An intervention designed to support decisions regarding disclosure of lived experience: The HOP-MHP project pilot

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UCL
An intervention designed to support decisions regarding disclosure of lived experience

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Background

- UK wide survey of clinical psychologists (N=678, Tay, Alcock & Scior, 2018)
- Of 678 clinical psychologists, 63% ($n = 425$) reported lived experience

<table>
<thead>
<tr>
<th>Disclosed to</th>
<th>(%)</th>
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<tbody>
<tr>
<td>1. No one</td>
<td>10.8</td>
</tr>
<tr>
<td>2. Family</td>
<td>68.2</td>
</tr>
<tr>
<td>3. Friends</td>
<td>65.2</td>
</tr>
<tr>
<td>4. Colleagues/Peers</td>
<td>37.9</td>
</tr>
<tr>
<td>5. Employers</td>
<td>25.6</td>
</tr>
<tr>
<td>6. Other</td>
<td>28</td>
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Trainees’ concerns and experiences relating to disclosure

1. Concern others would view them differently

2. Relevance and necessity of disclosure

   ‘If my experience was to impact on clinical work I would consider it, but I worry about the impact this would have on my professional relationship and how I am viewed.’

3. Concern supervisors will question competence

   ‘Even though we work in the field of mental health, I wouldn’t want my supervisor to know I have major depression because they might think I’m less able than another trainee.’
4. Negative experiences

‘Course staff and placement supervisors have an enormous amount of power over me and I would not want to give them more chance to abuse that power, as I’ve seen it happen to others during the course.’

5. Positive experiences

‘I felt comfortable telling the course and placement supervisors about my mental health because I feel I have received lots of support from them as a result.’
‘Honest, Open, Proud’ for Mental Health Professionals (HOP-MHP) – An intervention designed to support decision making around disclosure
Aims of HOP-MHP

• To support mental health professionals in carefully considering disclosure related decisions

• To reduce self-stigma, stigma stress and disclosure related distress associated with mental health problems and ‘dual status’, and promote sense of empowerment

• To challenge stigma within the mental health professions and contribute to challenging stigma within society
What is HOP-MHP?

- Guided self-help intervention

- Adapted from Corrigan et al.’s manualised peer group programme ‘Honest, Open, Proud’ (HOP)

- Developed with stakeholder input

- Delivered alongside online peer support forum and info re support, resources and rights

- Stage 1: Clinical Psychologists and other Psychological Professionals, qualified and in training
HOP-MHP Self-Help Guide

Three sessions:

1. Considering the Pros and Cons of Disclosing

2. Different ways to Disclose

3. Sharing Your Experiences (if decision to do so)

➢ + Follow-up review session
HOP-MHP Web Peer Forum
(anonymous sign-up and postings)

Oh mental health worker, sounds like quite the terrifying experience! I have previously come across clinicians (health) but to come across someone whilst accessing help would certainly have shaken me. I want to say not only conditions but recognize that this may be tricky to reassure yourself with. Hope you are ok.

👍 1

I remember when I was in the waiting room as a patient, two of my friends (who were trainee clinical psychs at the time) and I just sat there talking about why I was there (I wasn’t a trainee then, but was in a role where it wasn’t unfeasible) and I told them the reason I’d given & he was happy to give the same line to them if they asked him. The next session, I had no bearing on anything for me in terms of going forwards (it was over 10 years ago now), but I remember.

👍 1

Ohh mental health worker, that sounds so tough, I do wonder though if even people who aren’t mental health professionals would go public about it now?

On another note, currently going through the HOP-MHP workbook thing (part three) in developing a ‘narrative’ of my life. Thinking about days where I didn’t think I could possibly survive another minute on earth, I can’t remember (and lots of anxiety, but I’ve come to realise that it’s just my temperament, oh well.). If nothing else, I feel aware...
Our research on HOP-MHP

HOP-MHP Pilot (Oct 2017 onwards)
N=60 randomly allocated to HOP-MHP (n=29) or w-list control (n=31)
Quant and qual evaluation: baseline, post-Tx and 3 months follow-up

Harriet Mills & Anna Hildebrand
Feasibility, Acceptability and Preliminary Outcomes of the HOP-MHP intervention

Julie Evans
Longer-term impact of HOP-MHP on disclosure, self-stigma, stigma stress, disclosure related distress and empowerment

Vivienne Smith
Applying the Disclosure Process Model to understand process and outcomes in HOP-MHP

Reporting of all results and next steps: Summer 2019
Participant feedback

The Self-Help Guide

“It made me feel a little bit less isolated as a dual status professional.”
“It was nice to see the pros and cons [of disclosure] spelled out because the more I know about my anxieties the more informed my choices are.”

The Peer Forum

“I am glad this forum exists so after all these years holding a conversation becomes possible.”
A warm thank you
to all HOP-MHP Stakeholders & Participants

Get in touch:
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