Panel

How do we create training environments that embrace and support openness about personal experiences of mental health difficulties?

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Creating training environments that embrace and support openness about personal experiences of mental health difficulties

Lorna Hogg,
Clinical Director
Oxford Institute of Clinical Psychology Training
Social identity theory (SIT)
Tajfel & Turner, (1979)

Behaviour
Interpersonal--------------------------------------------Intergroup

Self as unique individual with personal identity salient

Self as interchangeable group member with social identity salient
Social identity, mental health and training: the ‘Social Cure’

- Life transitions are times of vulnerability (Bynner & Parsons, 2002; Berzonsky & Kuk, 2000, Hirsch & Rapkin, 1987)
- The transitions into training and out the other end are stressful
- Attention to social identities particularly at times of life transition is associated with better health and wellbeing (The New Psychology of Health: unlocking the social cure, Haslam et al 2018)
- Evidence supports the particular value of:
  - Developing new social identities (Jetten et al, 2015; Jones & Jetten, 2011; Iyer et al 2009, )
  - Continuity with pre-transition identities (Haslam et al, 2008)
  - Connecting with others who challenge the stigmatised status quo (Crabtree et al, 2010)
  - Compatibility between identities (Rosenthal et al 2011, Yampolsky 2013)

Developing a sense of belonging and affiliative bond with others is important
So what might this mean for Programmes....

- Embracing a Programme ethos that promotes compatibility between being a mental health professional and experiencing mental health issues
- Programme staff and supervisors modelling such attitudes
- Openness in discussing transitional issues at key stages in training (normalising)
- Supporting trainees to think about their own social networks and develop these
  - New groups given new situation
  - Pre-existing valued groups
  - Groups that might support a positive attitude to mental health issues
  - Better integration between different social identities
For more information or references...

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HOW DO WE CREATE TRAINING ENVIRONMENTS THAT EMBRACE AND SUPPORT OPENNESS ABOUT PERSONAL EXPERIENCES OF MENTAL HEALTH DIFFICULTIES?

Panel-led Discussion
• Stresses at course and NHS level may impact trainee wellbeing (more comprehensive assessment of academic, clinical and research competence; increased case loads in line with leadership agenda; expectation to function at band 7 on qualification; general increased demands on NHS services and workforce)

• Personal experience among motivators that attract people to helping/therapy professions

• Evidence that lived experience among trainees may be more common than we thought (Grice et al., 2018, lived experience reported by 67% of UK trainees, N=348)

• Wider concerns about wellbeing among NHS workforce and learners

• Increased prevalence and severity of mental health problems among young people (McManus et al., 2016; IPPR, 2017)
WHY SUPPORT OPENNESS?

• Openness as facilitator to reflection on potential impact and to help-seeking - access to support predicated on disclosure

• At individual trainee level, as trainers and institutions need to understand individual needs to be able to offer appropriate support and where indicated make reasonable adjustments

• Reluctance to open up about MHPs may not only put trainees’ but also service users’ wellbeing at risk

• At course and profession level, challenge established dichotomies (service user vs provider, expert by experience vs dual status professional) that risk ‘othering’ many

• Contribute to efforts to challenge mental health stigma within NHS and at societal level
HOW ADDRESSED IN HE GENERALLY

• UG Level: efforts to encourage disclosure of mental health problems even pre-admission, e.g. UCAS work with Student Minds and UMHAN (Univ. MH Advisers Network)

• Impact: 2015/16: 15,395 (2%) of UK 1st year students at HEIs in the UK disclosed a mental health condition – almost five times the number as 2006/07 (0.4%).

• MH conditions account for increasing proportion of all disability declared by 1st year HEI students (17% in 2015/16, but 5% in 2006/07). IPPR, 2017: Not by Degrees

• Leeds Clearing Hse, 2017: 10% declared a disability on Equal Opps Monitoring form, of this 10% MH difficulties (i.e. 1% of all applicants)
BARRIERS TO OPENNESS WITHIN CP

• Key message: Extent and depth to which trainees discuss lived experience is a personal choice and very much dependent on need and context, no right or wrong answer – case of ensuring trainees’ and service users’ needs are met.

• Emphasis on ‘resilience’ at (pre-)training level often clashes with unspoken belief that disclosing lived experience may result in discrimination – see 1% disclosure of MH difficulties to Clearing Hse

• Within CP (and across MH Workforce) fears about damage to professional standing, fitness to practise procedures, and workplace discrimination are common

• Limited consideration and evidence regarding the impact and potential value of lived experience
UCL: STEPS WE HAVE TAKEN

- Attempt to attend to some of the key issues at system and individual level
- Use of personal response systems (‘clickers’) early on to dispel notion that “I’m the only one”
- Attention to language and frequent dichotomy of ‘them and us’ BUT a long way to go
- Repositioning of service users or experts by experience who provide input to teaching
- Development and evaluation of HOP-MHP intervention to support decision making re disclosure
- Integration into New Supervisor Workshop
- Future plans: 1st year workshop to target perfectionism, potential work to encourage self-compassion among trainees
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Panel-led Discussion
IN2GR8MENTAL HEALTH FORUM

Compassion is not a relationship between the healer and the wounded. It’s a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.

Pema Chodron
The Places That Scare You: A Guide to Fearlessness in Difficult Times

In2gr8mental health aims to destigmatise the experience of mental illness in mental health professionals, through public talks and developing peer group support where needed.

The web forum here provides a space for members to explore their personal and professional identity, and consider the systems they work in.
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