SWAPPING SEATS: POSTGRADUATE HEALTHCARE STUDENT MENTORING BY EXPERTS BY EXPERIENCE

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PEDAGOGY OF THE OPPRESSED: APPROACHES TO INVOLVING EXPERTS BY EXPERIENCE

- Insistence on situating educational activity in the lived experience of participants
- Action that is informed and linked to values
- Involves respect. Working with each other, not acting on another
- Developing consciousness but consciousness understood to have power
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- Dialogue
- Praxis
- Experience
- Conscientisation
Swapping Seats

Having Experts by Experience (EbEs) as mentors allows space for valuing the knowledge base of both Experts by Occupation and EbE (Atkins et al, 2010).

Aims to:

• Enhance the quality of student learning by facilitating participatory learning and contributing different perspectives and pedagogical approaches

• Reduce mental health stigma and create a culture of safe disclosure during postgraduate learning and training

• Aid the development of skilled, recovery-focussed health practitioners who are enabled to improve services, reflecting the views of those who use them.
Swapping Seats Project Outline

- 12 month pilot project from April 2017,
  - Two 6 month placement cycles (N=32)

Expert by Experience mentors service users from North West Boroughs Healthcare NHS Foundation Trust

Cohort 1:
Trainee Clinical Psychologists on placement within North West Boroughs NHS Foundation Trust/ Clinical Psychology PhD students.

Cohort 2:
All first year Trainee Clinical Psychologists

- Mentees’ teaching sessions related to models and theories of involvement and co-production
- Mentees and Mentors paired, meet 3 times during the 6-month placement
- Measures collected at each key time point, including focus group post final meeting
PHASE 1
Baseline Data Collection
Mentor Training
Mentee Teaching

PHASE 2
Matching Mentors and Mentees

PHASE 3
Mentor and Mentee meetings
(*3 over 6-month placement)
Data collection at each meeting timepoint (approx. 2 months apart)

PHASE 4
2-3 months post final meeting follow-up
Mentor feedback event
Mentee focus groups
**Perceived Discrimination and Devaluation**

- Higher score = fewer discriminating and devaluing views towards those with mental health difficulties
  - Items scored 1 (strongly disagree) - 5 (strongly agree)
- Total sample – range between 4.4-4.5 across time points
  - agree-strongly agree with non-discriminatory/valuing views
- Subset (18%) average of ‘neither agree or disagree’ at baseline

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**Initial results: Mental Health Stigma: Of others**

Graph showing the change in Perceived Discrimination and Devaluation (subset) over time:

- Pre-teaching
- Meeting 1
- Meeting 2
- Meeting 3

The graph indicates an increase in the scores, with a notable difference of \( d = 1.12 \).
Mental health related help seeking

- Higher scores = more stigmatising views
  - Low 10-22
  - Moderate 23-32
  - High 33-50
- Total sample range between 20-22
- Subsample of those scoring 23+ (31%) at baseline

Self stigma: Help Seeking (subset)

- d = .75
Themes derived from the mentee focus groups

- Positive student learning experiences
  - Perspectives
  - Learning from mentor
    - Person-centred
  - Awareness and reflection
- Organisational difficulties
  - Timings
  - Travel
  - Room bookings
- Roles, relationships and boundaries
- Feeling uncomfortable and awkward
- Structure and purpose
- Uncertainty
- Learning points
Positive student learning experiences

Perspectives

“Sometimes in amongst the big medical system […] the person can get a bit lost and I think, that helped me to really bring back to the person and what they found helpful”

Learning from mentor

“I found that helpful just in terms of thinking more from the client’s perspective cause I’ve never worked in a therapy service before so that was helpful”

Person-centred

“Sometimes in amongst the big medical system […] the person can get a bit lost and I think, that helped me to really bring back to the person and what they found helpful”

Awareness and reflection

“It provided some insight in to things that we wouldn’t think about”

“It was helpful to […] reflect about the ways in which a system or a services is set up and, how that can erm, impact on service users’ experience of things”
Organisational difficulties

• Room bookings

• Timings

• Travel
Uncertainty

Structure and Purpose

“We drifted towards informal chats that were off topic, which was fine but I...I guess that wasn’t really the point of it”

Roles, Relationships and boundaries

“You’re not friends but you’re not, it’s not a professional relationship either it was hard to just navigate well what is it then?”

“When we met up it was a little bit awkward at times because you didn’t quite know what to say”

Feeling uncomfortable and awkward

“When compared to other mentor relationships, power dynamics differ

“It feels safer to me though like cause neither, neither one is I guess expressing such vulnerabilities it just the kind of power shifted”

“I think in a nutshell the boundaries are much more clear”

“That uncertainty I felt quite uncomfortable with”
Mentor feedback: themes

**Empowerment**
- Breaking down barriers
- Being valued and validated
- Wondering how one’s own mental health life experiences might be relevant to the trainee but this soon changed
- Feeling proud to play a part for the Trust
- Gaining confidence from being valued

**Structure difficulties**
- Structure of session
- Appointment times and flexibility
- Whether we used structure or not was down to our relationship to how time was used
- Continuity of rapport over three sessions
- Some feeling of being devalued – feeling dispensable

**Learning from the mentor**
- Shared education
- Looking at the person, not the diagnosis
- Understanding of real life experiences

"Use the Swapping Seats model across the NHS to improve all aspects of healthcare, mental and physical"
Action Points

• Embedding in to LExE – will solve organisational difficulties
• Providing more structure and guidance, making aims clearer
• Scaffolding learning – how to work with service users
• Embedding it in to the training so that it’s viewed as meaningful and important part of the course
EbE Mentorship: Application and Impact

Across all clinical health sciences

1. Enhance student learning of co-production and involvement
2. Enable different perspectives and space for learning to occur
3. Empower students to implement change and involve EbEs in professional practice
4. Meets NHS employer demands for advanced skills in working alongside EbEs

Across University

1. Challenge self stigma of, and promote help seeking for, mental health in addressing the ‘mental health crisis’ in higher education
Thank you!

“For education to be liberating for those without or with less power, it must include them as active agents in the educational process” (Friere, 1996)

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