Chapter 12
Designing for Enquiry: Using Web 2.0 to Enable Mental Health Service User and Carer Involvement

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ABSTRACT
This chapter sets the imperative for service user and carer involvement in the processes of educating mental health professionals. It begins by outlining some of the traditional barriers higher education institutions have faced in encouraging service user and carer involvement in teaching and learning. It then outlines the properties that Web 2.0 tools and processes can offer to overcome some of these obstacles. In developing effective interdisciplinary blended learning opportunities it is argued that the use of Web 2.0 alone will not ensure effective learning outcomes. The Community of Inquiry model is introduced to explore how the processes of enquiry, collaboration and communication can be embedded into the heart of interdisciplinary blended learning designs.

INTRODUCTION
The Centre of Excellence in Interdisciplinary Mental Health (CEIMH) is a UK Centre of Excellence in Teaching and Learning (CETL) funded until 2010 by the Higher Education Funding Council for England. One major aim of CEIMH’s work has been to promote interdisciplinary mental health teaching and learning across several different disciplines within the University of Birmingham, UK. This chapter is based on the lessons we have learned through working on over seventy funded projects to promote this aim. The term interdisciplinary was adopted as a means of formally acknowledging that in all areas of our work the contributions of service users and their carers would be respected and valued (on an equal basis) to all other disciplines involved in the training of mental health professionals.

DOI: 10.4018/978-1-61520-889-0.ch012
Our project work has illustrated that successful interdisciplinary mental health teaching and learning occurs when academics and students from different disciplines working with service users and carers come together to access, contribute and share in the processes of creating social, collaborative and meaningful constructions of knowledge aimed at developing effective practice. One major outcome of this work is the recognition that for successful interdisciplinary teaching and learning to take place, communication, collaboration and enquiry must be at the heart of the process. The practicalities of organising such learning opportunities between students, service users and carers has proved challenging in higher education settings in the past due to issues of time, place and access. This chapter provides an overview of some of the lessons we have learned in the process of addressing these challenges through creating enquiry-based interdisciplinary blended learning designs. In sharing the processes we undertook, this chapter has three major objectives.

The first is to contextualise the imperative for mental health service user and carer contributions to interdisciplinary education while briefly outlining some of the traditional barriers higher education institutions have presented to their involvement. The second is to examine how the particular properties of Web 2.0 tools and processes can potentially help overcome some of these barriers. The third and final part of the chapter illustrates how a pedagogic framework such as the Community of Inquiry model (Garrison & Anderson, 2003) can be used to guide the social, cognitive and teaching processes required to blend Web 2.0 and service user and carer involvement into an effective enquiry-based interdisciplinary blended learning design. Due to the ongoing development of this work, the issues raised and discussed here are offered as a contribution to thinking and practice based on our experiences to date, rather than as a finished article.

INTERDISCIPLINARY EDUCATION

Definition and Ethos

It is important to contextualise the work of CEIMH by clarifying our definition of, and ethos towards the development of interdisciplinary education and practice. Building on the UK Centre for the Advancement of Interprofessional Education definition (CAIPE, 1997 & 2006), we broadly define interdisciplinary education as occasions where two or more disciplines (the term includes mental health service users and their carers) learn with, from and about one another to improve collaboration and the quality of mental health services. Because the service user and carer community may not be recognised as a “distinct profession” we use the term interdisciplinary as opposed to interprofessional to formally acknowledge their contributions to the learning process. In all other respects there is no difference between the principles of interprofessional and interdisciplinary education and practice.

Project applications to CEIMH have to clearly outline how mental health service users and carers will be involved in every aspect of the planning, design, delivery, assessment and evaluation of projects. Our development process has evolved over time and we now actively work alongside applicants throughout the duration of projects to help them create enquiry-based blended learning designs that have interactive learning elements aimed at maximising collaborative working and cross disciplinary communication. Our initial project evaluation work has indicated that a successful learning design will contain situations where students from two or more disciplines do more than simply listen to the same lectures. As Hammick, Freeth, Koppel, Reeves and Barr (2007) explain, enquiry-based interactivity in the learning process is key if it is to help develop the circumstances that will lead to effective collaborative practice and promote better care.