What factors affect trainee clinical psychologists’ decision to disclose, or not disclose, their own experiences of mental health difficulties during clinical training?
Aims

- Background and rationale
- Research aims
- Methodology
- Results
- Conclusions and recommendations
Background

- High levels of stress in trainee clinical psychologists (Cushway, 1992)
- Over two thirds of trainees experience past or current mental health difficulties (Grice, Alcock, & Scior, 2018)
- Low levels of disclosure (Grice et al., 2018)
- Concealing stigmatised identities can have negative consequences (Pachankis, 2007) whereas disclosing can have positive consequences (Corrigan et al., 2010; Frattaroli, 2006; Halpin & Allen, 2004)
Research aims

To:

- Explore UK trainee clinical psychologists’ own experiences of mental health difficulties.
- Explore what factors affect trainee clinical psychologists’ decision to disclose, or not disclose, their own mental health difficulties during clinical training.
- Develop a model that describes the decision making process involved in trainee clinical psychologists’ decision to disclose, or not disclose, their own experiences of mental health difficulties during clinical training.
Methodology

- Semi-structures interviews with 12 recently qualified clinical psychologists.
- Recruited via UK DClin courses (other than Liverpool), Psychological Professions Network (North West), DCP annual conference, DClin supervisor training workshops.
- Grounded theory methodology.
Results

- Ten theoretical categories
- Subcategories
- Decision making model developed
Having past mental health difficulties

- Life experiences
- Experiencing difficulty
- Learning to cope
- Fluctuating mental health

“They’re probably as resolved as they ever have been although they creep up from time to time and like something that I’ve kind of had since I was about 11 and kind of still going on today really” (Hannah)
Experiencing distress during training

- Training being stressful
- Training stressors
- Personal stressors
- Internal factors

“The course is, I didn’t find it the most stressful thing I’ve ever done by a long shot but it is stressful and there are times when if you’re struggling with other things actually you really don’t have the reserves, it does get really difficult” (Sam)
Having a reason to disclose

- Wanting course related support
- Justifying DClin performance
- Reaching a personally significant medical threshold
- Valuing openness

“I wanted her support and I wanted her to change something about my upcoming placement” (Hollie)

“I want to share my experience with other people so that they’re able to kind of take that, learn from it, use that and think about it in terms of their own experience as well” (Jessica)
Anticipating a negative outcome

- Implicitly stigmatising course culture
- Lack of trustworthy receivers

“It’s almost a sense of this more implicit judgement and this more implicit sense that people, trainees, aren’t supposed to have mental health difficulties and that it might be a sign that they’re not resilient enough to complete the training” (Jennifer)
Anticipating a supportive response

- Supportive course culture
- Suitable receivers

“They are very supportive and open minded and they’re really reflective and they really encourage that and they really practice what they preach that was my experience of them” (Lauren)

“I think it is about that that they’re trustworthy, they’re not going to judge you. They might have a more similar mind-set to you because you’ve chosen them to be friends” (Jessica)
Situation encouraging disclosure

- E.g. relevant situations arising, being asked directly, perceived risk of failing.

“I didn’t want to just bring that stuff up unless the right sort of time happened. So it could have been the right time never happened and then maybe I wouldn’t of” (Steve)
Feelings about disclosing

- Feeling shame and fear
  “The word that comes to mind for me so strongly and throughout the whole process was shame” (Kate)
  “I think the major factor erm in not disclosing... is about as not wanting to be seen as incompetent and not wanting anything to affect your trajectory through training” (Hannah)

- Feeling acceptance and comfort
  “I would happily talk about it with anyone” (Steve)
Factors influencing feelings about disclosing

- **Experiences of openness**
  “I had the learning of, if you’re having difficulty you need to be open and talk about it that’s how you’ll actually be able to do something about it and figure stuff out” (Steve)

- **Individualised or shared distress**
  “I’m very happy talking about my emotional distress and I suppose exposing myself in that way when that fears gone, when the shame has gone...when it’s a shared experience” (Jennifer)

- **Trainee culture (openness or unspokenness)**
  “I was ashamed that I was anxious erm I felt there was a sense in the cohort because it was unspoken and yet you could feel it everywhere and I and I don’t just think it was me” (Kate)
  “it was part of the culture of our cohort to like talk in that way” (Hollie)
• **Idealised perceptions of clinical psychologists**
  “I felt like you know at some level to be you know gosh a clinical psychologist almost like erm pedestal type scenario where you are the epitome of wellness” (Emma)

• **DClin recruitment process**
  “There is so much pressure at the recruitment stage to be perfect being you know resilient and erm academically developed and all these because it’s so erm competitive... so then you almost have to keep up this pretence you know because nobody is perfect but the worry that we’re all imposters”

• **Psychology culture**
• **Societal views**
• **Lack of information about fitness to practice**
Disclosure Continuum

- Not disclosing
- Leaking information
- Reframing experiences
- Making a measured disclosure
- Active openness

“It probably erm psychologically and verbally kind of leaked” (Hannah)

“I would basically tell them I was struggling but without naming that I feel like I have anxiety or I’m struggling with OCD” (Lucy)
Response to disclosure

- Positive response- supportive, normalising, validating
  “One of the things that, that I just generally got from, I think, the course, and my tutors and my cohort as well was actually just a lot of validation ... and I think that, more than anything else just really helped me” (Chris)

- Negative response- dismissed, misheard, misunderstood
  “After that experience with my clinical tutor where I felt a bit dismissed and not heard... I was more discerning after that and I didn’t go to him with those sorts of difficulties” (Jennifer)
Summary

- Trainee mental health decision making is a fluid process that relies on multiple factors.
- The model emphasises the importance of: fostering an open and supportive environment in clinical psychology training; eliminating shame about personal experiences of mental health difficulties and fear of disclosure; and ensuring trainees receive a validating and normalising response to disclosure.
- These factors are likely to enable trainees to disclose their mental health experiences, should they wish to.
Recommendations for practice

- More needs to be done to create and sustain a culture of openness and sharing, where trainees feel free to discuss their own mental health without shame or fear.
- DClin programmes to make their views on trainees’ mental health explicit and to understand the culture within their programme.
- For DClin programmes to be clear that trainees are ‘selected’ as much for their personal qualities and experiences as for academic excellence.
- For DClin programmes to be explicit about the relationship between mental health and fitness to practice.
Recommendations for practice

- Training programmes need to find ways to support trainees’ mental health.
- A national framework around supporting trainee mental health is needed.
- Clinical psychologists and aspiring clinical psychologists, who feel comfortable doing so, consider modelling openness around their own mental health.
- Consideration of the implications of this research for other psychological therapy staff and other mental health workers/professionals.
Future research

- Understanding DClin programmes’ attitudes towards trainees with mental health difficulties.
- Understanding how service users, psychologists and members of the general public view the ‘ideal’ clinical psychologist.
- Evaluating interventions which are aimed at reducing distress, mental health difficulties, and self-stigma in trainee clinical psychologists.
- Effects of disclosure on training performance and trainees’ levels of distress and to understand the relationship between fitness to practice and trainee wellbeing.
References


Thankyou for listening

Any questions or feedback?

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