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## **Aims for service user involvement in mental health training: staying human**

### **Abstract**

**Purpose:** Studies have examined the impact of service user involvement in mental health training but little is known about what staff, trainees and service users themselves want to achieve.

**Methodology:** Three separate focus groups were held with service users, training staff and trainees associated with a clinical psychology training programme. Thematic analysis was used to identify aims for involvement.

**Findings:** All groups wanted to ensure that future professionals “remained human” in the way they relate to people who use services. Service user and carer involvement was seen as a way of achieving this and mitigating the problem of “them and us thinking”.

We found that groups had some aims in common and others that were unique. Service users highlighted the aim of achieving equality with mental health professionals as an outcome of their involvement in teaching.

**Research limitations:** The samples were small and from one programme.

**Practical implications:** Common aims can be highlighted to foster collaborative working. However, the findings suggest that service users and carers, staff and trainees may also have different priorities for learning. These need to be recognised and addressed by mental health educators.

**Originality/value:** This was the first study to explore in depth the differing aims of different stakeholder groups for service user involvement. Clarification of aims is a vital first step in developing any future measure of the impact of service user involvement on mental health practice.

**Key words:** Mental health training, service user involvement, staying human, difference

### **Introduction**

The Health and Care Professions Council has made service user involvement a requirement for the training of all health professions from the academic year 2015/16 (HCPC, 2013). However, relatively little is known about what service users, staff and trainees consider to be the aims and likely impact of service user involvement in training (Schreur, Lea and Goodbody 2015). Within our own doctoral programme in clinical psychology, we have established both a dedicated module on service user and carer perspectives and also wide involvement across different aspects of the programme (Holttum et al., 2010). Our work is situated within a context of values-driven education (Tew, Gell and Foster, 2004).

A number of studies, both quantitative and qualitative, have sought to identify the impact of service user and carer involvement in mental health education. McCusker, MacIntyre, Stewart and Jackson (2012) reported that such involvement appeared to increase trainee self-efficacy with respect to working with people with mental health diagnoses. This was a small study, however, using an unstandardised measure. Blackhall, Schafer, Kent and Nightingale (2012) enquired into the impact of service user and carer involvement on the

attitudes of student nurses and found that service user involvement was positively valued, and led to “more positive, but realistic, attitudes and empathy towards people with mental illness” (p. 23). A review by Perry, Watkins, Gilbert and Rawlinson (2013) reported a lack of use of standardised questionnaires to assess the impact of service user involvement, and recommended that measures be developed. One study (Meehan and Glover, 2009) used a standardised measure and reported pre, post and six month follow-up data for a large sample (N = 114). However, the focus was only on increase in knowledge, and there was no indication as to whether this knowledge translated into practice or attitudes. Rush (2008) highlighted qualitative evidence of transformational learning, namely learning that involves going beyond the acquisition of knowledge and to a transformation of one’s worldview (Mezirow, 2000).

Despite these promising signs, in 2012 the HCPC (2012, p. 6) stated that, “There is no evidence to support the proposition that there is a direct causal link between service user involvement and outcomes such as improvements in the quality of treatment or care”. An Australian study (Gordon, Huthwaite, Short and Ellis, 2014) reported that final year medical students openly expressed stigmatising attitudes after attending user-led tutorials on recovery from ‘psychiatric illnesses’. For example some students suggested that if a service user was in recovery they were probably unrepresentative. This finding highlights both the complexities of delivering useful involvement in teaching and also the possibility that the impact can be negative or simply reinforce existing prejudices. However, this was a small qualitative study and no quantitative measures were used.

Overall, it must be acknowledged that in the values driven (Gutteridge and Dobbins, 2010; Tew et al., 2004) and sometimes complex area of service user and carer involvement (McGowan, 2010) there is still little reliable evidence. Rhodes (2012, p.189) in summarising the literature identified the need for “rigorous evaluation particularly related to the influence involvement has on transformative learning and on care delivery”. A necessary step in developing tools for such evaluation is to elicit stakeholders’ views on the purpose of involvement and their hopes and fears in relation it. There are as yet no validated measures of effects on practice, nor even self-report questionnaires. We therefore set out to develop such a self-report measure. In keeping with questionnaire development methodology, the first stage was a literature search and to elicit stakeholder views via focus groups (Hogan, 2003).

#### Aims of this research

The aims of this study were to elicit service users’, clinical psychology trainees’ and staff’s perceptions of the objectives and potential outcomes of service user involvement in clinical psychology training, in order to inform future questionnaire development.

Research question: What did participants hope that the impacts of involvement might be?

#### Methods

### Authors' positioning

All four authors are actively involved in service user involvement on a clinical psychology training programme. The first author holds the dedicated post of 'Co-ordinator of Service User and Carer Involvement'. The fourth author is a member of the service user advisory panel for the programme, and the remaining two are programme tutors. We therefore acknowledge a common belief that service user and carer involvement in training is essential if future clinicians are to practice in an ethical and compassionate way (see Fischer, 2009).

### Design

Three separate focus groups were held in order to elicit the potentially different views of service users and carers, clinical psychology trainees and staff about the aims of service user involvement in training. Thematic analysis (Braun & Clarke, 2006) was used to analyse the transcripts.

### Participants

Focus groups respectively involved eight service users (four men and four women), five clinical psychology trainees (four women, one man) and five clinical psychology training course staff from one programme (all women). Opportunities for participation were given to all service users and carers linked to the programme (n = 29), all clinical psychology staff (n = 13), and all second and third year trainees (n = 66). Participants were self-selecting.

### Focus group

The plan for the focus groups was based on our initial statement about the aims of the questionnaire we intend to construct, which was:

*The new scale will capture self-reported impact of service user and carer involvement in the training of mental health professionals. The areas that it is likely to cover are attitudes, feelings, practices and values.*

We framed a series of questions about people's hopes for involvement in each of these.

### Procedure

Ethical approval was obtained from the host university's ethics panel. Potential participants received in advance an information sheet together with a list of the questions that would be asked. At the start of the focus groups, participants were given an opportunity to ask questions. Consent forms were signed and the discussion recorded.

The transcripts were analysed separately by the first two authors. Disagreements were resolved through discussion in an iterative process.

## Results

In presenting the results the service users' perspectives are given priority as these are generally less well known and more difficult to access than those of staff and trainees. We highlight differences between their perspectives and those of staff and trainees, including instances when the same theme was expressed in a slightly different way.

**Table 1: Themes and their presence in the three focus groups**

	Service users (n=8)	Trainees (n=4)	Staff (n=5)
<b>AIMS OF INVOLVEMENT</b>			
<b>Being/ staying human</b>	Yes	Yes	Yes
Empowering, inspiring hope and agency	Yes	Yes	Yes
Equality	Yes		Yes
Need to reduce them-us divide			Yes
Professionals should not be over-controlling	Yes		Yes
Culture, language and diversity in context	Yes	Yes	
<b>Good communication and relating skills</b>	Yes	Yes	Yes
Getting right people into and through training	Yes		
<b>Understanding what it's like</b>	Yes	Yes	
<i>Professionals need to value lived experience more and academic knowledge less.</i>			Yes
<b>Better care</b>	Yes		
Professionals need to challenge how things are			Yes
The need to challenge poor care			Yes
Seeing what can be achieved in involvement		Yes	Yes
Trainees understand and work with realities		Yes	Yes
Trainee disillusionment			Yes
<b>LEARNING AND TEACHING</b>			
Service user experience as vehicle	Yes	Yes	Yes
Safe spaces to learn	Yes	Yes	Yes
Trainees must learn to use own experience	Yes	Yes	Yes
The right service users	Yes	Yes	Yes
Trainees need to be ready to hear service users	Yes		Yes
Re-creating them-and-us in training		Yes	Yes
Trainees learning from uncomfortable teaching		Yes	Yes
Working with the emotional nature of involvement			Yes
Trainee learn their impact on service users	Yes		
Service users must understand effect on professionals	Yes		

There were two overarching themes evident across all three groups. In keeping with the questions asked in the focus groups, the first theme was “Aims for involvement”, there was a second theme of “Learning and teaching”.

### **Aims for involvement**

Within “Aims for involvement” there was a strong theme of “being/staying human”. The word “human” was used many times, especially by service users. Closely linked to this was the importance of trainees learning to be “empowering of service users and able to inspire hope and agency”. These were represented in all three focus groups (Table 1). Ideas of equality were threaded throughout the service user group discussions. Although the staff group also discussed equality, it was less prominent and characterised more as reducing the ‘them-us’ divide. Both staff and service users talked about the importance of professionals not being over-controlling. Trainees and service users talked about “culture, language, individuality and diversity”.

Expressions of “**being/ staying human**” are exemplified by the following quotes, illustrating how it was important for everyone to have their humanity recognised.

Service users said:

Look at the big picture, the overall person. Overall their life, not just they have this illness and these symptoms (SU1)

I think people today have said that we should not be stuck with labels and diagnosis, we are human beings (SU2)

Compassion for what all humans go through is developed (SU7)

No matter how ill you are, you’ve still got feelings, you are still a person, and when you get better you are still going to remember [how staff behaved].’ (SU8)

Stressing the need for trainees to stay human through their training, staff members were voicing concerns about services that amounted to inhuman and cruel treatment or lack of care:

[respect and dignity can reflect] deep underlying values about humanity (ST5)

And I think perhaps partly what they can learn from service user and carer involvement [...] learning on a kind of emotional level about what’s important (ST4)

Highlighting how service user involvement could keep the human side of things in view, trainees said:

It's that sort of I think always bringing you back to the human side of the work we do rather than the more intellectual side of it (T2)

Trying to move away from the diagnosis is something I've noticed that I've been doing in order to find out from the person about what are their experiences and how has it come to be this way for them? (T4)

Service users were interested in encouraging trainees to adopt a recovery approach, and issues of **"empowerment, hope and personal agency"** were identified.

Service users said:

And also for them [the mental health professional] to believe in recovery, that people can almost completely recover (SU1)

Yes taking into account their hopes and dreams (SU1)

I think that one thing that's really important that I have felt with my experience has been [Mental Health workers] holding a hope for you [...] hope of a life in the future, by helping [us] gain hope of a meaningful life (SU2)

Because it wasn't my choice I didn't want to go [to a particular mental health service]. If it was my choice I would get some pride out of doing it myself (SU8)

Trainees said:

But more importantly try and facilitate their [service users'] own voice, whether they've been disempowered through a disability, um a mental health difficulty if you want to call it that, or circumstances (T2)

Yeah and like working together rather than coming in and treating and being within this framework of 'you're unwell so you need this treatment' – more of a - improving wellbeing and coming from that perspective. (T4)

Staff said very little about trainees learning to empower service users, stressing instead the need for trainees to have hope and to be able to inspire hope in others:

I suppose I would hope that trainees if they weren't very hopeful that they could become more hopeful [concerning recovery] (ST3)

A theme to which service users kept returning was their experiences of not being treated as equals by mental health staff and wanting their **"equality"** to be recognised.

A more equal relationship, not them thinking they are above you (SU1)

Big man, little man (SU5)

Meeting the service users on an equal level (SU5)

All human beings we are all equal and we can all learn from each other and have compassion for each other. But the main thing is equal (SU7)

Equality was less prominent in the staff group. One staff member said:

It's [equalities] perhaps something we should be thinking about in, in all if not - in most if not all of our teaching (ST2).

Staff saw this issue more in relation to the **"need to reduce the 'them-us' divide"**. A staff member said:

To get away from the 'us and them' (ST4)

Tied up with the issue of "equality" were issues of power. Service users stressed that **"professionals should not be over-controlling"**, and should recognise that they do not know everything. Service users said:

It's not about the professional saying "Well I think you should go to that day centre". (SU2)

They need to understand that they don't know everything (SU3)

If they look very professional then you've got the sense that they are in control. (SU4)

Similar views were expressed by staff, although interestingly the issue of power was absent from the trainee discussions.

Staff said:

So not telling people ... "I've diagnosed you, I know what's wrong with you" (ST3)

Service users and trainees recognised the importance of service users' **"culture, language and diversity"** and were concerned for these to be recognised within teaching and by trainees. This was linked to the ideas of "equality" and "being human".

Service users said:

To understand that different people's ethnic background they will affect the way they are as a person (SU3)

Regarding diversity, and the importance of helping trainees to manage this, a service user said:

Trainees may get confused ... service users saying this, and this one's different, and this one's different, cos everyone's different, and the trainee might go, "This is a bit much" (SU7)

We have all had very different experiences, lots of people here, different things (SU3)



A trainee said:

It just felt like hearing from a personal perspective on that [race] really for me brought it alive made me realise appreciate it on a much deeper level (T4)

The importance of **“good communication and relating skills”** was emphasized by all groups. Service users said:

Having that communication and an equal level and listening skills (SU5).

To develop trust, and if you don't have that you may as well not be on the planet basically (SU2)

To try and find things that are simple and effective, and in simple words, not the jargon which sometimes can be communicated (SU7)

Trainees and staff made fewer comments regarding communication skills, but they were similar in content.

Service users specifically mentioned the importance of their involvement in selecting trainees for the programme, explaining that they looked for candidates with good communication skills and who would be good with people. They hoped that assessments during training would also capture this. **“Getting the right people into and through training”** only featured in the service user discussion, but it took up a significant part the discussion time:

And I don't know how much it [communication skills] counts towards the mark, but in terms of not letting bad staff through in the future... (SU1)

A key aim of involvement for service users was that trainees would gain greater **“understanding of what it's like”** to experience mental health problems and to need help from professionals, which needs to involve seeing the whole of a person's life, not just symptoms.

Service users said:

Hopefully they will have more insight into what it's like to experience a mental illness (SU1)

And they don't know you. They don't know the real you, what you have been through in your life, good and bad. You know yourself better (SU8)

Insight into service user and carer experience (SU3)

Not just they have this illness and these symptoms and we are going to control it – that's not enough, it needs to be holistic (SU1)

I have experienced psychotic episodes and psychosis so I might be able to explain how it felt for me when I was going through it. That might help because it feels real – that’s all I can say (SU8)

This was absent in the staff focus group and minimal for trainees. However, a related view expressed only in the staff group was that **“professionals need to value lived experience more and academic knowledge less.”**

Staff said:

So hearing from people that have had that experience [of using mental health services] is really powerful (ST1)

I think as a teacher you can get very caught up in the theoretical academic side of things (ST2)

The service user group spoke about the importance of improving the quality of mental health care, a theme absent from the trainee and staff groups. However, staff voiced two themes that were linked in that they wanted **“trainees to be able to challenge poor care”**, and also recognized that qualified **“professionals need to challenge how things are”**.

A service user said:

Service users’ engagement and involvement in the training brings about better quality of care (SU2)

Staff said:

And it’s still not part of the culture probably out there in placements for people [professionals] to challenge how the system is (ST4)

It [teaching] doesn’t go far enough in thinking about then ‘What do we do?’ [to challenge poor practices] (ST4)

Parts of the discussion of only staff and trainees related to **“seeing what can be achieved by involvement”**.

Trainees said:

Before training I saw service user involvement in one way. And now like I’ve seen it really all of the different things we’ve talked about today (T1)

And I think the service user involvement here has given us lots of examples of service users who um are incredibly involved at many levels in the things they do, [...] it’s

changed my attitude that when you try and you do it and you persevere with it then maybe yeah it does work well. (T3)

Staff and trainees also talked about the importance of exposure to difficult issues relating to service user involvement, in terms of the need for **“trainees to understand and work with realities”**. Part of this reality, which is revisited in another theme of ‘Re-creating us-and-them’ in teaching’ (see later), is sometimes having to acknowledge the reality of difference.

A trainee said:

And to some extent there is a reality to a certain extent of the dichotomy cos I suppose for me personally there are resources that have prevented me from probably being a service user (T3)

In the staff group only, there was talk of a necessary process of **“trainee disillusionment”**, although the notion was contested within the staff focus group, as is demonstrated by the following exchange between two staff members:

But I don’t think disillusionment [about the mental health system] is a negative effect (ST4)

Well it is if it gets stuck in disillusionment (ST5)

### **Learning and teaching**

Within the second major theme of “learning and teaching” a number of important issues emerged. Service users appeared to see lived experience as in a sense highest form of knowledge. However, **“service user experience as the vehicle”** was a theme we saw in all three groups.

Service users said:

You can read about it, you can think about it, but you can’t actually know about it unless you have been in their shoes or heard how they feel (SU3)

They are using our knowledge to help and guide them through the process to become professionals, with knowledge and the tools that we give them from our experience (SU5)

The idea of **“safe spaces to learn”** also seemed to be present in all three groups.

Service users said:

But specific to the advisors [service users] the advisors can encourage the trainees to go beyond the textbook and look at the reality again in a safe environment, learning together (SU2)

However, trainees identified difficulties in this area, stating that they felt reticent to talk about their own experiences of mental ill-health and wondering why this was:

Trainees said:

Cos I had a sense of the cohort being quite open to that and yet why don't we do it and when we have very deliberate and very well thought out service user involvement in the teaching and the training of the course, how does that not translate into us talking about it more? (T3)

A belief was also expressed across all groups that **“trainees must learn to use their own experience”**, and be able to use it in the service of others.

A service user said:

I would hope that trainees learn to work through their own issues, because if they do then when they work with the service user it's coming from direct experience, it's not just theory or text book. (SU7)

A trainee said:

Cos to me that feels like quite an important thing that as clinical psychologists we should do [talk about our own distress], and I know that's one of my own personal values (T3)

A staff member said, in relation to trainees who have been service users:

I would want to strongly encourage them [trainees] to use those histories as a training resource (ST2)

There was some recognition that involving service users in training could produce negative as well as positive impacts. It was suggested in all groups that there was a need for **“the right service users”** to be involved.

Service users said:

It depends obviously on the quality of the service user that is interacting with the trainees (SU1)

I have witnessed it in a group where people [service users] have become extremely angry and aggressive (SU3)

Service users and staff expressed that for learning from involvement to take place **“trainees need to be ready to hear service users”**.

Service users said:

Are they ready to hear from service users and carers – their readiness and openness to really hear, and from that place have the empathy and compassion and insight (SU7)

Service users might feel [...] they are not being taken seriously, that kind of thing, if they don't get the right vibes off the trainees (SU1)

Staff and trainees, but not service users, described problematic scenarios in which teaching sessions had seemed to be **“re-creating them-and-us in training”**:

A trainee said:

It became very polarised into professionals as professionals and service users as service users as if the two could never be the same – and that was something that was picked up on in the teaching on both sides (T3)

A staff member said:

I think there is a danger actually that service user involvement perversely sort of reinforces that 'us and them' a bit (ST4)

Both staff and trainees recognised that teaching about and from service user involvement could be uncomfortable but suggested this was a good thing in terms of **“trainees learning from uncomfortable teaching”**. Staff were concerned that such discomfort should enable deep learning rather than surface learning.

Staff said:

Then it means that you've got some transformational learning to do. It's not out there – it's in you (ST5)

[Dialogue is important in involvement] in order to be able to navigate uh what is very difficult territory. [...] It challenges all our – our assumptions that we take for granted (ST5)

Trainees voiced feeling great discomfort in one of the sessions involving service users, but viewed it as a teaching strategy. One said:

And I think it brought out really strong feelings for the group and maybe that was the purpose of it (T1)

Only staff talked about **“working with the emotional nature of involvement”**:

It's almost like we sometimes assume that it's only the service user who comes in unsophisticated and doesn't - and needs all this containing stuff, and forget actually we need it. We need to contain our own stuff (ST3)

Service users identified the need for trainees to learn about their impact on service users, which was not expressed by staff and trainees.

Hopefully they will be motivated by knowing how important that job is and that how they are with service users makes a big difference to that service user's recovery and quality of life (SU1)

Service users also recognized that when service users act as teachers, they may need to have an understanding of their impact on trainees/professionals

Service users said:

I get upset because they [service users] are speaking what they think is on behalf of everybody and it certainly has a very negative effect. It can upset people – trainees – and it can give them a wariness of further work with users (SU2)

Service users identified a number of very specific things as outcomes for training, only mentioned by one person, and not fitting into other categories:

- Change the belief about medication... Medication isn't always the thing that works, therapy can work as well (SU8)
- I would like them to develop their knowledge of how important [named technique] is to working through disturbing thoughts and feelings [...] the work of [author name] as a way of working through disturbing thoughts [...] (SU7)

## Discussion

The theme of "Being and staying human" appeared central in the accounts of all three groups. In terms of questionnaire development this may become a key domain of a potential questionnaire aimed at capturing self-reported impact of service user involvement in mental health training. On the basis of the quotations presented in the Results, the questionnaire might include items such as involvement enabling trainees to:

- Keep sight of the whole person whatever their diagnosis or illness
- See on an emotional level what is important to service users and carers
- Not lose sight of the person when learning the academic material

The theme of "being and staying human" is worthy of note in view of its novelty in relation to developing a questionnaire. It appears that for some trainee clinicians, stigmatising attitudes have been impervious to service user involvement (Gordon et al., 2014). However the possibility of having a clearly stated aim of being able to see the service user with a diagnosis as a whole person opens up possibilities for educators, in collaboration with service users, for new approaches to involvement in training.

Previous studies have suggested that service user and carer involvement can lead to increases in recovery related knowledge (e.g. Meehan & Glover, 2009), and this is consistent with the interest in recovery and fostering hope expressed in all three groups. Perry, Watkins, Gilbert and Rawlinson (2013) reported that service user training in communication skills led to professionals reflecting more on these, and this is echoed in our findings that good communication was important to service users, staff and trainees.

There were some important differences in aims between the three groups, with only service users voicing the importance of “getting the right trainees into and through training”, referring to those who either have, or who develop “good communication and relating skills”. Involvement in selection and assessment are ways to achieve this.

Skoura-Kirk et al. (2013) discuss some of the challenges and opportunities in relation to their work on assessments in social work education. They highlight the tension in service user involvement between enabling those involved to retain their perspective as service users detached from academic processes and drivers, and inducting them sufficiently into those processes and drivers to be able to participate fully.

Service users uniquely saw involvement as potentially leading to “better care”. Although staff did not speak explicitly about this, they did speak about challenging poor care, in terms of both “professionals needing to challenge the system”, and “enabling trainees to challenge poor care”. Arguably both groups had a similar aim here, but staff perceived the task as involving more than a change in upcoming cohorts of individual practitioners.

Collier and Stickley (2010) highlight the importance of acknowledging and working with difference alongside seeking common aims. Consistent with this, during the years of facilitating involvement work in the clinical psychology programme we have gone through significant periods of disharmony.

Service user participants had a particular focus on the need to communicate their humanity, their equality and their value and to have this accepted and understood. Within this, power and empowerment were issues of concern. The experience of running the focus group told us that these issues mattered personally and passionately to service users who had in the past had experiences of disempowerment where they felt devalued. A number of our findings point to the unique views of service users which leads us to consider how these sit in relation to our own training but also the development of so called “mad studies” (Lefrancois, Menzies & Reaume, 2013; Beresford, 2014), in which the experiences of service users find expression within the academy.

There was some puzzlement from trainees who did not understand why it was that they felt unable to “draw on their own experiences” of distress in training. We assume that despite our work the service user identity continues to be seen as problematic and disadvantageous. The challenge for trainers appears to be how trainees and staff can draw on lived experience as a valuable source of learning without fearing loss of an emerging professional identity: to not being positioned as either ‘them’ or ‘us’ in the teaching context, but being able to hold both identities, an issue discussed by Richards, Holttum and Springham (2016). As a programme team we continue to grapple with this issue and do not feel that we have yet managed to create a learning environment where trainees are routinely able to have such conversations. This perhaps accounts for the importance given

by all stakeholders to the need for safe spaces for learning. However we ask the question: what might this safe space look like? Perhaps one answer lies in decoupling an apparent association that seems to exist between mental ill health and incompetence. This is problematic in light of [the now out-dated Clothier report \(1994\)](#) (see [Disability Rights Commission, 2007](#)). The report recommended that applicants to nursing who had made ‘excessive use of counselling or medical facilities’ should be excluded from training. Many people achieve competence each day within the work environment while managing a mental health condition. This area is one for further research and currently provides us with an additional focus for dialogue in teaching. Unique to the staff focus group was “trainee disillusionment”: the idea that trainees can and need to learn from service users about how the mental health system can be damaging. This was seen as a necessary process and an inevitable part of becoming a clinical psychologist. By contrast, service users emphasised their wish to inspire trainees to be beacons of hope within services and for their clients, and to espouse a recovery approach focusing on hope and empowerment. This last sits well with other papers relating to involvement which have identified service user involvement as a source of inspiration in teaching (Rush, 2008). These differences in emphasis highlight how staff and service users may differently view service user involvement in teaching and its mode of operation, and may need dialogue between the parties involved.

### Limitations

In a busy working environment in which every minute is timetabled this unfunded study was inevitably imperfect. Nevertheless we believe that it is an important contribution to a necessary debate about the aims and objectives of involvement.

We acknowledge that the themes that emerged here may not fully represent the views of staff, trainees or service users either within our institution or more broadly, but those of self-selected groups with a particular interest in this issue. Nevertheless, we hope that our findings have relevance to health and social care courses as they seek to implement the new standard for service user and carer involvement in such courses within the UK.

### Implications for practice

Consistent with Collier and Stickley (2010) it is clear that different stakeholders can have very different views on service user participation in mental health education, as well as aims in common. Service users involved in teaching on other courses might use this paper as a focus for discussion regarding potential learning outcomes for such participation. Thoughtful consideration needs to be given to the ways in which training to take part in teaching can enable full participation without compromising the unique perspectives of service users and carers. In our view, consideration of the trainees’ difficulties in relating to their own experience of distress also needs to be recognised. Enabling a safe space begins with accepting that stigma and discrimination subtly make their way into the classroom and placement setting. We wonder about the need for qualified professionals to model acceptance of personal mental distress. There is a role in HR departments in both universities and NHS trusts to ensure equality and recognition of diversity amongst staff and students.

Regarding transformational learning, it cannot be forced. The conditions have to be enabling of it. Emotions need to be engaged, but also processed within these conditions, so that both



trainees and service users can reflect on the encounters within learning, including issues of 'us-and-them', and sometimes very different perspectives. This requires sufficient space to be created in the teaching timetable for service user-led and collaborative teaching, which includes reflection and dialogue.

#### Areas for further research

In continuing the work to develop a measure of the impact of service user involvement on mental health training it will be necessary to canvass the views of service users from other backgrounds apart from adult mental health, for example older people, or people with a learning disability. Carer views were largely unrepresented within our study. This is a potential fourth stakeholder group within training. Seeking carers' views may offer new insights. Further research could build on this preliminary work. In particular, it would be worth conducting a similar exercise across other mental health training courses.

Finally, as acknowledged at the beginning the current authors have a stake in this work and are committed to increasing service user and carer involvement in training. This inevitably affects the conclusions we draw, and it would be interesting to see what might emerge from a similar exercise undertaken by researchers with a different, perhaps more sceptical, standpoint.

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