article.

Table 3 (Table 3)

Data Extraction Table

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

12

Study ID	Participant Info	Study Objective	Stakeholder	Level of PI	Needs of investigated stakeholder(s)
Campbell & Wilson (2017)	5 patients selected for participation. Professional educators with >15 years of mental health service experience Ireland	To explore the experiences of service users participating in a clinical psychology training course. The aim was to address limitations identified in previous research and supplement existing knowledge by employing IPA to understand the psychological processes involved in such initiatives.	Patients	2,3,4	<p>Recognition and validation of patient's experiences, changes in titles, positive feedback and remuneration to validate contributions. To be acknowledged as colleagues rather than subjects of study.</p> <p>Educators and students value lived experiences over academic knowledge in contributing to the training of MH professionals.</p> <p>Having power and influence</p> <p>Use of forum to express needs and views in a respectful atmosphere to meet the desire for a space where everyone's point of view is valid.</p> <p>Transformation, both of self and the MH systems.</p>

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

13

Clarke et al. (2013)	10 randomly selected educators,	Review benefits and barriers to PI	Educators	Various active levels	<p>Need for genuine and integral involvement rather than tokenistic approaches. Higher inclusivity/representation and humanisation of course.</p> <p>Importance of strategic involvement at the management level for effective change.</p> <p>Integration of PI with other aspects of course.</p> <p>Equality between stakeholders; colleague educators are open to new experiences.</p> <p>Enough personal, financial resources and less bureaucracy in Universities.</p> <p>Enhance accessibility of course for individuals outside the MH field.</p>
	United Kingdom				
Happell et al. (2015)	<p>Educator group (34)</p> <p>Patient group (12).</p> <p>Australia</p>	<p>Present the perspectives and experiences of nurse academics and consumer educators regarding the feasibility and support for consumer participation roles in education for MH nursing.</p>	Educators and patients	Various active levels to ensure diversity	<p>Reliability</p> <p>Educators: Need for organised and reliable patients.</p> <p>Patients: Acknowledged the impact of their illness on commitment to educational involvement, Show equality to general educational staff</p> <p>Vulnerability</p> <p>Educators need to be careful not to be too tokenistic and recognise the burden on consumer and well-being issues. Need for patients that can handle vulnerability.</p>

<p>Happell et al. (2019)</p>	<p>51 students, 43 female, 8 male</p> <p>Finland, Australia, Ireland, Iceland, The Netherlands, Norway</p>	<p>To gather and present student feedback regarding their experiences with Experts by Experience (EBE) in the context of mental health education.</p>	<p>Students</p>	<p>3,4</p>
------------------------------	--	---	-----------------	------------

Support

Educators: no needs identified.

Patients: systemic support and structured emotional support. Need to know issues regarding support and safety. Need to be part of the educational team.

Seen as Gripping

Educators: patient educators focused on negative experiences, leading to a perception of health service bashing. Positive orientations are needed to gain a broader view.

Patients: need for realistic and positive patients but not only those with ideas corresponding with views of academics.

Desire for more EBE-led sessions incorporated throughout the programme to enhance understanding of mental distress. Need for correct planning within schedule to maximise benefits of the programme.

Greater consistency between patient content and assessments or integration of content into assessments to ensure that the content is given higher priority and considered legitimate knowledge.

More structure within the course programme.

Include multiple perspectives allowing for a more comprehensive understanding of MH issues.

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

15

					More balanced presentation of positive and negative experiences from patients.
Happell et al. (2021)	14 patients Finland, Australia, Ireland, Iceland, The Netherlands, Norway	To examine the experience of being an EBE from the perspective of EBEs involved in the design, development and delivery of an EBE-led mental health nursing module	Patients	4,5	<p>Collaboration with and support from nursing educators.</p> <p>Autonomy in presenting patient perspective and presenting views inconsistent with those of academics.</p> <p>Emotional and practical support by formal and informal support mechanisms, team meetings, help in navigating (digital) systems and open-door policies to address the demands and stress associated with their roles.</p> <p>Establish and maintain boundaries, particularly in sharing personal stories. Be able to consider purpose of the narrative and be selective about the details shared.</p> <p>Ability to adapt to students at different educational stages, considering factors such as age, life stage, and potential experiences with MH challenges.</p>
Horgan et al. (2021)	50 patients participating in focus groups	To develop a learning module based on service users' perspectives, experiences and opinions about service user involvement in	Patients	Involved in teaching (3)	<p>Support; including external supervision, teamwork, and debriefing. Support for students who find working with patients distressing.</p> <p>Facilitate emotional and personal developments of students by course. Well-developed interpersonal skills and an</p>

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

16

	Iceland, Ireland, Finland, The Netherlands, Norway and Australia	mental health nursing education		not further defined	increased understanding of mental distress and general knowledge of mental disorders by students. Practical content to aid holistic understanding of mental illness. More than one patient is involved in teaching for a diverse range of experiences. Focus on genuine stories that balance positive and negative aspects of experience. Possibility for storytelling in teaching Longer periods of involvement, spread over the years for deeper engagement and reflection.
Kang et al. (2023)	98 psychiatry students at Semyung university, South Korea.	To understand the impact of consumer involvement on nursing students' attitudes towards mental health, their reflections on life, the learning experiences gained, and the preparation it provides for their future nursing careers.	Students	3	Relating to lived experience to integrate theoretical knowledge and apply it. More sessions with multiple patients, extended sessions and group discussions to improve own understanding. More info about hospitalised consumers, more focus on nursing education and interaction with clinical experts in practice also to be integrated into the course.
Kerry Collett. (2023)	& patient group of 10 +	To examine the level and impact of EbE involvement in teaching on a UK DClinPsych	Patients and students	3, 4	Patients Further training in teaching and utilising online platforms

Group of 19 first-year trainee clinical psychologists in doctorate programme completing a survey

United Kingdom

course. It sought to gather information to generate change ideas and recommendations for EbE involvement in teaching.

Emotional support in boundary-keeping and handling distressing challenges to feeling empowered in teaching.

Bring about changes in themselves, students and future clients. Bringing purpose to lived experiences.

students

Relating to intimidating lived experiences to gain confidence.

More informal contact with patients, and opportunities to ask questions.

Balance of positive and negative presented experiences, hearing different views.

Early exposure to emotional content to optimise skills and knowledge.

Emotional support for distressing patient content. Time to reflect on presented experiences.

Hearing wide range of perspectives, more diversity in the patient population and presented experience.

Lea et al. (2016) Focus group of 8 patients (4 men, 4 women) To elicit service users', students' and staff's perceptions of the objectives and potential outcomes of service user Patients, Educators, Students 3

Educators and patients point out a need for holistic understanding of patients, viewing them as equal humans. Students and educators have compassion for patients.

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

18

5 clinical psychology trainees (4 women, 1 man) involvement in clinical psychology training, in order to inform future questionnaire development.

5 members of course staff (5 women)

United Kingdom

students need to stay human through education emotional intelligence development to ensure respectful future practice.

Patients want to learn students how to empower patients, how to empower, inspire hope, and acknowledge their agency I their recovery process and equality in the doctor-patient relationship: reduction of the "them-us" divide. students acknowledge this.

Compassion for lived experience and emotional understanding, valuing lived experience more than academic knowledge (educators & students). Safe spaces to learn, learn from dealing with emotional experience and relating to it.

Patients need students to adopt the recovery approach to inspire hope, self-determination and meaning in life; a focus on what can be achieved through patient involvement (positive psychology approach). students indicate improving well-being and empowering patients.

Educators need patients to inspire hope.

Students and patient highlight cultural sensitivity, holistic view on symptoms of patients.

Patients desire an active role in selection of the right patient for involvement.

All: equal communication and listening, developing trust, avoiding the use of jargon

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

19

Meehan& Glover. (2007)	95 patients (mean age = 47.2, 54% women) involved in teaching in the London medical school psychiatry course	Explore the experiences of former MH consumers who have participated in the education and training of MH staff and students.	Patients	4	<p>Prevention from feeling exposed by presenting lived experience.</p> <p>Not being asked inappropriate questions or seen as practice doll for diagnosing.</p> <p>Educators needs to value contribution of patients, prevention of tokenistic approach.</p> <p>Patients want to know what is expected from them in educational programmes.</p>
Walters et al. (2003)	20 patients 12 educators 14 students All demographical diverse. United Kingdom	To evaluate the impact of patient involvement in undergraduate medical education, specifically in the context of teaching medical students in community settings, with a focus on patients with common mental disorders.	Patients, Educators, Students	3	<p>Students and educators need to gain heightened awareness of principles and best practices by patient education.</p> <p>Students show sympathy for patient.</p> <p>Patients need distress relief by debriefing and prevention of intrusive questions by students and educators.</p> <p>Patients need solid boundaries to decrease the experienced increased obligation.</p>

Presentation of Content Analysis Findings

The inductive content analysis revealed two superordinate themes related to the needs of stakeholders concerning Patient Involvement (PI) in MHE; interpersonal needs and course needs. These themes include their subordinate themes outlined in Table 4 and discussed in the text below. The needs of patients, educators and students are presented holistically since many themes have relationships with two or all stakeholders in slightly different ways. Most themes highlight the needs of patients since most research on PI in MHE is conducted on patients. The frequency of the occurrence of the individual codes is displayed in Figure 2.

Table 4

Discovered Themes of Needs of stakeholders Concerning PI in MHE

Superordinate Theme	Subordinate theme	Individual Codes
Interpersonal Needs	Self-determination	Autonomy
		Being valued and recognised
		Bring about change
		Coming to terms with problems
		Empowering patients
		Having hope
		Learning to use own experiences
	Communication & collaboration	Collaboration with mental health institutes
		Collaborative approach between stakeholders
		Equality between patients and educators
Recognition & Support	Openness to other views	Relationship development
		Trust
		Being ensured of employment
		Companionship
		Debriefing

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

		Emotional support
		Intellectual support
		Remuneration
		Positive feedback or affirmation
		Practical support
		Reduction of us-them thinking
		Relating to lived experience
		Take into account vulnerability
	Holistic approach	Holistic view on patients
		Humanising patients
		Positive psychology viewpoint
		Purposefulness consideration of personal story
		Self-help or community involvement
Course Needs	Content Needs	Applicable knowledge
		Balance positive and negative experiences
		Communicating authentic stories
		Discussion of therapies
		Diversity of presented experiences
		Early exposure to emotional content
		Focus on emotional intelligence enhancement
		Incorporate content into assessments
		Information on mental health journey
		Learning from uncomfortable teaching
		More course content
		Prioritise EBE lessons in the course
		Promote understanding of mental distress by students
		Promotion of understanding of broad influence mental health problems

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

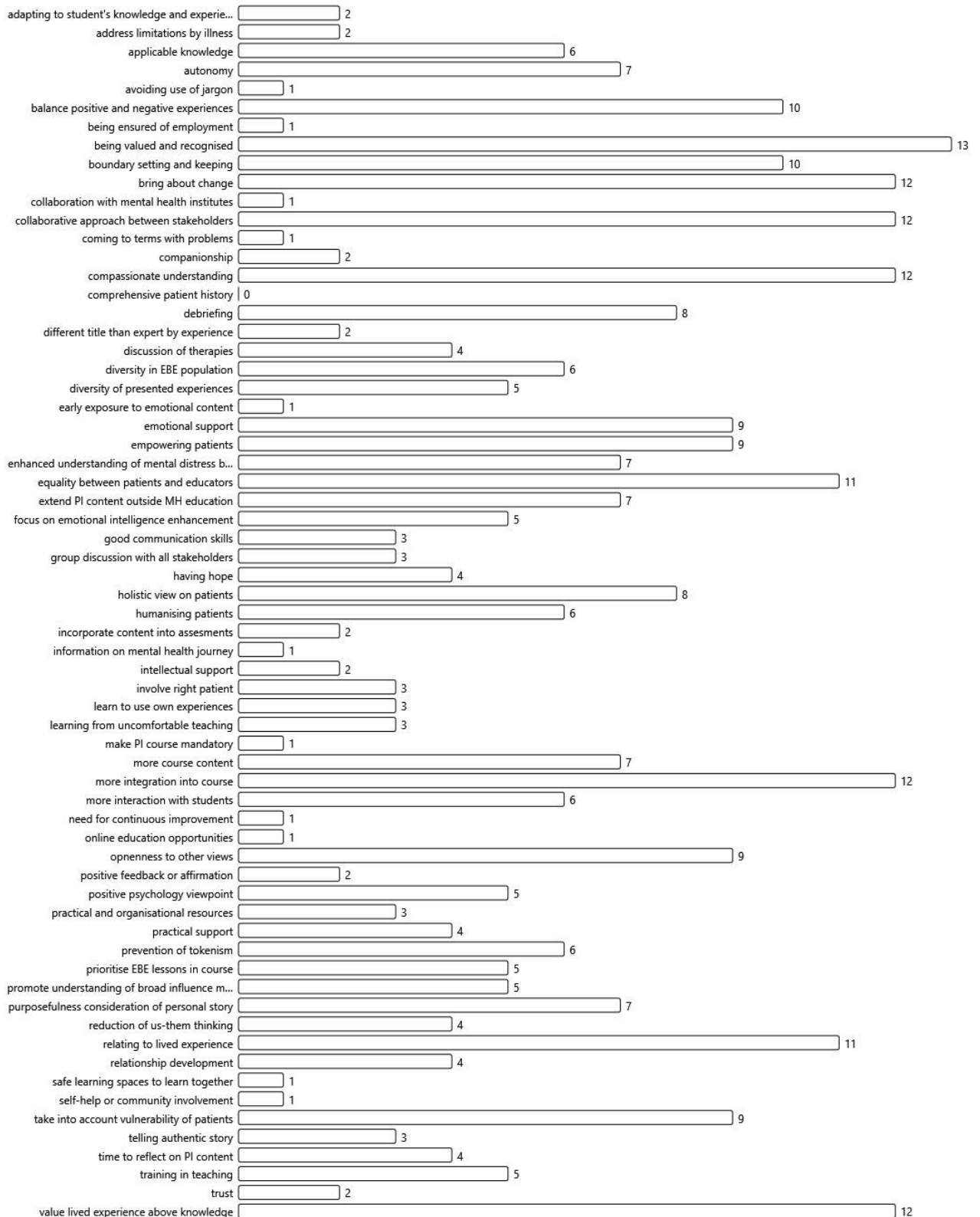
22

	Value lived experience above knowledge
Organisational Needs	Address limitations by illness Extend PI content outside of MH education Group discussion with all stakeholders Information on mental health journey Make PI course mandatory More integration into the course More interaction with students Need for continuous improvement Online education opportunities Practical and organisational resources Prevention of tokenism Safe learning spaces to learn together Time to reflect on PI content Involve the right patient
Teaching Needs	Adapting to student's knowledge and experiences More interaction with students Avoiding the use of jargon Training in teaching Good communication skills Learning gains from uncomfortable teaching

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

Figure 2

Frequency of Individual Codes



EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

24

Interpersonal Needs

The superordinate theme of *Interpersonal Needs* in the context of PI in MHE encompasses the interpersonal dynamics between patients, educators, and the broader educational system.

The subordinate category of *Self-Determination* depicts the need for autonomy, highlighting the importance of control within the educational contributions of patients. This autonomy extends to decisions regarding the content they share, how they share it, and the impact they hope to make (Campbell & Wilson, 2018; Clarke & Holttum, 2013; Happell et al., 2021; Lea, 2016). A quotation from a patient out of the research of Campbell et al. (2018) depicts this: “*I’m waiting to see, that as I say our good faith in terms of how we’re involved and how we’re contributing is recognised.*” (p. 343). Patients seek decision influence as well as feelings of empowerment after their involvement in the educational process, desiring a sense of capability and influence. Empowerment enables them to actively contribute to the educational process and contribute to a positive impact on MHE (Happell et al., 2021).

Communication and Collaboration: An important aspect of interpersonal needs involves collaboration between patients and educators (and MHE institutions). Clear communication of shared goals and vision for MHE is often seen as crucial by all stakeholders. Highlighted multiple times was patients' desire to be seen as equal to educators within the educational process (Campbell & Wilson, 2018; Kerry et al., 2013; Lea et al., 2016). This equality involves ensuring that patients' voices, perspectives, and lessons are treated equally with those of educators and MH professionals, which students also acknowledge as necessary. As a student pointed out in Lea et al. (2016), “*A more equal relationship, not them thinking they are above you*”. (p.6). This requires a dialogue that values the input of both parties, fostering an inclusive vision that reflects the diversity of perspectives within the collaboration. This entails acknowledging patients' expertise and recognising that effective collaboration relies on a reciprocal exchange of trust and understanding (Clarke & Holttum, 2013). Also, fostering positive relationships between patients, educators, and MH professionals is emphasised. Building trust and rapport creates a conducive environment for effective collaboration, enabling sharing of experiences and knowledge in a respectful environment (Campbell & Wilson, 2018; Happell et al., 2015; Happell et al., 2019; Walters, 2003).

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

25

The need for *Recognition and Support* for PI in MH relates to an often-perceived lack of support for all stakeholders within the educational field. Lived experiences presented by patients may be distressing for all stakeholders, emphasising a need for emotional support opportunities (Happell et al., 2015; Happell et al., 2021; Horgan et al., 2021; Kerry et al., 2023; Lea et al., 2016). A proposed way of providing emotional support was to have more time after educational sessions for patients to talk about the lesson and support each other, as pointed out by students in the research of Horgan (2021). Intellectual support complements this by fostering the intellectual growth of all stakeholders through the lessons taught by patients, ensuring that their contributions are both emotionally validated and intellectually stimulating. Practical support includes assistance in navigating the practical aspects of the course, such as educational systems and software (Horgan et al., 2021). Stakeholders express a desire for positive feedback and affirmation, depicting the need for explicit recognition of patients' efforts by both students and educators (Campbell & Wilson, 2018; Kerry et al., 2023).

Patients need for authentic connections with students and educators underscores the importance of valuing personal backgrounds in patient education, fostering empathy and understanding among learners and educators (Clarke & Holttum, 2023; Kang et al., 2023; Kerry et al., 2023; Lea et al., 2016). The reduction of us-them thinking centres on breaking down binary distinctions and fostering a sense of shared identity and collaboration. In the context of patient educators, this means dismantling perceived divisions between educators, learners, and individuals with lived experiences (Clarke & Holttum, 2013; Lea et al., 2016). An example of this is the perspective of a patient pointed out by Clarke & Holttum (2013): *‘It helps develop a different mindset for the trainee (student) - experiencing the other differently but not “othering.”* (p. 5).

The call for a *Holistic Approach* to PI in MH includes acknowledging patients as multifaceted individuals, recognising the interconnectedness of their lives beyond MH issues (Horgan et al., 2021; Kang et al., 2023; Kerry et al., 2023; Lea et al., 2016). The purposeful consideration of personal stories involves recognising the power of narrative in MHE (Clarke & Holttum, 2013; Happell et al., 2021; Kerry et al., 2023; Lea et al., 2016; Walters, 2003). In the research by Lea et al. (2016) and Meehan et al. (2017), there is a recurrent theme of needs emphasising a positive psychology viewpoint. This viewpoint underscores strengths,

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

26

resilience, and well-being, departing from deficit-focused approaches to one that highlights the strengths of patients in PI in MHE.

Course Needs

The superordinate Course Needs category embodies a commitment to providing a comprehensive, relevant, and empathetic educational experience for students, educators, and patients.

The subordinate category *Content Needs* addresses requirements for MHE content, including relevance, balancing positive and negative experiences, authentic storytelling, and therapeutic approaches. Patients often share negative experiences during teaching, aiming to positively impact MHE by also sharing successful treatment elements (Clarke & Holttum, 2013; Happell et al., 2015; Happell et al., 2019; Happell et al., 2021; Horgan et al., 2021; Kerry et al., 2023). The quotes of a patient and a student in the research of Kerry et al. (2023) illustrate this vividly. *Patient: “I hoped that, by discussing good and bad experiences, we could influence future outcomes for clients in a similar position to us.”* (p.4).

Student: “I also found it helpful to hear some of their more negative experiences of services, as I have tried to bear those in mind and avoid similar practice on placement.” (p.4).

Also, Students emphasise the importance of diversity in the patient population and lived experiences. Diverse patients, encompassing various life experiences, cultural backgrounds, and cognitive perspectives beyond the neurotypical, contribute to this (Clarke & Holttum, 2013; Happell et al., 2015; Happell et al., 2019; Kerry et al., 2023). An example of this is pointed out by a student in Kerry et al. (2023)’s research: *“it would have been substantially helpful to hear from individuals with lived experience who may not quite fit specific diagnostic criteria, or who may have had alternative reflections on diagnoses.”* (p.7). Furthermore, stakeholders stressed the need for expanded course content and increased integration of patient-led lessons into the curriculum, alongside advocating for mandatory PI courses for MH students. This highlights the importance of prioritising PI in MHE beyond current practices. Patients should not merely share their stories as an adjunct to the course; rather, their educational contributions should be seamlessly integrated into the broader curriculum and assessment methods (Clarke & Holttum, 2013; Happell et al., 2015; Happell et al., 2019; Horgan et al., 2021; Kerry et al., 2023; Lea et al., 2016; Meehan et al., 2007).

The *Teaching Needs* category encompasses requirements for impactful learning. This involves adapting teaching methods to suit diverse student experiences and promoting active engagement and collaborative learning. Patients should possess adequate communication skills for teaching (Lea et al., 2016). Stakeholders also advocate for PI in the selection of educators to maintain group momentum (Campbell & Wilson, 2018). Furthermore, training in teaching is pointed out as essential. Acknowledging the value of uncomfortable teaching experiences fosters personal growth, encouraging the navigation of challenging situations and reconsidering assumptions (Lea et al., 2016).

Discussion and Conclusion

In conclusion, this scoping review aimed to comprehensively map the existing literature on PI in MH education and understand the needs of students, MH professionals, and patients (EBE) regarding PI. This scoping review contributes to the field by providing a preliminary map of evidence without analysing the quality or validity of results, paving the way for future systematic reviews.

The primary research questions, focusing on the needs of stakeholders in MHE, were addressed by an inductive content analysis and revealed two superordinate themes. These are *Interpersonal Needs*, consisting of the subordinate themes of *Self-determination, Communication & Collaboration, Recognition & Support* and a *Holistic Approach, and Course Needs*, consisting of *Content Needs, Organisational Needs* and *Teaching Needs*. These themes within the needs of stakeholders for successful PI in MHE can guide and lay the foundation for developing evidence-based guidelines by providing valuable insights for curriculum developers, educators, and policymakers. Based on these themes, guidelines for successful patient involvement in mental health education (MHE) would emphasise patient autonomy, collaboration, and communication among all stakeholders with mutual respect and equality. Providing emotional and intellectual support for all parties, along with practical assistance for patients, is crucial. Additionally, adopting a positive psychology perspective that portrays patients as multidimensional individuals beyond their symptoms is essential for fostering positive interpersonal relations. In terms of the course, guidelines should focus on creating balanced and inclusive content that integrates patient stories effectively. Patients should also

receive training for teaching and play an active role in selecting suitable candidates for education.

Future Research Possibilities

The literature on PI in MHE reveals several gaps that need further research. There is a lack of standardised methods in research on PI in MHE, hindering the reliability of findings in this field. Standardised methods such as consistent procedures could fill this gap.

The contextual variations present within different programs and institutions in MHE are not adequately researched and thus present one of the literature gaps. For example, MH nursing and psychiatry involve medically schooled students and educators. Both disciplines fall between the social sciences and medical sciences, taking a different stance than clinical psychology students and educators who are social scientists (Singh & Singh, 2006). Consequently, it becomes crucial for research efforts to not only acknowledge these contextual nuances but also actively seek to identify and address the specific challenges and opportunities they present. For instance, a PI intervention that proves successful in one psychiatric or MH training program may encounter obstacles or require modifications when implemented in a clinical psychology curriculum. Understanding these differences is necessary for tailoring PI strategies to suit the needs of each educational context, ultimately heightening the effectiveness of PI initiatives across various fields within MHE. Relevant criteria for developing these guidelines could be the relevance of the course content and assessment criteria to the specific educational needs per field. Interpersonal needs criteria that may be researched are the possible differences in communication and collaboration between stakeholders in the field. Research on the differences between stakeholder needs in various fields of MH could include a programme-specific needs assessment and a qualitative exploration of stakeholder needs. After this, future research could explore strategies to adapt PI initiatives to meet the specific needs of different MH programmes to tackle programme-specific challenges.

Furthermore, the reviewed studies mainly originate from countries where PI in MHE is prevalent, such as the UK, Ireland, and Australia (Harding et al., 2011). The overrepresentation of research from the Happell et al. group suggests potential publication bias. To enhance understanding, future research should include diverse patient perspectives from additional countries and cultures. Comparative studies examining caregivers' viewpoints can also contribute to a comprehensive understanding of PI (Dalton et al., 2016).

In this scoping review, Pi mainly centred on presenting their own lived experiences. Patients at higher levels of involvement (level 5 or 6 according to Towle et al., 2010) are expected to express less desire for further involvement, empowerment, autonomy, and collaborative approaches, as these aspects are fundamental to their active educational role. Further research is needed to explore the needs of patients at different levels of Towle et al.'s taxonomy.

Limitations and Strengths

One limitation is the subjective nature of the inductive content analysis, wherein implicit references were extracted to uncover stakeholders' underlying needs. This process relied on the perspective of a single researcher, a clinical psychology intern, who is inherently involved in PI in MHE. Additionally, supervision was provided by a clinical psychology educator, also a stakeholder. This limitation underscores the potential for bias in extracting and synthesising information, as individual perspectives may influence the identification and interpretation of stakeholders' needs (Willig, 2008). To address this, future research could validate these findings through qualitative studies guided by the same research question, involving multiple researchers (Mazzucato, 2014).

The absence of a quality assessment of the included studies also constitutes another limitation. This absence of methodological evaluation may have led to the inadvertent inclusion of methodologically flawed studies, potentially impacting the overall reliability of the findings. This limitation underscores the need for caution in generalising the identified needs, as the quality and validity of the included studies were not systematically appraised.

Lastly, there is a possibility that publications were not captured although efforts were made to include a diverse range of databases. Secondly, the inclusion criteria focused on English-language studies, potentially leading to the exclusion of relevant non-English literature that could provide valuable cross-cultural insights. This is likely considering the high inclusion of UK, Ireland, and Australia studies.

A strength of the study lies in its comprehensive approach to exploring the stakeholder needs of PI in MH education. By utilising a scoping review methodology and considering a wide range of study designs and sources, the study could provide a comprehensive overview of existing knowledge. This broad scope allows for a thorough examination of the topic.

Conclusion

In conclusion, this scoping review provides a comprehensive overview of the existing literature on PI in MHE and identifies the needs of stakeholders, including students, mental health professionals, and patients with lived experiences for successful PI implementation in MHE. Through an inductive content analysis, two overarching themes emerged: Interpersonal Needs and Course Needs, each comprising several subordinate themes. These findings offer valuable insights for curriculum developers, educators, policymakers, and researchers, laying the groundwork for evidence-based guidelines to enhance PI in MHE. Addressing the identified gaps, such as standardising research methods, understanding contextual variations across MHE programs, and including diverse patient perspectives, presents opportunities for future research and practice in this crucial area. Despite limitations, including the subjective nature of the analysis and potential publication bias, the study's comprehensive approach contributes to advancing our understanding of PI in MHE and underscores the importance of collaborative efforts to promote patient-centred education and practice in mental health.

References

- Adam, H. L. (2021). A personal perspective on patient involvement in educating health care providers: from two lenses. *Journal of Patient Experience*, 8, 237437352199695. <https://doi.org/10.1177/2374373521996959>
- Amir-Behghadami, M., & Janati, A. (2020). Population, Intervention, Comparison, Outcomes and Study (PICOS) design as a framework to formulate eligibility criteria in systematic reviews. *Emergency Medicine Journal*, 37(6), 387. <https://doi.org/10.1136/emered-2020-209567>
- Arblaster, K., Mackenzie, L., & Willis, K. (2015). Mental health consumer participation in education: a structured literature review. *Australian Occupational Therapy Journal*, 62(5), 341–362. <https://doi.org/10.1111/1440-1630.12205>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- ATLAS.ti scientific software development GmbH* (23.4.0). (2023). [Software]. <https://atlasti.com/>
- *Campbell, M., & Wilson, C. (2017). Service users' experiences of participation in clinical psychology training. *The Journal of Mental Health Training, Education and Practice*, 12(6), 337–349. <https://doi.org/10.1108/jmhtep-03-2017-0018>
- *Clarke, S. P., & Holttum, S. (2013). Staff Perspectives of Service user involvement on two clinical psychology training courses. *Psychology Learning & Teaching*, 12(1), 32–43. <https://doi.org/10.2304/plat.2013.12.1.32>

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

32

- Costa, D., Mercieca-Bebber, R., Tesson, S., Seidler, Z. E., & Lopez, A. (2019). Patient, client, consumer, survivor or other alternatives? A scoping review of preferred terms for labelling individuals who access healthcare across settings. *BMJ Open*, *9*(3), e025166. <https://doi.org/10.1136/bmjopen-2018-025166>
- Dalton, J. E., Bolen, S., & Mascha, E. J. (2016). Publication Bias: The Elephant in the review. *Anesthesia & Analgesia*, *123*(4), 812–813.
<https://doi.org/10.1213/ane.0000000000001596>
- Dijk, S., Duijzer, E. J., & Wienold, M. (2020). Role of active patient involvement in undergraduate medical education: a systematic review. *BMJ Open*, *10*(7), e037217.
<https://doi.org/10.1136/bmjopen-2020-037217>
- Donovan, A., Happell, B., Warner, T., Sharrock, J., & Gordon, S. (2022). Creating or taking opportunity: Strategies for implementing expert by experience positions in mental health academia. *Journal of Psychiatric and Mental Health Nursing*, *29*(4), 592–602.
<https://doi.org/10.1111/jpm.12839>
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, *62*(1), 107–115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>
- Gale, N., Heath, G. A., Cameron, E., Rashid, S. F., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multidisciplinary health research. *BMC Medical Research Methodology*, *13*(1). <https://doi.org/10.1186/1471-2288-13-117>
- *Happell, B., Bennetts, W., Platania-Phung, C., & Tohotoa, J. (2015). Consumer involvement in mental health education for health professionals: feasibility and support for the role. *Journal of Clinical Nursing*, *24*(23–24), 3584–3593.

<https://doi.org/10.1111/jocn.12957>Happell, B., O'Donovan, Á., Sharrock, J., Warner, T., & Gordon, S. (2022). Understanding the impact of expert by experience roles in mental health education. *Nurse Education Today*, *111*, 105324.

<https://doi.org/10.1016/j.nedt.2022.105324>

Happell, B., & Roper, C. (2009). Promoting genuine consumer participation in mental health education: A consumer academic role. *Nurse Education Today*, *29*(6), 575–579.

<https://doi.org/10.1016/j.nedt.2008.01.004>

Happell, B., Sharrock, J., Warner, T., Donovan, A., Hurley, E., & Gordon, S. (2022).

Changing 'the world for the better': motivations of mental health academics for supporting expert by experience roles in mental health education. *Journal of Mental Health*, *32*(4), 779–786. <https://doi.org/10.1080/09638237.2022.2091759>

*Happell, B., Waks, S., Horgan, Á., Greaney, S., Bocking, J., Manning, F., Goodwin, J., Scholz, B., Van Der Vaart, K. J., Allon, J., Hals, E., Granerud, A., Doody, R., Chan, S. W., Platania-Phung, C., Griffin, M., Russell, S., MacGabhann, L., Pulli, J., Biering, P. (2019). Expert by Experience Involvement in Mental Health Nursing Education: Nursing students' perspectives on potential improvements. *Issues in Mental Health Nursing*, *40*(12), 1026–1033. <https://doi.org/10.1080/01612840.2019.1631417>

*Happell, B., Warner, T., Waks, S., O'Donovan, Á., Manning, F., Doody, R., Greaney, S., Goodwin, J., Hals, E., Griffin, M., Scholz, B., Granerud, A., Platania-Phung, C., Russell, S., MacGabhann, L., Pulli, J., Vatula, A., Van Der Vaart, K. J., Allon, J., . . . Biering, P. (2021). Becoming an Expert by Experience: Benefits and Challenges of Educating Mental Health nursing students. *Issues in Mental Health Nursing*, *42*(12), 1095–1103. <https://doi.org/10.1080/01612840.2021.1931583>

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

34

- Harding, E., Pettinari, C. J., Brown, D., Hayward, M., & Taylor, C. (2011). Service user involvement in clinical guideline development and implementation: Learning from mental health service users in the UK. *International Review of Psychiatry*, 23(4), 352–357. <https://doi.org/10.3109/09540261.2011.606802>
- *Horgan, Á., Manning, F., Donovan, M. O., Doody, R., Savage, E., Bradley, S., Dorrity, C., O'Sullivan, H., Goodwin, J., Greaney, S., Biering, P., Björnsson, E., Bocking, J., Russell, S., MacGabhann, L., Griffin, M., Van Der Vaart, K. J., Allon, J., Granerud, A., Happell, B. (2020). Expert by experience involvement in mental health nursing education: The co-production of standards between Experts by Experience and academics in mental health nursing. *Journal of Psychiatric and Mental Health Nursing*, 27(5), 553–562. <https://doi.org/10.1111/jpm.12605>
- Jørgensen, K., & Rendtorff, J. D. (2017). Patient participation in mental health care – perspectives of healthcare professionals: an integrative review. *Scandinavian Journal of Caring Sciences*, 32(2), 490–501. <https://doi.org/10.1111/scs.12531>
- *Kang, K. I., Shin, S., & Joung, J. (2023). Consumer involvement in Psychiatric Nursing Education: An analysis of South Korean students' experiences. *Issues in Mental Health Nursing*, 44(5), 418–424. <https://doi.org/10.1080/01612840.2023.2194992>
- *Kerry, E., Collett, N., & Gunn, J. R. (2023). The impact of expert by experience involvement in teaching in a DClinPsych programme; for trainees and experts by experience. *Health Expectations*, 26(5), 2098–2108. <https://doi.org/10.1111/hex.13817>
- Kyngäs, H. (2019). Inductive Content analysis. In *Springer eBooks* (pp. 13–21). https://doi.org/10.1007/978-3-030-30199-6_2

- *Lea, L., Holttum, S., Cooke, A., & Riley, L. (2016a). Aims for service user involvement in mental health training: staying human. *The Journal of Mental Health Training, Education and Practice*, 11(4), 208–219. <https://doi.org/10.1108/jmhtep-01-2016-0008>
- Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science*, 5(1). <https://doi.org/10.1186/1748-5908-5-69>
- Linkov, V. (2014). Tokenism in Psychology: standing on the shoulders of small boys. *Integrative Psychological and Behavioral Science*, 48(2), 143–160. <https://doi.org/10.1007/s12124-014-9266-2>
- Livingston, G., & Cooper, C. (2004). User and carer involvement in mental health training. *Advances in Psychiatric Treatment*, 10(2), 85–92. <https://doi.org/10.1192/apt.10.2.85>
- Mazzucato, V. (2014). Encyclopedia of Quality of Life and Well-Being Research. In Springer eBooks. <https://doi.org/10.1007/978-94-007-0753-5>
- McGarry, D., Anderson, J., & Sweegers, K. (2022). Presenting your lived experience of mental health issues to health professional students: Findings from rural and regional Australia. *Contemporary Nurse*, 58(4), 365–376. <https://doi.org/10.1080/10376178.2022.2109496>
- *Meehan, T., & Glover, H. (2007). Telling our story: Consumer perceptions of their role in mental health education. *Psychiatric Rehabilitation Journal*, 31(2), 152–154. <https://doi.org/10.2975/31.2.2007.152.154>
- Namer, Y., Drüke, F., & Razum, O. (2022). Transformative Encounters: a narrative review of involving people living with HIV/AIDS in public health teaching. *Public Health Reviews*, 43. <https://doi.org/10.3389/phrs.2022.1604570>

National Institutes of Health. (n.d.). *Literature search: Databases and gray literature | NIH library*. Retrieved December 13, 2023, from

<https://www.nihlibrary.nih.gov/services/systematic-review-service/literature-search-databases-and-gray-literature>

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T., Mulrow, C. D.,

Shamseer, L., Tetzlaff, J., Akl, E. A., Brennan, S., Chou, R., Glanville, J., Grimshaw, J., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E., Mayo-Wilson, E., McDonald, S., .

Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *The BMJ*, n71. <https://doi.org/10.1136/bmj.n71>

Parnell, T., Fiske, K., Stastny, K., Sewell, S., & Nott, M. (2023). Lived experience narratives

in health professional education: educators' perspectives of a co-designed, online mental health education resource. *BMC Medical Education*, 23(1).

<https://doi.org/10.1186/s12909-023-04956-0>

Perry, J., Watkins, M., Gilbert, A., & Rawlinson, J. (2012). A systematic review of the

evidence on service user involvement in interpersonal skills training of mental health students. *Journal of Psychiatric and Mental Health Nursing*, 20(6), 525–540.

<https://doi.org/10.1111/j.1365-2850.2012.01955.x>

Peters, M. D. J., Godfrey, C., McInerney, P., Munn, Z., Trico, A., & Khalil, H. (2020).

Chapter 11: Scoping reviews. In *JBIEBooks*. <https://doi.org/10.46658/jbimes-20-12>

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., &

Jinks, C. (2017). Saturation in qualitative research: exploring its conceptualisation and operationalisation. *Quality & Quantity*, 52(4), 1893–1907.

<https://doi.org/10.1007/s11135-017-0574-8>

Simmons, P., Hawley, C. J., Gale, T. M., & Sivakumaran, T. (2010). Service user, patient, client, user or survivor: describing recipients of mental health services. *The Psychiatrist*, *34*(1), 20–23. <https://doi.org/10.1192/pb.bp.109.025247>

Simons, L., Tee, S., Lathlean, J., Burgess, A., Herbert, L., & Gibson, C. (2007). A socially inclusive approach to user participation in higher education. *Journal of Advanced Nursing*, *58*(3), 246–255. <https://doi.org/10.1111/j.1365-2648.2007.04216.x>

Spencer, J., Blackmore, D., Heard, S., McCrorie, P., McHaffie, D., Scherpbier, A., Gupta, T. S., Singh, K., & Southgate, L. (2000). Patient-oriented learning: a review of the role of the patient in the education of medical students. *Medical Education*, *34*(10), 851–857. <https://doi.org/10.1046/j.1365-2923.2000.00779.x>

Stillman, P. (1980). Patient instructors as teachers and evaluators : *Academic Medicine*. *Journal of Medical Education*, *55*(3), 186–193. https://journals.lww.com/academicmedicine/Abstract/1980/03000/Patient_instructors_as_teachers_and_evaluators.5.aspx

The application of content analysis in nursing science research. (2020). In *Springer eBooks*. <https://doi.org/10.1007/978-3-030-30199-6>

Thomas, J., McKenzie, J. E., & Brennan, S. E. (2023). Chapter 2: Determining the scope of the review and the questions it will address. In *Cochrane Training*. Cochrane. <https://training.cochrane.org/handbook/current/chapter-02>

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L. A., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., . . . Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-SCR):

EXPLORING THE NEEDS OF STAKEHOLDERS FOR SUCCESSFUL PI IN MENTAL HEALTH EDUCATION

38

Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473.

<https://doi.org/10.7326/m18-0850>

Veritas Health Innovation [Covidence]. (2023). *Covidence systematic review software* [Software]. <https://app.covidence.org/reviews/>

*Walters, K., Buszewicz, M., Russell, J., & Humphrey, C. (2003). Teaching as therapy: cross sectional and qualitative evaluation of patients' experiences of undergraduate psychiatry teaching in the community. *The BMJ*, 326(7392), 740.

<https://doi.org/10.1136/bmj.326.7392.740>

Ward, K., Stanyon, M., Ryan, K., & Dave, S. (2022). Power, recovery and doing something worthwhile: A thematic analysis of expert patient perspectives in psychiatry education. *Health Expectations*, 25(2), 549–557. <https://doi.org/10.1111/hex.13375>

Williams, M., & Moser, T. (2019). The art of coding and thematic exploration in qualitative research. *International Management Review*, 15(1), 45.

<https://www.questia.com/library/journal/1P4-2210886420/the-art-of-coding-and-thematic-exploration-in-qualitative>

Willig, C. (2008). Introducing qualitative research in psychology : adventures in theory and method. <http://www.mheducation.co.uk/openup/chapters/0335205356.pdf>

Appendix

Appendix A

Guidelines for Extracting Needs from Articles

Type of expressed need	Description of Need	Example
Explicit Needs	Direct statements expressing needs. These are often straightforward and leave little room for interpretation.	
Implicit Needs	Implicit needs may be implied or hinted at in the text. You may need to read between the lines to infer the needs of participants.	"The study findings point to an unmet need for..."
Descriptive Language	Indicates dissatisfaction or gaps, as these may point to underlying needs.	"Inadequate resources were a common concern among participants."
Expressed Preferences	Preferences indicate needs	
Problem Statements	Problem statements point to opposing needs	
Calls for Improvement	Indications for improvements or changes in existing programmes indicate unmet needs	