Simulation within nursing education is becoming a popular means of facilitating competency, where there is a tendency for this to focus on the acquisition and development of clinical and technical skills.

As a result, the use of immersive simulation as a learning strategy in mental health education is not commonly used (Robinson-Smith, Bradley & Meakin, 2009). Health curriculum does not routinely assist students to develop communication and assessment skills above a foundational or theoretical level.

Mental health settings can often be sensitive, unpredictable and at times hostile, which makes it difficult to provide students with high quality experiences involving mental health issues. Consequently, students may experience significant anxiety before they engage in mental health placements, as they anticipate managing clinically difficult or challenging conversations with people experiencing different levels of emotional distress (Hermanns, Lilly & Crawley, 2011).

Immersive mental health simulation, however, can help teach students about complex real world problems found in highly vulnerable patients whom they will routinely encounter in clinical practice, yet in ways that minimise this anticipatory stress.

As part of a campus-wide mental health course at the University of the Sunshine Coast, immersive simulation is provided as an opportunity to address the learning needs of students in a variety of disciplines such as nursing, paramedicine, psychology, education, tourism, sports studies, and nutrition. Using standardised patients, students are provided with a safe and supportive space, as they experience ways of responding to a person in significant emotional distress from a variety of internal and external causes. It is here where students are able to practice the use of advanced and effective communication skills beyond what is learned from foundational theory. Mental health academics help to prepare students before they engage in the simulated activity by discussing the expected learning outcomes and practicing some of the hypothetical ways of responding to emotional distress in the classroom prior to students engaging in the simulation.

Throughout the scenario, students are given opportunities by the standardised patients to think, process, react and take action.

Academic staff also assist students to connect theoretical concepts relating to the experience within the debriefing session following the simulation, and students are encouraged to critically think and reflect on their emotional reactions to the experience. More than 1,000 students have undertaken this immersive mental health experience since it was first introduced into the curriculum at the end of 2014.

The Satisfaction with Simulation Experience Scale (Levett-Jones et al. 2011) and course evaluation data have been used to evaluate the learning experience of students (n=131) and has demonstrated a significant and consistently positive attitude towards the simulation experience. Ninety-eight percent of students agreed or strongly agreed that the simulation allowed them to connect theoretical concepts relating to the experience within the simulated activity by discussing the expected learning outcomes and practicing some of the hypothetical ways of responding to emotional distress in the classroom prior to students engaging in the simulation.

Qualitative course evaluations demonstrated that students perceive the immersive simulation to be highly effective and a rich and rewarding experience. One student commented, “I learnt so much, it was so realistic I forgot it was a simulation.”

Another student described the debriefing as “a safe space to talk about difficult issues before going out into the real world.” The mental health simulation was reported to be “one of the most powerful learning experiences I have ever been involved in.” Students commented on how well the simulation allowed them to manage their anxiety. As one student described, “I was so scared before I went in. But then I saw how upset she was, and I forgot all about me. I just wanted to help.”

Immersive mental health simulation can safely bring to life situations that often cause great anxiety for students and prepare them for real world experiences (Szpak & Kameg, 2013).

Students are able to develop and enhance their skills within a safe, calm and caring learning environment. In learning to manage the complexities of a novel situation and develop the use of advanced communication skills, immersive mental health simulation is quickly becoming a valuable and transformative experience for students.

References